Demand for healthcare has increased exponentially as a result of individuals living longer with chronic illness and surviving conditions like cancer; this has produced considerable complexity in terms of integration of care and timeliness of response for health services.

Recent research into persons with dementia and cancer survivors has revealed considerable unmet needs across the continuum of care, due to challenges in providing integrated and patient centred care in constrained modern health services. We are successfully treating and caring for people suffering from chronic illnesses and preventing deaths that would have occurred in previous generations but unmet needs is an unfolding area of chronicity and a research concern. Increased numbers of people now survive but are left to cope with the lasting and challenging effects of their treatment.

The emerging view is that dependency on hospitals to provide care to ever increasing numbers of older people and those living with chronic illness or cancer is no longer feasible. At the core of healthcare reform is a realisation that it is time for a fundamentally new approach to the organisation of healthcare work. Professional role boundaries in the future will be more fluid so care can be optimized for service users. The need to develop evidence based and innovative ways to deliver healthcare at the lowest point of acuity has informed my research agenda.

**Evaluating integrated care** – The focus of my research is largely in the sphere of implementation science and the development of healthcare systems, quality improvement and workforce development, informed by insight into systems-thinking in healthcare delivery. I am engaged in research studies in collaboration with health service providers to examine issues around patient related outcome measures, workload measurement, practice development, work redesign, patient safety and competency among health care workers.

I am currently leading a national, multi-site evaluation of integrated care within acute care for people with dementia across three major academic teaching hospitals in Ireland. I am complementing this with an evaluation of community care projects which test innovative ways to transform the deployment of home care packages thus retaining people with dementia at home for longer. A national study, arising from this evaluation, is currently investigating transformation in organisation culture within community healthcare organisations.

**Managing chronic illness** – I am a co-applicant and member of the coordinating team on a Horizon 2020 project, ProAct-Evaluation of a Digital Integrated Care ecosystem for the management of multi-morbidity. This study targets Europe’s 50 million multimorbid patients to pro-actively self-manage, thus offsetting the EU’s annual €700 billion cost of chronic disease management.

Working with the HSE and UCC, I will be leading on a national project to evaluate and determine the impact of an increase in the use of Advanced Nursing Practitioner roles to reduce waiting lists in chronic illness. Over the next few years I will continue to work and expand this programme of research to determine innovative ways to enhance integration of care in chronic illness.

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Anne-Marie Brady received her MSc from North Eastern University in Boston and PhD from Trinity. She joined the School of Nursing & Midwifery in 2002 and is now Professor of Nursing & Chronic Illness and PI with Trinity Centre for Practice and Healthcare Innovation. A Registered General Nurse, she has over 30 years of clinical practice, education and research experience in nursing and health care management in Ireland and abroad. Her research focuses on producing and evaluating complex interventions and innovation in care for people who live with chronic illness.

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