



Integrating Health and Social Care: A global perspective of experience, best practice and the way forward

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Foreword

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When seeking health and social care services patients are confronted with a fractured system that can lead to many gaps and overlap in their care. Navigating these complex systems can be a major obstacle for an individual trying to reach positive health outcomes. This siloed approach to providing care doesn't only lead to poor patient outcomes but it also increases costs for the health and social care systems.

The solution lies with integrated care, splicing together the health and social systems to focus on single outcomes. This involves taking a holistic view of the patient, factoring in all of their health and social needs and aiming to reach outcomes rather than outputs.

This paper is the executive summary of a full report that is available on the IBM Cúram Research Institute [website](#). The paper analyzes worldwide experiences of integrated care, bringing together case studies and looking at various different approaches to integrating care. It was written by the [iNAV – Institute for Applied Health Services Research](#) and was commissioned by the [IBM Cúram Research Institute](#) as part of the [IBM Cúram Thought Leadership Series](#).

The [IBM Cúram Research Institute](#) is IBM's health and social policy research arm. Its mission is to foster the development of innovative service delivery models to raise the social and economic potential for people and society. The Institute is committed to undertaking and commissioning research with a focus on the cross-over from policy to service delivery. In order to analyze contemporary health and social policy issues and foster the development of innovative new ideas and solutions, the IBM Cúram Research Institute launched the [Thought Leadership Series](#) which involves running industry thought leadership Executive [Roundtable events](#), commissioning research papers with policy experts and researchers, and holding workshops and interview sessions with health and social organizations in order to learn about and share industry best practices. The hope is to help organizations improve outcomes for all.

The [iNAV – Institute for Applied Health Services Research](#), is a science, practice and policy-oriented consulting company that focuses on the field of Healthcare and was founded in 2011. Its objective is to develop and implement innovative solutions in the health sector.

I encourage people who work in the domains of health and social care to read this report in order to learn more about good practice in the area of integrated care from around the world.

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“People don’t want health care or social care, they just want the best care.”

Norman Lamb MP, UK government

Worldwide, health and social care systems are highly fragmented. They are constructed in silo structures and each of the silos, again, is fragmented. Different sectors, social care, inpatient, outpatient, and rehabilitation, various provider structures and professions, physicians and nurses, mostly do not work jointly together but have a very distinct and separate range of tasks, incentives, and professional cultures. However, when entering a social and healthcare system the patient is confronted with these distinct silos, but rather claims for an integrated and comprehensive care coordination and treatment, encompassing sectors and professions in their entirety.

Integrated care aims at overcoming these boundaries. The first generation of integrated care focussed on integrating outpatient and inpatient care. For example, services for a patient receiving hip replacement were coordinated between outpatient care, hospital care and the rehabilitation setting. The added value of this kind of integrated care concepts is obvious and relative well documented in studies. Much more challenging are integrated care concepts, covering the needs of populations - or sub-populations - over a defined period of time, reimbursed with a global payment.

Furthermore, the perception of health and social needs being two halves of a whole person is getting more accepted in both, the health and social care environment (Boland 2013). That means primary and community health services, social care services, and services from voluntary organizations should all mesh together in order to better manage individuals` conditions. Therefore, innovative integrated care seeks to create this connection of healthcare system services (acute, medical care) and other human service systems (e.g. long-term care, education, vocational or housing services) to improve outcomes (clinical, satisfaction and efficiency) (Valentijn 2013). This approach is also very much in line with the WHO-strategy, to foster people centeredness rather than patient orientation (Stein 2013).

Implementing integrated care approaches requires not only the development of inter-institutional network arrangements and new organisational instruments and methods, such as inter-disciplinary teams, ICT-facilities, protocols or special financial arrangements (Mur-Veeman et al. 2003). It also needs people supporting the change. Therefore, it implies a change of attitudes, willingness to invest time, and for service professionals to seek agreements over tasks and autonomy.



However, even though the concept of an integrated healthcare system may seem compelling, the international evidence for integrated care is still limited. Only very few studies were able to proof the benefits of integrated care as compared

to standard care. This paper merges worldwide knowledge and experience on concepts, projects, and evaluations of integrating health and social care. It stimulates new ideas and anticipates upcoming trends and research questions. Expertise is derived from a comprehensive literature review and primary research by interviewing experts in several countries.

References

Boland, B. (2013). Integration of health and social care would better safeguard adults from harm. *BMJ* 2013;346:f3266.

Mur-Veeman I., Hardy B., Steenbergen M., Wistow G. (2003). Development of integrated care in England and the Netherlands: managing across public-private boundaries. *Health Policy*. 2003 Sep;65(3):227-41.

Stein V., Stukator Barbazza E., Tello J., Kluge H. (2013). Towards people-centred health services delivery: a Framework for Action for the World Health Organisation (WHO) European Region. *Int J Integr Care* 2013; Oct–Dec.

Valentijn P. P., Schepman S. M., Opheij W., Bruijnzeels M. A. (2013). Understanding integrated care: a comprehensive conceptual framework based on the integrative functions of primary care. *Int J Integr Care* 2013; Jan–Mar.

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