

Integration or co-ordination – what's in a name?

A critical appraisal of the application
of integrated care in the context of
real world clinical care delivery.

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'Integration' of Care

A worthy objective

- For Patients:
 - Seamless
 - Holistic
 - Streamlined and Customised Interaction
- For Providers:
 - Efficient – reduced duplication and discord
 - Effectiveness aided by better awareness of context

The Meaning of 'Integration'

Integration can mean Homogenisation

Neither Patient nor Professional wants this

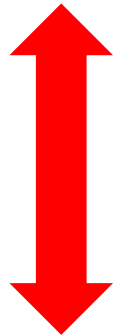
Health and Care delivery are based on Specialisation

The challenge is concurrently to

Specialise and Integrate

Vertical and Horizontal Integration

Vertical Integration



Tertiary Care

Secondary Care

Primary and Community Care

‘Shared Care’

Vertical Integration



Tertiary Care

Secondary Care

Primary and Community Care

Informal Carers

‘Empowered Shared Care’

Horizontal Integration

Linking Specialties, Professions

Linking treatment lines (multi-morbidity)

Taking expertise from one focus to another
(palliative care)

Horizontal Integration

Less understood

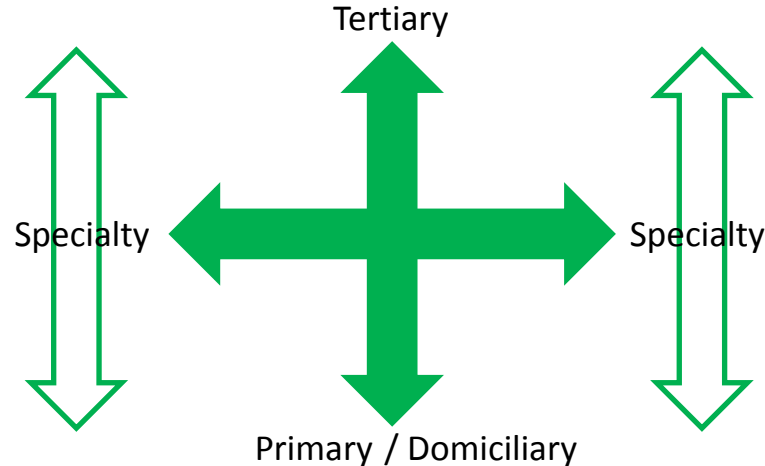
(e.g. palliative care under-used, and late)

Cuts across traditional professional thinking

Health systems, and funding, may not facilitate

Two Axis Integration – Too Much?

Vertical and Horizontal integration initially seems ideal
May be unrealistic, unwieldy, unclear focus



Danger of dilution rather than building on strengths

Need to focus on **Strengths** and **Seamlessness**

IFIC / INTEGRATE Framework

Based on 'Rainbow model'

Advocates

- Clinical Integration
- Professional Integration
- Organisational integration

These appear disruptive and distracting

People-Centred View

Professionals

willing to Collaborate, not Integrate, disciples and expertise

Patients, Relatives

want optimum special expertise, but
Integration of Delivery

Necessary Debate

1. Harnessing expertise in Integrated Delivery
 - ? Consultative model within Shared Care
 - needs consideration of responsibility, accountability
2. Better record sharing
 - see Expert advice, Intent, Actions, Plans; Patient, Carer
 - needs Protocols and Trust
3. Organisational overview
 - Funding, Governance, Quality assurance

Summary

Delivery of Integrated Care is the goal

Needs more sensitive approaches to
Professionalism and Expertise

Radical organisational change can be destabilising

Best approach is

Systemic Coordination with strong Governance