HOPE vision on Integrated Care

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European Hospital & Healthcare Federation

Health and social care together

Health systems and health care institutions are among the most complex and interdependent entities known to society. It is not surprising then that there are different meanings and interpretations of integration in the health care field. Some approaches and definitions focus on the end results, others on the tools and methods to reach this end. But all of them are about continuity of care: continuity in the process of information, continuity in admission and discharge planning across the secondary-primary care and the care-cure interfaces.

With ageing and the increase of chronic diseases, the definition of integrated care cannot indeed be limited to health services. The rising burden of chronic disease and of the number of people with complex care needs require delivery systems that bring together a range of professionals and skills from both the cure (healthcare) and care (long-term and social-care) sectors. The concept of integrated care seems particularly important to service provision to the elderly, as elderly patients often are chronically ill and subjects to co-morbidities, it is however also valid for all patients.

Evidence still needed

Various goals are being given to integrated care: enhancing quality of care and quality of life, increasing consumer satisfaction, creating system efficiency for patients with complex, long term problems cutting across multiple services, providers and settings...

Policy-makers and payers in both the public and private sectors place also great hope in its ability to save money, or at the very least, to ensure that health care resources are used more wisely. Unfortunately, according to a recent Rand study there is a shortage of robust evidence on economic impacts of integrated care. Utilization and cost have been the most common economic outcomes assessed by reviews but reporting of measures has been inconsistent and the quality of the evidence often low.

There is evidence of cost–effectiveness of selected integrated care approaches but the evidence base remains weak. Evidence that is available points to a positive impact of integrated care programmes on the quality of patient care and improved health or patient satisfaction outcomes but uncertainty remains about the relative effectiveness of different approaches and their impacts on costs.

Evidence should hopefully be coming with the work of the Council health systems performance assessment (HSPA) Expert Group established in September 2014. In 2016, the sub-group prepared a report providing information on these challenges health systems currently face which could be tackled with using integrated care; common features of integrated care projects implemented in the EU; obstacles for their implementation and assessment of integrated care. This report should be available in first semester 2017.

It would also come from the results of a call for tender on integrated care that was launched by the Commission in 2016 and will start in 2017 looking at three issues:

- the level of penetration or adoption of integrated care models in health systems;
- the readiness of health systems to successfully implement integrated care;
- the development of a framework of indicators to use for assessing the performance of integrated care.

HOPE will be vigilant on those results as for the first part, the contractor is expected not only to illustrate the level of penetration or implementation of integrated care models but also to develop a framework of indicators to use for assessing the performance of integrated care implementation.

But things are moving

The challenges being faced by health systems in Europe are well documented. Populations are living longer, in many cases with unhealthy life styles and environment. The burden of costly long-term chronic conditions and preventable illnesses that require multiple complex interventions over many years continues to grow.

Despite similar trends, the situation varies considerably from one EU country to the other not only because of demographic differences but also because of health systems rooted in different histories and cultures.

European health systems are already moving away (but not at the same pace) from the treat and cure acute conditions culture to face the challenges posed by the demographic transition to an ageing society and the increasing burden of chronic diseases and related co-morbidities. Coordinated approach to healthcare reforms are currently improving access, containing costs, enhancing efficiency and driving sustainable care models. Several countries and regions have adopted comprehensive integrated care strategies dealing with organisational, financial, delivery and eHealth technology aspects.

Multiple service-providers and settings contribute to the provision of care for chronic disease patients, as well as post-acute conditions. The navigation of patients through healthcare and social systems is improving as several health systems are bringing down the barriers between the health and social sectors, shifting processes from old to new, adapting the structures of care to a patient-centric view, align culture and attitudes. The empowerment and engagement of people through providing the opportunity, skills and resources should not be an excuse to forget responsibilities at all levels.

In this context embracing eHealth technology does not prevent from looking for evaluation and evidence.

The vision of the shift from hospital to primary care should not be too limitative and not only considering a simple shift from inpatient to ambulatory and outpatient care. It requires investment in holistic care, including health promotion and ill-health prevention strategies that support people's health and well-being. It is also about unlocking community and individual resources for action on health, empowering individuals to make effective decisions about their own and become co-producers of health services, while enabling communities to become actively engaged in co-producing healthy environments, providing care services in partnership with the health sector and contributing to healthy public policy.

Some countries are building an enabling environment that brings together the different stakeholders to undertake the transformational change needed. This involves making changes in legislative frameworks, financial arrangements and incentives, and the reorientation of the workforce and public policy-making. But here again, the process has started in which HOPE members are actively involved.

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HOPE mission is to promote improvements in the health of citizens throughout Europe, high standard of hospital care and to foster efficiency with humanity in the organisation and operation of hospital and healthcare services.