CCRi Central Coast Research Institute for Integrated Care

Designing and Implementing Integrated Care: The Need for 'Strategic' Commissioning

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NSW Government Health
Central Coast Local Health District
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Understanding integrated care

There are three distinct dimensions to what integrated care means in practice:

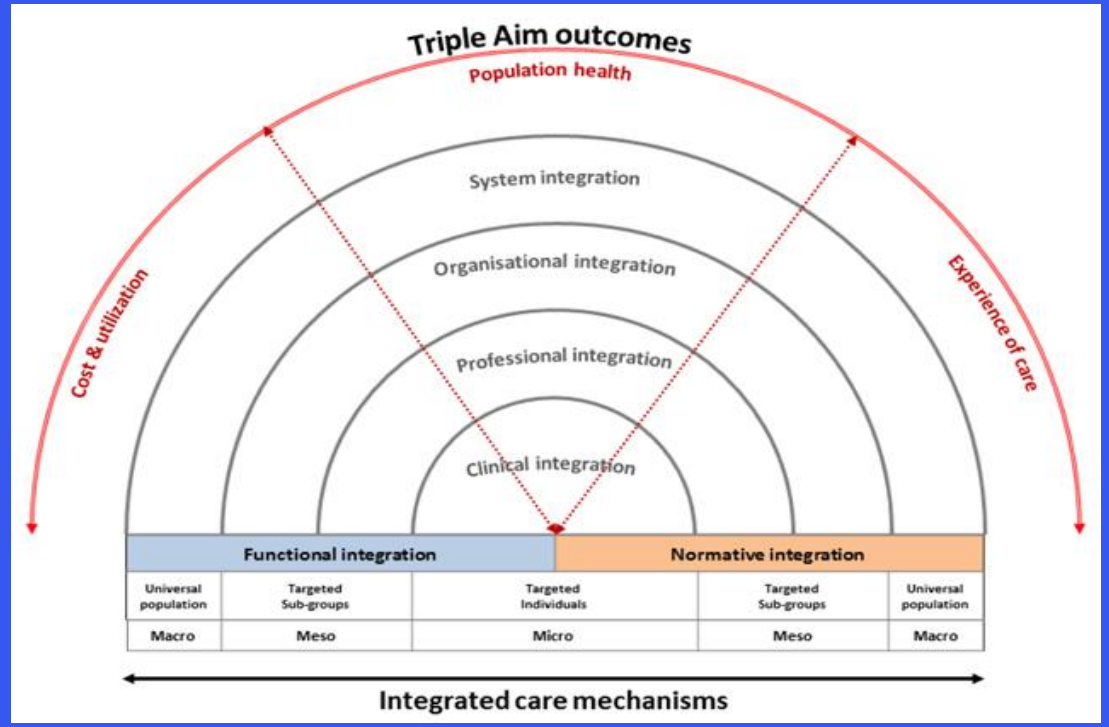
- Integrated care is necessary where fragmentations in care delivery mean that care has become so poorly co-ordinated around people's needs that there is an adverse, or sub-optimal, impact on care experiences and outcomes.
- Integrated care therefore seeks to improve the quality and cost-effectiveness of care for people and populations by ensuring that services are well coordinated around their needs. It is by definition, therefore, both 'people-centred' and 'population-oriented'.
- The people's perspective thus becomes the organising principle of service delivery, whether this be related to the individual patient, their carers/family, or the wider community to which they belong.

The benefits of integrated care

- Where integrated care better co-ordinates care around the needs of people at a personal, clinical and service-level it can improve quality of care, care outcomes and care experiences
- Uncertainty remains on the relative effectiveness of different system-level (organisational) approaches to integrated care as new structural solutions are often observed to be costly
- Getting the design and implementation of integrated care programmes right is important, and requires time to innovate and mature
- Research studies mostly look at integration, not integrated care!!!
  - The transformational impact of integrated care is at the micro-level of the patient, service user and professional teams, yet evaluation often fails to examine how care is actually delivered
- There is a lack of robust evidence overall on the economic impacts of integrated care approaches, but a significant amount of positive context-specific case experiences.
- Meta-analyses reveal that cost savings are significant in those projects reviewed >12 months (not earlier) that can be defined as integrated care (as opposed to

We know the building blocks …

Rainbow Model of Integrated Care (NDL)



Valentijn P et al (2015) Towards an international taxonomy of integrated primary care: a Delphi consensus approach. BMC Fam Pract, 16(1):64-015-0278-x

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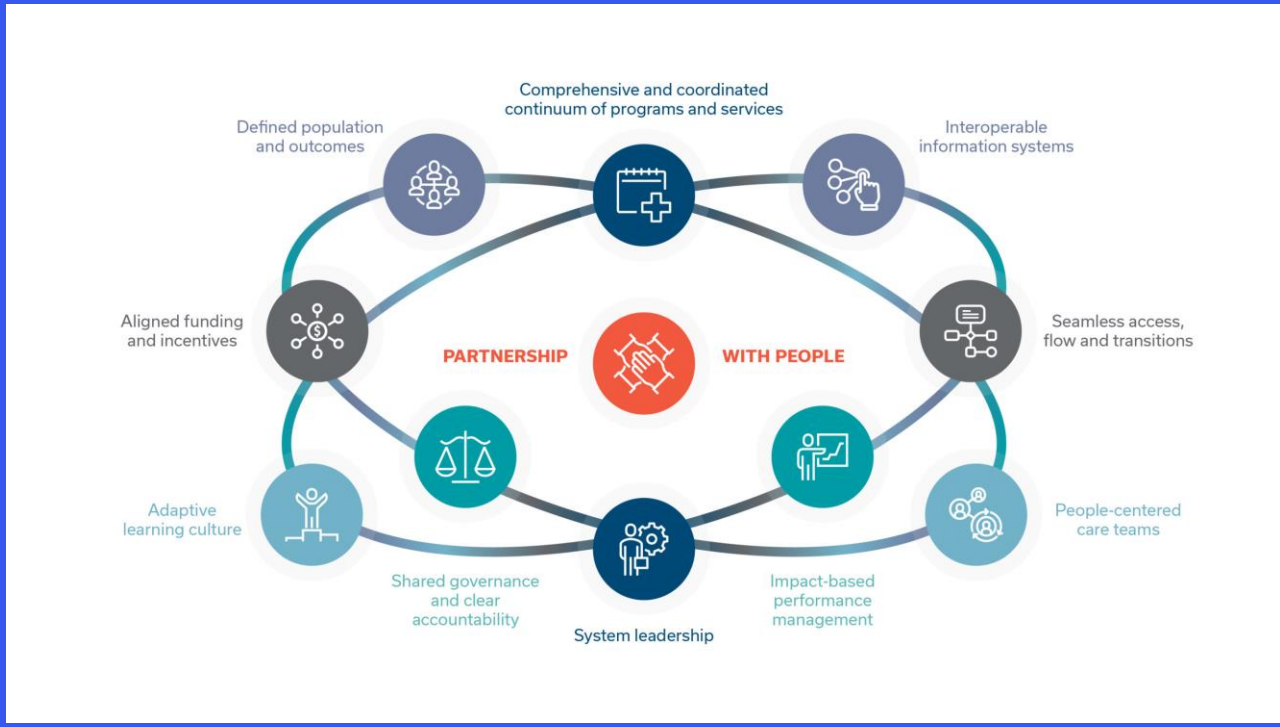

https://healthstandards.org/integratedcare/

We know the core dimensions …

Table 2: The Project INTEGRATE Framework: A validated set of characteristics associated with the successful impact of integrated care projects

Dimension of care	Strategies associated with successful implementation
Person-centred care	The active engagement of patients and carers as partners in their care. Key strategies include: health literacy, supported self-care, carer support, shared decision-making, shared care planning and access to health data
Clinical integration	How care services are coordinated with and around people's holistic needs. Key strategies include: multidisciplinary assessments and plans; active care coordination; care transition management; integrated care pathways; case management; a rostered/enrolled population; and involvement of community partners
Professional integration	How care professionals work alongside each other to meet people's multiple needs. Key strategies include: shared governance and accountability for care outcomes; interprofessional training and education; working in teams; formal agreements to collaborate; and a positive attitude towards working together
Organisational integration	How care providers work together across organisational boundaries to enable professionals to work together. Key strategies include: shared finance and incentive schemes; aligned governance, regulatory and performance frameworks; common organisational goals; and effective care networks
Systemic integration	How the care system provides the enabling architecture to support organisational integration – for example through shared information and data systems; deregulation; financial flows; workforce investments; and other policies supporting and embedding new models of care
Functional integration	The capacity to communicate data and information across the system manifest in key capabilities such as patient identifiers, shared care records, and effective communication and use of such data in decision-making and care delivery
Normative integration	The extent to which different partners in care share the same norms and values towards care integration, for example in terms of: having a shared purpose and vision; building social capital and trust; promoting shared and distributed leadership; and having a collective emphasis on population health

Source: Adapted from Calciolari et al.[38]

… and the key service design features

For example, there is substantial evidence in how to integrate services for:

- Care in the home environment
- Care transitions from hospital to home
- Multidisciplinary teams working in primary and community care
- Intermediate care
- Health and aged care services / health and social care teams
- Chronic care management
- Dementia and end-of life-care
- Physical and mental health and wellbeing
- Place-based / population health

But we know much less on HOW to implement things in different contexts

- Programme evaluations have shown limited ability to explain their results, so making it problematic to judge impact and costs
- Process evaluations provide explanation of key variables that influence the design and delivery of integrated care programmes, but don't give an understanding of what works, when and where?
- There is a need for a more intimate relationship between research and practice in order to understand its complexities and the strategies that result for effective implementation

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EDITORIAL

Improving Integrated Care: Can Implementation Science Unlock the 'Black Box' of Complexities?

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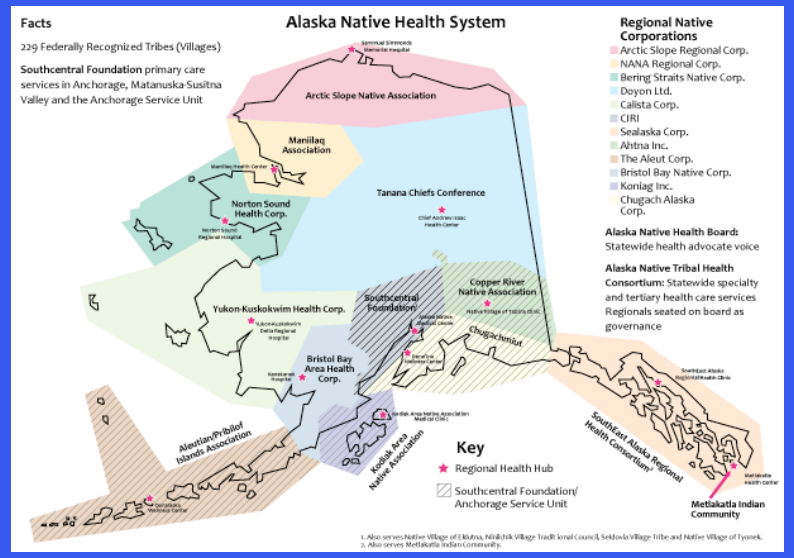
Keywords: complexity; evaluation; methodology; implementation science; improvement; integrated care; social science

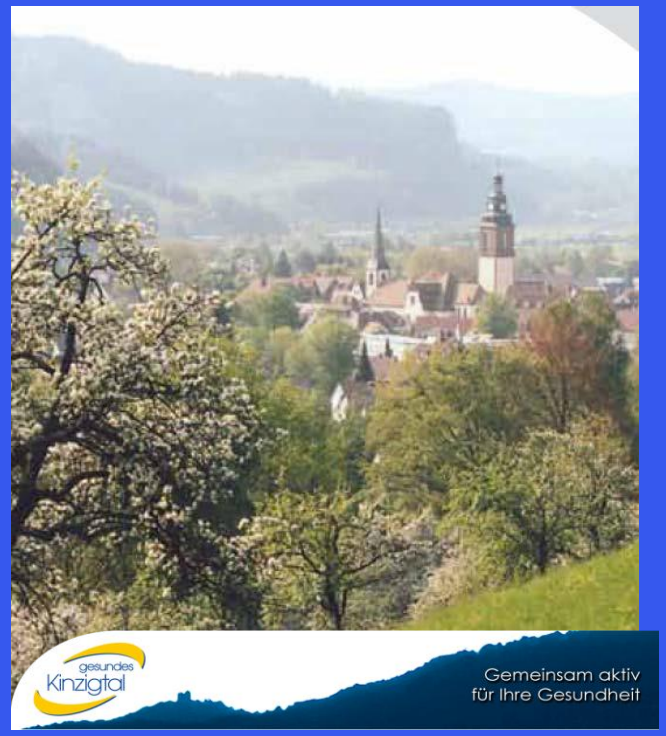
The forces for inertia are strong

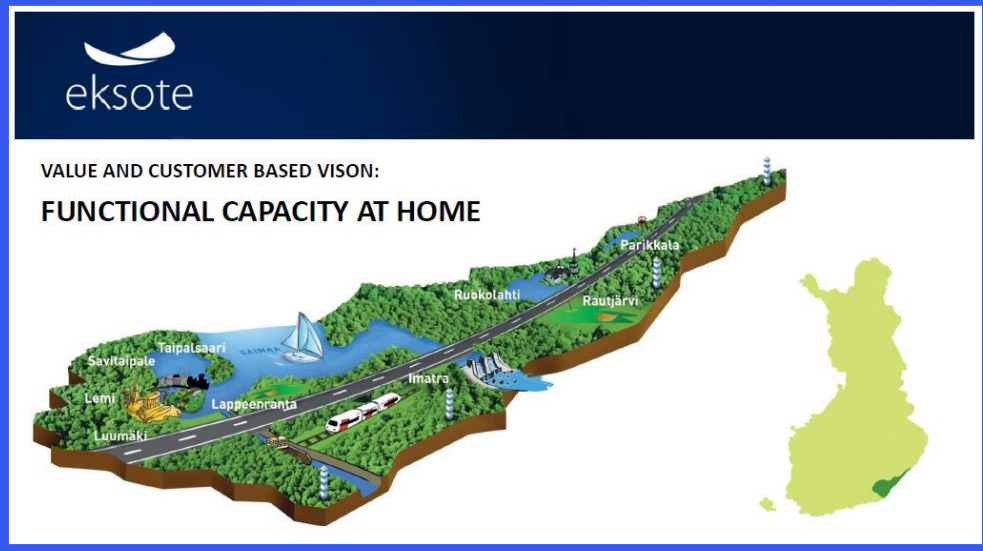
People want to be a part of something when they feel that what they are doing aligns with their attitudes, values and beliefs and improves peoples healthcare

- Integrated care programmes are fragile for many reasons:
  - Politics
  - Finance and incentives
  - Governance and accountability
  - Professional tribalism
  - Social norms and values
  - Evidence and belief
  - Time
- They require constant effort to nurture
  - Building social capital is a necessity
  - Culture and values are

But it's possible! And the benefits to people and communities can be truly transformative







What do we need to do to implement integrated care effectively?

Emerging key lessons from practical experiences

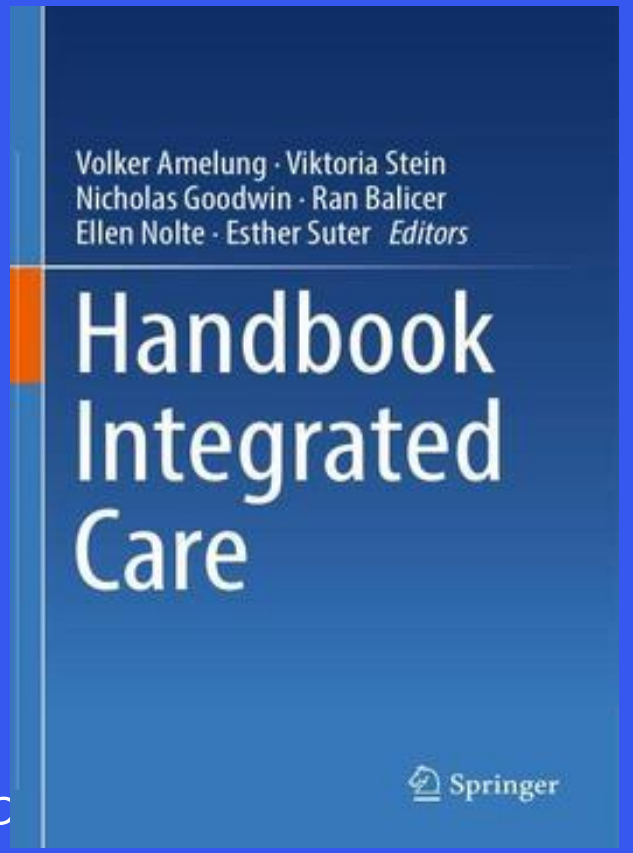
Box 1: Key lessons for implementing integrated care from practical experiences

- Finding common cause with partners.
- Developing a shared and bold narrative to explain why integrated care matters, written in a way that is tailored to meet local circumstances and conditions.
- Creating a compelling and persuasive vision for change that sets out an urgent case for why 'business as usual' will not work, and describes what integrated care can achieve, especially to the potential benefits of patients.
- Identifying services and user groups where the potential benefits of integrated care are the greatest.
- Understanding that there is no 'one model' of integrated care and supporting a process of discovery rather than design.
- Building integrated care from the bottom-up in a way that is supported from the top-down, whilst avoiding structural solutions with an over-emphasis on cost-containment.
- Aligning financial incentives, or removing financial disincentives, for example, through pooling resources to enable planners and purchasers to use resources flexibly.
- Innovating in the use of contracting and payment mechanisms.
- Supporting and empowering patients to take control over their health and wellbeing.
- Sharing information about patients with the support of appropriate information governance.
- Using the workforce effectively and to be open to innovations in skill mix and staff substitution.
- Restructuring care delivery assets, for example through less hospital-based care and more primary and community-based care.
- Setting specific objectives and measures to stimulate integrated care delivery, enable the evaluation of progress, and supported by a performance and quality management system.
- Establishing a strategic communications plan that enables a clearly defined message to be provided and understood across all stakeholders.
- Being realistic about the costs of integrated care.
- Integrated care is a long-term agenda, and represents an ongoing system-wide transformation.
- Acting on all these lessons together as part of a coherent strategy.

Sources: 15, 19-25

Implementation Strategy Components

1. *Needs assessment*
2. *Situational analysis*
3. *Value case*
4. *Vision and mission statement*
5. *Strategic plan*
6. *Ensuring mutual gain*
7. *Communications strategy*
8. *Implementation and institutionalisatic*
9. *Monitoring and evaluation: continuous quality improvement*



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Developing an Enabling Environment

1. Developing a guiding coalition
2. Building support for change – network management
3. Developing collaborative capacity
4. Clinical and system leadership

So leadership and management *locally* is crucial to build an enabling environment

Start with a coalition of the willing

Inspire vision

Involve patients and service users

Provide leadership 'across' the system: span boundaries to promote co-operation

Develop 'collective' leadership, not 'command and control'

Build an evidence base

Ensure constancy of purpose yet flexibility

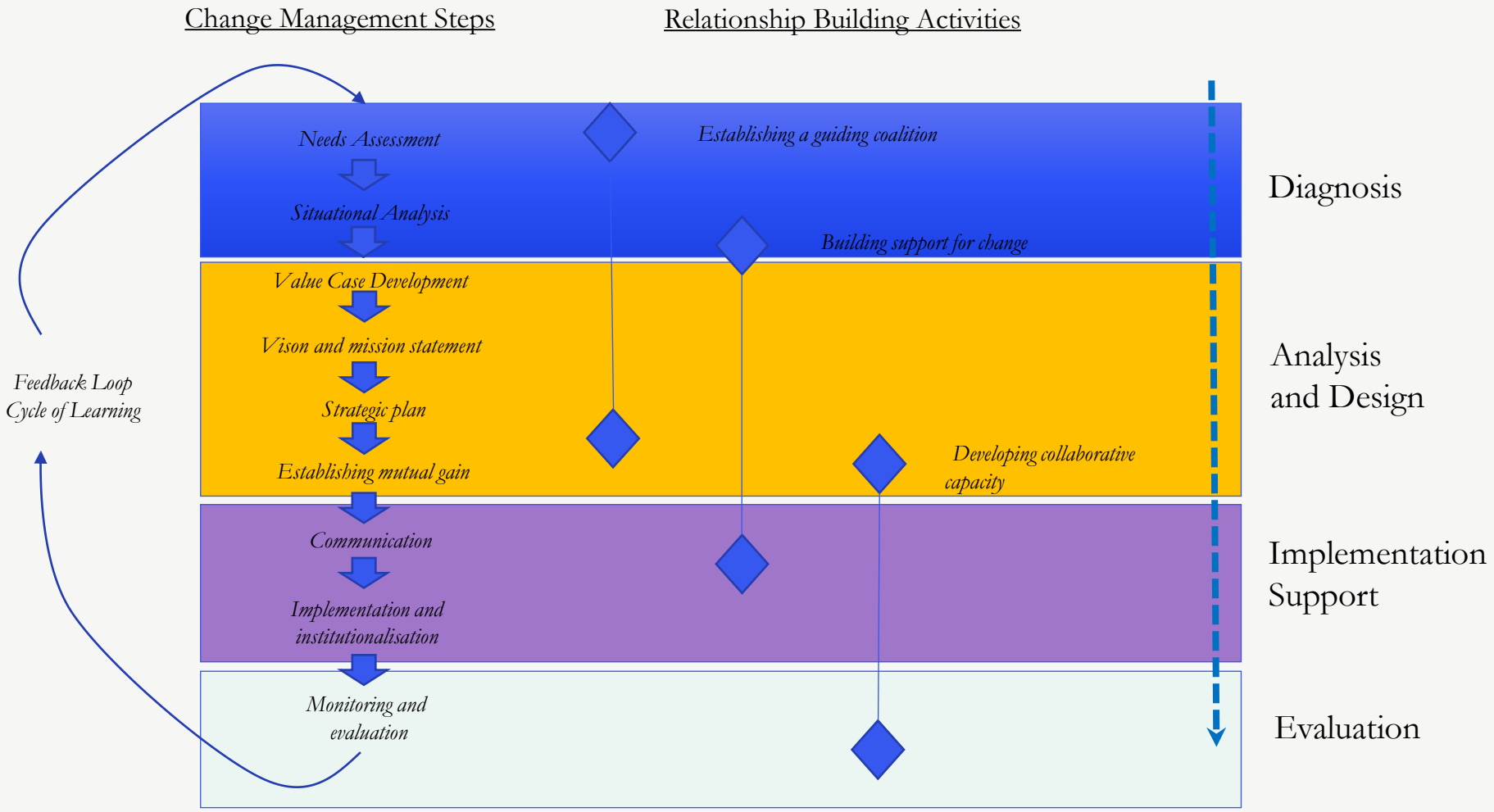
Foster 'collaborative capacity'

Pursue stability of leadership

Engage clinicians – get them to lead efforts for change – enable distributed leadership

Invest in system leaders as they require support in their role

An Implementation Model for Integrated Care



Goodwin, 2015, 2017; Lewis and Goodwin, 2017

Enabling integrated care: moving to strategic commissioning

Figure 4: Competencies of the strategic payer

Source: Adapted from Goodwin[47]

Key Conclusions

1. *Management* – the step-wise progression of managerial processes that need to be addressed (i.e. a change management/commissioning cycle)
2. *Environment* – adaptations in the context of integrated care that are necessary to support implementation of change in practice
3. *Leadership* – steering the path effectively

ALL tasks have a strong relationship-building component between leaders, managers, care professionals, populations and patients in order to promote awareness, justification, agreement and support for integrated care

Key issues for success – acting as a 'strategic purchaser' - include:

- A sound and objective understanding of health needs of a population and why integrated care will add value to people's health and wellbeing;
- A shared vision with a common set of objectives;
- New ways of working with joint accountability for outcomes and mutual gain;
- Relationship-building and service innovation comes before structural reform
- An open and transparent learning system

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