Chapter 2
Do All Roads Lead to Rome?
Models for Integrated e-Care Services in Europe

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ABSTRACT
The call for better joined-up service delivery, particularly to those suffering from chronic conditions, traces back as far as into the 1950s. However, a disjointed care provision split into multiple service silos prevails. In the present chapter, the authors present lessons from practice, particularly from two recent pilot projects, INDEPENDENT and SmartCare, to show what can be achieved through the use of ICT-supported, integrated care and to show how it can be achieved under given framework conditions. The guiding question is which roads will actually lead to Rome and which will not. By simply adding ICT to current care practices one will most likely not end up with better care. Rather, the authors argue that a multi-pronged innovation approach needs to be pursued, one that simultaneously pays attention to the stakeholders involved, to the particular working models of the different care actors, and to the technologies to be employed. Using such an approach is shown to considerably increase the likelihood of achieving positive impacts on different levels, even if risks and uncertainty cannot be completely avoided.

INTRODUCTION
The debate about integrated care is anything else but new. The call for better joined-up service delivery, particularly to those suffering from chronic conditions, traces back as far as into the 1950ies. Already 60 years ago, Burney (1954) argued that "Comprehensive programs, such as those directed to bring maximum benefit to persons with chronic diseases ..., require the coordination of the efforts of many individuals and agencies... The home care program clearly demonstrates the importance of..."
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the close integration of clinical, public health, and other services if the needs of chronic disease patients are to be met to a reasonable degree” (p.6). In the light of the recent debate on the future of long term care within ageing societies, such a statement sounds remarkably modern (c.f. e.g. Leichsenring, Bilings & Nies, 2013; MacAdam, 2008). Perhaps most recently Rigby et al. (2014) have for instance argued that “modern European society has created many services to help these citizens. But these services are split into organizational clusters such as Health, Social Care, Housing, and others, each in most settings separately organized, delivered and recorded by organizations and their staff who are separately funded, managed, and regulated. As a result patients are surrounded by uncoordinated Islands of Excellence, when what is needed is Coordinated Care” (p.42). When it comes to the much lauded paradigm shift towards person-centred and integrated care, it appears that the professional discourse has been turning in circles without much progress for more than half of a century (Stroetmann, 2013).

At the same time, information and communication technology (ICT) has frequently been ascribed the role of a key lever for integrated care (Nolte & McKee, 2008). Through its inherent functionalities ICT generally provides potentials for facilitating transfer of information, eliminating redundant paperwork and monitoring of progress. Beyond this, telehealth and telecare solutions enable closer and personalized management of chronic conditions and related personal risks. Against this background, the promotion of ICT-based solutions for long term care has been regarded as a catalyst for needs-driven seamless integration of typically separated care processes (Kubitschke & Cullen, 2005). From a health policy perspective, ICT has tended to be seen as presenting an opportunity for a ‘win-win-win’ outcome, whereby needs of care recipients are met in a high quality manner, the costs of providing care and support are maintained at manageable levels for society, and new market opportunities open up for ICT-based products and services. For more than a decade, national governments and the European Commission have invested considerable amounts of financial resources into experimentation with ICT solutions for health and social care (Kubitschke & Cullen, 2010). However, wider mainstreaming of integrated e-Care solutions into day-to-day practice has yet to occur. Kubitschke & Cullen (2010) have for instance argued that “overall, there seems little indication that the traditional demarcation lines between health and social care have so far been overcome when it comes to implementation of ICT-based services to support independent living and homecare for older people. Whilst quite a number of RTD, pilots and trials take a more integrated, holistic approach, in reality the majority of mainstreamed services tend to focus on one or other dimension and to be firmly located within one or other of either the social care or health care domains” (p.14).

Specific barriers towards putting ICT-based integrated care services into practice are difficult to isolate. Evidence points however into the direction that technological factors such as slow updating to new digital telecommunication networks or lacking infrastructural readiness more generally have hampered the transition from pilot activities to mainstream service delivery (Meyer, Müller & Kubitschke, 2011). From an economic point of view, the “business case” for integrated e-Care services - which frequently cut across a multi-organizational and cross-sectoral service delivery chain - does not seem to have always become clear from trials that have been conducted to date. Also, it has been suggested that administrative aspects of health care and social care systems may not yet be well-attuned to the mainstreaming of integrated e-Care solutions (Kubitschke & Cullen, 2010). From a supra-national perspective, the latter aspect represents a particular challenge, given the wide variations in the structure and operation of national health and social care systems in Europe and beyond. Ultimately, wider development of integrated e-Care services will be contingent on
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