Integrated Care: Top Down, Bottom Up

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What is Integrated Care?

Integrated care focuses on the **patient perspective** as an organising principle of service delivery.

It is based on the principles of **illness prevention**, **patient empowerment**, **multi-disciplinary cross-service care planning and delivery**, where all health and social care services work together to provide a flexible network of care responsive to the changing needs of patients and their families.

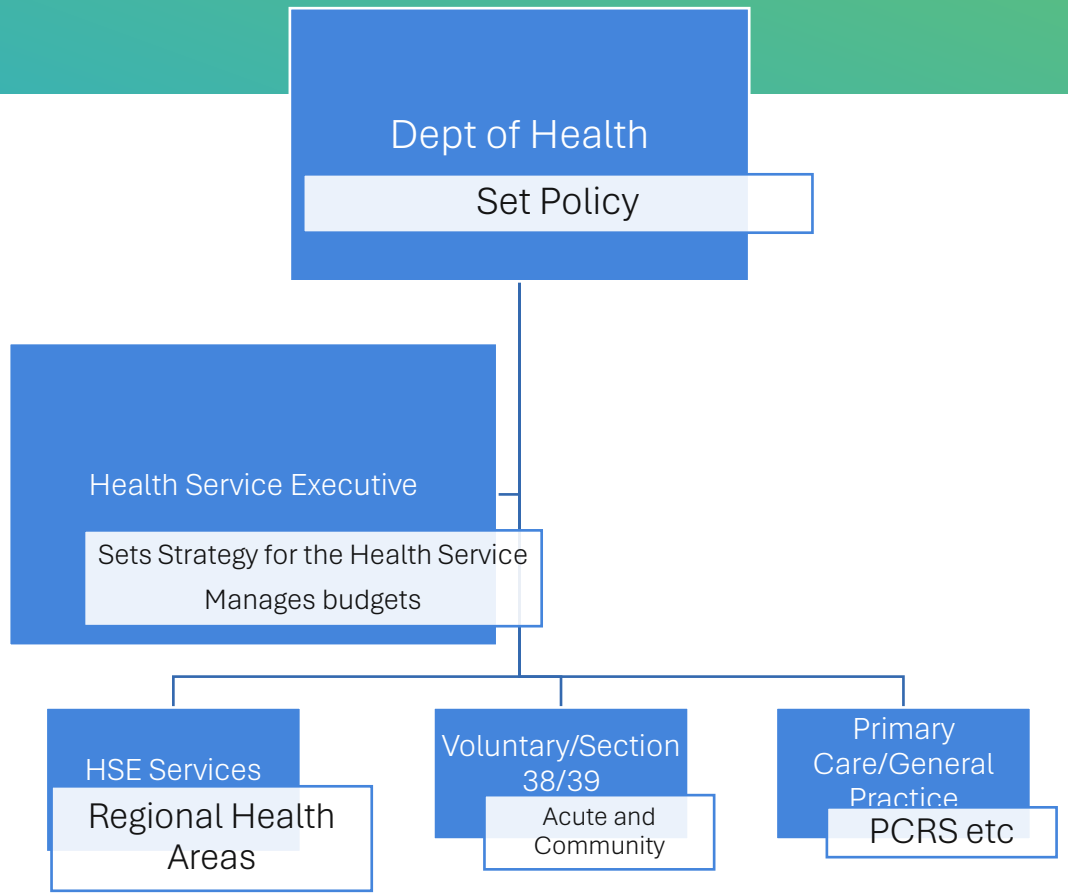


The WHO has provided a framework including five inter-dependant strategic directions to support people-centred and integrated health services with key actions (WHO/HQ, 2015).

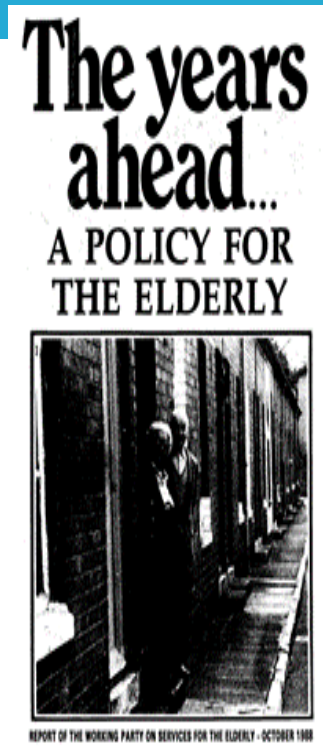
1. Empowering and engaging people
2. Strengthening governance and accountability
3. Reorienting the model of care
4. Coordinating services
5. Creating and enabling environment

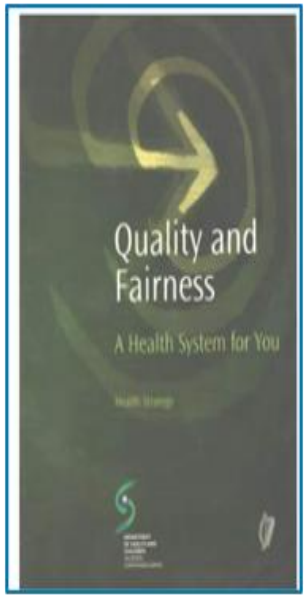
HealthCare in Ireland

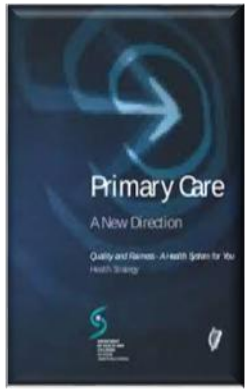
- All people legally resident in Ireland entitled to care in the Public HealthCare System
- Governed by legislation-Health Act 2004
- Multi-tiered system:
  - Public-
    - Some people have all expenses paid for (GMS)
    - Others pay for some levels of service-medication; visits to Emergency Depts etc
  - Private: Approx 46% population have private health cover
  - Aim: publicly provided health service via Sláintecare, with integration at the heart of care.



TOP DOWN: Policy and Need for Change









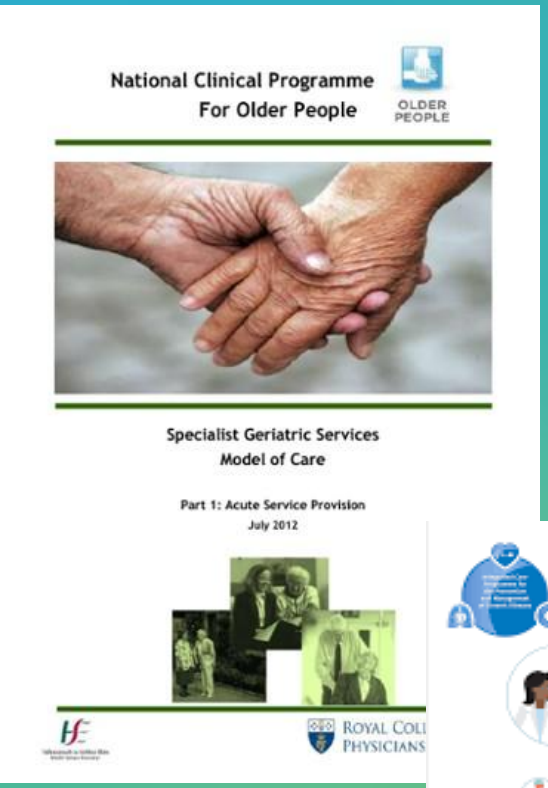
- Multiple policies aiming for integrated care since 1988
- Poor implementation until pandemic
- Covid-19 pandemic highlighted structural weaknesses and need for greater resilience in HC systems internationally
- Widespread recognition that care closer to home and supported workforce are key components to strengthening HC and improving integration



Health Care Policy: Sláintecare and Key Principles

- One-tier universal model
- Treatment on basis of need
- Orientation towards primary and community care
- **Delivery of integrated care**
- Timely access
- **Enabling environment**
- **Focus on systems perspective: EFFICIENCY**

Development of Integrated Care in Ireland





Based on National Clinical Programmes for Older Persons and Chronic Disease, including Heart, Lung and Diabetes

Combined to form Enhanced Community Care (ECC) which has delivered on:

- 27/30 planned Community Specialist Teams for Older Persons
- 26/30 CSTs for CDM

Aims to have Chronic Disease Management and Prevention Programmes- well in progress

Suitable for other cares of care e.g. Chronic Renal Disease

BOTTOM UP: What Does IC Means for Patients and Staff?

PEOPLE AND COMMUNITY PERSPECTIVE

- IC is about quality and experience
- IPPOSI describe IC as 'what does it feel like for me? (Irish Platform for Patient Organisations, Science and Industry)
- Person-centred
- Co-production, shared decision-making
- Support patient choice and self-management

IC should optimise patient outcomes, address what matters to people and goes beyond an individual service or condition
It can be narrow or broad and include the wider determinants of health

STAFF PERSPECTIVE

- Aim is to reduce admissions/support admission avoidance
- Provide alternative pathways of care
- Clinician-led

Implications for Workforce and Training

Existing Model

- Professional tribes/strong identity
- Defined functions-protected
- Competing professional ideologies
- Educational silos
- Uni/Multidisciplinary approach
- Clinical competence/knowledge with
- associated professional hierarchy



New Model

- Shared identity
- Collaboration and coproduction with others (users/carers/outsidehealthcare)
- Overlapping clinical functions
- Shared vision/purpose
- Interdisciplinary education and practice
- Expertise and leadership distributed

Challenges for Implementing IC

- Existing structures and move to Regions
- Need to develop close working relationships between and across teams
- Enablement through digital, record/data-sharing, innovation
- Transitions of care between services, particularly for YP
- Working from the bottom up

REFORM CONSISTS OF TAKING A BONE FROM A DOG-
John Jay Chapman, Am Author



Go Raibh Míle Maith Agaibh



‘After climbing a great hill, one only finds that there are many more hills to climb’

Nelson Mandela

Clinical Design & Innovation