The limits of what we know…

Common critiques…

- The evidence base largely consists of small-scale evaluations of local initiatives which are often of poor quality and poorly reported. No evaluation studied for the purpose of this briefing included an analysis of cost-effectiveness (Cameron et al 2012)

- It would not seem unreasonable to presume that some form of integration is likely to be more effective in delivery than two or more agencies operating on their own. The available evidence base however suggests not only, inevitably, that the picture is complex, but that certain elements may be counter-intuitive.' (Petch 2012)

- 'there is very little evidence that links the use of such services with what might be termed real and sustained outcomes for users: no demonstrable or measurable improvements in social or cognitive functioning, independence or quality of life.' (Rummery 2009)

WHO 2015

- Research studies have typically focused on treatment and diagnosis, and adult and elderly care, meaning that the evidence base for other services (health promotion, prevention, long-term care, rehabilitation and palliative care) is less strong, as is evidence on other life stages (such as childhood).

- New service delivery reforms should be complemented by implementation research and evaluations that both guide their application and further develop the evidence base.

And what are we evaluating?

'Based on the evidence presented here, there may be a need to revisit our understanding of what integrated care is and what it seeks to achieve, and the extent to which the strategy lends itself to evaluation in a way that would allow for the generation of clear-cut evidence, given its polymorphous nature. Fundamentally, it is important to understand whether integrated care is to be considered an intervention that, by implication, ought to be cost-effective and support financial sustainability, or whether it is to be interpreted and evaluated as a complex strategy to innovate and implement long-lasting change in the way services in the health and social-care sectors are being delivered and that involve multiple changes at multiple levels.'

(Nolte & Pitchforth 2014)

Complexity of evaluation
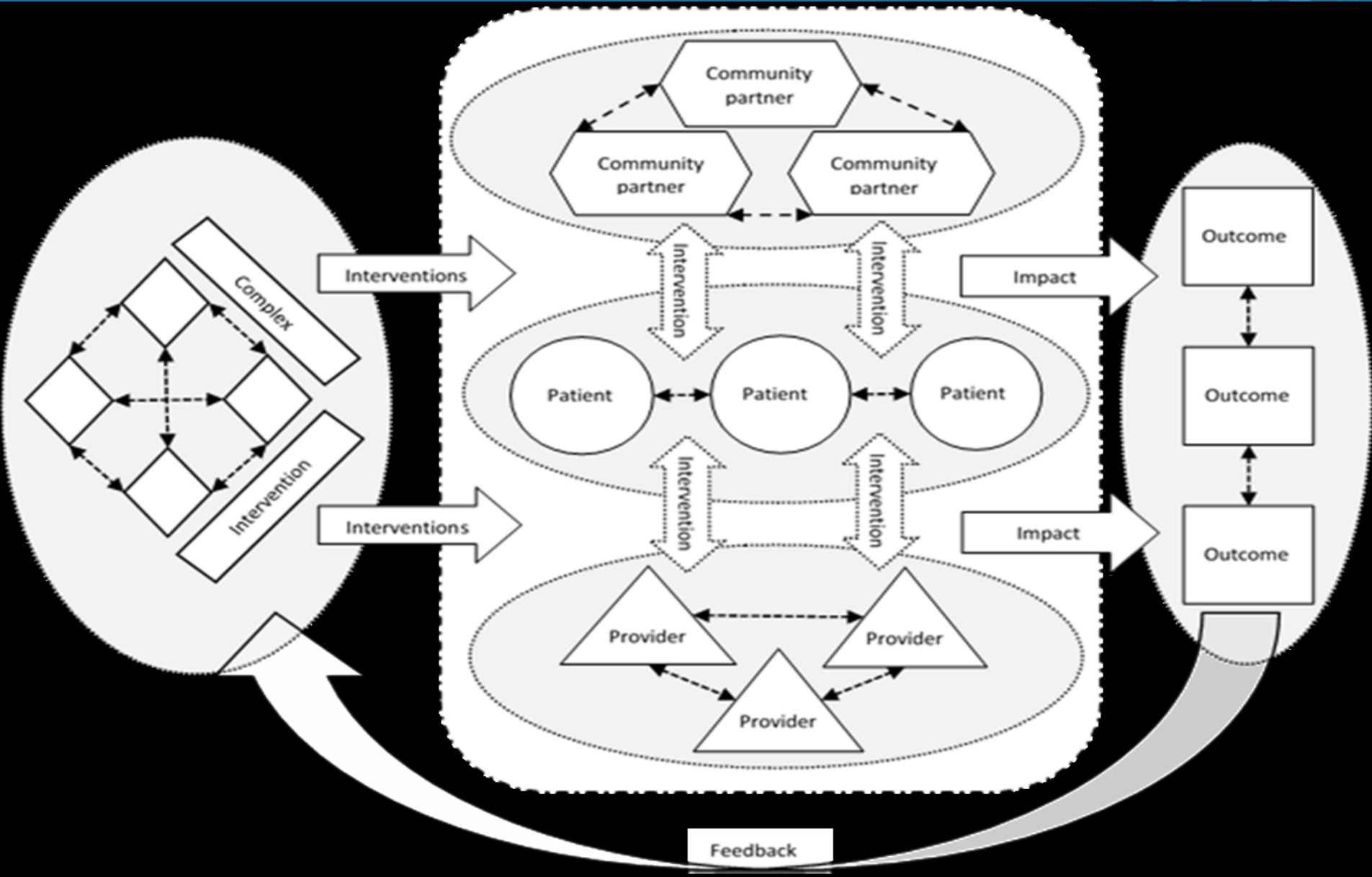
Fragmentation has a negative impact

Fragmentation & experience of older people

It's the same kind of problems for everyone– a lack of somebody picking the ball up and running with it for you… There's all sorts of things there, but how do you find out about them? I think there's a lot of assumptions that you know as much as they do about it and you don't. (Ken)

It seems like one person after another coming in to do different assessments on something else…It's not like one person comes in and assesses for everything, it was a never ending stream of people coming. (Carole)

What they put in the discharge letter, nothing was explained to me, what she should take at home and help we would have from social care. We brought her home and I was wondering how was I going to manage her? (Nilesh)

Fragmentation in experience of NGO's

'I suppose that's a sort of minor problem in the face of the whole thing about nothing being integrated …… it's all going in completely the wrong direction.'

'There are huge gaps opening up. Who's attending the food banks? It's people who have chronic mental illness. The suicides rates are increasing. The hopelessness that people are feeling is tangible. …the gaps have always been there I think but they're just getting wider'

""Well the consultants say this and the consultants say the other and the Social Work teams and..." Actually they're all bloody useless, you know, "Why can't they work in line with the protocols we've agreed with them?"'

What we do know about integrated care….

WHO 2015

- The evidence suggests that people-centred and integrated services are essential components of building universal health coverage and can improve health status.

- Studies addressing care pathways, patient participation and provider communication typically show improvements in responsiveness and user satisfaction and some indicate improvements in equity and cost-effectiveness.

- The ability to achieve successful outcomes can be highly context-specific…..integration that focuses on improving access to care can also result in increased service utilization without changes in health outcomes

Integrated care programmes for adults with chronic conditions

- Twenty-seven systematic reviews were identified; conditions included chronic heart failure, diabetes mellitus, chronic obstructive pulmonary disease and asthma

- Most reviews covered comprehensive services across the care continuum or standardization of care through inter-professional teams,

- A majority of reviews found beneficial effects of integration, including reduced hospital admissions and readmissions (in CHF and DM), improved adherence to treatment guidelines (DM, COPD and asthma) or quality of life (DM).

- Few reviews showed reductions in costs.

(Gonzalez 2014)

Integrated care and hospital activity (Damery et al 2016)

- Umbrella review of systematic reviews (50 included)
- 11/21 reviews reported significantly reduced emergency admissions (15-50%)
- 11/24 showed significant reductions in readmissions (10-30% all cause; 15-5-% condition specific)
- 9/16 reported length of stay reductions of 1-7 days
- 4/9 showed significantly lower A&E use (30-40%)
- Little robust evidence for significant cost reductions

Integration between health and social care

The findings of the review suggest that there is some indication that recent developments, in particular the drive to greater integration of services, may have positive benefits for organisations as well as for users and carers of services. However, the evidence consistently reports a lack of understanding about the aims and objectives of integration, suggesting that more work needs to be done if the full potential of the renewed policy agenda on integration is to be realised. The voice of service users and carers remains largely absent. Their views are not routinely collected in evaluations, which makes it almost impossible to comment on the outcomes that matter to the people who use services themselves.

(Cameron et al 2014)

Economic impact of integrated care

- None of the reviews identified explicitly defined 'integrated care' as the topic of review.

- Utilization and cost were the most common economic outcomes assessed by reviews but reporting of measures was inconsistent and the quality of the evidence was often low.

- There is evidence of cost–effectiveness of selected integrated care approaches but the evidence base remains weak.
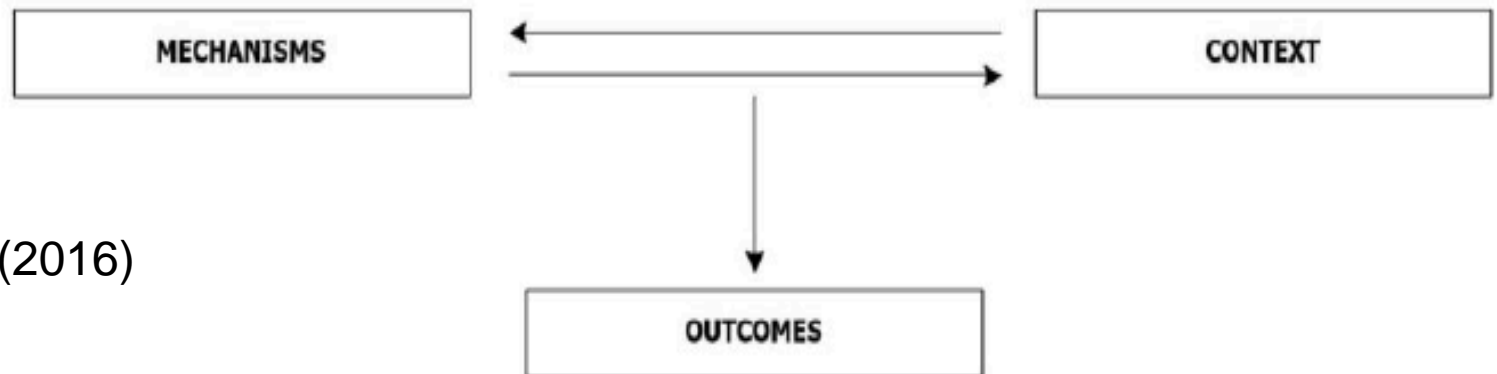
(Nolte & Pitchford 2014)
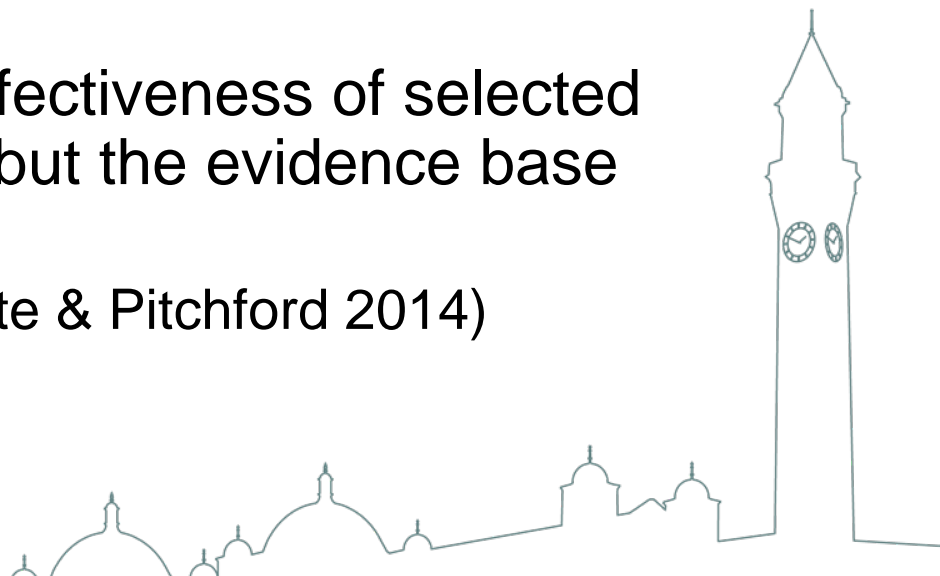
Put simply: It depends……

'The simple answer to the question 'Does clinical coordination improve quality and save money?' is 'Yes, it can.' However, it depends on which approach is used, how well it is implemented, and on features of the environment in which a provider is operating, including the financing system.'

Ovretveit (2011)

Being 'realist'ic can help make sense of complexity…

Busetto et al. (2016)

Figure 4. COMIC Model: Context, Outcomes and Mechanisms of Integrated Care interventions.

Culture & Integration

'Much of the achievement of integrated care and support is dependent on successful culture change. Both professions and organisations are likely to have developed particular cultures which help to shape their identity and foster allegiance.' (Petch 2014)

'By its very nature, joint working brings together professionals with different philosophies and values as well as divergent professional cultures. Not surprisingly, these differences can act as barriers to effective joint working' (Cameron et al 2012)

'The realisation of a given pilot's intended changes relied on its ability to modify existing systems and practices and to make new ones possible. This ability was especially dependent on organisational culture…. pilots often found integration activities were hampered by a lack of openness that several staff perceived to inhibit discussion, and which was part of a wider 'blame culture'' (Rand Europe 2012)