

INTEGRATED PRIMARY CARE

Together we can provide



BETTER & CHEAPER CARE

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ESSENBURGH
CARE MATTERS

Maastricht UMC+
  Maastricht University


INTEGRATED CARE EVALUATION
Connecting those who care.

Outline

- 1. Why integrated primary care?**
- 2. What is needed in practice?**
- 3. Lessons learned**
- 4. Implications**



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WHY INTEGRATED CARE?

Fragmented delivery system



Poor coordination
of care



Lack of
accountability
across providers



Misalignment of
payment incentives



Little transparency
in cost and medical
outcomes



App. 25% of all
patients' are **harmed**
by medical mistakes



30% of all funds
expended to
healthcare are
wasted



Ageing

62 %



Multimorbidity

50 %

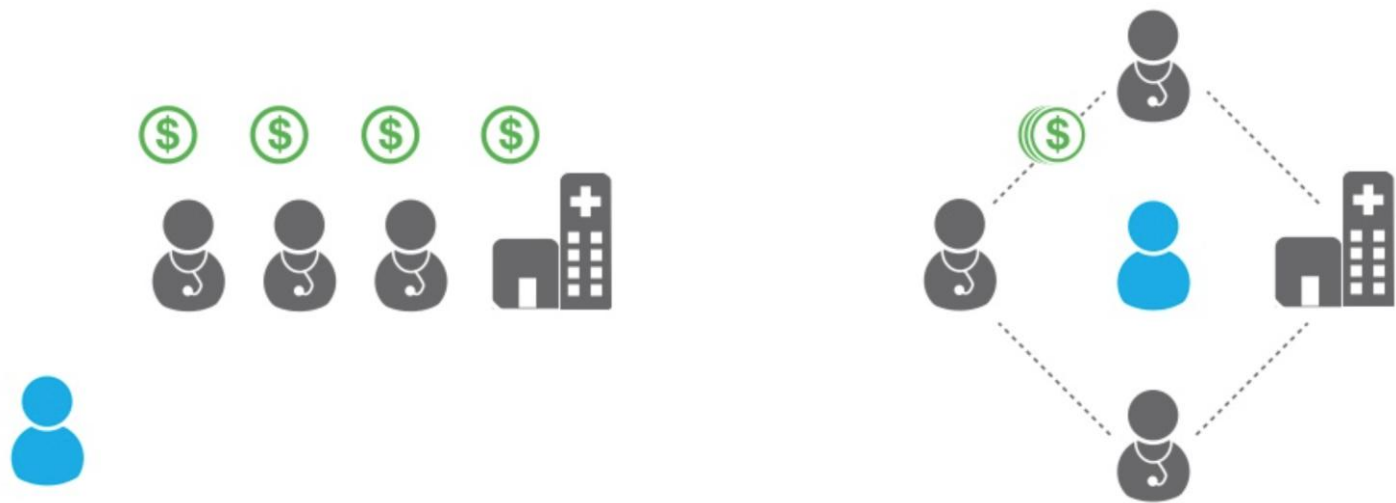


Costs

\$6.5 trillion

Global trends

Shift from volume to value



Fee for service	Payment	Shared Risk/Reward
Treat	Incentive	Prevent
Patient	Focus	Population
“Everyone For Themselves”	Provider	Joint Contracting
Retrospective	Information	Predictive

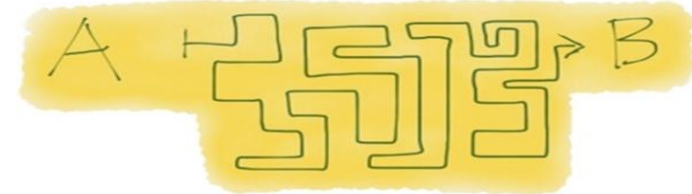
Views on value

Reductionism (Disease specific)



$$\text{Patient Value} = \frac{\text{Health Outcomes}}{\text{Cost}}$$

Inter-determinism (Person-focused)





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WHAT IS INTEGRATED PRIMARY CARE?

The legacy of Barbara Starfield



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Person-focused care



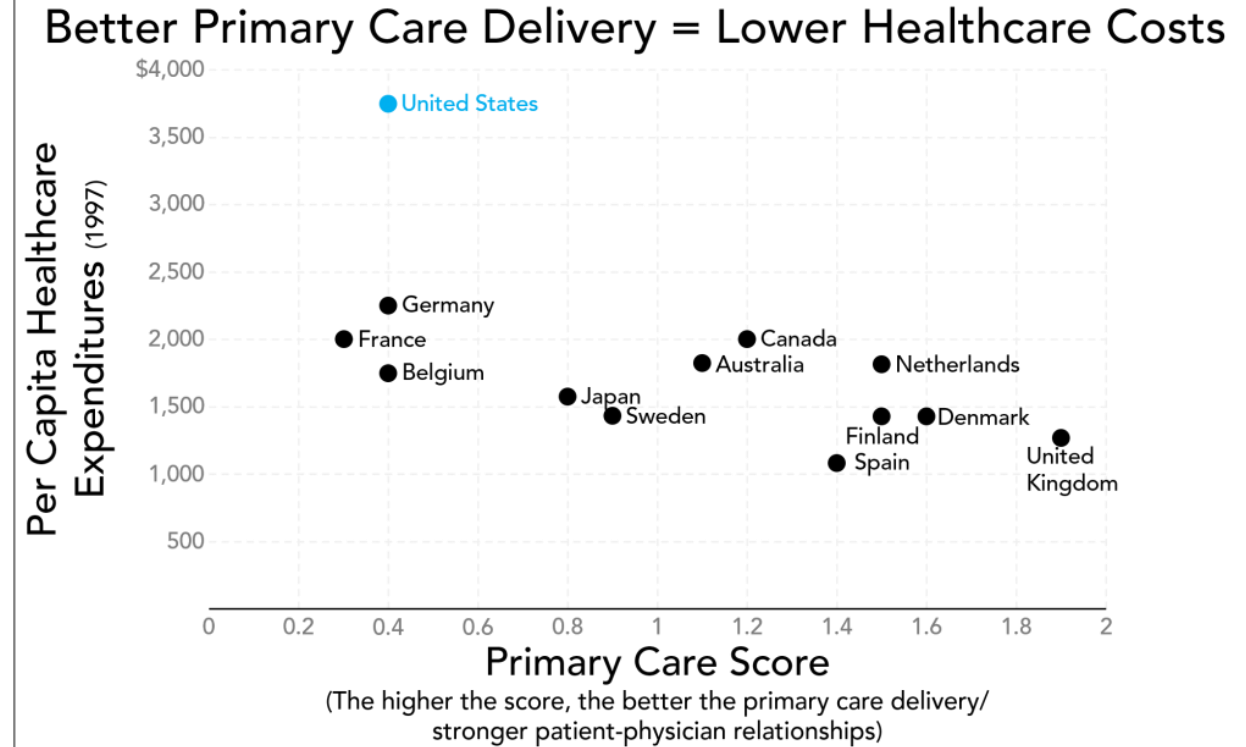
Population based care



Comprehensive & coordinated care



First contact of care



Source: *Am Fam Physician*. 2003 Oct 15;68(8):1494-1500. ROBERT L. PHILLIPS, JR., M.D., M.S.P.H., Robert Graham Center: Policy Studies in Family Practice and Primary Care, Washington, D.C., BARBARA STARFIELD, M.D., M.P.H., Johns Hopkins University Bloomberg School of Public Health, Baltimore, Maryland. <http://www.aafp.org/afp/2003/1015/p1494.html> and Starfield B, Shi L. Policy relevant determinants of health: an international perspective. *Health Policy*. 2002;60:201-18. http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/Publications_PDFs/2002_HP_Starfield.pdf

Integrated care

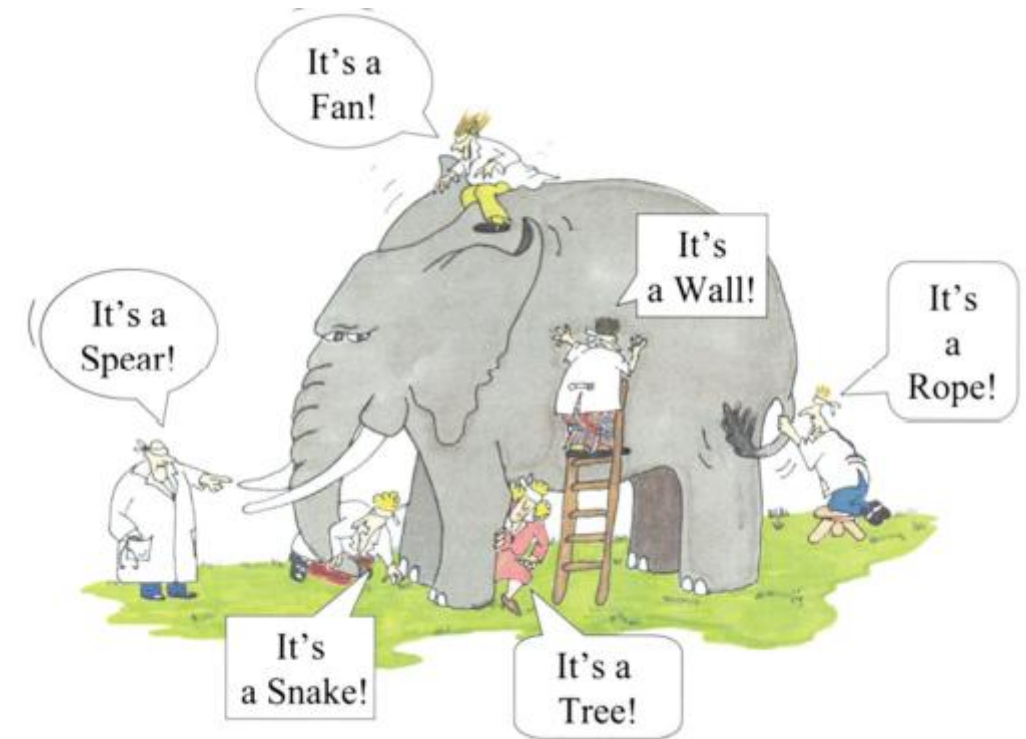


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Integrated care as a concept is an imprecise hodgepodge. Its meanings are as diverse as the numerous actors involved.

Key Conclusions

Integrated care is essential to sustaining our health systems. It is a multi-level, multi-modal, demand-driven and patient-centred strategy designed to address complex and costly health needs by achieving better coordination of services across the entire care continuum. Not an end in itself, integrated care is a means of optimizing system performance and attaining quality patient outcomes. While there is growing consensus that high-performing healthcare organizations cannot do without health system integration in order to meet changing patient needs and community expectations, there is much less agreement on the best ways to accomplish the goal of integrated care. The purpose of this review was to explore and provide a clearer picture of integrated care.



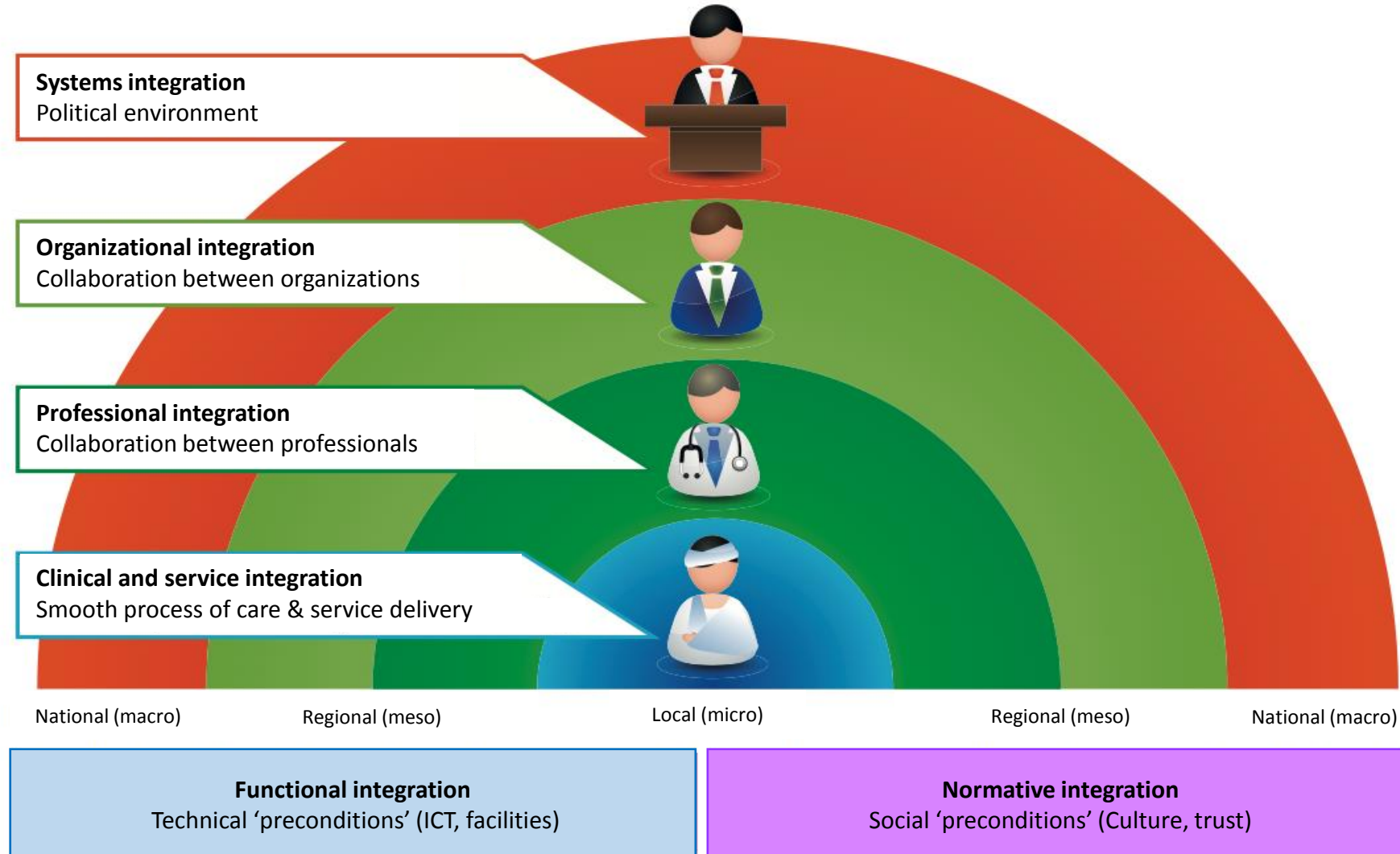
Different perspectives and values



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The Rainbow Model for Integrated Care (RMIC)









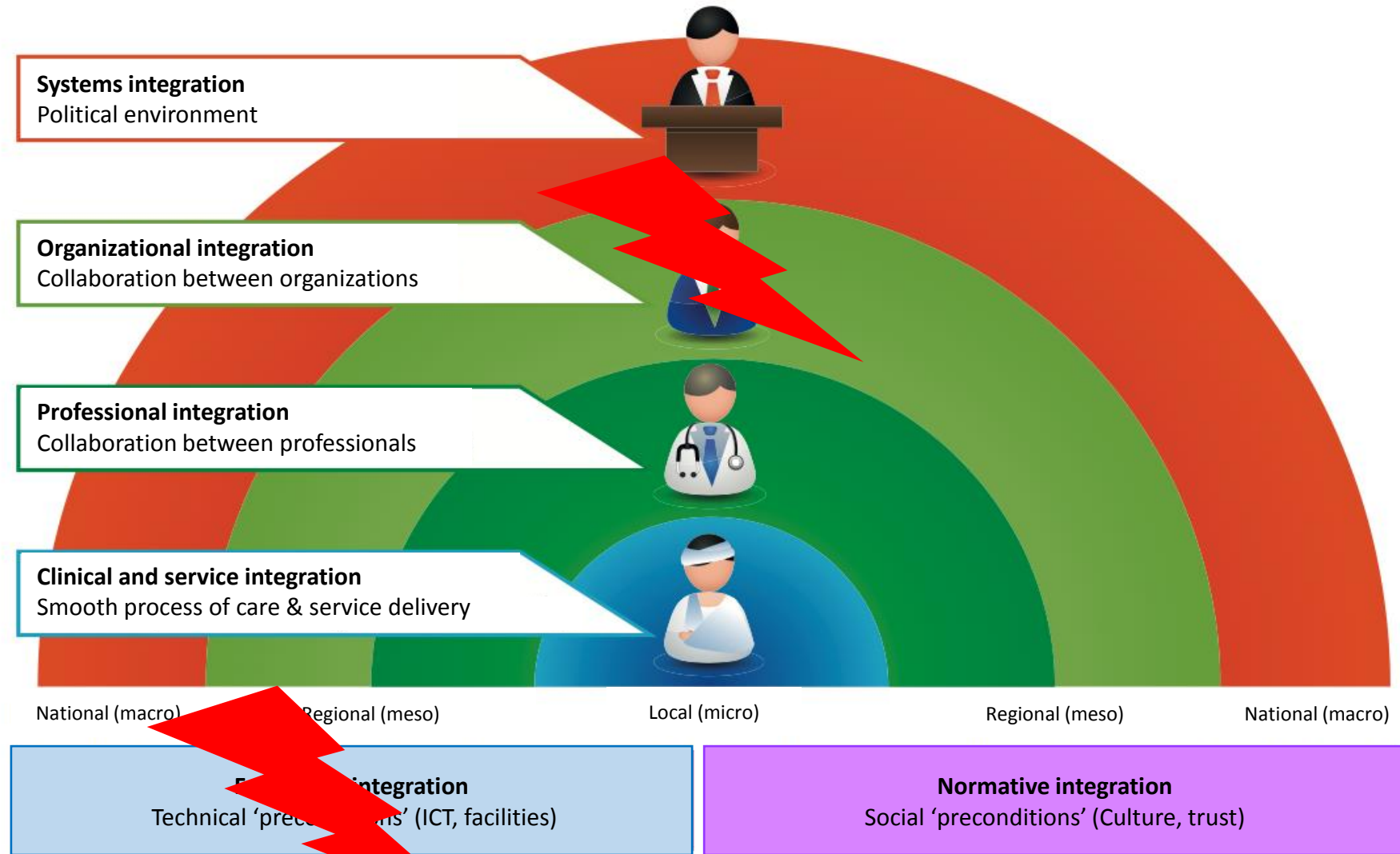
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LESSONS LEARNED

Best practices

Best practice	Country	Population (insured)	Integration	Functional enablers	Outcomes	
					€	👍
Blue Cross Blue Shield <i>Alternative Quality Contract</i>		1.350.000	Primary + Secondary care	5 year contract (Shared savings +FFS)	▼	▲
Torbay/Devon <i>Community Care Group</i>		281.900	Social + Primary + Secondary care	Multi-annual total budgets (Health & Social Act 2012)	▼	▲
Gesundes Kinzigtal <i>Disease management</i>		32.000	Primary + Secondary care	10 year contract (Shared savings)	▼	▲
Ketenzorg DM & CRM <i>Disease management</i>		308.591	Primary care	Bundled payments	▲	▶

Experiences from the Netherlands





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IMPLICATIONS

Make it happen in five steps



Value-based Payment Methods

Focused on creating value across the continuum of care at a district and regional level.



Predictive Modelling

To predict costly, adverse events at practice, district and regional level. Ideally, integrated all patient data in one place.



Change Capacity

Among all stakeholders at practice, district and regional level. And start-up financing to facilitate change.

5

3

1

4

The Regional Integrator

A legal form to govern and coordinated care across the care continuum at district and regional level.



2

Patient Engagement

Using the 4P principle:

- 1) Personalized;
- 2) Preventive;
- 3) Predictive; &
- 4) Participatory.



ARE YOU SURE

1. My organization has identified the **high risk / high-cost** patients within the community!
2. My organization is willing to become **accountable** for the **financial and quality** outcomes achieved at a community level
3. My organization uses **predictive risk stratification modelling tools** in practice!
4. My organization has access to all **quality & cost data** of each member of the community

YOU'RE READY?

INTEGRATED PRIMARY CARE: TOGETHER WE CAN PROVIDE BETTER & CHEAPER CARE



Clinical and professional level:

- Use clinical, behavioural, and social risks (instead of diseases) for tailor-made care management strategies!*

Organisational level:

- Use primary care as the base of integrated care strategies!**
- Invest in functional integration solutions (i.e. financial incentives, IT) for a sustainable implementation!
- Use an integrated business case to solve barriers in terms of: 1) financing; 2) data integration; and inter-organisational collaboration!***

System level:

- Focus on the trinity of health, quality and cost in terms of outcomes!

* Nūno Solinís (2013)

** Davies, et al (2008); Starfield, et al. (1994-2003); and Berwick (2008)

*** Valentijn, et al. (2016); Song, et al (2012)

Instructions for use in practice



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20 % pulls

60 % rides along

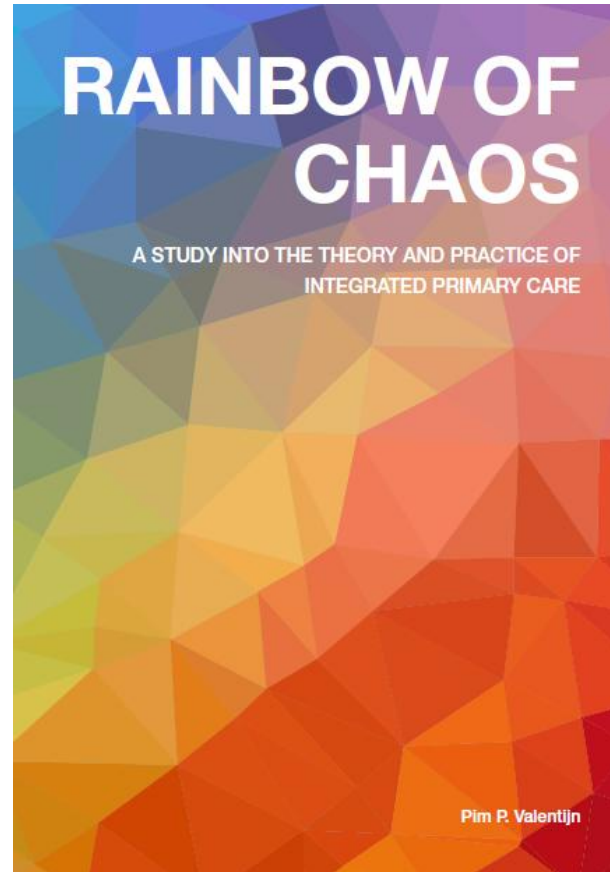
20 % is blocking

The law of conservation of misery

Read more



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