



POSSIBLE BENEFITS FOR THE HEALTH SYSTEM OF THE IMPLEMENTATION OF INTEGRATED CARE

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ABSTRACT

Global processes and the development of macro factors in health over the last 10 years have increasingly greater pressure on changing health systems towards integration and the provision of integrated health and social services. Improving coordination and communication structures in health systems is crucial to improve the effectiveness and benefits in the process of introduction of integrated care. As an essential element of the reform of health systems internationally "integrated care" seeks to overcome the traditional division between health and social care. Due to the shift of care from inpatient to outpatient treatment, integrated care is becoming more valuable as a way to meet the care needs in the community. The aim is to present the benefits of integrated care as a conception in research and practical plan.

Key words: Integrated care; Challenge; Services; Health system

INTRODUCTION

"Integrated care" is a scientific term that has helped to push and shape the major changes in policy and practice in the health systems of North America, Europe and other parts of the world for more than two decades [1]. The integrated care is created, to establish consistency and synergy between the different sectors of health care [2], aiming to aid the effectiveness of the system, the quality of health care, the quality of life and the satisfaction of the consumers, especially the chronically ill patients with complex needs and multiple problems.

The problems with accessibility to health services, the fragmentation of the services and care, the low quality, the ineffectiveness of the systems and the difficult to control costs, are challenges even for integrated care. In the development of integrated care, there is an increasing need for knowledge about the actual degree of integration between different providers of health services.

They result from a lot of different factors. The main ones are the differentiation, specialization and fragmentation of services, deeply integrated in all aspects of the health system (like policy, regulation, financing, organization, delivery of services and professional/institutional culture) [3].

MATERIAL AND METHODS

Retrospective analysis of 10 articles, connected to the application and experience of the integrated care in a number of countries worldwide, covering a 14 year period.

RESULTS

Despite considerable heterogeneity concept of "care" integrated care seemed to have positive effects on the quality of patient care. The aims of integrated care in all the reviews are very similar, namely reducing fragmentation and improving continuity and coordination of care. The most common benefits of integrated care were the focus on the patients, a multidisciplinary care team, care planning and information management, as well as an improvement in patient satisfaction and the outcomes.

DISCUSSION

Integrated care is often used as a synonym for interdisciplinary health care. This type of care is defined as an approach with a high degree of cooperation and communication between the health and social professionals. It is related mainly with the sharing of information between the team members, the care for the patients and establishing a comprehensive plan for treatment and dealing with the biological, psychological and social needs of the patient [1, 3].

The literature contains a lot of different definitions for integrated care. WHO gives the following definition for it: integrated care is "a complete and coordinated complex of services, which are planned, managed and applied to separate patients or service users by different organizations and different professionals". It covers the entire spectrum of health and social services, i.e. from the primary care (the general practitioner's office) and hospital treatment to informal care (from friends and family) and the social help in the patient's home [6].

Integrated care a coherent set of methods and models for financing, administration, organization, service delivery and clinical levels, designed to create connectivity, equalization and collaboration within and between the treatment and care sectors ... to improve quality of care, quality of life, user satisfaction and system efficiency for patients with complex problems passing through numerous services, providers and conditions (Kodner and Spreeuwenberg, 2002) [3].

Although the concept of “care” is very heterogeneous amongst the different national traditions and cultures in Europe, the definitions of integrated care are merging around all of the elements, related to the care in one unified service. That applies mainly to the latest members of the EU States, where the social care is sometimes poorly developed. The social services in most countries are provided by highly decentralized systems, with multiple providers, a relative local autonomy and different access and quality [4]. Kodner, Spreeuwenberg, Lloyd and Wait [3, 4] view the integrated care as an answer, generated by the needs of the chronically ill patients.

The main reasons, which led to awareness of the need to integrate the care in the theory and practice are:

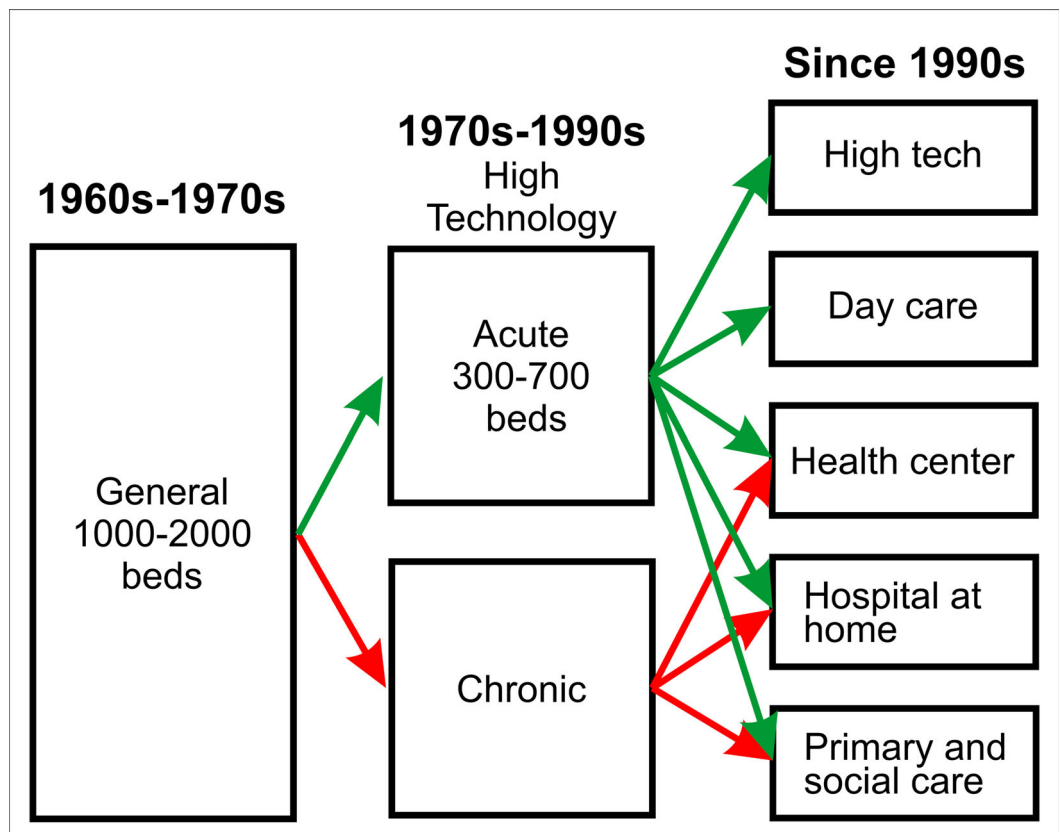
- The increase of lifespan, aging of the population and the increasing number of patients with multiple illnesses;
- The specialization of the medical practice;
- The professionalization of medical care;
- The raised health culture and awareness of the patients;
- The constantly increasing expectations of the society towards the health system;
- The restructuring of hospital beds;
- The introduction of alternative forms of hospitalization and treatment;
- Need for “balance of care”;
- Fragmented care, problems with accessibility, continuity and coordination;
- Increasing and difficult to control costs;

- Decreasing public trust in the health system.

The application of the systematic approach in health care during the 70’s and the 80’s of the past century, is related to the tendency of specialization, leading to professional autonomy and the fragmentation of patient care [7]. The rapid expansion in recent years of general medical practice and the placement of the general practitioner as a “guard” of the entrance to the health system, create the conditions for developing the idea for integration. Authors like Kodner, Spreeuwenberg, view the integration not only as bringing together different specialties and clinical boundaries, but also as overcoming the barriers between the medical and social spheres [3, 4]. In this aspect, the integrated care is an important link for the development of a better and effective health system.

The changes in society, medicine and the systems of health care, set different challenges for the models of demand and supply of health care, established during the 60’s and 70’s of the past century. Then, health systems were heavily dominated by large general hospitals. Data from various literary sources show, that the hospitals typically consume between 40 and 80.2% of the total expenditure for health care. In the period between 1970 and 1990, the most significant change is the significant decrease of the hospital beds and the specialization of the hospitals [7]. Those changes have a significant impact on the hospital, which shifts from institutional centered towards development of the specialized diagnostic and health services to maintain the condition (day care, outpatient (primary) and social care, medical centers and others) [7].

Fig.1. Change in the hospital system; Source: Gröne O, et al. [7]



The achievements of science and the technologies (especially medical technologies and information systems), the improvement of the living standard, the education and economics, the aging population, the increase of chronic illnesses and the changes in demand of health care, allow hospital services and intensive care to shift towards outpatient care, integrated and long-term services [8]. They lead to a decrease in the duration of hospitalization, an increase in the availability and quality of the services, and allow a greater number of more expensive interventions in the same period of time.

Despite the differences regarding the details, the idea of integrated care is accepted everywhere as a model aiming at the integration of various healthcare activities and various institutions in the name of the patient, of the service quality and the economic effectiveness [3].

The benefits from applying this conception in a research and practical plan are in a few basic aspects:

- A comprehensive coverage of health care. The challenges for health systems for an increase in quality and continuity of care; facilitating social integration of the vulnerable groups of the society and achieving a greater efficiency of the system, may be met with application of integrated care. One of their principles is a comprehensive coverage of all health related care. They provide and coordinate all the basic services from the health and social spectrum [5]. The focus on the patients reflects an assessment of the needs, care planning and information management, as well as an improvement in patient satisfaction and the outcomes. The integrated care meets the changing needs of the population, which guarantees that, the patient is receiving “the right care in the right place at the right time” [5,6].

- **Cooperation and coordination between different organisations** – Integrated care requires that professionals from different sectors and backgrounds work and cooperate together [4]. Integrated care implies a towards specific elements and control of chronic illnesses, covering the entire care spectrum – from health promotion to a complex of care for chronically ill patients.

- Design and implementation of models and programs for integrated care with a strong primary health care sector, where the general practitioners serve as an entrance to the system, we think, provides the best chance for access to all patients. The aim of the primary outpatient medical care is providing complex health care for the separate individuals, families and groups of the population and coordination of the provision of medical care through the different levels of the health care system. The general practition-

ers are key figures in the health care system, because they are the physicians, who meet the patients first and make decisions regarding their health problems. Medical services, provided by the specialized outpatient care and the hospital care, have a huge part in the health care expenditures [10]. This is why, every country is interested in decreasing the unnecessary consumption of those services and to stimulate the general practitioners in their regulating and coordinating role, with the condition, that the quality of the provided care is maintained. The role of the family general practitioner in the system is to determine which of the ill patients need to be examined by a specialist, and which patients may be treated by the general practitioner himself. The ability to make an adequate decision is a basic part of the general practitioner’s mission as a “guard of the entrance to the system”.

- Formation of a new way of thinking, free from professional and institutional boundaries in the name of the patient. The professional thinking of the specialists is aimed, even during their education, towards specialization and fragmentation. To overcome those boundaries, the focus should be on the development of a more appropriate and aimed towards the practice schedule, which integrates the disciplines horizontally and vertically /for example, an education based on problems/; important questions, such as prevention of the population, social and behavioral sciences and skills, to be studied as early as possible, so that the professionals are in condition from the very beginning, to look around the specific clinical problem of the patient [6].

CONCLUSION

The difficulties, experienced by the elderly and chronically ill people in the receiving of multiple health and social services, are a known problem in health care and the social sphere. In recent years, the care for those groups of the population focuses on applying strategies for integrated care from the different (health and social) organizations and integration in the organizations themselves. The provision of integrated care requires relations between organizations and relations between different professions in different sectors /public, private, voluntary/ in different service areas – health care, social care, home care, transport, education on different levels and different management systems. Integrated care provides continuity between the different health care interventions and the social care. Their successful application depends on the combined efforts of all subsystems and border systems in the health care and social spheres and in aiming those efforts towards the patient’s needs.

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