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Strengthening Integrated Care in the European Union

Design and implementation of service delivery models that promote integration of care

Confronted with the dual challenges of population ageing and a rising non-communicable disease (NCD) burden, countries in the European Union (EU) have acknowledged the need to re-organize their health systems and promote greater integration of care. In particular, in many Central and Eastern EU member states, current models of service delivery are inadequately suited to meeting the health and social care needs of an increasingly frail population, vulnerable to NCDs. These systems are often hospital-centric with ineffective, poor quality primary care services and limited continuity of care. As demand for health services grows in the face of ageing and NCDs, such low-value high-cost health service delivery systems do little to mitigate the fiscal impact associated with these trends. Strengthening integrated care involves redesigning health and care services around people's needs and achieving alignment and cooperation between the various parts of the health and care systems to better address the current health needs of the population.

The objective of this paper is to provide guidance on the design and implementation of service delivery models that promote integration of care. Given the particular context and nature of the health reform challenges in the Central and East-European member states of the EU, the report places a particular emphasis on those countries. Specifically, the report seeks to:

- (i) systematically review the main reform levers of integrated care;
- (ii) identify processes needed to create an enabling environment for the implementation of integrated care; and
- (iii) provide guidance on sequencing the different levers and support strategies.

This paper builds on the findings of recent work that systematically analyzes well-functioning integrated programs in the EU, North America and

elsewhere and five case studies in Croatia and Poland carried out as part of this paper.

Six reform levers and associated core actions are identified that represent the what of integrated care: re-organizing care around the People Centered Integrated Care (PCIC) model's principles; introducing information and communication technology (ICT) infrastructure and solutions for service delivery; establishing performance monitoring and feedback mechanisms; empowering and engaging patients; aligning financing and incentives; and strengthening the health workforce.

Two types of support processes are identified that address the challenge of how to ensure successful implementation of the reform levers: creating an enabling macro environment with the appropriate policy and legislative support and leadership; and creating an enabling environment for effective implementation and learning. The reform levers and the supportive actions to create an enabling environment are summarized Table 1.

The correct sequencing of reforms is critical for successful implementation. Ideally, an incubation or preparation phase is required when the overall policy, legislative and governance frameworks are established and the reform is developed through a consultative process. The roll-out of the reforms would follow, with key elements being piloted and scaled up. Appropriate sequencing of reforms is critical for two reasons. One reason is that relevant policy and legislative frameworks need to be put in place before reforms are implemented. The other is that so many of the reforms are inter-linked and cannot be approached in isolation with one another. The report includes a roadmap for reform which provides broad guidance on the sequencing of reforms and considers the inter-linkages between the levers.

There is a strong case to be made for integrated care reforms in the EU. With the right policies to ensure that health and social care

systems provide a continuum of services based on needs throughout the life course, people can live longer and more productive lives. Moreover, health system reforms including better integration of care are needed to ensure better value for money, to mitigate the impacts of ageing and NCDs on healthcare costs and thus, promote fiscal resilience.

Integrated care reform is a disruptive reform process that requires both long-term planning

before the reform and sustained implementation support during the reform. Integrated care reform is disruptive because it implies changes to healthcare structures, organization workflows and the creation of new roles, processes and working practices. It also implies a significant cultural shift in emphasis from providers to the patient. For the new models to work well, objectives and incentives must be aligned across diverse organizations and processes.

Table 1: Summary of core action areas for integrated care reform

Core reform actions	
Lever 1: Re-organizing healthcare delivery around the core principles of PCIC	
a)	Establish primary healthcare as the first point of contact
b)	Introduce multi-disciplinary teams
c)	Promote organizational change through vertical and horizontal integration
d)	Build integrated clinical pathways and dual referral systems
Lever 2: Establishing performance monitoring and feedback mechanisms	
a)	Establish continuous performance monitoring and evaluation
b)	Create continuous feedback loops linked to action plans
Lever 3: Empowering and engaging patients	
a)	Empower patients
b)	Engage patients in decision making
Lever 4: Strengthen ICT infrastructure and solutions for service delivery	
a)	Establish e-health
b)	Enhance security and confidentiality of e-health data.
c)	Introduce new functions to tap the full potential of e-Health
Lever 5: Aligning financing and incentives	
a)	Ensure appropriate resources are available for the reform
b)	Align financing and incentives with stakeholder objectives
c)	Strengthen strategic purchasing capacity
Lever 6: Strengthening the health workforce	
a)	Develop a primary healthcare workforce to implement PCIC
b)	Improve workforce composition and competency
Interventions and processes for effective implementation of integrated care	
Creating an enabling macro environment with appropriate policy and legislative support and leadership	
a)	Make PCIC a policy priority with sustained political support
b)	Institute strong governance mechanisms at the very beginning
c)	Ensure that a supportive legislative framework is in place
d)	Ensure effective leadership
Creative an enabling environment for effective implementation and learning	
a)	Promote high degree of stakeholder engagement
b)	Address communication barriers
c)	Provide dedicated support for implementation

Dr Aparnaa Somanathan, Program Leader, World Bank, Australia will be speaking in the World Bank session - Building Integrated Service Delivery to meet 21st century health needs - lessons learnt form World Bank operations at 11am on Thursday 11 October 2018 during day 2 of the World Hospital Congress.