



Nine models of Integrated Care and their Impact on e-health: a global perspective

Lecture by Prof. Guus Schrijvers on
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THE GENERAL THEORY OF INTEGRATED CARE

BASED ON BEST PRACTICES

IN PRESS



- Chapter 1 The Triple Aim of integrated care
- Chapter 2. Horizontal integrated care with an emphasis on primary health care
- Chapter 3. Vertical Integrated care for persons with chronic conditions
- Chapter 4. Quality of integrated care from a professional perspective
- Chapter 5. Quality of integrated care from the perspective of patients
- Chapter 6 Integrated care and prevention
- Chapter 7. Patient information and understanding as result of integrated care
- Chapter 8. Supporting self-management and integrated care
- Chapter 9. Integrated care and shared decision making
- Chapter 10. Case management and integrated care



- Chapter 11. Integrated pharmaceutical care
- Chapter 12. Integration of the medical and social domain
- Chapter 12. Personal Budgeting and integrated care
- Chapter 13. Behavioural Economics and Integrated Care
- Chapter 15. Cappuccino-financing and integrated care
- Chapter 16. The role of insurance companies and integrated care
- Chapter 17. Information technology and integrated care
- Chapter 18. Leadership and integrated care
- Chapter 19. Politics and integrated care
- Chapter 20. The General Theory of Integrated Care summarized



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Contact?



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The Nine models:



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Horizontal integration

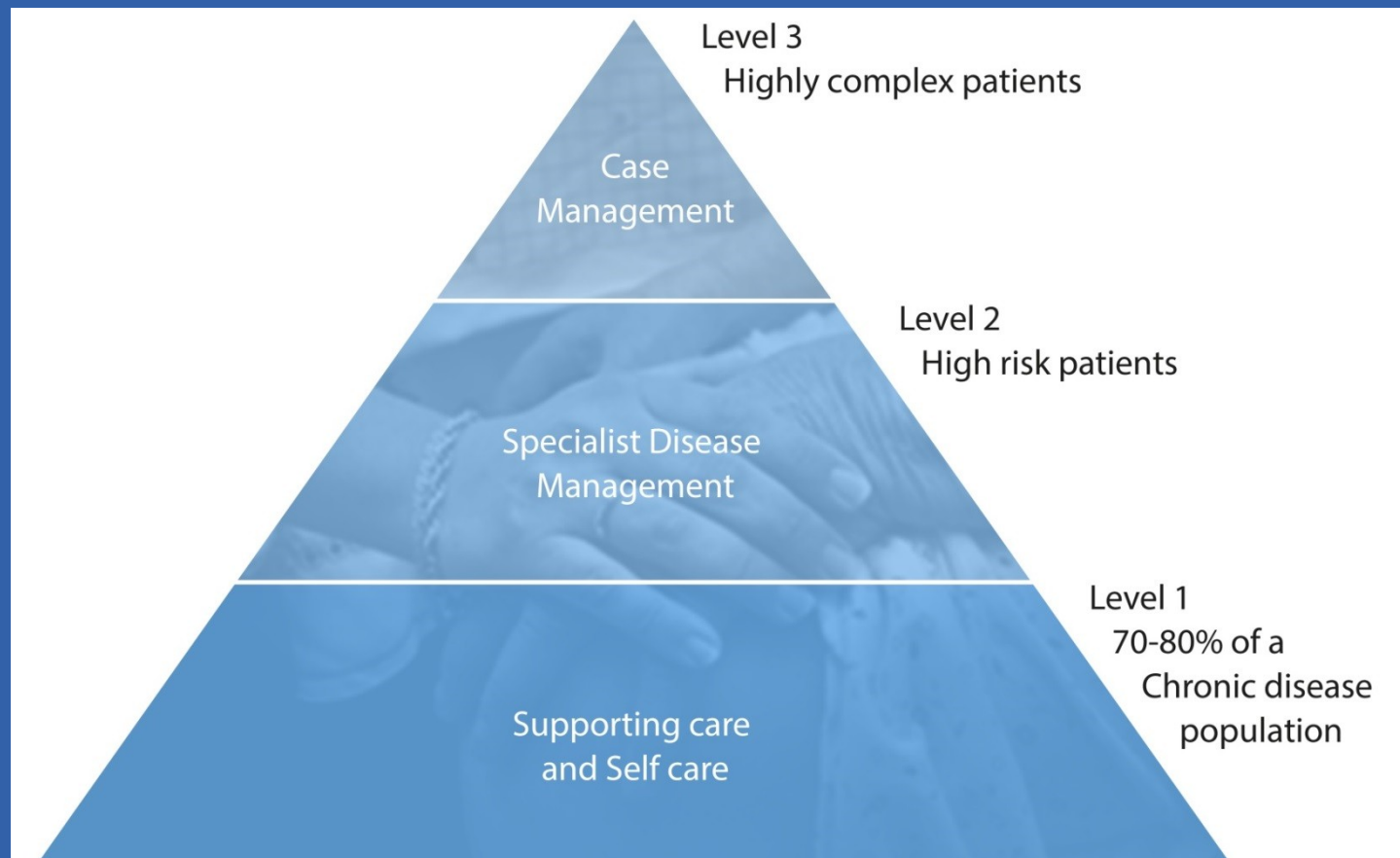
1. Integrated primary health care centers
2. Hospitals cooperating for special target groups
3. Integration within social services
4. Integration of health services and social services

Vertical integration

5. Cooperation between PHC and hospitals
6. Care centers for the elderly: ambulatory and institutionalized
7. Integration of general and specialized social services

Integration around the patient or client

8. Personal budget
9. Case management



Afbeelding 8.1 Indeling van mensen met een chronische aandoening naar zorgbehoeften volgens de zorginnovatie Kaiser Permanente
Bron: term conditions model, Department of Health, The NHS and Social Care, London 2007.

General aspects of all nine integrated care models



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1. A Triple Aim: 1. better health 2. better quality of care and 3. cost containment
2. A welldefined target group
3. Patient education
4. Emphasis on prevention and treatment
5. Multidisciplinary guidelines
6. Task shifts from doctors towards nurses
7. Use of –health
8. Use of feedback and other management instruments
9. A strong organization structure
10. A capitation fee per member of the model

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Three important tasks for e-health within integrated models



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1. Archiving for patients, managers and professionals
2. Save and secure data communication between patients, managers and professionals
3. Decision support systems for patients and professionals to adhere to guidelines



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Integrated care models have integrated IT- systems

Some remarks about archiving for patients, managers and professionals



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1. The client is the owner of the integrated care record
2. The authentication of the client is not on the level of business card owner
3. The patient has an app to enter the record of a GP, specialist or other member of the integrated care model
4. A (personal health)record outside the integrated care model is useless
5. Integrated care models are interesting partners to develop integrated records

Some remarks about data communication



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- Professionals are R-professionals or I-professionals
- Hardware and software in integrated care models is often too old
- Patients like to visit their doctors
- Mix methods of face-to-face and e-health contact work the best
- Let's start with online appointment systems
- More promising than concrete effects for Triple Aim
- Again: Integrated Care models are interesting partners for experiments with e-health communication

Some remarks about decision support systems



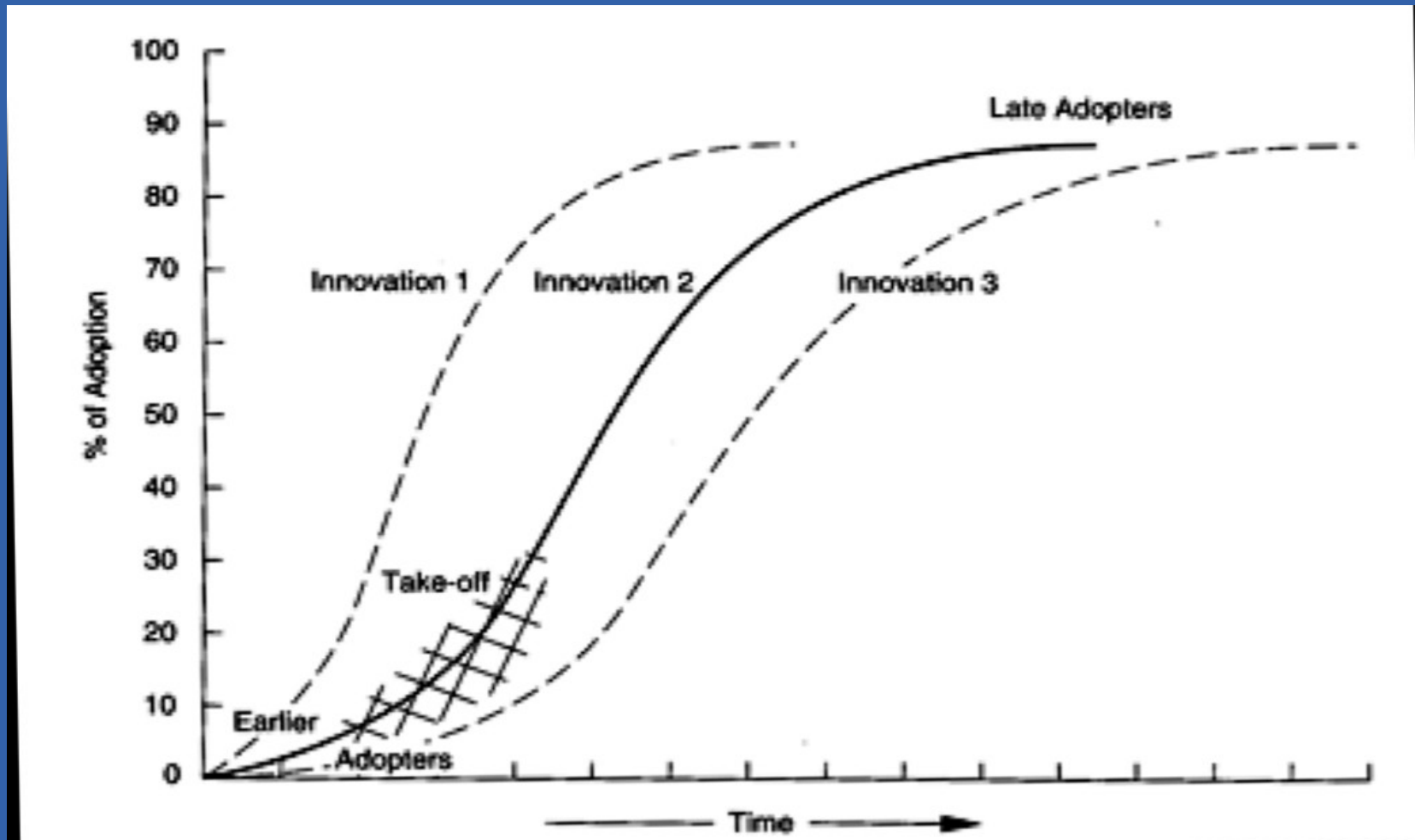
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- Multidisciplinary standards are mostly available in an integrated care model
- So, there is an opportunity to build in guidelines, care pathways and decision trees in the IT system
- Professionals and patients: comply or explain
- Send notifications to patients to improve adherence and also to doctors
- Use comply or explain to become a learning organization as integrated care model
- There is not enough money to build in DSS-software

The Rodgers curve for dissemination of innovations



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The Law of Christensen



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Health care Innovation + IT innovation + Financial Innovation =
Fast implementation



Bundled payments exists (sometimes) for persons with:



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- diabetes
- COPD
- cardiovascular risks e.g. hypertension
- heart failure
- Neurological conditions
- depression



Bundled payment is



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1. An all-in-fee per patient for the care during a year to a specific group of patients
2. Paid by social insurance companies
3. Received by disease management programs run by a group of general practitioners
4. Based on multidisciplinary guidelines for the care for a specific type of patients with a chronic condition

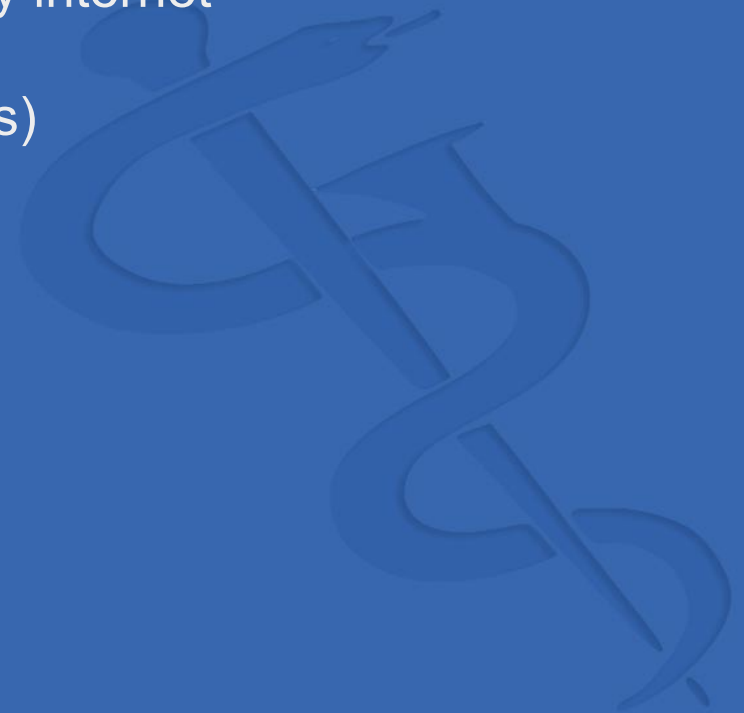
GP's have a standard capitation fee, a low fee for service, an innovation fee and this bundled payment

Bundled payment alone does not contribute to Triple Aim. More is needed



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1. More selfmanagement and patient empowerment
2. Redesign care processes
3. Decision support for professionals by internet
4. One information system
5. A coherent organization (care groups)
6. Bundled payment



The cappuccinomodel



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Conclusions



1. Nine Integrated Care model are identified
2. They work mostly for persons with complex needs
3. Generally, ten aspects are to be identified
4. IT may support in archiving, communicating and DSS
5. Bundled payment is mostly the favourite payment system
6. Parallel innovation of care, software and payment system is needed



I thank you for your attention

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