INTEGRATED CARE ALLIANCE
Frequently Asked Questions (FAQs)

WHAT IS INTEGRATED CARE?
The idea of overcoming fragmentation in the delivery of health and social care is not new, but the increasing burden of chronic diseases and an ageing population with complex care needs, has made Integrated Care a priority for most European health systems in their search for achieving greater efficiency and enable better coordinated and more continuous care.

The World Health Organisation defines Integrated care as “the management and delivery of health services such that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, through the different levels and sites of care within the health system, and according to their needs throughout the life course” Notably, Integrated Care implies bringing together the health, social and long-term care sectors. Other definitions, that draw upon different perspectives, are provided in Annex 1.

Organised correctly, Integrated Care may help to overcome many of the shortcomings of existing care delivery, making it more effective, efficient and responsive to citizens’ needs. Put simply, Integrated Care focuses on coordination of care, patient experience and high quality outcomes and it is organised through the integration of processes, methods, tools and professionals from the cure (healthcare) and care (long-term care and social) sectors.

WHY IS INTEGRATED CARE INCREASINGLY IMPORTANT?
Integrated care helps to overcome many of the limitations of current healthcare models that are ill suited to meet the care needs of the population. Longer life expectancy means that chronic conditions associated with age, rather than acute events, now place the major drain on resources. With an ageing population, this shift will only accelerate.

Health care systems need to adapt to deal with this shift in demographics and epidemiology, focusing on coordination and continuity of care and health prevention to keep delivery affordable and sustainable. Adopting an Integrated Care approach can help to improve quality of care and patient satisfaction outcomes.

WHAT ARE THE KEY FEATURES AND ENABLERS OF INTEGRATED CARE?
• The service user is the organising principle of Integrated Care. A good understanding of their holistic care needs is central to developing Integrated Care models. Integrated Care includes health promotion and curative and preventive interventions and also refers to the extent to which activities are coordinated across units to maximize the value of service delivery to patients. At the same time Integrated Care requires the empowerment of patients and carers so they can be involved as active as partners in their own care

• Integrated Care is context-specific and there is no single organisational structure
that best supports Integrated Care. Typically, Integrated Care models are organised at the local and regional level.

- Multidisciplinary team work that spans across the health and social sectors and work towards a common set of goals. This implies intensive change-management and training the workforce to ensure that they develop the competencies needed to organise, deliver and manage integrated care and to meaningfully involve patients and their carers.

- Breaking down organisational and funding silos as well as payment mechanisms that support integrated care models is key to encourage better coordination among providers and sectors and align incentives.

- Use of eHealth solutions as an enabler for Integrated Care to support share of information across settings, care coordination, multi-agency team work, effective patient/physician communication, self-management and co-creation of health.

**WHY IS A MULTI-STAKEHOLDER APPROACH IMPORTANT?**

No single organisation or group of stakeholders alone can bring about the many changes needed to deliver Integrated Care and it is also critical to develop a shared vision. It is important to show that this shift to integrated care models is supported by all relevant stakeholders; patients; healthcare and social workers, carers; industry, payers and policymakers. It is important to demonstrate this broad base of support and this Alliance provides a strong message in this direction.

However, at the same time, policy makers need to lead, drive the changing process and be clear about what are the goals of their Integrated Care strategies.

**WHO WILL BENEFIT FROM A MOVE TO INTEGRATED CARE?**

Integrated care may result in significant benefits for patients, carers, health and social workers and society as a whole.

Integrated care is best suited to senior people, to those living with multiple long-term and social care needs, and to those with medically complex needs or requiring urgent care. They will no longer have to navigate through fractured and disconnected health and social care systems; genuine holistic, coordinated and patient centric care will become a reality.

Fragmentation is a profound barrier to access to high-quality care. Patients and their carers require seamless integration of health, social and community services in a highly personalised solution centred on their needs and adjusted as needed over time.

Ultimately, better quality of care and patient experience may also lead to better health outcomes and increased staff satisfaction with the new way of managing patients. Improved efficiency will also mean better value for money for health systems.
**Why integrated care needs political support and sustained investment?**
There is already significant acceptance that Integrated Care is the way to go and there is broad political support both at EU and national level. However, despite the political support, the development of Integrated Care models is advancing at a slow pace. Integrated care does not evolve naturally, hence sustained political will needs to be coupled with investment to drive change over time.

**What does the Alliance want to see happen?**
We would like to see the elements put in place to accelerate the transition that is already underway. This means providing the means for the required investments to be made, creating an enabling policy environment for innovation, use the available evidence to inform mainstreaming of Integrated Care models and continue to evaluate and build new evidence over time.

**Are there examples of successful implementation of integrated care?**
Yes, there are many. Austria, Denmark, France, Germany, Spain, The Netherlands and UK all have successful programmes of varying sizes. Some of these schemes offer evidence on the positive impact of Integrated Care on quality of care and there is also some emerging evidence on outcomes and efficiency. A selection of reports can be found at [www.integratedcarealliance.org](http://www.integratedcarealliance.org) Further research is needed to get a better understanding of the impact of Integrated Care approaches on efficiency, costs, patient experience and health outcomes.
Annex – Definitions of Integrated Care

World Organization of Academies of Family Medicine (WONCA).
“Integrated health care (Coordinated care) involves strengthening administrative arrangements between organizations in joint cooperation. Refers to the components in the health care system, that work together to create a continuum of health care to a defined population. It includes health promotion and curative and preventive interventions and also refers to the extent to which activities are coordinated across units to maximize the value of service delivery to patients.”

National Voices, 2012
“My care is planned with people who work together to understand me and my carer(s), put me in control, coordinate and deliver services to achieve my best outcomes.”

Kodner and Spreeuwenberg, 2002
“Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors (...). The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for patients/users with complex, long-term problems cutting across multiple services, providers and settings. The result of such multi-pronged efforts to promote integration for the benefit of these special groups is called ‘integrated care’.”

Lloyd and Wait, 2005
“The patient’s perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to ‘impose the patient perspective as the organising principle of service delivery.”

COCIR, 2015
“Integrated Care consists of multi-agency and multi-disciplinary collaboration, focused on meeting the medical, social and practical needs of each individual in a coordinated way. It is enabled by eHealth services, including risk stratification, needs assessment, decision support, care planning, evidence based guidelines, information sharing and care team collaboration tools, as well as online services to help citizens participate fully in their care plan. The objectives of Integrated Care are to measurably improve the care experience and quality of care, whilst reducing the demand on costly and resource-intensive emergency and hospital services.”

European Innovation Partnership on Active and Healthy Ageing - B3 Action Group IP
The Group has adopted the WHO definition complemented by Kodner and Spreeuwenberg 2002 definition.