



# The key challenges of moving to an integrated care model of healthcare

14th National Health Summit, Croke Park, 8th February 2018

Dr Sarah Barry Assistant Professor of Health Services Management Centre for Health Policy and Management, Trinity College Dublin

Pathways to UHC in Ireland, HRB Funded

Co-authors: Sara Burke, Maebh Ni Fhallúin, Steve Thomas Centre for Health Policy and Management, Trinity College Dublin Collaborator: PJ Harnett, National Programme Integrated Care Older Persons

### The main message ...

# Integrated Care =

Disruption





### **Integrated Care - What?**



'Integrated care has the **patient perspective** as an **organising principle** of service delivery ... based on principles of illness prevention, patient empowerment, multidisciplinary **cross-service care planning and delivery**.

Where all health and social care **services work together to provide a flexible network of care** responsive to the changing needs of patients and their families.

Achieving this will involve public and private providers, patient groups, clinicians and the voluntary sector - indeed **all healthcare stakeholders**'

Tony O'Brien, Oct. 2015

## **Integrated Care WHO - person centred ...**



FOCUS on environment & ecology NOT diseases

WHO, 2015

#### **Integrated Care - Why?**

#### Why relevant now?

- Population health demand creating pressure given existing:
  - Rising costs and fundability
  - Spend model (resource allocation)
  - Model of care
  - Model of service delivery

#### A system unfit for purpose

Increasingly unfit for purpose given demographic/health-profile projections

#### • The vision of integrated care ...

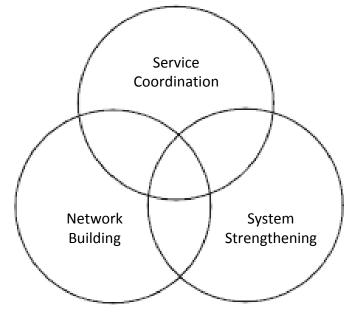
- Better care pathway and patient experience
- System coordination
- Reduction of costs (given high inappropriate service utilization)
- Community-based care
- Capacity management new sources of capacity?
- Better provider experience (health & social care givers across all sectors, professions etc)



## **Integrated Care & Sláintecare**

- System Strengthening (system integration)
  - e.g. mgt. systems, eHealth
- Service Coordination (service integration)
  - e.g. care pathways, MDTs
- Network Building (community integration)
  - e.g. ICP OP 10 Step Framework, LICCs
- Models integrated care using the:
  WHO System Building Blocks #6





## Service integration - more than 'care'



#### What does service integration look like?

- Single point of entry
- Care coordination
- MDTs that span sectors
- Self-management support
- Smooth transitions across care sectors
- Effective information management ...

#### Resulting in:

- Reduced inappropriate healthcare utilization
- Improved patient health
- Improved patient and caregiver experience etc.

#### • Integrated care programme 'mechanisms' generating best outcomes

- Multidisciplinary team relationships characterised by trust
- Provider understanding of and commitment to the programme model

(Kirst et al. 2017)

### So what's the problem in Ireland?

#### Sláintecare identifies six critical challenges as barriers to UHC

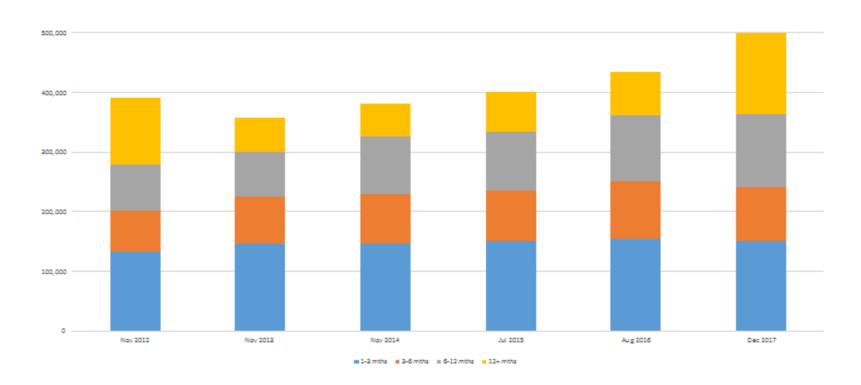
- Improve population health
- Care at the lowest level of complexity
- Diagnostic services in the community
- Disentangle private/public care
- System-wide response to ED waiting times
- Legislative underpinning for maximum waiting times

#### i.e. A 'system' of designed bottlenecks that inhibit access to healthcare



## Wait times indicating system capacity

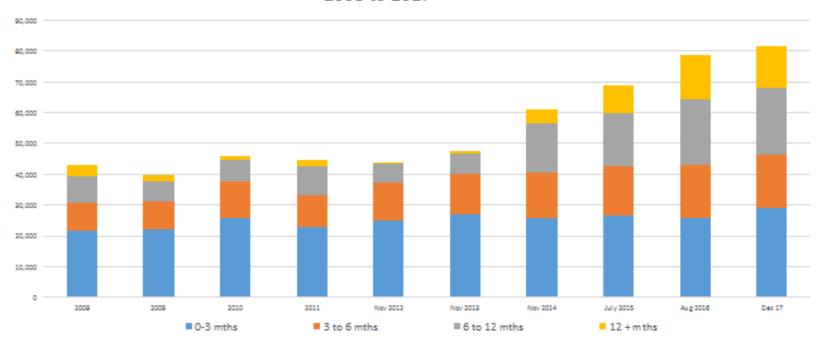
Nos waiting for first outpatient appointment 2012-2017



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## Wait times indicating system capacity

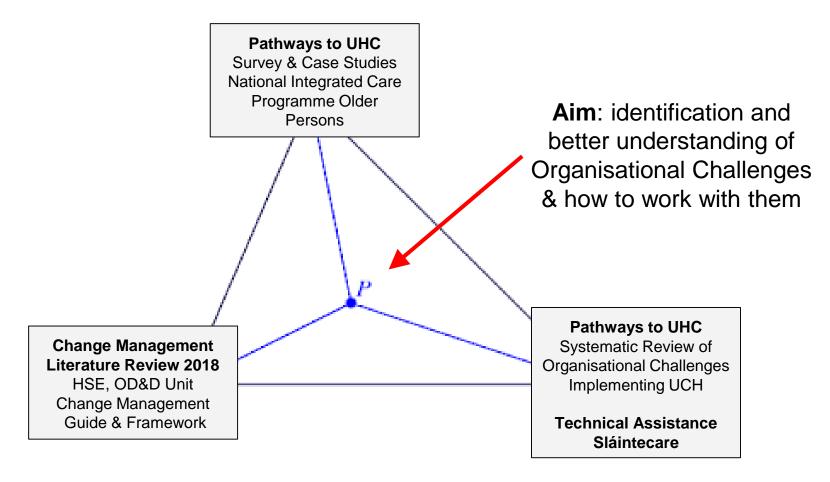
Nos of adults waiting for elective inpatient & daycase hospital treatment 2008 to 2017



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## What are the challenges? Sources ...





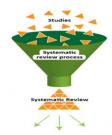
## International & emerging evidence on challenges

- Systems are complex, adaptive ...
- Context is critical for change, implementation ...
- Implementation science early stage & problematic



Literature Review

 Scant literature on 'organisational challenges of implementing universal health care' - UHC/IC



- Survey & Case Studies 2018
  - Integrated Care Programme Older Persons
  - First flavour of the survey data



#### Survey - qualitative data/word frequency



### **Survey - topics NOT discussed**



## Challenges of moving to integrated care model

- Sláintecare holistic implementation approach
- Working with context skills/understanding/new science
- Believe in/commit to what's working methodology of participation, co-design, local empowerment
- Listen to 'cognitive dissonance' ... integrated care as 'disruptor' ... what mechanisms make a difference?
- Seriously work with organisational culture for hearts & minds as sustaining enablers



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## Many thanks for listening

contact me at: barrys6@tcd.ie