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

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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 ...

Fig 1. Con

Health sector: governance, financing & resources

Integrated health services

Other sectors: education, sanitation, social assistance, labour, housing, environment & others

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

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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 ...

Aim: identification and better understanding of Organisational Challenges & how to work with them

Pathways to UHC
Survey & Case Studies
National Integrated Care Programme Older Persons

Change Management Literature Review 2018
HSE, OD&D Unit
Change Management Guide & Framework

Pathways to UHC
Systematic Review of Organisational Challenges Implementing UCH
Technical Assistance Sláintecare
International & emerging evidence on challenges

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

- 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
References

Barry, S.; Burke, S.; Boyce, M., Eustace-Cook, J.; Normand, C.; Thomas, S. 2016. Mapping the organisational challenges of implementing universal health care/coverage policies for health systems in countries with a GDP per capita greater than $22,000. PROSPERO International prospective register of systematic reviews. CRD42015020373


Many thanks for listening
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