Publishable Summary

INTEGRATE aims at gaining valuable insights into integrated care, starting from the premise that it offers benefits for patients and for Europe’s health and social security systems, which are facing the challenges of an ageing population and increased chronic conditions. For these benefits to be realised, there is still much to be learnt in terms of process design, service delivery, skills mix, patients’ involvement, funding flows, regulatory conditions, and enabling information technologies to create connectivity, alignment and collaboration within and between the cure and care sectors.

INTEGRATE is looking into best practices of integrated care that have a proven impact in terms of positive patient care experiences; care outcomes and cost-effectiveness. The key aim is to define what constitutes good quality integrated care provision. By studying real case studies considered to be examples of interesting integrated approaches to medical care and a defined set of horizontal issues across different European health systems, we will identify generic success factors of care integration, taking into account context dependency. The results will be contrasted with international evidence and feed into operational and policy recommendations.

INTEGRATE brings together a multi-disciplinary team with extensive knowledge of the challenges involved in promoting integrated care, drawing on financial, regulatory, human resources, technological, and managerial perspectives, covering very different European settings, including a new Member State, building on existing collaborative relationships. To ensure scientific coherence and maximise the chances of achieving effective policy change, INTEGRATE builds on the strong, existing network of IFIC (International Foundation of Integrated Care).

INTEGRATE will impact on European health policies by providing managerial and policy recommendations, based on evidence from successful integrated care experiences, with the aim to support health providers and Member States in better organising health care and systems.
Description of Work Performed

In this period, the four Phase 1 case studies in four conditions (two diseases, and two general conditions (COPD, diabetes, geriatric condition and mental care) in four different European countries, two with a tax based – and two with an insurance based system (Spain, The Netherlands, Germany and Sweden) gave great insight into a better understanding of integrated care and also provide interesting insights for the second phase of the project.

In addition, WP1 provided the coordination of the four case studies to assure a coherent carrying out of a common methodological approach, and ensure the collection of comparable date and findings, useful and relevant also to be taken up for the Phase 2 cross-cutting analysis, the ‘horizontal’ issues: care process design, human resources management and workforce skill mix, financial incentives and barriers, information communication technology (ICT) management, and patient involvement, across the different sites.

A methodology was developed that was applied together to case studies and literature review. The joint work has contributed to refining the methodology as we went along, so now we have a robust methodology which we will be going to publish and that could be used in other settings. Also, we developed a template for analysing integrated care experience. This is a very useful tool for other case studies and will be made widely available.

In summary, the main achievements of this period were:

- Development of case study methodology (WP1) completed and Development of four case study reports are complete and findings are ready to be taken up in phase 2 (WP2, WP3, WP4, WP5).
- Dissemination activities (W14), internal database repository, website development
- Quality Assurance plan (WP15) was developed in order to assist project coordination
Expected final results and potential impacts

We have a new methodology for analysing the very complex context of integrated care taken into account all the phase II.

Minimum required data for the case study reports has been established to allow comparison and shared learning across the four cases to address each of the cross-cutting ‘horizontal’ items, including the following:

- A working definition of integrated care as used in the specific case study context, the related objectives of the programmes, the target group.
- A description of the implementation of integrated care case, giving a detailed understanding of: (1) reasons and influences behind the choice of integrated care; (2) why and how this particular approach was developed and implemented (implementation strategies); and (3) how care services, professional roles, organizational arrangements and support systems are redesigned. A time diagram indicates the previous, current and desired status, where key elements and differences are shown to allow broad level comparison.
- Context influences which helped and hinder implementation.
- Care intervention, organisation and management of integrated care.
- Impact on professionals, and other key stakeholders in terms of value added and costs incurred, and listing of other possible causes of these impacts, other than the integration changes.
- Impact on patient experiences, care outcomes, and cost-effectiveness.
- Key barriers and key facilitators to the effective development of integrated care, and how these were overcome / respectively encouraged.

A session to be planned at IFIC conference where 4 different case studies will be presented. A publication on the methodology is in the pipeline.

Project Integrate has been actively involved in the coordination of the B3 Group of the EIP-AHA in different areas (Workforce development, organization model and dissemination). Joint events have been and will be organized in different locations, such as the IFIC Conference in Berlin (2013), and the upcoming one in Brussels (2014).

We believe that the results developed in the 1st and 2nd phase will continue to guide further activates on integrated care at European level in the context of EIP-AHA and future projects under H2020, such as PHC25, where a joint proposal is envisaged.

We have been asked to participate in the Chronic Care Summit taking place in Brussels in April 2014.

Close collaborations exits with WHO Europe and HQ Geneva where several project partners contribute actively to the Global Strategy on Universal Health Coverage and Patient Centred Care. This will be continued and 2nd phase results will probably be richer in contributing value to this initiative.