Chapter XV
Evidence on the Efficacy of Integrated Care

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ABSTRACT

The fragmented delivery of healthcare and social services was put on the agenda as a major problem by WHO in 2002. Early home-supported discharge (EHSD) of stroke patients combining efficacy with net savings represents a prototype of integrated care (IC) or overlapping services for better clinical continuity. Other frequent chronic conditions as heart failure, chronic obstructive pulmonary disease, and mental disease exhibit parallel results from home health interventions. A SWOT analysis of IC emphasizes: Strengths are 1) economic dominance, 2) benefits to a majority of the population, and 3) psychological motivators for the patient (Hawthorne effect). Weaknesses are 1) moderate improvements on a day-to-day basis, 2) some lack of RCT, and 3) lack of trust across settings. Opportunities are 1) job enrichment to health professionals, 2) low-tech improvements affordable to low and middle income countries, and 3) organisational quality. Threats are 1) fragmented financial conditions, 2) defensive specialists, and 3) mediocre implementations. A meso-strategy of implementation is recommended to EU (FP7): 1) Make a synthesis of existing and ongoing research as a health technology assessment (HTA) of IC in EU for improved interdisciplinary cooperation across the hospital and primary care interface for selected CC. 2) The organisational dimension should focus on the formation of country specific multidisciplinary networks on IC.

INTRODUCTION

A number of studies from the 1990s have focused on healthcare problems related to lack of clinical continuity. The fragmented delivery of healthcare and social services is put on the agenda as a major problem by WHO (Gröne, 2002) and was followed-up by the European Commission and Council (Joint Report, 2003, p.15). However, a FP5 project on integrated health and social care

for older persons (Leischenring, 2004) concludes that 'Integrated care (IC) 'by law' as a top-down implementation will certainly not suffice, and market mechanisms as bottom-up approaches are less likely to improve joint working and the development of shared visions'. What could then be done to overcome the problems of a fragmented delivery of healthcare?

Fragmented delivery and lack of clinical continuity is more relevant to chronic conditions (CC) than to time limited acute episodic care (Holman, 2004).

This chapter aims to review the present state of research on integrated care (IC) specific to chronic conditions (CC) focusing the efficacy regarding Activities of Daily Living (ADL) in order to develop an effective and economic strategy for clinical continuity.

METHODS AND MATERIALS

General Strategy of Evaluation

The essence of IC is 'overlapping' services in the secondary/primary interface after discharge in contrast to coordination at the management level alone (Gröne, 2002, p. 2). IC should apply only as far as quality outcomes are improved with the overall aim to improve equitably distributed population health (Gröne, 2002, p. 3). He illustrates the causal relationships derived from IC as reproduced in Figure 1.

Operational quality outcomes are crucial for the design of IC. Mortality is seldom a major indicator for IC. Typically, studies of effectiveness on IC address activities of daily living (ADL) as:

1. Referrals to permanent institutional care (i.e. nursing homes).
2. Independence in ADL as indicated by functional indices as Barthel Index (BI) or Functional Independence Measure (FIM).
3. Shortened length-of-stay at hospitals / less readmissions.

Evaluation of the relationship between IC and outcomes will follow best international practice as formalised in the international operation of Health Technology Assessment. According to the definition of HTA by EUnetHTA:

Health technology assessment (HTA) is a multidisciplinary process that summarises information about the medical, social, economic and ethical issues related to the use of a health technology in a systematic, transparent, unbiased, robust manner. It aims to inform the formulation of safe and effective health policies that are patient focused and seek best value.

HTA may address direct and intended consequences of technologies as well as indirect and unintended consequences. The main purpose of HTA is to assist informed technology-based policymaking in health care. Most health professionals and many decision-makers in health care might comply with the conclusions from an HTA as far as it investigates all of the following aspects:

1. Effectiveness regarding the physiologic outcome of the intervention
2. Patient safety and satisfaction, solicited i.e. by focus group interviews

Figure 1. Action model for integrated care (IC)

Population	?	Quality -access -satisfaction -efficiency -effectiveness	?	Continuity of care (as experienced by staff and patients)	?	Integrated care (vision, model strategy)

Source: Trends in Integrated Care–Reflections on Concept. Issues, WHO (Gröne, 2002).