

# Patients' Experiences With Integrated Care: Possible Solutions

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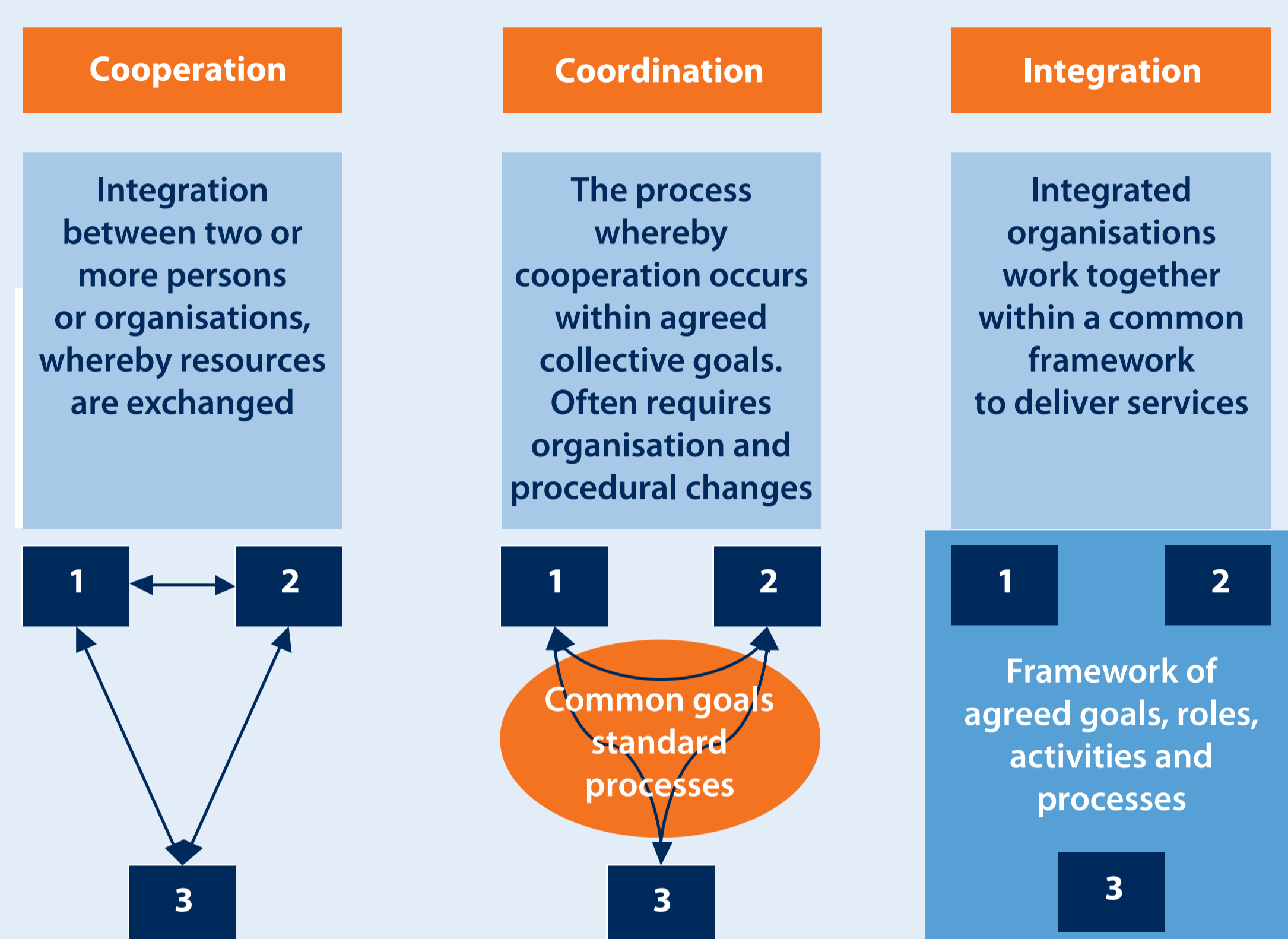
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## INTRODUCTION

At some time in their lives, most people will require health care services from multiple health care providers, whether it is for short-term unexpected ill-health, long-term chronic conditions, or co-morbidities that cross disciplines. Integration of health services is particularly important for people with chronic or complex conditions as they must negotiate a path that crosses various health care sectors.

*Integrated care: "... a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency."*<sup>1</sup>



**Figure 1:** Illustration of the level and intensity of interactions between health care organisations (1-3) in cooperation, coordination and fully integrated frameworks (adapted from Strandberg-Larson, 2011)<sup>2</sup>.

## AIMS

In 2011 PHC RIS undertook an abbreviated appraisal of evidence (Rapid Response) to address the following:

- What types of initiatives have been implemented in Australia (or elsewhere) to integrate primary and acute health care?
- How have these initiatives impacted on patients' health outcomes and patients' experience of their pathway through the health system?

## METHODS

Evidence was sourced using primary information sources that included major citation databases (Medline, Pub Med, CINAHL), websites (ABS, AIHW, APHCRI), systematic reviews and the grey literature. A snowballing technique was used to search for further articles from the bibliographies of relevant papers and reports.

## REFERENCES

1. Grone, O., & Garcia-Barbero, M. (2001). Integrated care: A position paper of the WHO European Office for Integrated Health Care Services. *Int J Integr Care*, 1, e21,
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3. Powell Davies, G., Harris, M., Perkins, D., Roland, M., Williams, A., Larsen, K., et al. (2006). Coordination of care within primary health care and with other sectors: A systematic review. Canberra: Research Centre for Primary Health Care and Equity, The University Of New South Wales, University Of Manchester.

## RESULTS

While numerous initiatives have been implemented to facilitate the integration of health care services between different providers and organisations, few have been evaluated in terms of their effectiveness in improving patients' health outcomes and experience of integrated care.

Overall, the types of initiatives that were identified as most effective for improving patients' health outcomes were likely to be multifaceted and those that included two key approaches:<sup>3</sup>

1. Communication and support for providers and patients: Tools to enhance communication and foster collaborative relationships between providers and patients.
2. Structural arrangements to support integration: Strong, well-supported and efficient communication systems and protocols to facilitate information exchange and coordination of care for patients within and between different health care services.

**Table 1: Communication and support for providers and patients**

Integration Initiative	Patient outcomes and experience
Continuing Medical Education (CME)	Small improvements in patient outcomes when CME was interactive, conducted in small groups and focused on a specific problem
Case conference	Reduced inappropriate medications Increased patient and caregiver awareness of relevant services Improved identification and resolution of problems Reduced primary care visits Improved function and independence
Patient education, health literacy & self-management support	Health literacy increased patients' understanding of their condition Decision-making aids increased patients' knowledge, improved their experience and led to more appropriate use of health services Self-management coaching increased patients' knowledge, improved their experience, led to more appropriate use of health services and improved health behaviours and functional status
Reminders (patients &/or providers)	Improved patients' health status, medication compliance and use of services
Patient-held records	High level of acceptance by patients Evidence of benefit to patients' health is unclear

**Table 2: Structural arrangements to support coordinated care (integration)**

Integration Initiative	Patient outcomes and experience
Multidisciplinary teams/ multidisciplinary care	Improved patients' control of symptoms and pain Increased patients' satisfaction with care Reduced mortality and dependency in stroke patients Reduced mortality and hospital readmissions in heart failure patients Reduced clinical symptoms for terminally ill patients
Care planning	Improved clinical outcomes
Case management	Improved clinical outcomes, quality of life and functional status Reduced hospitalisations
Shared information systems and decision-making	Evidence of benefit to patients of electronic health records alone is unclear. Some positive outcomes in centralised systems A three-way phone communication system between patient, GP and allied health professional increased patients' perception of empowerment and participation in their own care
Co-location of services	Patients were satisfied with the convenience, immediacy of services and easier access to consultations No significant improvement in patient health outcomes
Shared care	Mixed outcomes for patients: Some improvements in medication prescribing No improvements in health outcomes, hospitalisations or satisfaction with care Patients in the 'Sharing Health Care Initiative' gained more confidence in patient-provider communications and experienced less hurried, more personal consultations

Other promising approaches included the use of telehealth technologies, which are gaining acceptance, particularly for those who have difficulty getting to health care services.

**Table 3: Telemedicine and telehealth**

Integration Initiative	Patient outcomes and experience
Telephone and internet information systems	Mixed results: Studies that reported positive benefits were typically poor in quality Some positive benefits for patients are emerging in new technologies
Electronic referrals	
Telehealth consultations	
Telemonitoring	