Chapter 1
The Core Vision of Person-Centred Care in a Modern Information-Based Society

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ABSTRACT

This chapter introduces Integrated Care not only as a new fashion but also as a return to the core care delivery philosophy promoted by Hippocrates. The first section introduces the modern drivers—economic, consumerist, resource-bounded, and demographic—which necessitate a change in the professional provider and dependent receiver care model of recent centuries and make Integrated Care an attractive goal. The next section returns to healthcare’s ethical origins, pointing out that Hippocrates advocated holistic treatment of the whole person, not fragmentation by disease or specialty. It then examines the new enabler—modern Information and Telecommunications Technologies (ICT)—which can achieve unification of expertise-based fragmentation. The final section urges the need to move forward positively but carefully, as the key to success lies with the social science domain, ranging from new business models to new ethical and consent frameworks, and it details the research needed to ensure that services and technologies match user needs while being applied in a way that allays user concerns. The chapter concludes by emphasising that progress towards ICT-enabled Integrated Care will be a continuous developmental process.

INTRODUCTION

Most modern societies, including all European Union and OECD member states, face a rapidly developing set of challenges to their health and care systems. One main driving force is the demographic change in the population, with an increasing number and proportion of elderly persons, and of very elderly, and within that population group an increasing number and proportion having greater continuing survival with one, two or three chronic health conditions needing monitoring, maintenance treatment, and often active control of changes as time passes.

A second driver is the development of consumer-based attitudes, leading to very reasonable expectations of an integrated and holistic pattern of service provision for health, focussed on patient...
The Core Vision of Person-Centred Care

orientation, choice, and personalisation of support from health services and from other providers such as social care. This is in contrast to the now traditional provider-driven and often paternalistic approach, frequently based on a special but narrow expertise which produces silos of care.

A backdrop to this situation is the pressure on resources. Not only will finance be more tightly stretched in the next decades given an older population creating an overall greater demand, but the finite number of persons available as well as affordable to provide care will also be a constraint. At the same time, delivery of person centred care should enable efficiency through co-ordination and better client collaboration.

THE DEMOGRAPHIC DRIVERS

Demographic challenges alone should not be sole the driver for introduction of patient centred and integrated care, but they are a very important one. Europe, and indeed most developed countries, is facing a significant change in population structure.

Ageing Population Structures

Improved healthcare technologies and their accessibility, and societal improvements including higher income, better housing, improved food availability, and stronger welfare support mean that people are living longer. For instance, average life expectancy at 65 years of age for citizens of the European Union has increased for females from 19.4 years in 2000 to 21.2 years in 2010, and for males from 15.6 years in 2000 to 17.6 years in 2010, with the result that on average citizens currently aged 65 will live to over 80). This increase of two years in life expectancy achieved in just a decade applies consistently in almost all EU Member States for both sexes, (the life expectancy of 65 year old females in 2010 ranging from 22.9 in Spain to 17.0 in Bulgaria, and for males from 18.7 years in Spain and Italy to 13.4 years in Latvia) (source: WHO Health for All database, www.euro.who.int/hfadb).

This pattern will continue into the future. In a report for the European Science Foundation, and drawing on OECD and Eurostat data, Rigby et al (2013a) calculated that by 2040 in three EU Member States – Germany, Italy and Spain – persons aged 65 years or over would form a third of the population, with only Ireland, Luxembourg, Poland and Slovakia having less than 15% of their population in this age category. Moreover, also by 2040, persons aged 80 years or over will form over a tenth of the population of Finland, Germany and Italy, with only Ireland having less than 6%.

This lengthening of life expectancy is anticipated to continue, and for instance centenarians will not be the rarity they have been – the US Census Bureau has forecast a more than doubling of centenarians in that country in a decade, from 114,000 in 2010 to 241,000 in 2020 (cited in Fackelmann, 2005). In the United Kingdom, Serra et al (2011) quote UK Office for National Statistics predictions of a twelve-fold increase in centenarians in the UK in the next thirty years (ONS, 2011). However, Robine and Caselli (2005) have shown variations across countries, with recent declines in centenarians in Denmark and the Netherlands. Persons in the very elderly age-groups are not only most likely to be frail and in need of health and health-related support, but as Serra et al point out, they are likely to be the most economically challenged as savings are likely to become exhausted some forty years after retirement.

Changing Dependency Ratios

Though the fertility rate (average births per woman over her child-bearing years) increased slightly between 2000 and 2010 from 1.47 to 1.57 after a much greater fall in the preceding decade, with only France and Ireland within the EU exceeding a rate