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Ctrl-Alt-Del:

It's time for health and care leaders to hit the reset button and come together as one system, one team



"Realising the true value of integrated care: Beyond COVID-19" is a thought leadership report published by the International Foundation for Integrated Care which states that Covid19 presents an opportunity to reset our fragmented health and care systems so that they are integrated, driven by people and communities and resilient in the face of future systemic shocks.

COVID-19 is changing what we value as a society – we are redefining the meaning of 'community', realising that we cannot get through difficult times on our own. We are discovering the importance of undervalued care work. We are now painfully aware of how the social, economic and health inequities, entrenched in the past decades through austerity measures, exacerbate and are exacerbated by the pandemic.

Seizing the opportunity to transform how we think about and design our systems will lead to improving population health and wellbeing and ensure we are better equipped to respond to future crises. This requires unprecedented levels of collective action. It requires tackling the social determinants of health and reducing health inequalities. It requires shifting our focus from hospital-centric, disease-specific approaches to assuming accountability towards a territorially defined population, taking as a start point people's and communities' strengths.

IFIC proposes nine building blocks to help steer health and care system leaders towards a radically different future where we as one team, one system can achieve a stronger and more resilient society. In shifting sands, Integrated Care provides solid foundations.

The current crisis represents an opportunity to do things better and speed up integration of our health and care systems so that they are more resilient in the future. This report, which brought together many global perspectives from across IFIC's network, was written and collated by Leo Lewis, Director for Research and Development and Nieves Ehrenberg, Senior Researcher, and describes the issues with and opportunities for strengthening the enablers of integration.

[Access the Report](#)

Jan - Mar Volume 20 Issue 1

Inner Fire: Building Competence and Resilience to Enable the Effective Management of Integrated Care Systems

Editorial

by Nicholas Goodwin

One of the core challenges for the successful adoption of integrated care systems around the world lies in the effectiveness of its management and leadership strategies – and of the skills and competencies of those managers and leaders tasked with implementing them. An effectively crafted integrated care programme or system is required for successful partnership working with people and communities, across professional groups, between organisations and sectors, and to multiple care settings. Such crafting requires significant management skill to facilitate partnerships to grow, endure and become legitimate.

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Suitable Scales; Rethinking Scale for Innovative Integrated Care Governance

Perspective Papers

by M. M. N. Minkman

For organising person centered care, an important issue is how to deal with scale. This addresses what to organise on what level (in the neighbourhood, local, in the region, or national). With the increasing complexity of organising integrated care in networks, scale issues are an ingredient of integrated care governance. However, there is a lack of empirical studies that treat scale as an object of study in itself. Scale is an outcome of the interplay between many different interests, values and perceptions of people involved in the broader social and political processes. Five factors for suitable scales are discussed, emphasising the relevance for integrated care governance. These factors show, that the classical micro-meso-macro thinking oversimplify reality and more knowledge about suitable scales is required.

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Conducting a Cost-Benefit Analysis of Transitional Care Programmes: The Key Challenges and Recommendations

Perspective Papers

by Ke Xin Eh, Ian Yi Han Ang, Milawaty Nurjono, Sue-Anne Ee Shioh Toh

This perspective paper describes the approaches used in estimating the total costs of a bundle of transitional care services from an academic medical centre, identifies the key methodological challenges encountered in the process of cost-benefit analysis, and recommends potential solutions to tackle these challenges. By providing a comprehensive perspective on the methodological challenges, this paper encourages program evaluators to take these possible challenges into consideration for future cost-benefit analyses.

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Horizontal and Vertical Integration of Health Care Providers: A Framework for Understanding Various Provider Organizational Structures

Research and Theory

by Jessica Heeringa, Anne Mutti, Michael F. Furukawa, Amanda Lechner, Kristin A. Maurer, Eugene Rich

Current U.S. policy and payment initiatives aim to encourage health care provider accountability for population health and higher value care, resulting in efforts to integrate providers along the continuum. Providers work together through diverse organizational structures, yet evidence is limited regarding how to best organize the delivery system to achieve higher value care.

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Capturing the Role of Context in Complex System Change: An Application of the Canadian Context and Capabilities for Integrating Care (CCIC) Framework to an Integrated Care Organisation in the UK

Research and Theory

by Sheena Asthana, Felix Gradinger, Julian Elston, Susan Martin, Richard Byng

This study applied the Canadian Context and Capabilities for Integrating Care (CCIC) Framework to investigate factors influencing the implementation and outcomes of a complex integrated care change programme in Torbay and South Devon (TSD) and, more specifically, in one of five sub-localities, Coastal.

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Evidence of Inter-Professional and Multi-Professional Interventions for Geriatric Patients: A Systematic Review

Research and Theory

by Elisabeth Platzer, Katrin Singler, Peter Dovjak, Gerhard Wirnsberger, Annemarie Perl, Sonja Lindner, Aaron Liew, Regina Elisabeth Roller-Wirnsberger

The aim of this study was to determine whether an inter-professional or multi-professional care intervention, can improve geriatric patients' health determinants.

A systematic review was performed according to PRISMA Guidelines. Databases were searched for clinical trials which compare inter-professional or multi-professional complex care interventions with usual care among people aged ≥ 60 years, in hospital or emergency care settings.

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The Odyssey of Integration: Is Management its Achilles' Heel?

Research and Theory

by Robin Miller, K. Viktoria Stein

The importance of management to the implementation of integrated care is recognised in evidence and practice. Despite this recognition, there is a lack of clarity about what 'good' management of integrated care looks like, if the competences are different to management for 'traditional' care, and how such competences can be acquired.

This exploratory study is based on qualitative interviews with participants with extensive

experience of implementing integrated care in senior professional, research, administrative and/or policy roles. It conceptualises management as working at 'strategic' and 'operational' levels.

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Integrating Healthcare Services for Indigenous Australian Students at Boarding Schools: A Mixed-Methods Sequential Explanatory Study

Research and Theory

by Janya McCalman, Erika Langham, Tessa Benveniste, Mark Wenitong, Katrina Rutherford, Amelia Britton, Richard Stewart, Roxanne Bainbridge

Many Aboriginal and Torres Strait Islander Australian adolescents from remote communities attend boarding schools, requiring integrated healthcare between home and schools. This study explored students' health status, healthcare service use and satisfaction.

A two-phased mixed-methods explanatory design was implemented. 32 Indigenous primary and 188 secondary boarding school students were asked their health status, psychological distress, use of healthcare services in community and boarding school, and service satisfaction. Results were fed back to students, parents and community members, and education and healthcare staff to elicit further explanation and interpretation.

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Building a People-Centred Integrated Care Model in Urban China: A Qualitative Study of the Health Reform in Luohu

Research and Theory

by Di Liang, Lin Mei, Yingyao Chen, Ping Zhou, Xiaoguang Yang, Jiayan Huang

China has adopted a people-centred integrated care model to reform its severely hospitalcentric and fragmented delivery system. As a template of this model in urban China, the Luohu Hospital Group has generated considerable public and academic interest to scale it up.

Guided by a policy triangle framework, this qualitative study explored the context, actors, content, and process of founding the Luohu Hospital Group. Three semi-structured interviews and five focus groups were conducted among 35 key informants. Content analysis was used to analyse the data.

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Financial Barriers Decrease Benefits of Interprofessional Collaboration within Integrated Care Programs: Results of a Nationwide Survey

Research and Theory

by Ingrid Gilles , Séverine Schluselé Filliettaz, Peter Berchtold, Isabelle Peytremann-Bridevaux

Interprofessional collaboration (IPC) is a key ingredient of integrated care. Nevertheless, IPC benefits remain unclear and its implementation within integrated care initiatives is not straightforward. In this study, we first explored whether IPC was associated with

organisational and patient care improvements in Swiss integrated care initiatives; we then investigated the effect of various barriers faced by these initiatives, on these associations.

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Perceptive Dialogue for Linking Stakeholders and Units During Care Transitions – A Qualitative Study of People with Stroke, Significant Others and Healthcare Professionals in Sweden

Research and Theory

by Sebastian Lindblom, Charlotte Ytterberg, Marie Elf, Maria Flink

Care transitions are a complex set of actions that risk poor quality outcomes for patients and their significant others. This study explored the transition process between hospital and continued rehabilitation in the home. The process is explored from the perspectives of people with stroke, significant others and healthcare professionals in Stockholm, Sweden.

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Professional Care Networks of Frail Older People: An Explorative Survey Study from the Patient Perspective

Research and Theory

by Sietske M. Grol , Gerard R. M. Molleman, Michel Wensing, Anne Kuijpers, Joni K. Scholte, Maria T. C. van den Muijsenbergh, Nynke D. Scherpbier, Henk J. Schers

Frail older people living in the community require multidisciplinary care. Despite the fact that patient participation is high on the public agenda, studies into multidisciplinary care

mainly focus on the viewpoints of professionals. Little is known about frail older patients' experiences with care delivered by multidisciplinary teams and their perception of collaboration between professional and informal caregivers.

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Perceptions of Care Sport Connectors' Tasks for Strengthening the Connection Between Primary Care, Sports and Physical Activity: A Delphi Study

Research and Theory

by Eva Smit, Karlijn E. F. Leenaars, Annemarie Wagemakers , Koos Van der Velden, Gerard R. M. Molleman

Care sport connectors stimulate physical activity and facilitate collaboration between the primary care and physical activity sectors in the Netherlands. To strengthen intersectoral collaboration between the primary care and sports sectors, it is necessary to study which tasks a care sport connector must fulfil according to their own and other professionals' perceptions.

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Comparing International Models of Integrated Care: How Can We Learn Across Borders?

Research and Theory

by Carolyn Steele Gray, Nick Zonneveld, Mylaine Breton, Paul Wankah, James Shaw, Geoff M. Anderson, Walter P. Wodchis

Providers, managers, health system leaders, and researchers could learn across countries implementing system-wide models of integrated care, but require accessible methods to do so. This study assesses if a common framework could describe and compare key components of international models of integrated care.

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Collaborative Governance for Integrated Care: Insights from a Policy Stakeholder Dialogue

Policy Papers

by Dara Gordon , Sandra McKay, Gregory Marchildon, R. Sacha Bhatia, James Shaw

Integrated care is a goal of many health care systems. However, operationalizing and implementing integrated care remains challenging especially in continuously evolving policy environments. We report on a policy symposium held in 2017 focused on operationalizing a particular integrated care policy in the context of policy evolution in Ontario, Canada.

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