A person-centred, health systems approach to transforming services for integrated health and social care: lessons from the WHO European Region

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Focus on people
Identifying key challenges

- **SDR, diseases of circulatory system**, 0–64, per 100,000 (2011)

- **People**
  - % of population aged 65+ years (2011)
  - Hours with professional/NHS = 3 in a year
  - Hours of self-care = 8757 in a year

- **Demographics**
  - Total: 517 million
  - Age distribution:
    - 80+: 10% women, 14% men
    - 65-79: 17% women, 13% men
    - 15-64: 58% women, 55% men
    - 0-14: 15% women, 14% men

- **Case Management**
  - Self-care
  - Illness Management
  - Self-management support
  - Promotion and Prevention

- **Dependency ratio**
  - Professionals/NHS = 3 in a year
  - Self-care = 8757 in a year

- **Aging populations**

- **Multi-morbidities**

- **Demand for engaged patients**

- **PPE**
Key considerations: system perspective

LTC expenditure projected to increase just 1% of GDP in OECD countries to between 2-4% of GDP by 2050

Different approaches for establishing accountability

<table>
<thead>
<tr>
<th>Functional</th>
<th>Financial</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-agency teams; placements of individual staff across agency boundaries and co-location</td>
<td>Pooled budgets and transfer payments</td>
<td>Both function and financial integration</td>
</tr>
</tbody>
</table>

PEOPLE

Financing

Governance

Services

Workforce

Tertiary care

Secondary care

Primary care

Public social services

Private social services
Systems from the patient’s perspective…

Health services

- Out-of-hours doctors
- Occupational therapist
- Equipment service
- Physiotherapist
- Dietician
- Consultant
- GP
- Continence adviser
- Oxygen service

Social services

- Dementia advisory nurse
- Transit support services
- Live-in carers
- Alzheimer’s social outreach worker
- Volunteers
- Social worker
- GP
- PEOPLE
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- Alzheimer’s social outreach worker
- Transit support services
- Live-in carers
- Dementia advisory nurse
- GP
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In the driving seat: entry points for system integration
Why IHSD?

1. Disease burden of largely preventable NCDs in the Region\(^1\): 80%
2. Average % of preventable hospitalizations for hypertension in countries studied\(^2\): 73%
3. Relative risk reduction in readmissions\(^3\): 35%
4. Studies finding improved patient satisfaction\(^3\): 50%
5. Some evidence on cost-effectiveness

\(^1\) WHO Regional Office for Europe (2011); \(^2\) WHO Regional Office for Europe (2016); \(^3\) Nolte & Pitchforth (2014)
Accountability for outcomes of integrated services

**INPUT**

- European Region
- EU members before May 2004
- EU members since May 2004
- CIS
- CARK

**PROCESS**

- Health care
- Social care

**OUTCOME**

- From Deaths
  - To Diseases
  - To Disability
  - To Discomfort
The European Framework for Action on Integrated Health Services Delivery

- POPULATIONS AND INDIVIDUALS
  - Identifying health needs
  - Tackling determinants
  - Empowering populations
  - Engaging patients

- SERVICES DELIVERY PROCESSES
  - Designing care
  - Organizing providers & settings
  - Managing services delivery
  - Improving performance

- SYSTEM ENABLERS
  - Rearranging accountability
  - Aligning incentives
  - Preparing a competent workforce
  - Promoting responsible use of meds
  - Innovating health technologies
  - Rolling out e-health

- CHANGE MANAGEMENT
  - Strategizing with people at the centre
  - Implementing transformations
  - Enabling sustainable change
Entry points for transformations?
The role of subnational levels: two key intersections for finding alignment

POPULATIONS AND INDIVIDUALS
- Health needs
- Determinants at play
- Population engagement
- Individual health needs

SERVICES DELIVERY PROCESSES
- Design of care
- Who delivers/where
- Management of services
- Quality improvement

SYSTEM ENABLERS
- Policies and accountability
- Incentive structures
- Health workforce
- Tech, medicines, info
LESSONS LEARNED
Improving services by thinking differently?

<table>
<thead>
<tr>
<th>Company</th>
<th>Description</th>
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<tr>
<td>Uber</td>
<td>The world’s largest taxi company, owns no taxis</td>
</tr>
<tr>
<td>Airbnb</td>
<td>The largest accommodation provider, owns no real estate</td>
</tr>
<tr>
<td>Facebook</td>
<td>The most popular media owner, creates no content</td>
</tr>
<tr>
<td>Alibaba Group</td>
<td>The world’s most valuable retailer, carries no stock</td>
</tr>
<tr>
<td>Skype</td>
<td>The largest telecom operator, owns no telecom infrastructure</td>
</tr>
<tr>
<td>Google and Apple</td>
<td>The largest software vendors, don’t write the apps</td>
</tr>
<tr>
<td>Netflix</td>
<td>The world’s largest movie house, owns no cinemas</td>
</tr>
</tbody>
</table>

...new settings of care? Roles and scopes of practice for providers?

Source: Horizon scanning: Prof Ran Balicer, Clalit Research Institute, Israel
New health resources

“Providing health care in rural and remote areas: lessons from the international space station”

Article retrieved from: http://www.who.int/bulletin/volumes/94/1/15-162628/en/
Change as a multi-staged, evolving process

Conventional care
Selective PHC; vertical organization; management of production; quality of inputs

Disease-oriented
Disease management; linkages; management of resources; quality of outputs

Coordinated services
Care management; horizontal; management for performance; quality of processes

Integrated services
Whole-person; collaborative; management for outcomes; quality of outcomes
Supporting countries: streams of work

Entry point: NCDs, TB, palliative care, HIV, EPHOs 4-6
Focus across levels of care, pathways, transitions

Entry point: accountability, financing
Focus on population health including SDH, environment

Entry point: chronicity, multimorbidity, ageing, mental health
Focus on LTC, home care, telecare; community care

PHC & PUBLIC HEALTH

PHC & HOSPITALS

HSD & SOCIAL CARE
Resources for action
The European Framework for Action on Integrated Health Services Delivery takes forward the priority of transforming health services in the WHO European Region. It is closely aligned with the values, principles and strategies of other global and regional commitments.

Background documents include a review of health services delivery concepts (Health services delivery: a concept note) and topic specific reports developed through targeted reviews of available literature to explore the evidence and experiences on topics such as the health workforce, patient engagement and population empowerment.

Field evidence has been developed through a series of descriptive case studies on initiatives to transform health services delivery, exploring efforts from all 53 Member States. Through a horizontal analysis across cases, lessons learned have been identified and published in a compendium of initiatives in the WHO European Region to transform health services.

Tools are developed to support users to adapt and apply the Framework for Action and include to-date a step-by-step guide for developing descriptive case studies on initiatives to transform services as well as a English and Russian glossary of key terms.
Framework for Action Implementation package: examples of available resources

**TECHNICAL ASSISTANCE**

Direct country technical assistance aims to support Member States to adapt the Framework for Action in their strategic planning and efforts to transform health services delivery across levels of the health system.

**TRAININGS**

Trainings and workshops aim to support Member States, partners and WHO staff to explore the Framework for Action in the context of their work, applying available material and exchanging firsthand experiences.

**ADVOCACY**

Consultations, technical meetings and reviews are some of the ways in which partners are brought together to discuss pertinent topics, share experiences and debate new research. Participants often include national technical focal points, invited experts, partner organizations, patient representatives, health and social care providers, civil society, special interest groups and WHO staff.

**MEASUREMENT**

Resources for measurement to-date include a methodology and tool for assessing health services delivery performance with hospitalizations for ambulatory care sensitive conditions, identifying entry-points for strengthening health services delivery.
WHO Regional Office for Europe
Division of Health Systems and Public Health

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For more information on health services delivery at the WHO European Regional Office for Europe, visit: http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery