Chapter 4

Understanding Integrated Care: The Role of Information and Communication Technology

Nick Goodwin
International Foundation for Integrated Care, The Netherlands

Albert Alonso
Innovation Directorate of Hospital Clinic Barcelona, Spain

ABSTRACT

This chapter provides a thorough grounding in the meaning and logic of integrated care and the role of ICT. It begins with an overview that describes why integrated care has become a central theme to the reform of health and social care in the face of mounting demographic and economic challenges that require a new way of thinking about how care can be more cost-effectively delivered. Following an in-depth analysis of what is meant by integrated care, including an interpretation of the various definitions and interpretations that have been provided, the chapter moves on to provide an understanding of the challenges faced when implementing integrated care programmes in practice and the key lessons in how systems of integrated care can be built. The role of information, communication, and technology as essential components for the success of integrated care is then considered together with an assessment of the future research agenda.

INTRODUCTION

Integrated care has become a buzzword in the reform of health and social care systems across Europe. Yet the idea is not new since concern about fractures in health and care systems, or the way care is often poorly co-ordinated around people’s needs, has a long historical lineage. The origins of the term go back over a thousand years and represent the need to bring together both the need to treat physical symptoms with the need to embrace behavioural and mental health concerns. More recently, the term has come to represent how care can be better co-ordinated around people’s holistic needs, specifically in the need to support older people with long-term care needs and/or to support the healthy development of children and adolescents. Only in comparatively more recent
times has the focus for the term shifted to dealing with chronic illness and comorbidities and/or has come associated with structural or procedural solutions such as managed care, disease management programmes, and care pathways.

Integrated care, and especially ICT-supported integrated, has become a key commitment across Europe as a service redesign principle. For example, the European Commission is actively promoting such change and innovation through its European Innovation Partnership on Active and Health Ageing initiative, in particular by means of its B3 Action Group on Integrated Care (European Commission, 2013). The purpose of the group is to stimulate a forum of evidence and exchange for the practical adoption, replication and scale-up of integrated care. It aims to make available programmes for chronic conditions/case management in at least 50 regions, available to at least 10 per cent of the target population by 2015; and to scale-up and replicate integrated care programmes supported by innovative tools and services in at least 20 regions in 15 Member States based on validated, evidence-based cases (2015-2020).

Another key initiative in this area is WHO Europe which, in 2013, launched a roadmap to develop a Framework for Action towards Coordinated/Integrated Health Services Delivery (CIHSD). This Framework follows the call from Member States for contextualized, evidence-based policy-options to enable system-wide changes and the need for tools to implement these changes. The way forward outlines three pillars for action: knowledge synthesis; field evidence; and change management (WHO Regional Office for Europe 2013). The growth of professional networks, dedicated journals and conferences in the area of integrated care is also another sign that integrated care is becoming a growing research discipline. In this respect, the formation of the International Foundation for Integrated Care (IFIC) in 2011 as a “not for profit network that crosses organizational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice” shows that there is long-term commitment to advancing the concept (IFIC 2013).

BACKGROUND

Over the past few decades, significant demographic changes in Europe have seen long-term chronic conditions replace communicable disease as the most significant challenge that health and care systems need to address. This shift means that the economic burden of chronic illness now represents between 75-80 per cent of health care expenditure, a figure that continues to rise (Nolte and McKee, 2008). This growth is significantly associated with ageing populations. Across the European Union, the old age dependency ratio rose from 22.7% to 25.3% between 1997 and 2007 (OECD, 2009) and it is estimated that in 20 years’ time (by 2034) more than five per cent of all people in Western Europe will be aged over 85 with more than one-fifth of these living with five or more co-morbidities (concurrent physical and mental health needs) (European Commission and Economic Policy Committee, 2009). Hence, coupled with the trend for rising health care costs is a dramatic increase in the use of long-term care by older people. Projections of future demand and spending on both health care, and long-term care, therefore are framing the debate about how best to fund and deliver health and social care in the future.

This rising demand for both clinical and non-clinical care presents a significant problem since it comes at a time of economic uncertainty and financial austerity. Health and welfare budgets across Europe are under pressure yet the cost burden of age-related chronic illness continues to rise. Moreover, societal changes in Europe show a downward trend in the presence of informal carers as the numbers of older people living alone rise, adding a further burden on formal care provision.
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