



## RECOMMENDATIONS TO SUPPORT AND DEVELOP INTEGRATED CARE

### What is integrated care?

'Integrated care' (IC) refers to initiatives that aim to enable better coordinated and more continuous care<sup>1</sup>, including service provision. *Horizontal integration* links similar levels of care, such as multi-professional teams and *vertical integration* links different levels of care, such as primary, secondary and tertiary care<sup>2</sup>.

There is also a strong focus on ensuring a user or patient centric experience in service delivery and integrated care services also refer to a specific aspect of quality from a users' point of view. This is explained in the WeDO European Quality framework for long-term care services<sup>3</sup> in the quality principle 'comprehensive': '*Services for older people in need of care and assistance should be designed and delivered in an integrated manner which reflects the multiple needs, capacities and preferences of the older person and, when appropriate, their families and carers, and which aims to improve their wellbeing.*'

This paper outlines the importance of integrated care, barriers to integrated care, elements of integrated care and what needs to be done to support and develop integrated care. The content was drawn from discussions among Eurodiaconia members at Eurodiaconia's Healthy Ageing and Long-Term Care Network meetings, research by the secretariat and input from the 2014 conference co-organised with AGE Platform Europe and EuroHealthNet hosted by the Committee of the Regions entitled *Supporting quality integrated care: Policy and practice at local, regional and national levels*.

### Why is integrated care important?

People who have multiple care needs usually receive health and social care services from different providers and in different care settings. Eurodiaconia members have reported that this often happens without appropriate co-ordination or a holistic approach, leading to problems for the service user, the informal carer and the family such as gaps in service provision or inadequate support, as well as increased costs to care systems. Although IC as a concept has been the subject of research and discussion for over ten years, Eurodiaconia believes that it deserves more attention as there is still much scope for improvement for persons in need of care. A lack of integrated care has been highlighted by Eurodiaconia members as a key challenge to the provision of quality long-term care.

As the EU population ages, more people will require care and more cost pressure will be put on social protection systems. Integrated and coordinated care is one method to meet these challenges, improving the efficiency and effectiveness of care delivery. This was highlighted as an area where governments need to take action by the "*Joint Report on adequate social protection for long-term care needs in an ageing society*", endorsed by Employment and Social Affairs ministers in June this year.

Eurodiaconia members and other service providers can use this document to consider what barriers they face in integrated service delivery and how to overcome them, and it is also aimed at decision makers who are looking to improve the effectiveness, including the quality, of their service provision models.

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<sup>1</sup> Shaw, Rosen and Rumbold (2011) What is Integrated Care? Nuffield Trust, London

<sup>2</sup> Gröne, O & Garcia-Barbero, M (2002): Trends in Integrated Care – Reflections on Conceptual Issues. WHO, Copenhagen, EUR/02/5037864

<sup>3</sup> See : [http://wedo.tttt.eu/system/files/24171\\_WeDo\\_brochure\\_A4\\_48p\\_EN\\_WEB.pdf](http://wedo.tttt.eu/system/files/24171_WeDo_brochure_A4_48p_EN_WEB.pdf)



*'Without integration at all the levels within the care system, all aspects of care performance can suffer. Patients get lost, needed services fail to be delivered or are delayed, quality and patient satisfaction declines, and the potential for cost-effectiveness diminishes.'*<sup>4</sup>

## Key features of effective integrated care

- Coordination between institutions and service providers
- Multidisciplinary/multifunctional teamwork
- Co-/shared responsibility and leadership among providers
- Partnership between the patient / service users, the carer and the professionals
- Case management/key workers (which also ensures a human dimension)
- A single entry/contact point
- Person-centred approach with individualized/tailor made service plans, developed with the service user and informal carer
- Support and training for carers, integration within any team of carers involved with a service user
- Shared clinical files/information (whilst ensuring data privacy)
- Focus on user needs and wishes and their engagement in the provision and development
- Outcome-oriented services
- Quality services and choice of services for people

## What are the barriers or challenges to integrated care?

The International Foundation of Integrated Care (IFIC) identified the following practical barriers. IC does not appear to evolve as a natural response to emerging care needs in any system of care. There is a lack of strong system and organisational distributed leadership, professional commitment, and good management. The identification and resolution of systemic barriers to IC is critical, as well as developing. Finally, the evidence-base on which model is most successful is currently lacking.

Policy barriers IFIC identified include the following: payment policies that encourages acute providers to expand activity within hospitals or that are about episodes of care in a particular institution, under-developed commissioning that often lacks real clinical engagement and leadership, policies on choice and competition, regulation that focuses on episodic or single-organisational care and a lack of political will to support changes to local care, including conversion or closure of hospitals.

The WHO has also identified an insufficient focus on primary care, lack of an integrated information system, service design from a provider perspective, budgetary restrictions and inadequate financing incentives for integrated systems as barriers. Public procurement that leads to contracts with different service providers for the various services to meet multiple care needs must be carefully managed. In some circumstances no one service provider or actor has, is given, or assumes a responsibility to coordinate services, and so no coordination takes place.

Another barrier can be a lack of support at the highest political level. This means that many initiatives are local or regional, are not mainstreamed, leading to a piecemeal approach. Finally, moving to IC systems takes time, and an initial investment.

Other challenges identified at the conference include data security protocols preventing the easy sharing of information about service users and differing cultures between different sectors and sub sectors.

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<sup>4</sup> Kodner and Spreeuwenbur, 2002, p2



## Recommendations to promote and develop integrated care

### Take a comprehensive approach

- Governments at the relevant level take an integrated and multidisciplinary approach to policy and planning as well as service delivery to ensure smooth processes as well as to consider and cover all eventualities in terms of potential service needs
- National governments should consider integration of ministerial departments or methods of coordination among departments to ensure policy facilitates integration at delivery level
- Decision makers should take a broad and wide-ranging approach to integration, such as developing age friendly environments, to ensure maximum effectiveness of any model or system
- Funders and contracting authorities should ensure the availability of a wide range of different services, including home and community care

### Build Partnerships and connections

- Stakeholders should engage in a coalition of partners working for integrated care to build momentum and bring a stronger voice to the discussions
  - Further develop connections between policy makers, policy stakeholders and the research community to build synergies and share resources
- Policy makers should build understanding between sectors, such as the social and health sectors, or primary and secondary health care would facilitate integration
- Funders and contracting authorities should examine the potential of partnership-based contracting and financing systems for the financing of social and health care, to help break down barriers between organisations

### Ensure Leadership and Responsibility

- Local level decision makers should encourage co-responsibility and 'ownership' of quality care outcomes among stakeholders by showing the potential of integrated care and negative impacts when it is lacking
- Stakeholders should carry out more advocacy work at national level, moving the discussion beyond the integrated care community and beyond local or regional initiatives
- Local and regional level leaders of integrated care models should keep promoting the models and share good practice with national level stakeholders and decision makers

### Exchange and innovation

- Funders of research programmes and researchers should ensure sufficient funding for needs-oriented research
- Service providers should develop data sharing systems that respect user privacy, and share the experiences of these systems
- Developer of technological solutions should ensure that they support carers, and service users to live more independent lives
- Policy makers and funders should facilitate mutual learning through supporting study visits, peer exchanges, piloting of new approaches