

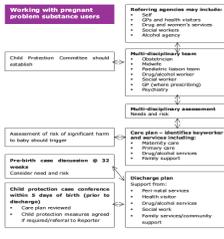
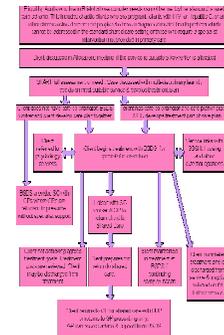
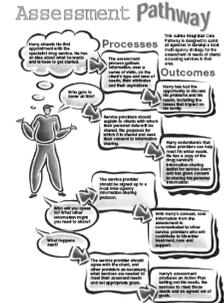
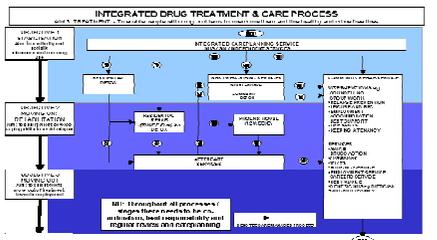
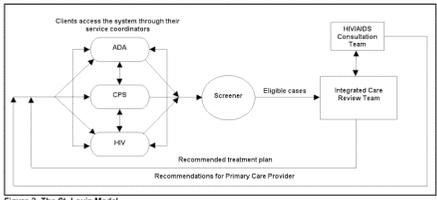
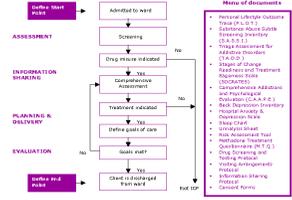
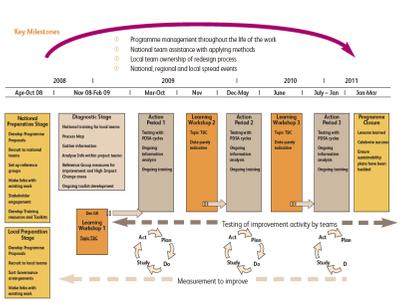
# Integrated care: the route to system sclerosis, or the future?

Dr Judith Smith  
Head of Policy, The Nuffield Trust  
24 March 2010



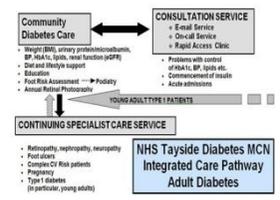
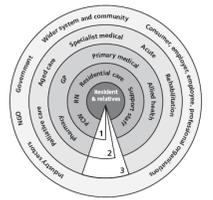
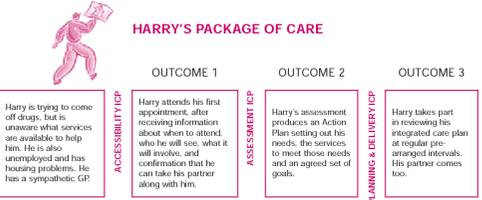
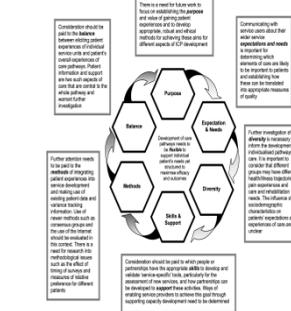
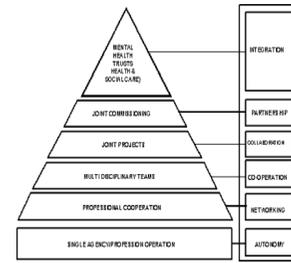
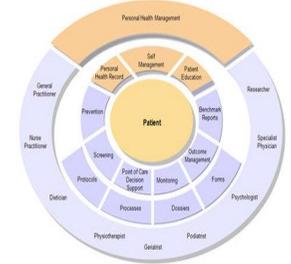
The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)



# What are we talking about?

- DH integrated care pilots
- A social care provider in NW London
- A fostering organisation in Sussex
- The Epsom integrated care service
- An alternative health care centre in Kent



# Is integrated care just a fad and fashion?

'The dreams of broad transformations [...] are not likely to be as helpful as they often appear [...] [policy] panaceas are obstacles to successful reform, which requires constant attention to context, tradeoffs and nuance.'

(Marmor, 2004, p33)



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# The idea is not new

Concern about lack of integrated care for patients dates back to the start of the NHS, and even earlier

(Rumbold and Shaw, forthcoming)

‘The weakness of the present structure lies in the fact that the NHS is in three parts, is operated by three sets of bodies having no organic connection with each other and is financed by three methods.’

(Guilleband Report, 1955)



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

The 1974 NHS reorganisation widened a gulf between health and social services, that decades of policy and practice have tried to overcome



© Getty Images



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# We are not alone in having fault-lines in our health system

- **Australia** has primary care organised and funded at Commonwealth (federal) level, and hospital and community health services at state level, and a national approach to social care
- **The Netherlands** has mainly private not-for-profit hospitals, self-employed specialists, and independent general practitioners who gate-keep secondary care.



# It is a fundamental problem

- Concern for 'integrated care' is not a fad or a fashion, but reflects the divisions embedded within many health systems
- Patient complaints consistently flag up problems in, communication, care co-ordination, discharge from hospital, people 'falling through the cracks'



# For which the desired solution is...

*Integrated care:*

*'...imposes the patient's perspective as the organising principle of service delivery and makes redundant old supply-driven models of care provision. Integrated care enables health and social care provision that is flexible, personalised, and seamless.'*

(Lloyd and Wait, 2005)



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

*And integration:*

*'a step in the process of health systems and health care delivery **becoming** more complete and comprehensive'*

*'Without integration at various levels [of health systems], all aspects of health care performance can suffer. Patients get lost, needed services fail to be delivered, or are delayed, quality and patient satisfaction decline, and the potential for cost-effectiveness diminishes.'*

(Kodner and Spreeuwenburg, 2002, p2)



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# Mrs Smith, Mrs Jones...



© Age Concern Photo Library



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

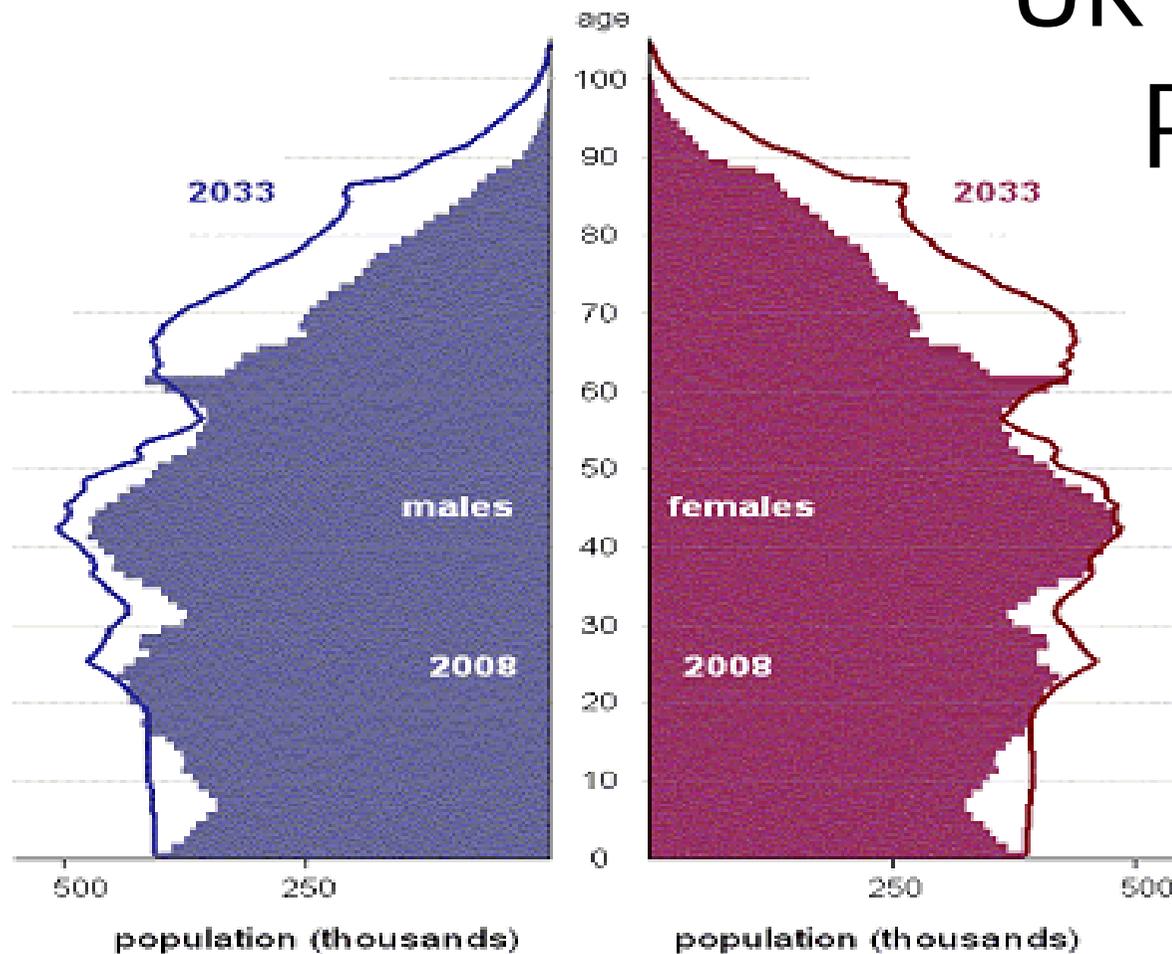
[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# Why focus on integrated care now?

- Rising levels of chronic disease in an ageing population
- Financial hard times (risk of slash and burn)
- Workforce challenges as we will have more people in retirement needing support from fewer of working age



# UK Demographic Projections



Estimated and projected UK population mid-2008 and mid-2033

Source: ONS, 2008



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

- Technology that enables much more self-care
- Rising hospital admissions and readmissions, typically of the elderly and vulnerable
- UK lagging behind in respect of reducing reliance on hospital inpatient care

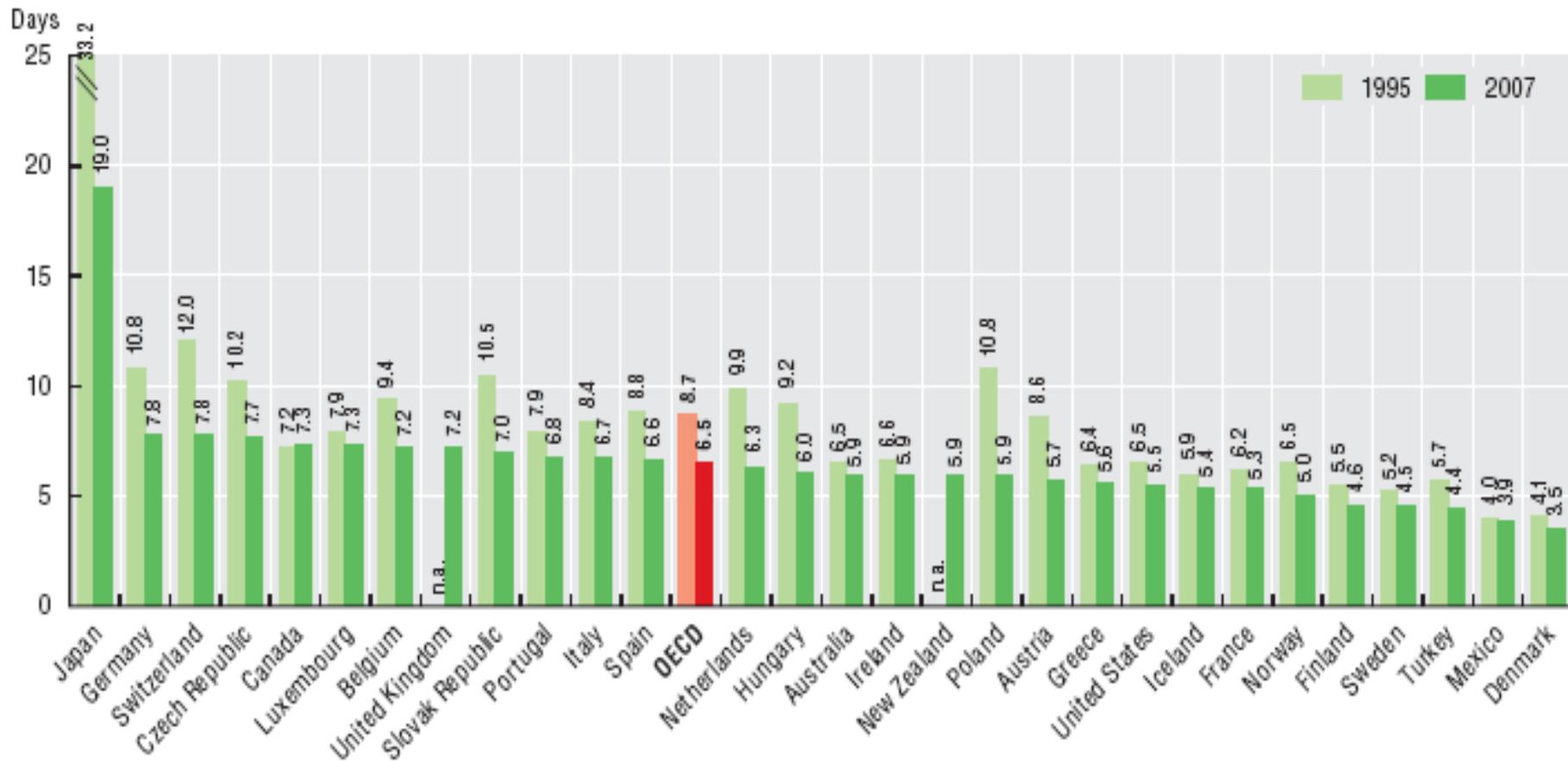


The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# The average length of stay for acute care has fallen in nearly all OECD countries

Average length of stay for acute care



Source: OECD Health Data 2009, OECD  
 (<http://www.oecd.org/health/healthdata>).



The Nuffield Trust  
 FOR RESEARCH AND POLICY  
 STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

- We keep asserting a desire for care that is more community-focused and less hospital based, yet we struggle to achieve this
- So we really do have to try and do things differently, 'changing systems of care' (Institute of Medicine, 2001)



# Two examples of NHS responses



## Redbridge PCT and Whipps Cross Hospital

- Polysystems, based around integrated health centres, and with clinical budget-holding and leadership
- Strong focus on use of aligned data to assess risk and manage care
- Care navigation and coaching as a way of trying to reduce unplanned admissions



## North East Lincolnshire Care Trust Plus

- Adult social care commissioning and provision now transferred from local authority into the PCT
- Joint health and social care teams based around a single care assessor/co-ordinator with pooled budgets
- One professional who manages complex care by numerous people and teams



# Three types of integrated care seen in a new Nuffield study across 3 countries (Rosen, 2010):

## 1. standardised clinical practice across organisational & team boundaries



**Standardised Chronic disease management**

Eg Diabetes, CCF

**Standardised clinical interventions**

Eg CABG, THR

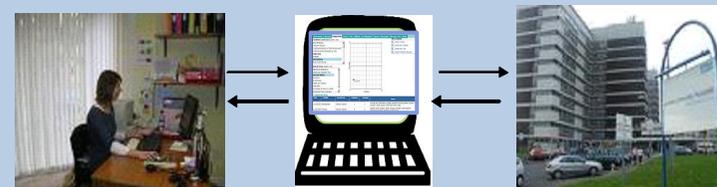
**Standardised experience**

Same care in different settings

## 2. Integrated multi-professional teams for care coordination



## 3. New types of GP-Specialist consultation



# Common themes

- Trying to set an organisational context within which professionals can deliver care that 'imposes the patient's perspective'
- Some are about new organisational arrangements, others about care processes
- So how will we know if these new approaches actually work?



# What evidence do we have for integrated care?

- Research into structures and processes, or specific aspects of chronic disease management (Shortell, 2009)
- Evidence that integrated care programmes have a positive effect on quality (Ouwens et al, 2005)
- Evidence of high performance by US integrated delivery systems (Asch et al, 2004; Feachem et al, 2002)
- But vertical integration with hospitals appears less promising (Burns and Pauly, 2005)



- Much less evidence about outcomes
- And equivocal at best about the impact on efficiency
- A tendency to evaluate 'boutique pilots', from which it is difficult to generalise (Ouwens et al, 2005)
- And we need to become much more sophisticated about how we measure 'integration'



# The evidence we need

- Impact on patient experience, including the development of 'markers' for improved processes of care
- Impact on use of services, especially inpatient beds
- Impact on costs, and differentially on different parts of the system
- Impact on outcomes, with markers developed

(Ramsay, Fulop and Edwards, 2009)



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# So are we headed for system sclerosis?

- Yes, if we interpret integrated care as large, integrated funding and delivery systems
- But we already have too many large organisations that integrate specialised services around professional interests
- What we need is a **less** sclerosed system, with more sophisticated processes of managing care



# Questions to pose

- How do we develop models of care to meet the economic and health challenges ahead?
- How can we ensure that the patient perspective is predominant within this?
- How can we incentivise clinicians to work in new ways across organisational boundaries?
- And how do we avoid monopoly organisations that inhibit choice and competition?



- How will we measure progress (including efficiency gains) and build an evidence base?
- And how do we narrate this for a sceptical public and their political representatives, for whom Mrs Smith needs a bigger and better hospital?



[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

[judith.smith@nuffieldtrust.org.uk](mailto:judith.smith@nuffieldtrust.org.uk)



The Nuffield Trust  
FOR RESEARCH AND POLICY  
STUDIES IN HEALTH SERVICES

[www.nuffieldtrust.org.uk](http://www.nuffieldtrust.org.uk)

# References

- Asch S, McGlynn E, Hogan M *et al* (2004). Comparison of Quality of Care for Patients in the Veterans Health Administration and Patients in a National Sample, *Annals of Internal Medicine* 141(12):938-945
- Burns LR and Pauly MV (2002) Integrated delivery networks: a detour on the road to integrated care. *Health Affairs* vol 21, no.4, pp128-143
- Feachem R, Sekhri N, White K (2002) Getting more for their dollar: Kaiser v the NHS. *BMJ* 2002;324:135-143
- Institute of Medicine (2001) Crossing the quality chasm – a new health system for the 21<sup>st</sup> century. Washington: National Academy Press
- Kodner D and Spreeuwenburg C (2002) Integrated care: meaning, logic, applications and implications – a discussion paper. *International Journal of Integrated Care*, 2 e12



- Lloyd J and Wait S (2005) Integrated care: a guide for policymakers. London: Alliance for Health and the Future
- Marmor T (2004) Fads in medical care management and policy. London: Nuffield Trust
- Ouwens M et al (2005) Integrated care programmes for chronically ill patients: a review of systematic reviews, *International Journal of Quality in Health Care*, vol 17, no.2, pp 141-146
- Ramsay A, Fulop N and Edwards N (2009) The evidence base for vertical integration in health care. *Journal of Integrated Care*, vol 17, no.2, pp3-12
- Rosen R (2010) International case studies of integrated care. London: Nuffield Trust
- Rumbold B and Shaw S (forthcoming) Shaping the future of integrated care: what can we learn from history? *Journal of Integrated Care*
- Shortell S (2009) Enhancing the performance of integrated health systems. Paper presented at UK Health Services Research Network Conference, Birmingham, 3 June 2009

