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NRH
National Rehabilitation Hospital

IFIC

Integrated Care and the Older person with Chronic Disease

Prof Áine Carroll, Director, IFIC Ireland,

Prof Healthcare Integration and Improvement UCD/NRH

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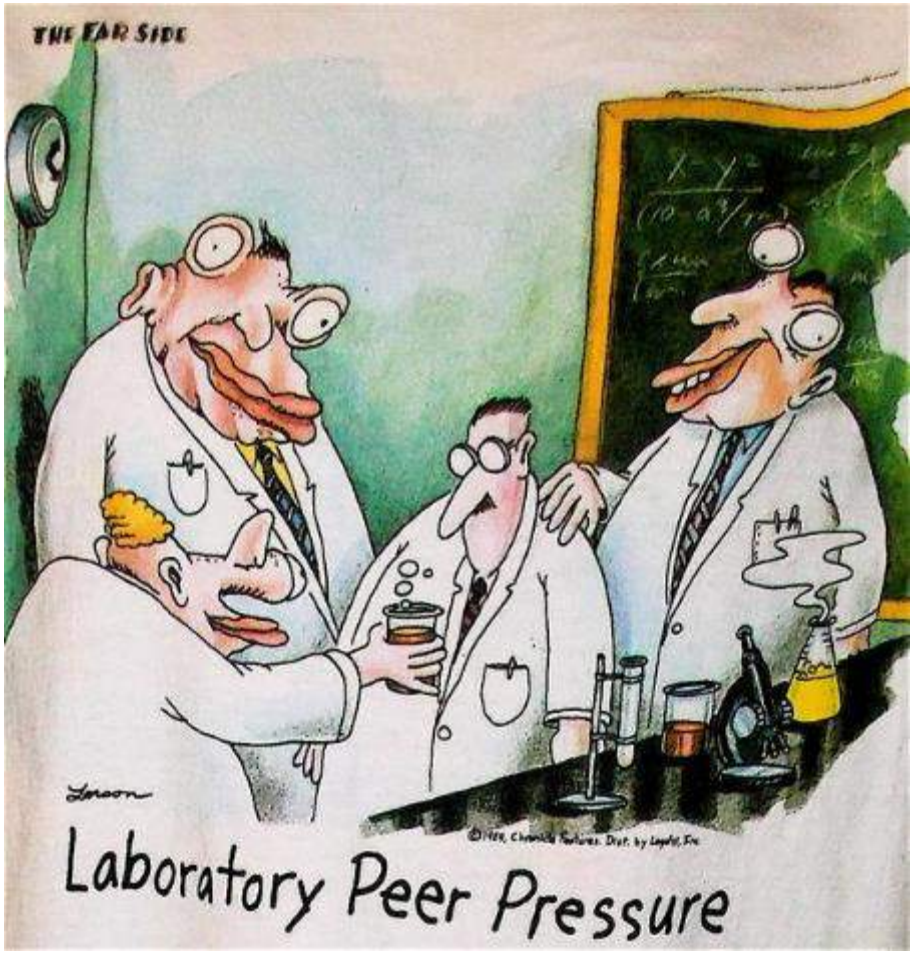
THE FAR SIDE
Laboratory Peer Pressure

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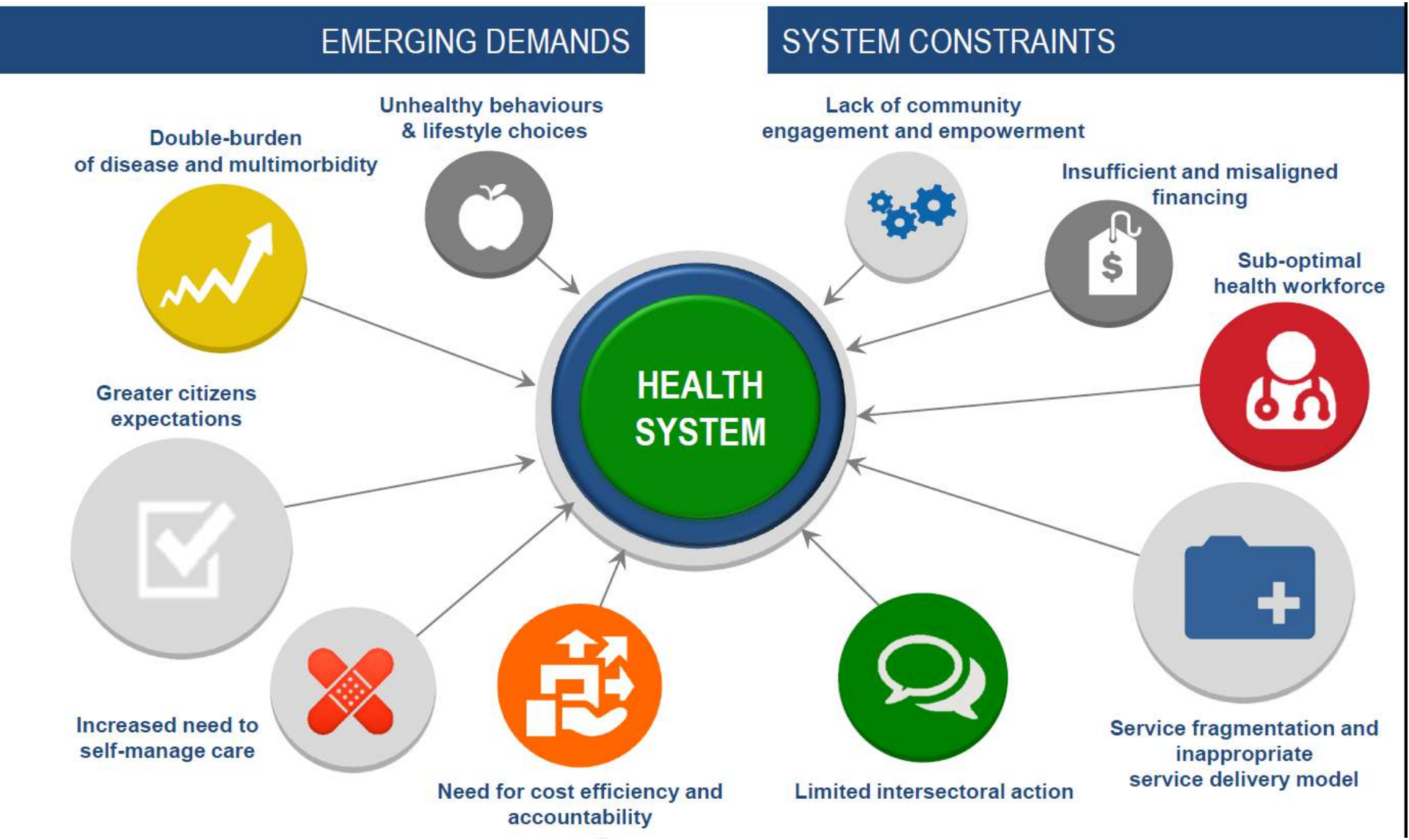
Health System Challenges



Nurses to vote on strike action as overcrowding becomes 'intolerable'

Charity founder slams conditions in UHL emergency department

HEALTH

is number one, and number two, you have to feel for the staff.

Patients cannot continue for days on trolleys

Hospital's overcrowding continues at record level

Colins says 'worrying' figures could point to problems this winter

Adults placed in paediatric wards due to overcrowding, consultant claims

THE IRISH TIMES

LATEST NEWS MOST READ MEDIA

More than one million people on hospital waiting lists, say consultants

Acute hospitals face 'horrendous' winter if 'Aussie flu' hits Ireland, conference hears

Dr Donal O'Hanlon, president of the Irish Hospital Consultants

Elderly woman on trolley at University Hospital Galway for 70 hours

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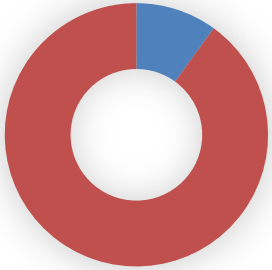
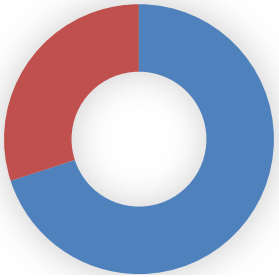
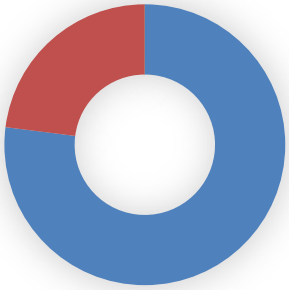
High resource individuals



10% of the population



Use 70% of acute hospital and community prescribing resource



And 77% of bed days

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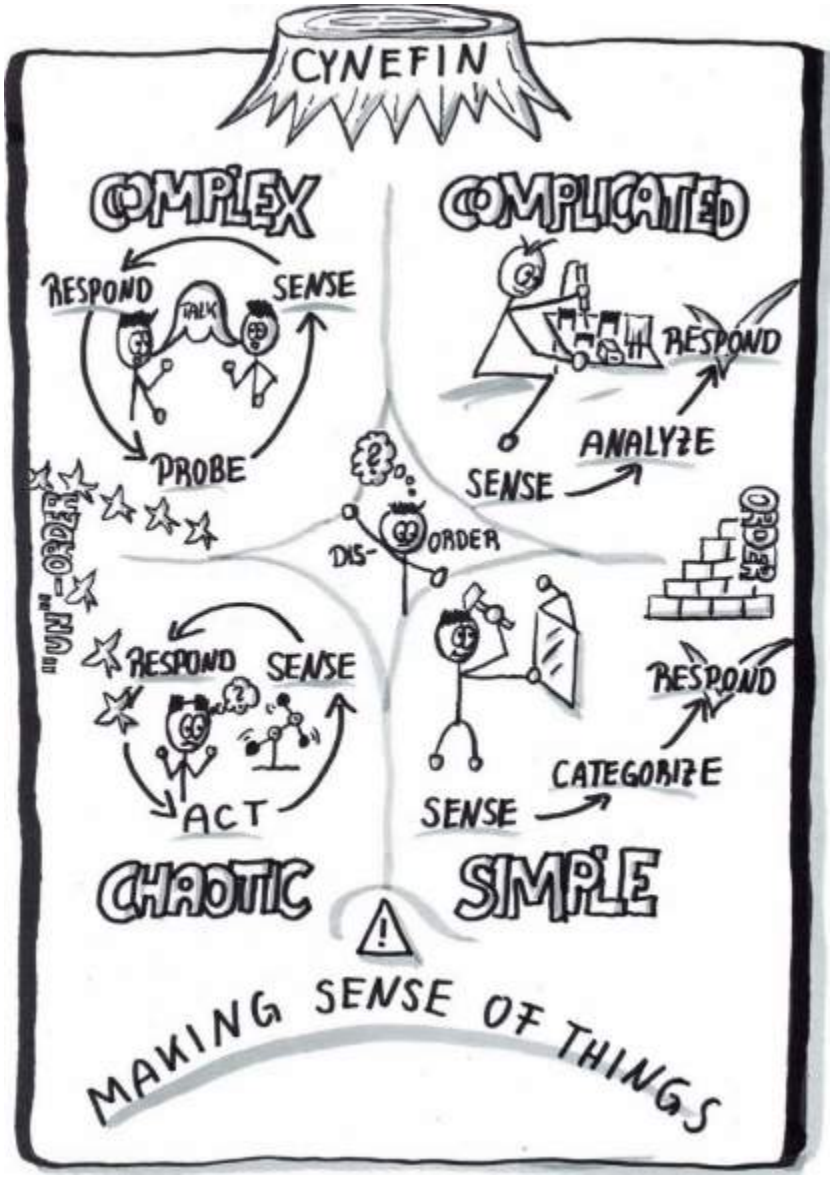
TARGET


CYNEFIN
COMPLEX
RESPOND
SENSE
TALK
PROBE
COMPLICATED
RESPOND
ANALYZE
SENSE
UN-ORDER
DIS-
ORDER
ORDER
RESPOND
SENSE
ACT
RESPOND
CATEGORIZE
SENSE
CHAOTIC
SIMPLE
MAKING SENSE OF THINGS

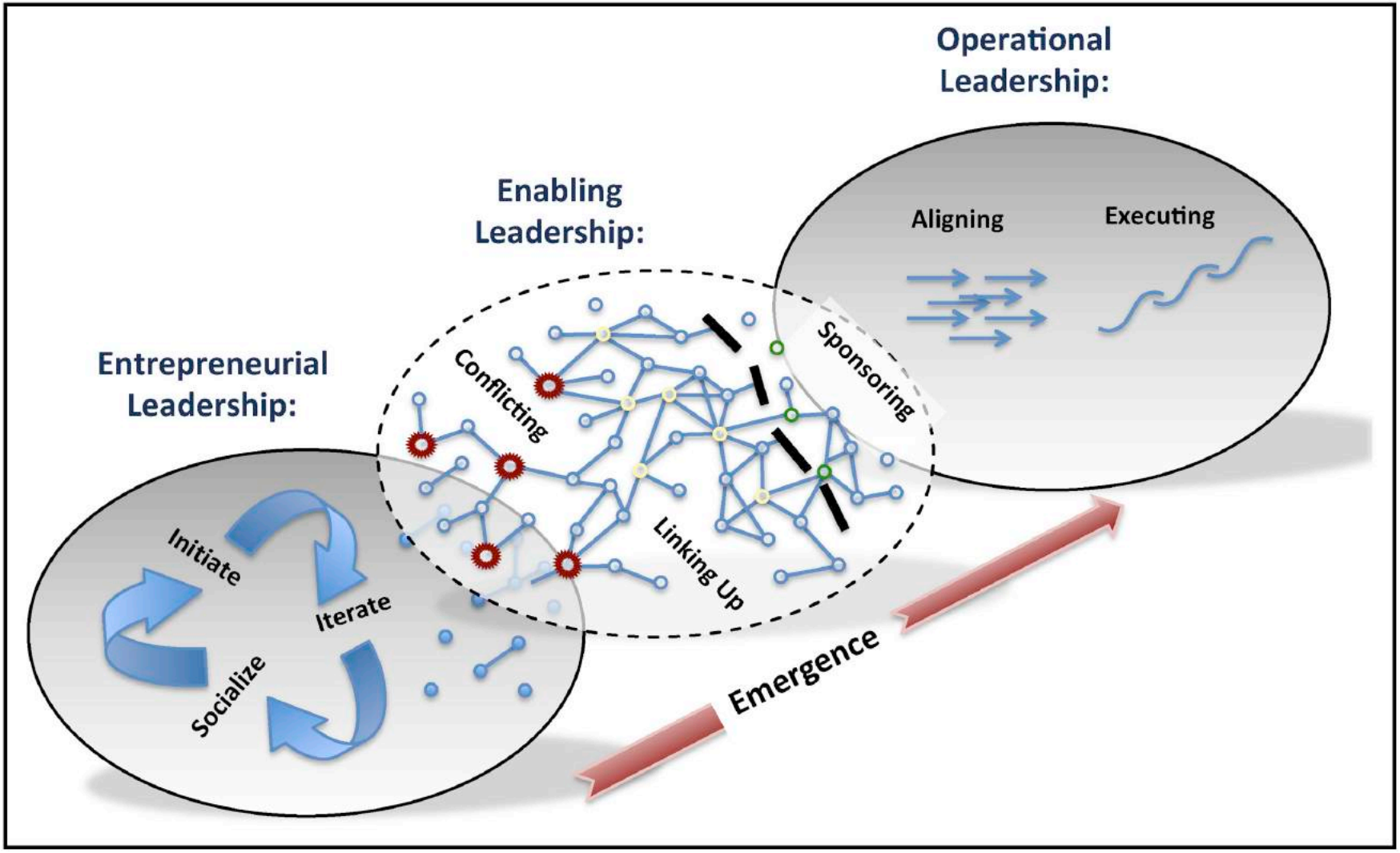
What is complexity?

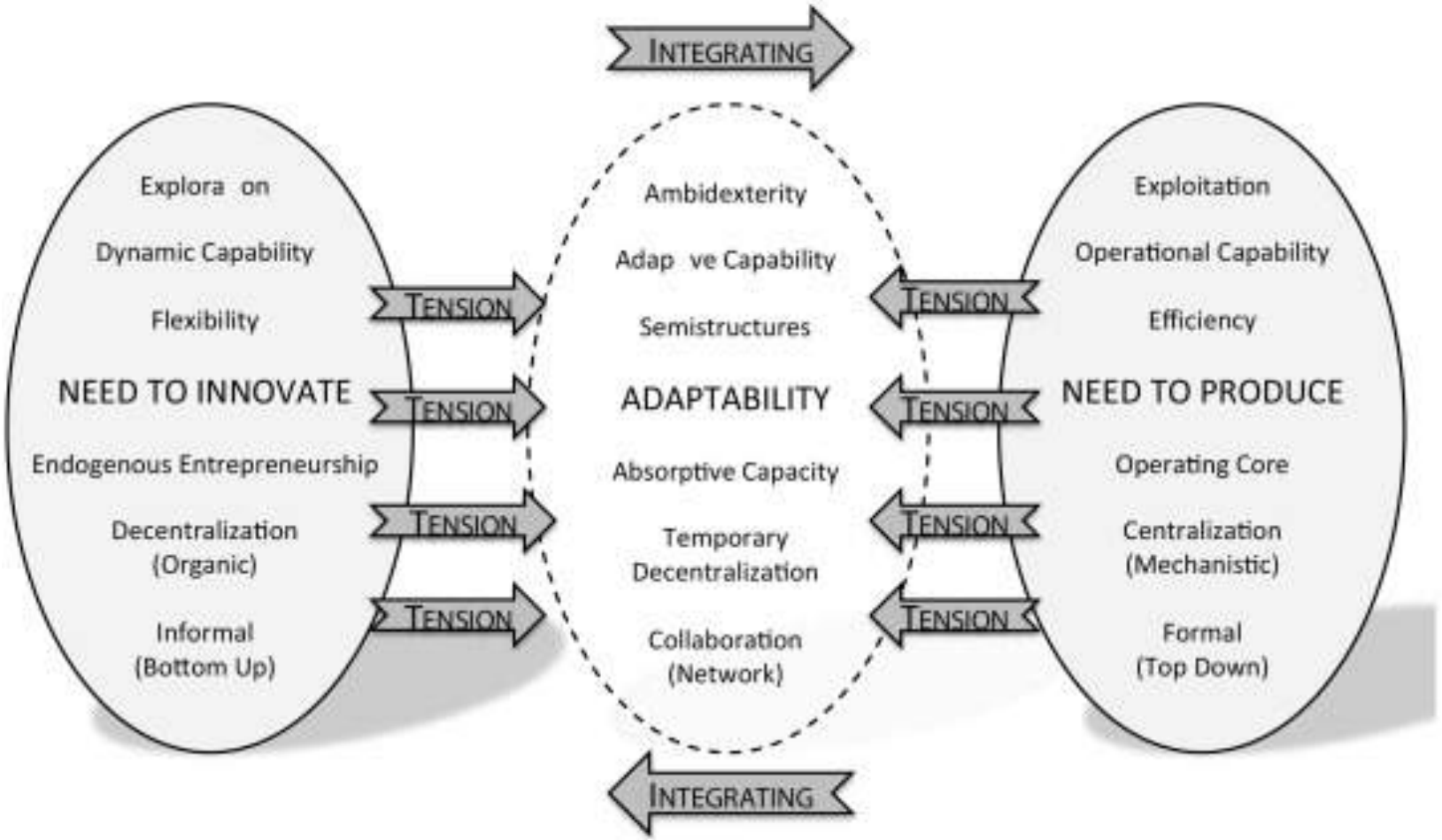
- The study of ‘Rich connectivity’
- It is NOT the same as complicated!

Complex vs Complicated (Uhl Bien)

Making Mayonnaise?

Building a Jumbo Jet?


Operational Leadership:
Aligning
Executing
Enabling Leadership:
Sponsoring
Conflicting
Linking Up
Entrepreneurial Leadership:
Initiate
Iterate
Socialize
Emergence



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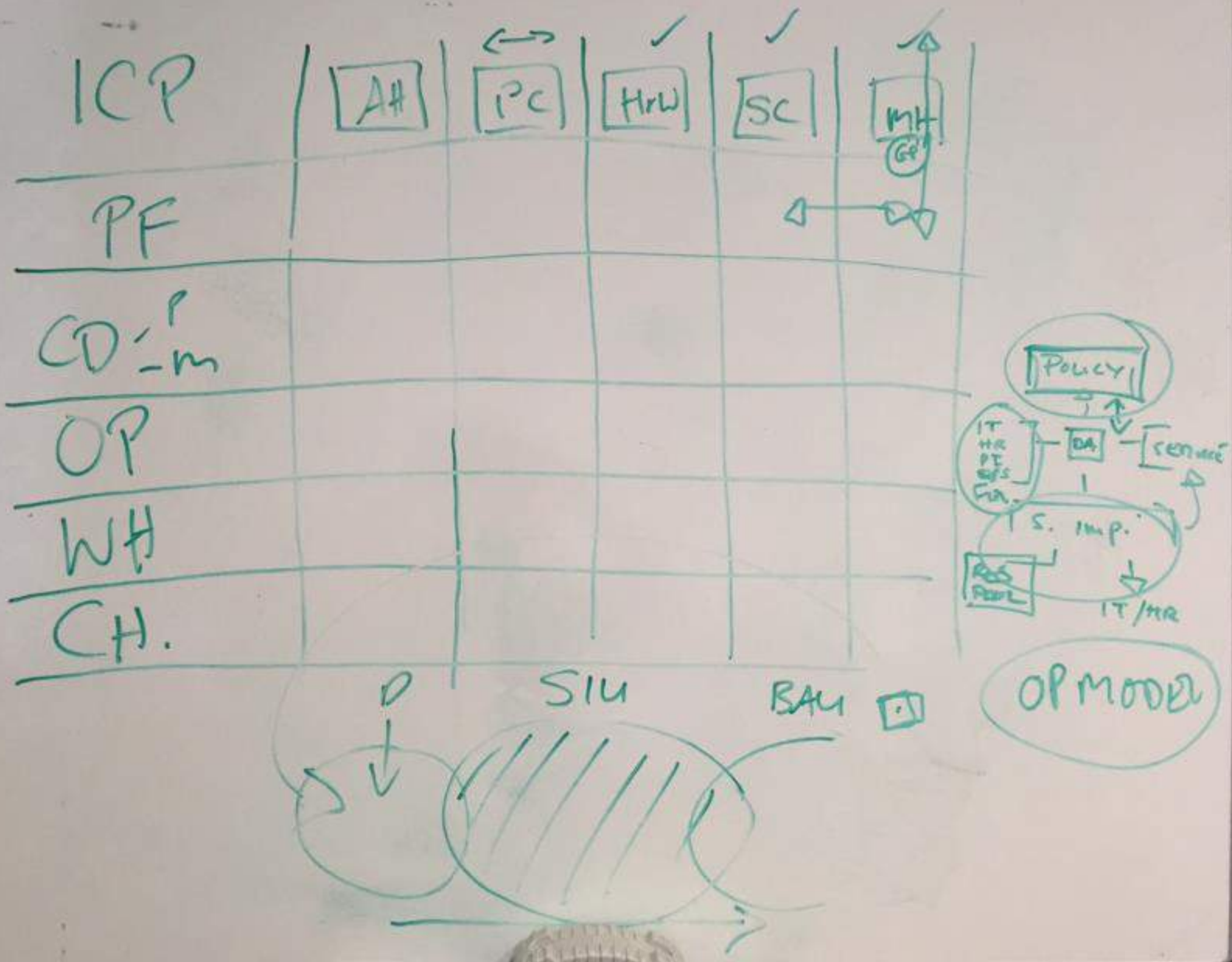
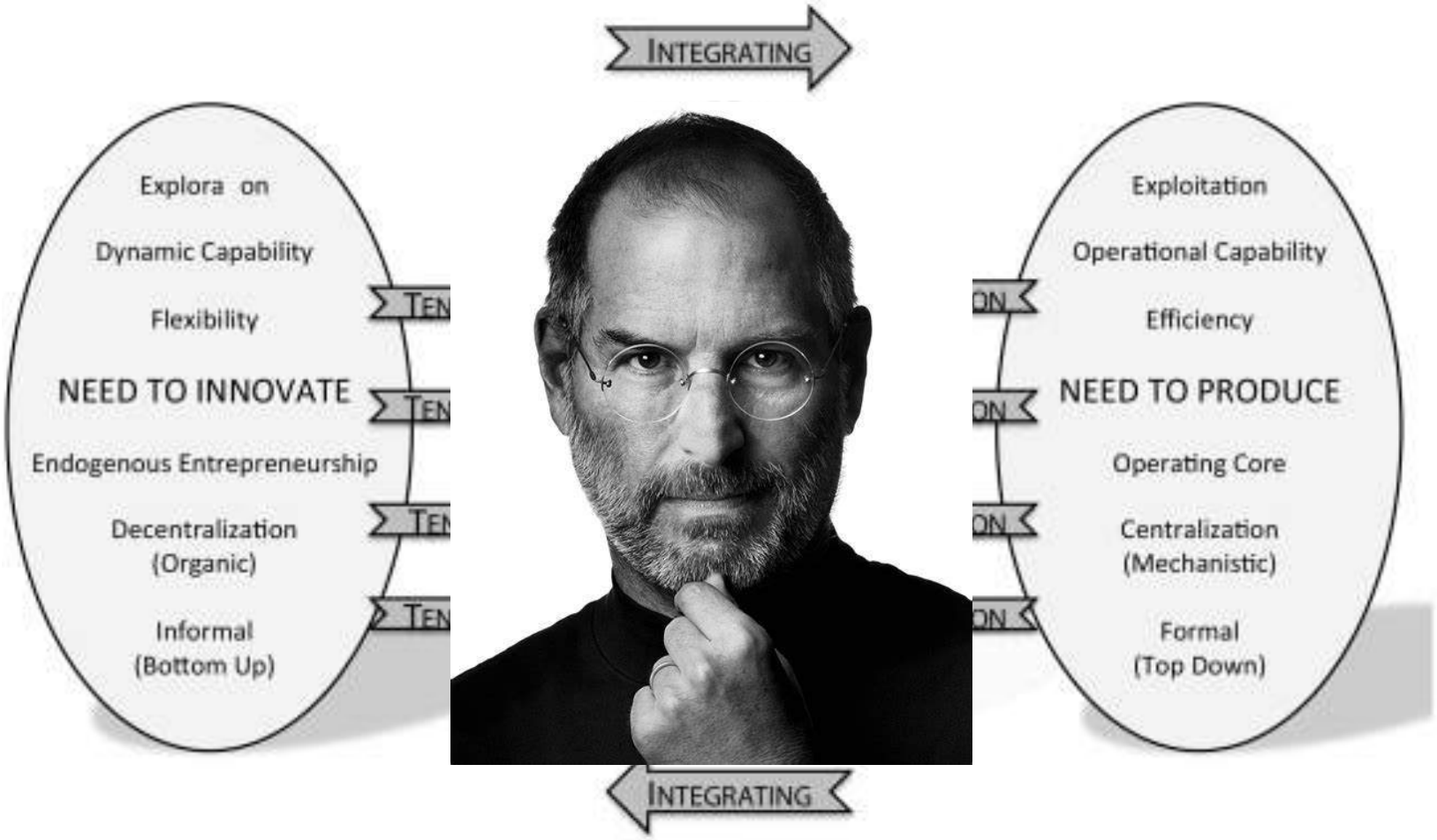

ICP
AH
PC
HRW
SC
MH
PF
CD
OP
WH
CH.
POLICY
DA
SCENARIO
S. IMP.
IT/HR
D
SIM
BAL
OP MODEL



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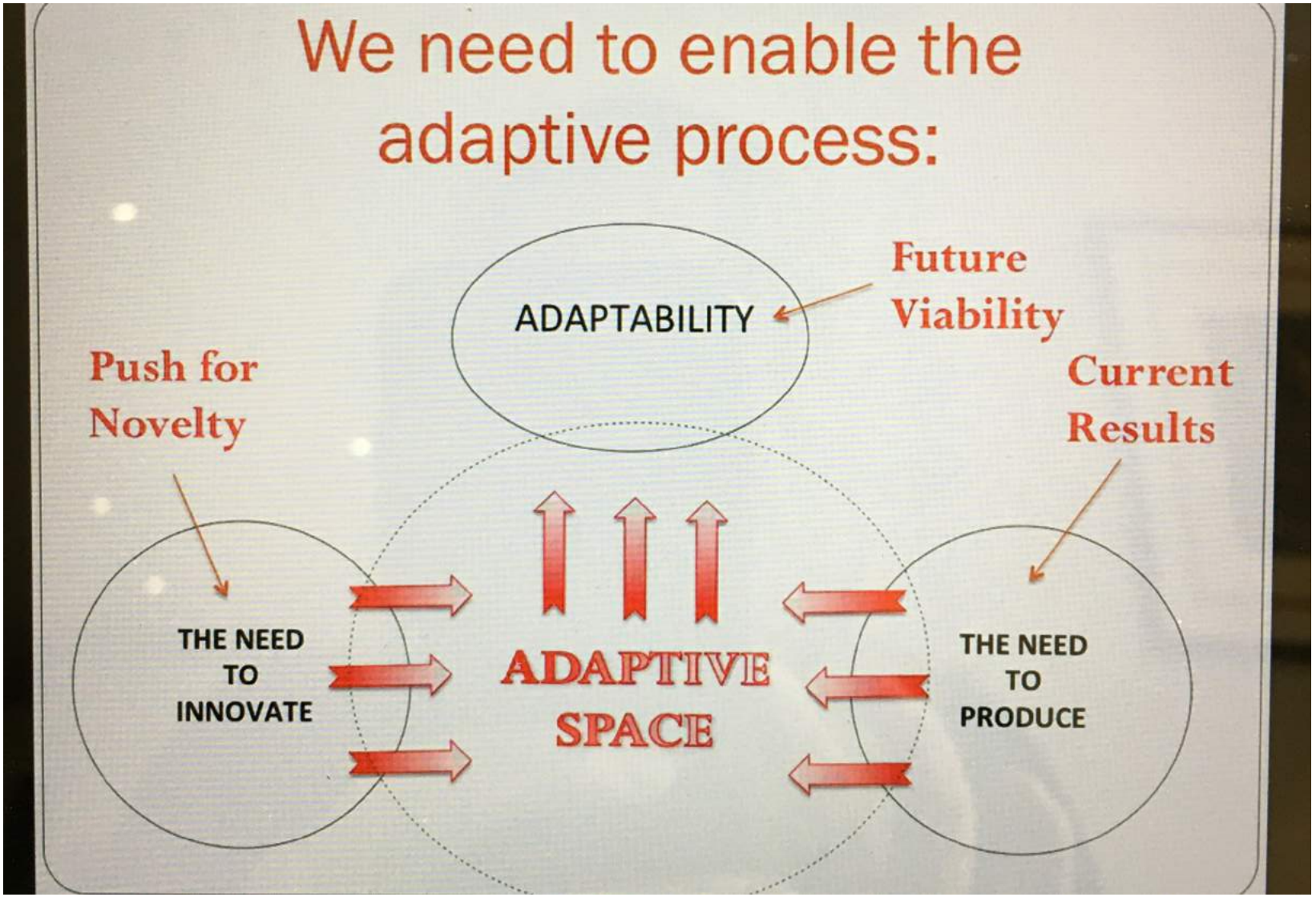
We need to enable the adaptive process:

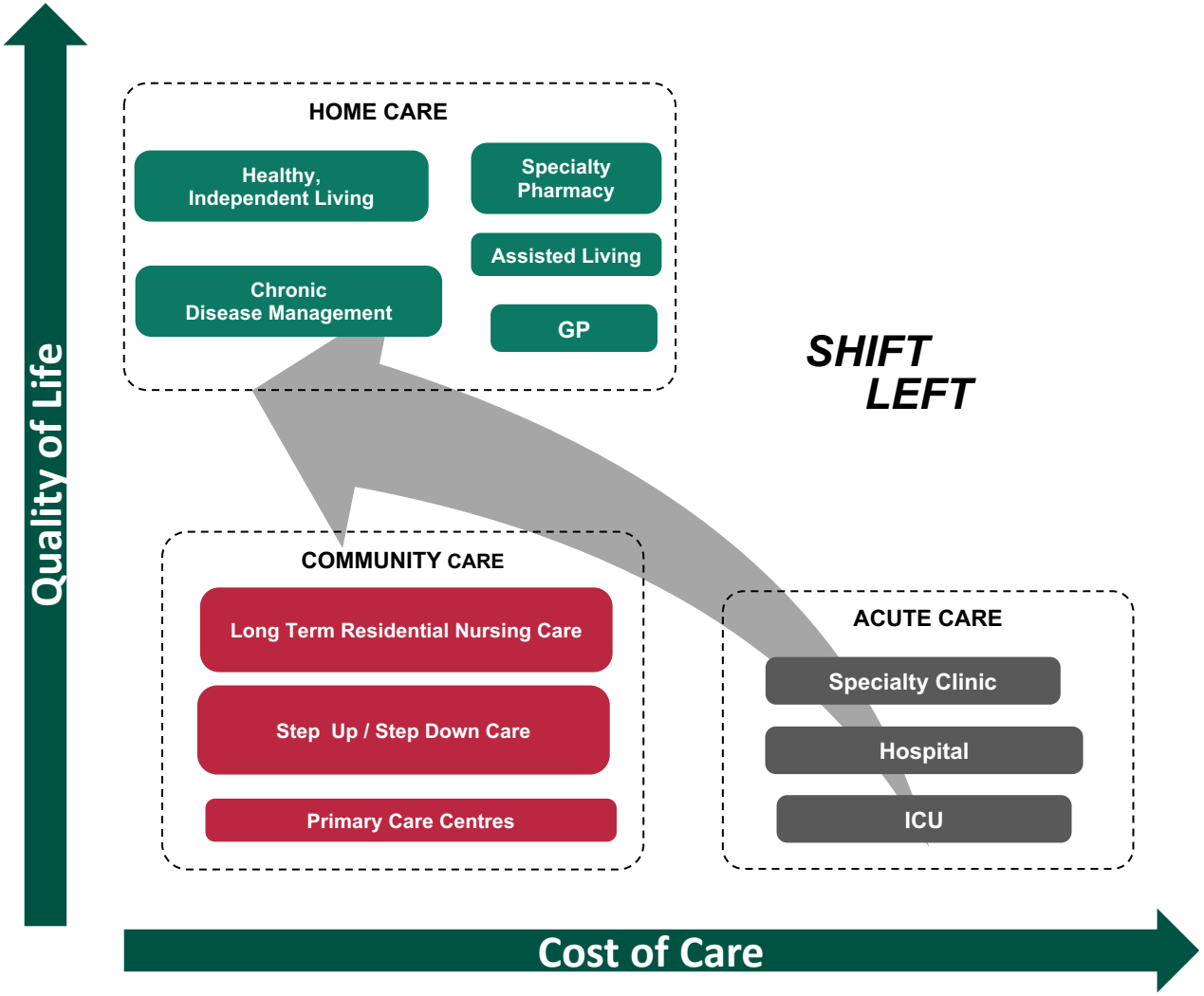



Galadriel
http://cnbrewer.webspace.fish.co.uk

Four different social connections (4Ds Arena, Uhl Bien)

1. Discovery connections:
   - encourage individuals to interact with people outside their subgroups and empower them to follow their curiosities.
2. Development interactions:
   - nurture the cohesive, trust-based relationships among groups to help ideas evolve and grow.
3. Diffusion connections:
   - tap into the power of energy by amplifying ideas across the broader network to generate scale.
4. Disruption connections:
   - help to disrupt the status quo and break down barriers to ignite change into the operating system.

Changing Model of Care
Sláinte Care



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The journey of a thousand miles begins with one step.

Lao Tzu

National Initiatives

The Clinical Strategy and Programmes Division HSE had a quadruple aim to provide:

Over 30 National Clinical Programmes established since 2010


Radiology


Older People


Asthma


Rheumatology


Rehabilitation Medicine


Acute Medicine


Surgery


Paediatrics and Neonatology


Palliative Care


Diabetes


Trauma and Orthopaedics


Medication Management


Stroke


Critical Care


Renal


Mental Health


Acute Coronary Syndrome


Neurology


Pathology Care


Heart Failure


Emergency Medicine


Obstetrics and Gynaecology


Opthalmology


Epilepsy


Dermatology


Cystic Fibrosis


COPD

National Clinical & Integrated Care Programmes
Person-centred, co-ordinated care

Building upon the success of the national clinical programmes

The National Clinical Programmes have had direct impact on the way healthcare is delivered, through better use of resources

With an integrated approach the National Clinical Programmes can deliver even better patient centric models of care

2010
- National Clinical Programmes established

2012
- Acute Medicine: ALOS reduction
- A National Early Warning Score (NEWS
- COPD Outreach Model of Care
- Stroke, Model of Care

2014
- ACS Model of Care. PPCI improvements
- Model of Care for Critical Care

2015
- Frail Elderly – a faster and well-co-ordinated service for older people
- Safeguarding people through an effective Trauma network
- Establishment of CSPD reform and Integrated Care Programmes

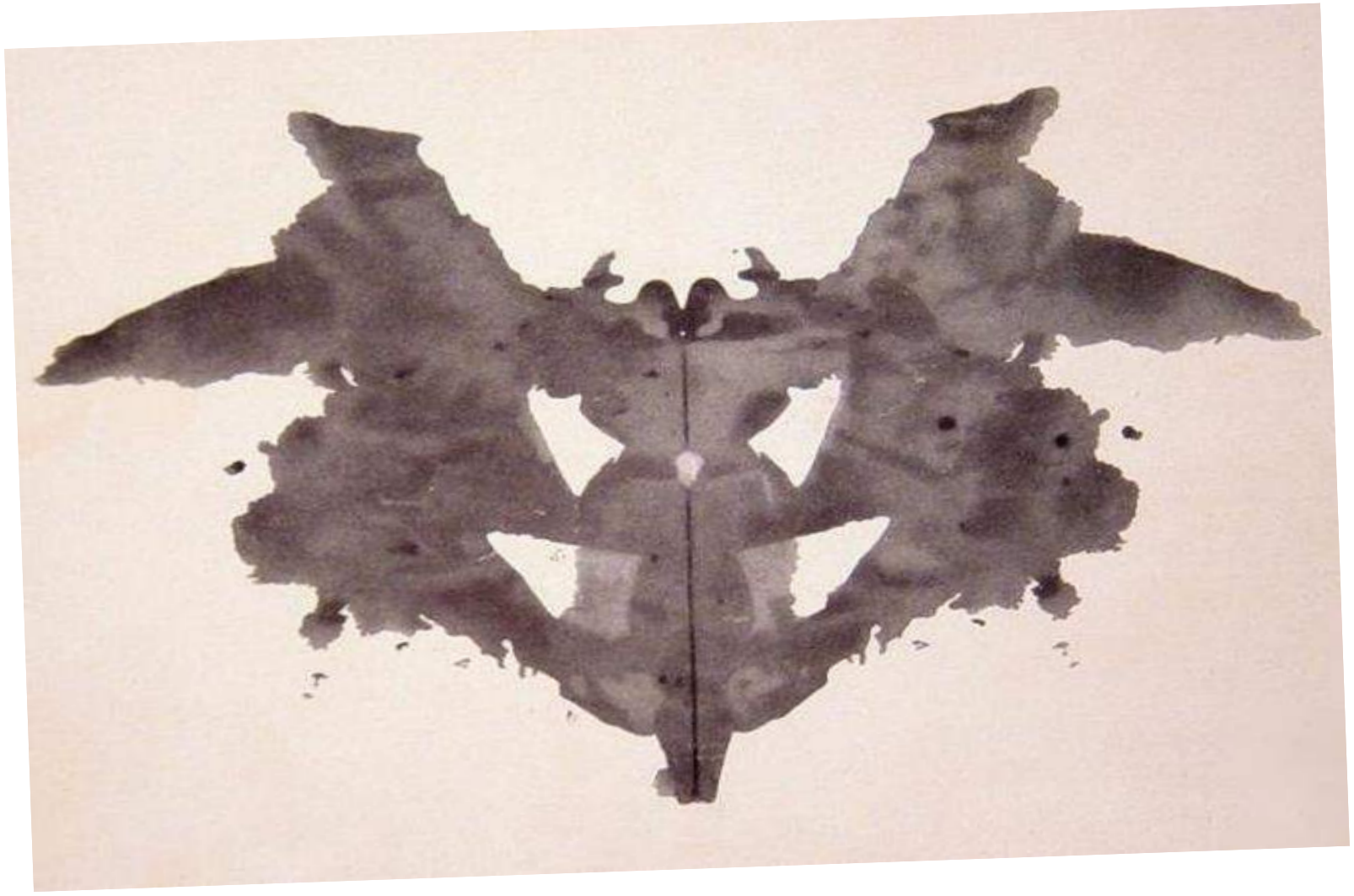
2016
- Chronic Disease demonstrator projects :
  - Asthma
  - COPD
  - Heart Failure
  - Diabetes

2017
- *Financial and ICT systems aligned to support the delivery of integrated care**
- *ICPs central to the commissioning of care**

2018
- *Integrated Care as the cornerstone of the Irish Healthcare system**
- *Further ICPs delivering against safety, quality and efficiency targets**

2019

* *Note items in italics are potential headlines for the integrated care journey*

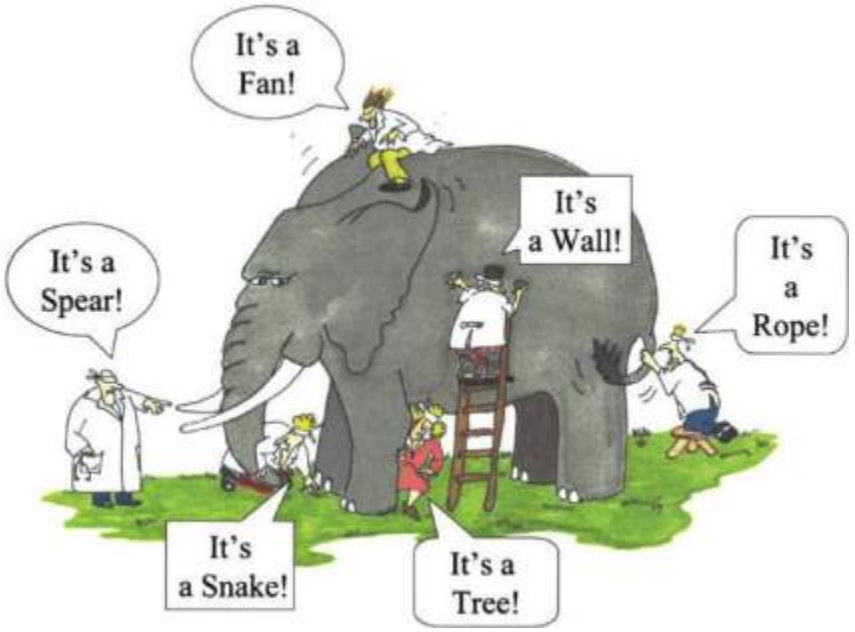


Integrated Care (with thanks to Pim Valentijn)

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.



Kodner 2009

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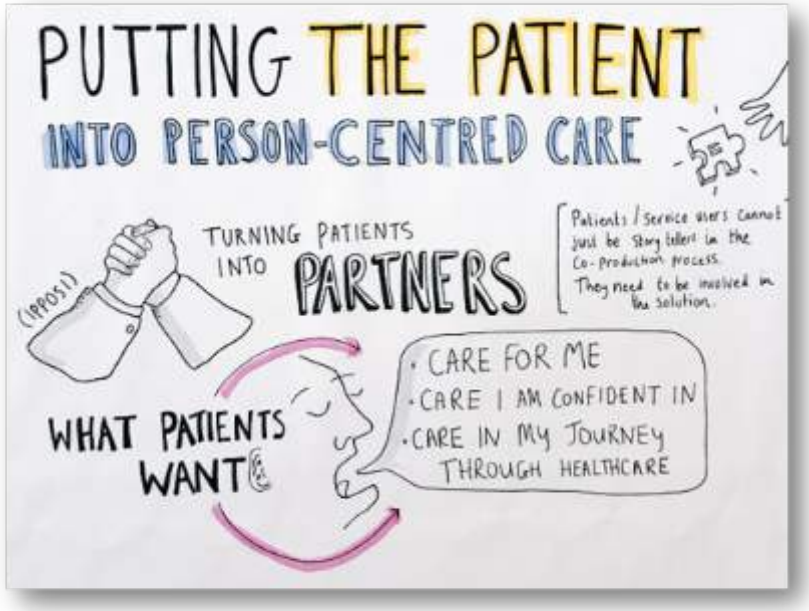
Patient Narrative: Your Voice Matters



YOUR VOICE MATTERS

Definition of Person-Centred Coordinated Care in Ireland

"Person centred co-ordinated care provides me with access to and continuity in the services I need when and where I need them. It is underpinned by a comprehensive assessment of my life and my world together with the information and support I need. It demonstrates respect for my preferences, building care around me and those involved in my care".

Reference: Phelan A., Rohde D., Casey M., Fealy G., Felle P., Lloyd H. & O'Kelly G. (2017) Patient Narrative Project for Person Centred Co-ordinated Care. UCD, IPPOSI & HSE, Dublin.

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Setting up Integrated Care Programmes: foundation work

Commissioned 6 literature reviews

- Patient flow
- Older persons
- Chronic disease
- Maternal health
- Children's
- Delayed discharges

Undertook 4 benefit realisation workshops

- Chronic disease
- Patient flow
- Children
- Older Persons

National Clinical & Integrated Care Programmes
Person-centred, co-ordinated care

Transform? How?

To transform how we deliver care, to improve health outcomes for patients, improve staff experience and reduce costs by:

Organising care to meet the needs of targeted patients and their carers, rather than organising services around provider structures.

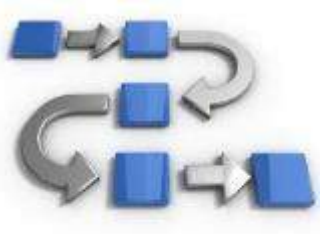
Empowering and engaging people.

Creating an enabling environment for change.

Developing new ways of working across the patient journey to deliver better outcomes.

Providing greater access to out-of-hospital community-based care, to ensure patients receive care in the right place for them.

Designing better connected models of healthcare to utilise available resources to meet the needs of our targeted populations.



Improving the flow of information between hospitals, specialists, community and primary care healthcare providers.

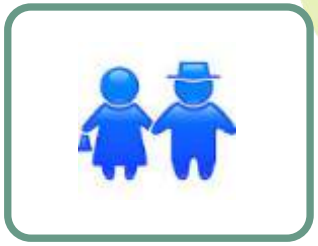
National Clinical
& Integrated Care Programmes
Person-centred, co-ordinated care

Vision

PERSON-CENTRED, CO-ORDINATED CO-DESIGNED CARE

Prevention & Management of Chronic Disease

Patient Flow



Older Persons

Children

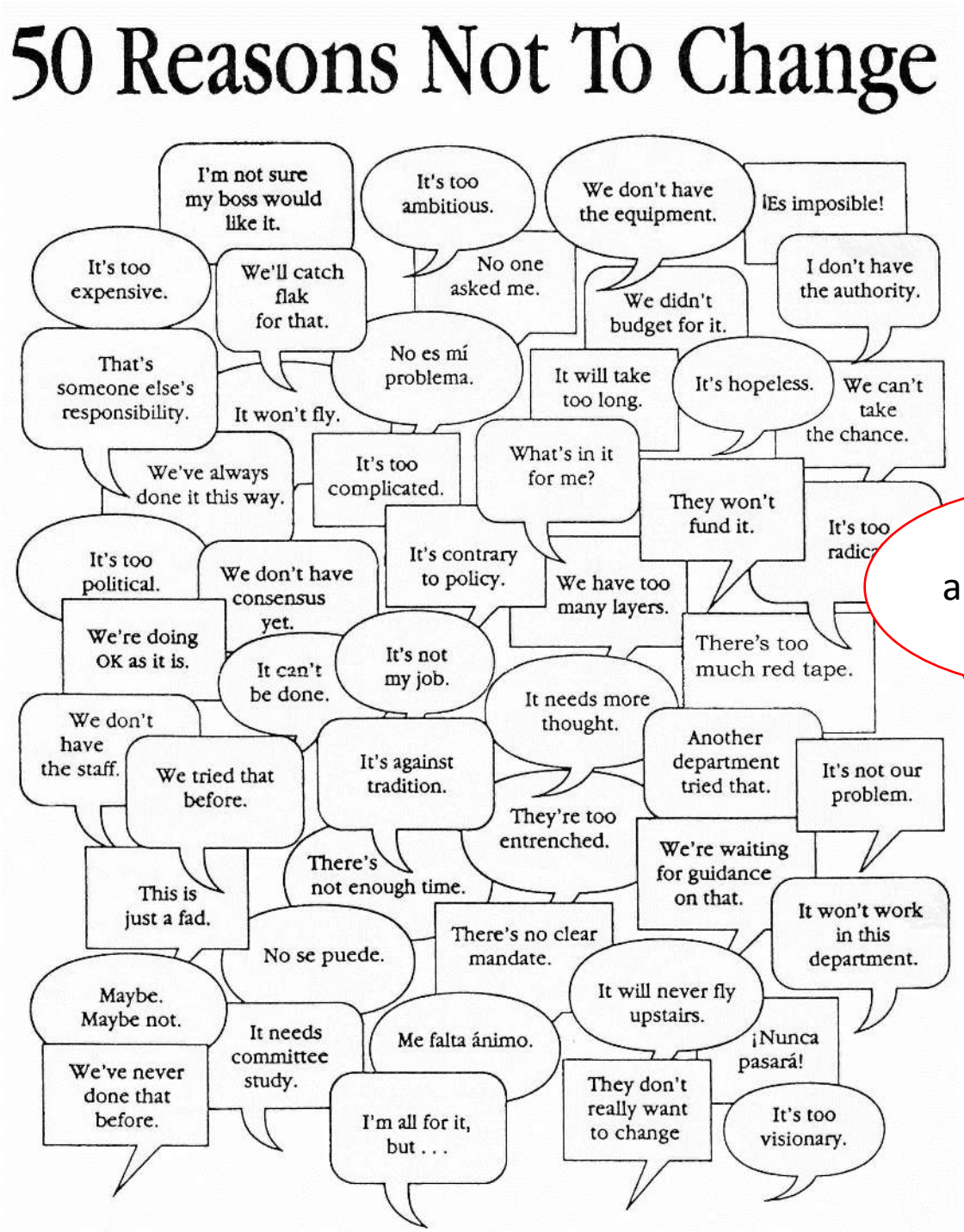
Where are we now?

Integrated care in Ireland


"BUT I ALREADY
DO ALL THAT!"

50 Reasons Not To Change

50 Reasons Not To Change



Your Voice Matters: Analyse

PCCC Domains

- Empathy, Dignity & Respect
- My World
- Journey through Healthcare
- Partnering in Decision-Making
- Team Work / Co-ordinated Decisions
- Access to Health Services
- Information Received
- Most Important Aspect
- Accountability

Key Principles for Integrated Care Success	Lived Experience of Patients/ Service Users and their Families Your Voice Matters Pilot December 2017 N=584	Key Areas for Improvement & Recommendations
Empowered patients, service users and families	• 80% of experiences indicate that decision-making in health and social care is most influenced by HSE resources and staff skills and knowledge, not what the patient wants. • 13% of experiences were indexed towards person-centred conversations; looking beyond medical condition and needs of the person presenting. • 55% of experiences were indexed towards receiving information that was easy to understand and practical, and 45% indexed towards receiving 'conflicting' information from staff.	1. **Clear communication and information**; interpersonal, between staff and across locations and teams, information accessibility including literacy, interpreter access 2. **Collaboration and partnership working between service users and staff**; expertise on both patient and staff sides, patient seen as a person and active participant in health, open well-informed staff 3. **Co-ordination of and access to services:** working across and within health and social care boundaries, information while waiting for services, staff well-informed about services **Recommendation** Implementation of integrated care planning and audit of same to establish the extent to which individuals have choice and control within their care and treatment as in ICP-DP and ICP-CD documentation
Competent, well-informed empathetic workforce	• 46% of experiences indexed towards being treated as a human being; empathy highlighted • In 60% of experiences accountability and follow up happened	
Co-ordinated journey and joined up working	• 33% of experiences were indexed towards experiencing 'smooth' journey • 25% of experiences were indexed that they 'did not know who made decisions' in their healthcare journey	
Access to services:	• 18% of experiences indexed that services were accessed 'promptly on time' and 38% indicated that services were accessed 'after an uncomfortable delay'	

Challenges

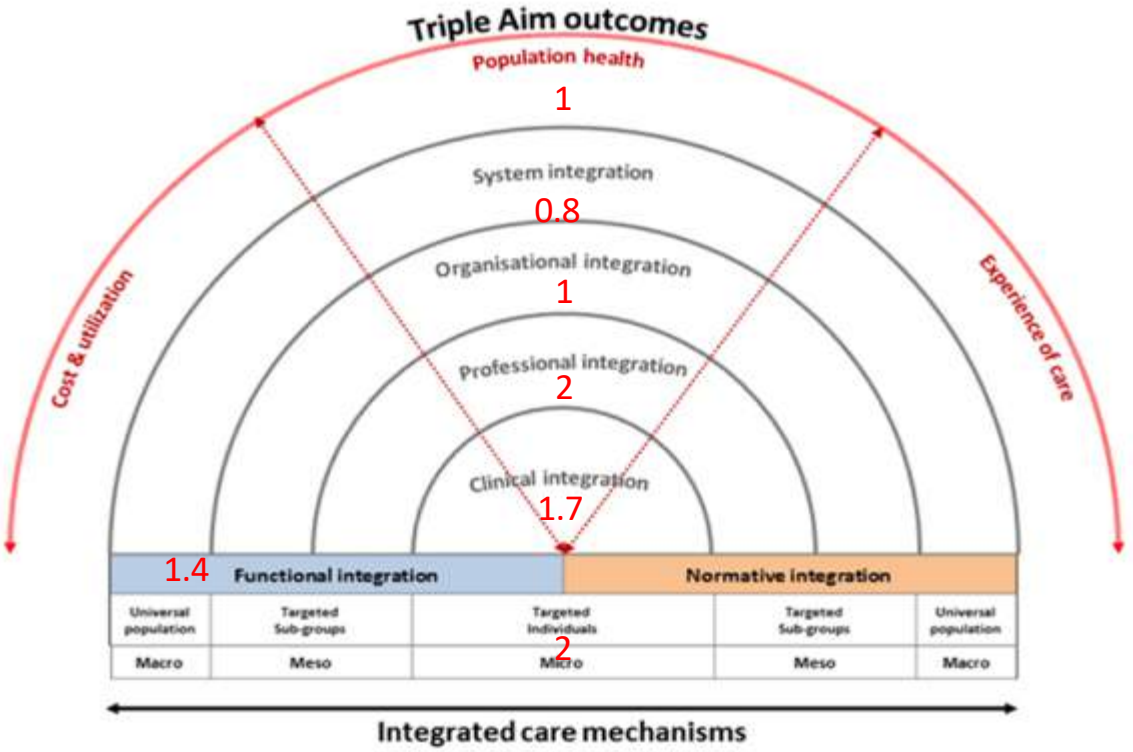
- Leadership, governance and clinical networks
- Social and political context
- Resources
- Resistance to change
- Data and information systems
- Changing the model of care

The barriers and facilitators to the implementation of National Clinical Programmes in Ireland: using the MRC framework for process evaluations. *BMC health services research*, 09/2018, Volume 18, Issue 1

Rainbow model

Domains	Description	Example	Challenges
System	Influence of laws and regulations on care coordination activities	Policy and financing	Legislation and regulations concerning data usage across care providers
Organisations	Coordination of care among different organisational units	Disease management	Lack of integrated revenue and business models across organisations
Professionals	Coordination of care among different care providers	Multidisciplinary care	Ambiguity about professional roles and responsibilities
Services	Coordination of care at the individual patient level	Self-management	Lack of patient portals and integrated eHealth applications
Normative enablers	Supporting culture for care coordination activities	Change management	Lack of inter-sectorial training and education for care providers
Functional enablers	Supporting infrastructure for care coordination activities	Interoperable electronic medical records	Use of different registration methods across care providers
Population-based care	Community oriented care coordination activities	Preventive screening and education	Lack of community oriented financing and contracting models
Person-focused care	Care tailored to people's needs and values	Case management	Knowledge about (non-medical) patient needs

Where are we now?

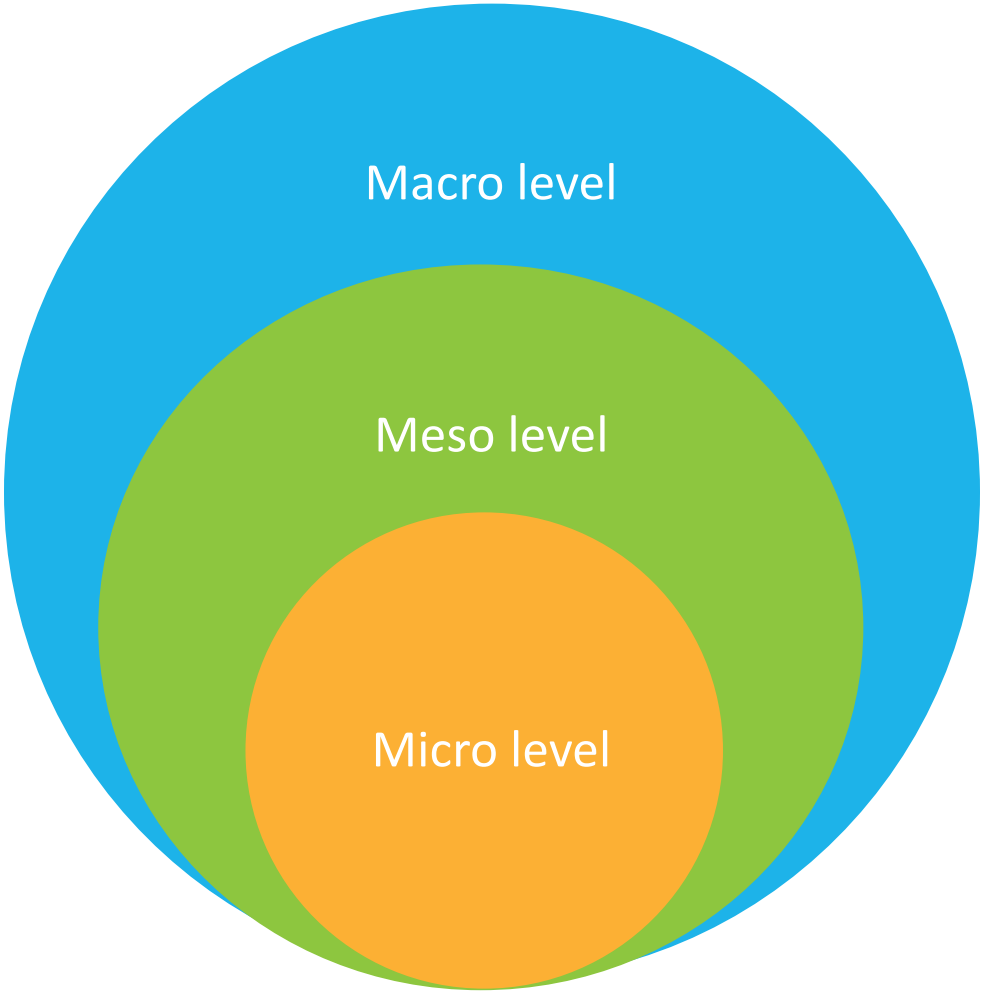


Recommendations

1. National Cultures, Policies and Structures
2. Enabling and Leading Innovation and Change
3. ICT and E-Health
4. Management and HR Processes

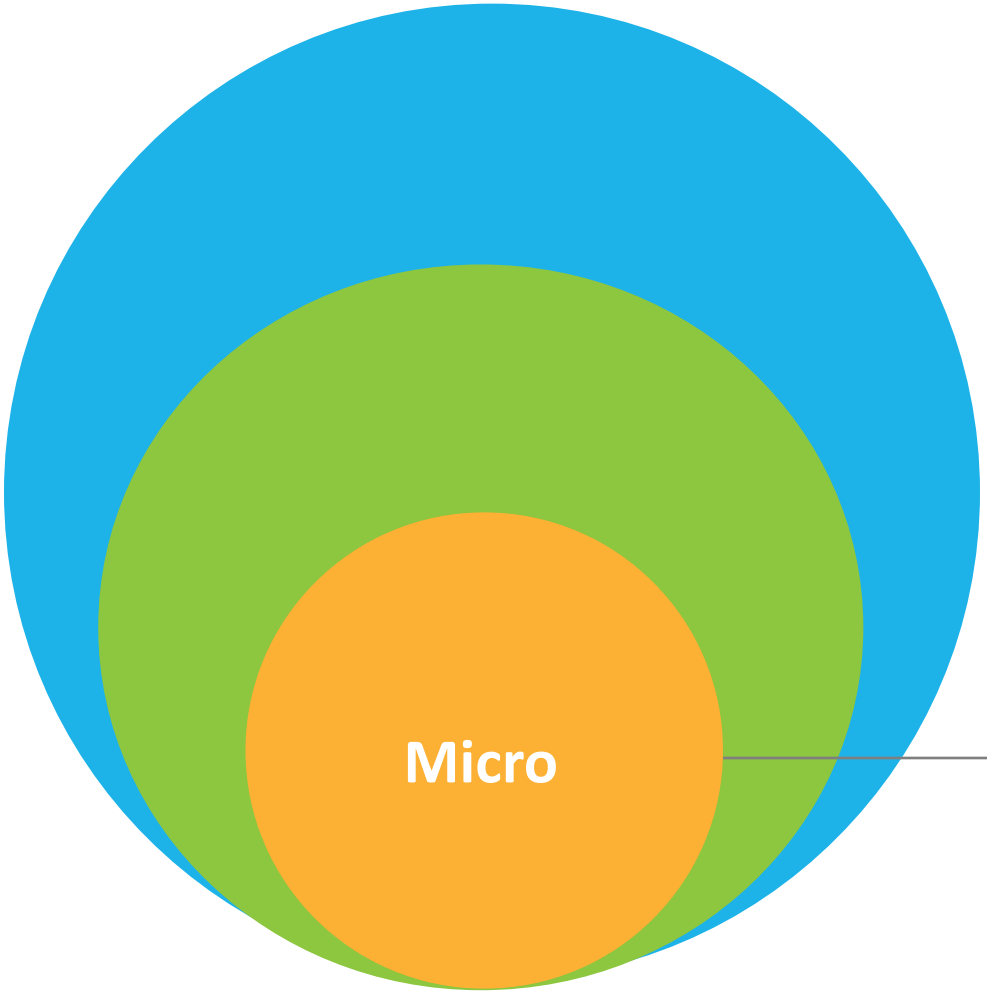

CAPACITY BUILDING
READINESS TO CHANGE
INNOVATION MANAGEMENT
STRUCTURE & GOVERNANCE
BREADTH OF AMBITION
INFORMATION & eHEALTH SERVICES
EVALUATION METHODS
FINANCE & FUNDING
CITIZEN EMPOWERMENT
STANDARDISATION & SIMPLIFICATION
POPULATION APPROACH
REMOVAL OF INHIBITORS

Whole System Approach to Change, what is the recipe?

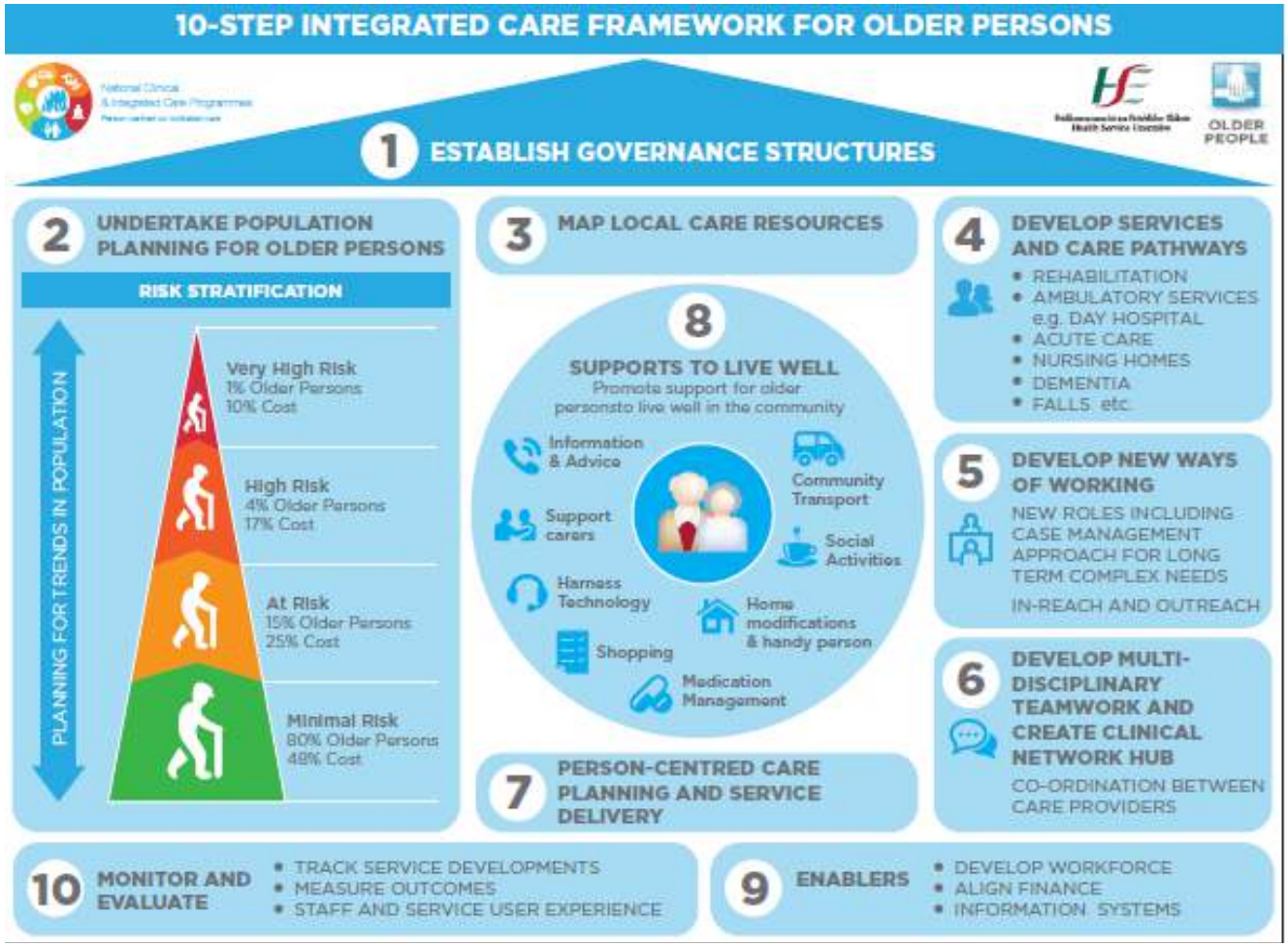



THE BEST FISH

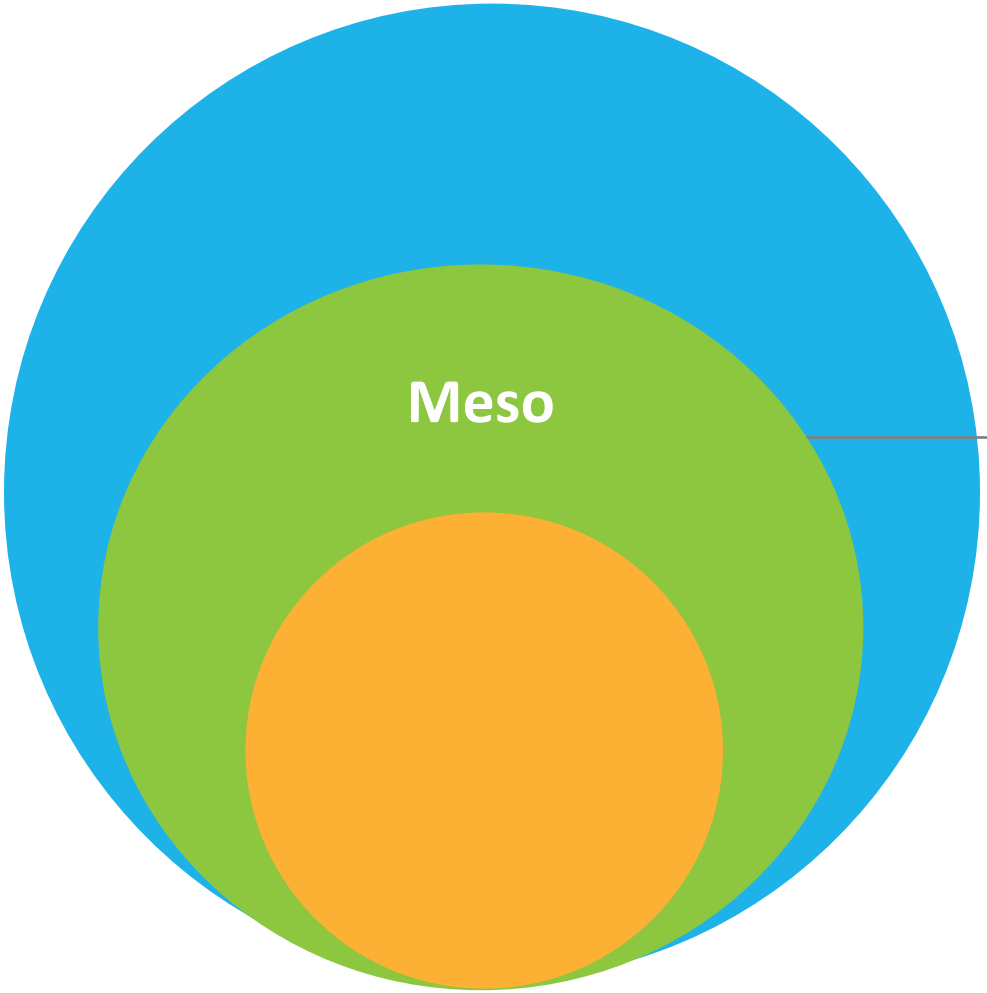
Micro level



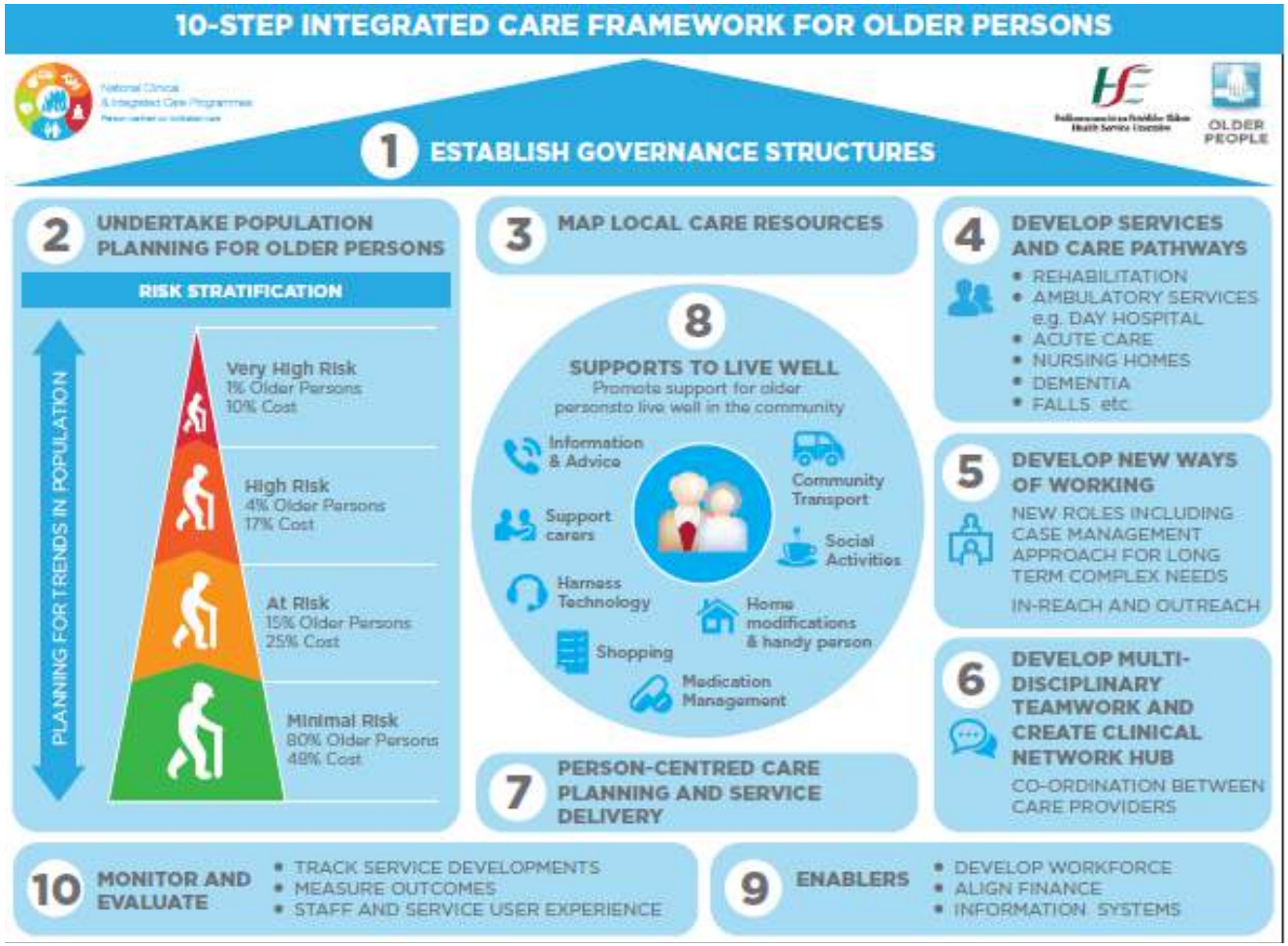
- Front line MDT making local improvements
- Clear ways of working
- Pathways developed nationally but interpreted locally


10-STEP INTEGRATED CARE FRAMEWORK FOR OLDER PERSONS
1 ESTABLISH GOVERNANCE STRUCTURES
OLDER PEOPLE
2 UNDERTAKE POPULATION PLANNING FOR OLDER PERSONS
RISK STRATIFICATION
PLANNING FOR TRENDS IN POPULATION
Very High Risk
1% Older Persons
10% Cost
High Risk
4% Older Persons
17% Cost
At Risk
15% Older Persons
25% Cost
Minimal Risk
80% Older Persons
48% Cost
3 MAP LOCAL CARE RESOURCES
8
SUPPORTS TO LIVE WELL
Promote support for older personsto live well in the community
Information & Advice
Community Transport
Support carers
Social Activities
Harness Technology
Home modifications & handy person
Shopping
Medication Management
4 DEVELOP SERVICES AND CARE PATHWAYS
• REHABILITATION
• AMBULATORY SERVICES e.g. DAY HOSPITAL
• ACUTE CARE
• NURSING HOMES
• DEMENTIA
• FALLS etc.
5 DEVELOP NEW WAYS OF WORKING
NEW ROLES INCLUDING CASE MANAGEMENT APPROACH FOR LONG TERM COMPLEX NEEDS
IN-REACH AND OUTREACH
6 DEVELOP MULTI-DISCIPLINARY TEAMWORK AND CREATE CLINICAL NETWORK HUB
CO-ORDINATION BETWEEN CARE PROVIDERS
7 PERSON-CENTRED CARE PLANNING AND SERVICE DELIVERY
10 MONITOR AND EVALUATE
• TRACK SERVICE DEVELOPMENTS
• MEASURE OUTCOMES
• STAFF AND SERVICE USER EXPERIENCE
9 ENABLERS
• DEVELOP WORKFORCE
• ALIGN FINANCE
• INFORMATION SYSTEMS

Meso level



- **CHOs and HGs/RICOs working together.**
- **Frameworks**
- **Memorandum of understanding**
- **Clear governance**
- **Resources**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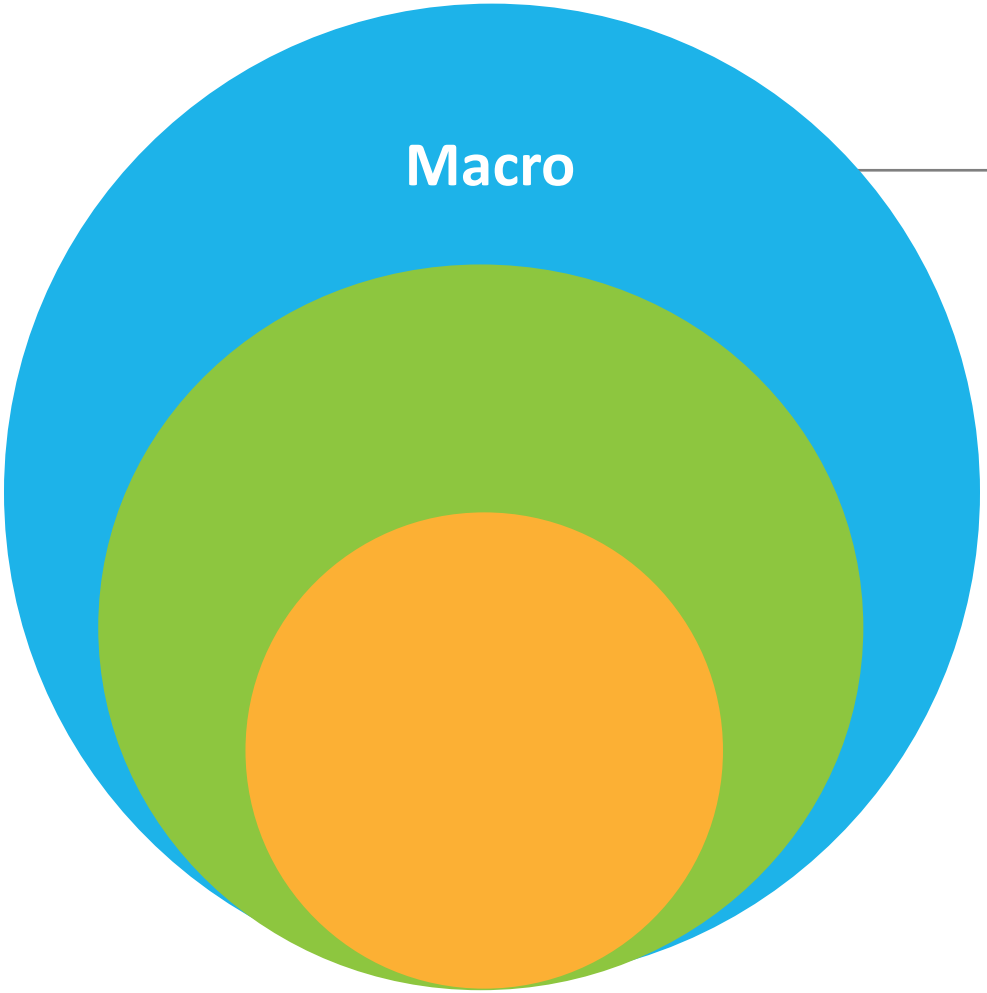
• ALIGN FINANCE
• INFORMATION SYSTEMS

Macro level



- Leadership from the top:
  - HSE and DOH
- Clear governance
- Monitoring of benefits
- Informed by research
- Enable and facilitate
- Get out of the way!!

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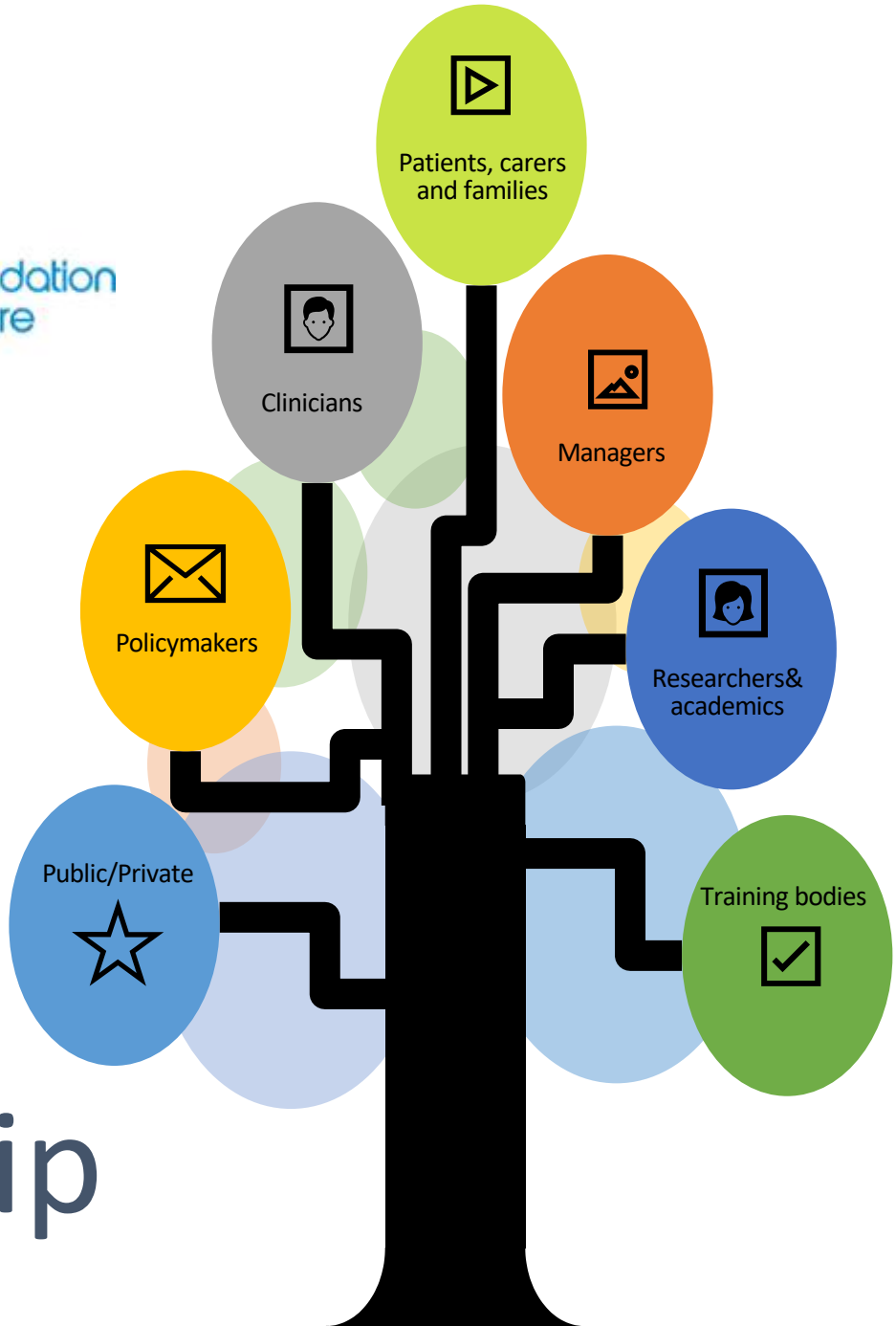
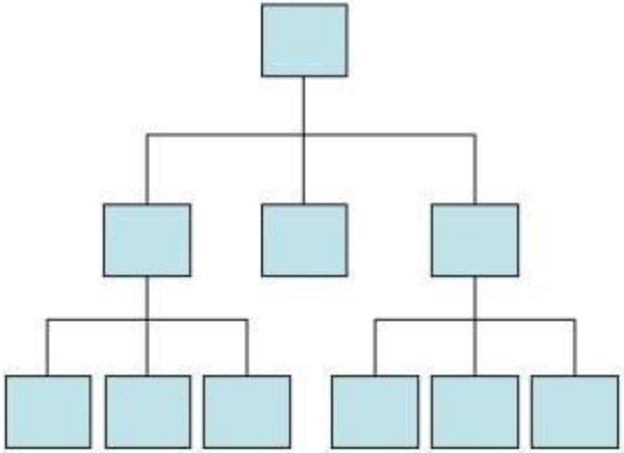


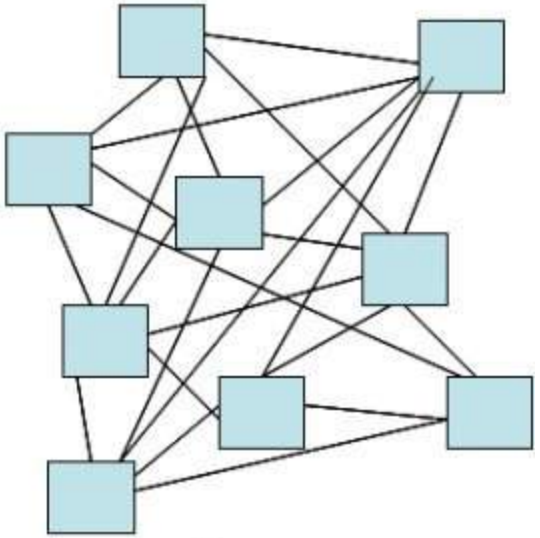
Partnership

Hierarchical organisation structure

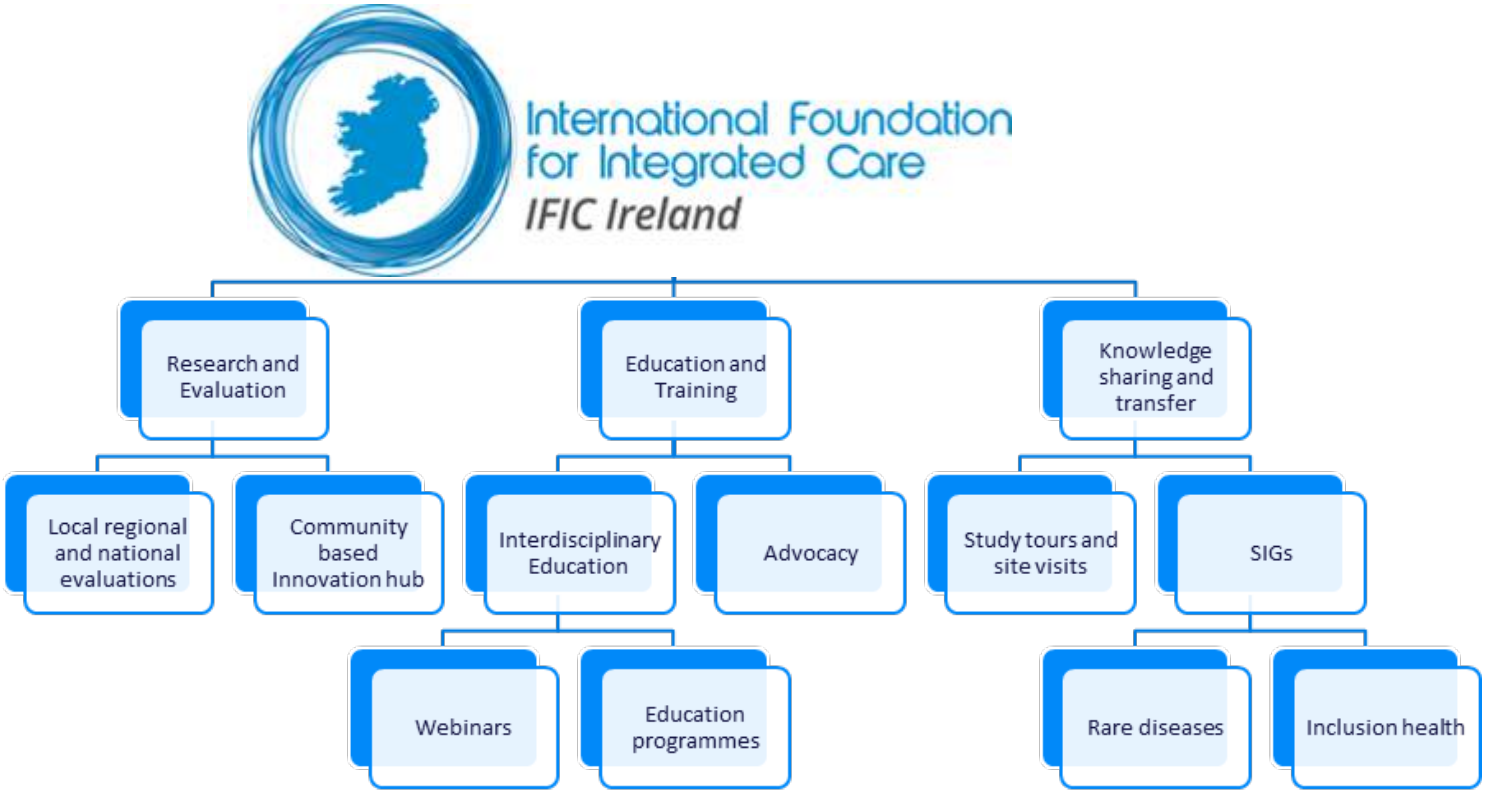


- manage
- …er… that's it!

Social network



- do
- create
- innovate
- change


International Foundation for Integrated Care
IFIC Ireland
Research and Evaluation
Education and Training
Knowledge sharing and transfer
Local regional and national evaluations
Community based Innovation hub
Interdisciplinary Education
Advocacy
Study tours and site visits
SIGs
Webinars
Education programmes
Rare diseases
Inclusion health

IFIC Integrated Care Solutions
responding to the challenge…

How can we design, scale and sustain effective integration in our context?

Methodology

01 Diagnosis – what are we trying to achieve – where are we now?

02 Analysis and Design

03 Implementation Support

04 Monitoring and evaluation

Expertise
A bespoke team drawn from our international network of >19,000 members

Evidence
Access to an international evidence base on integration

Application in Context
Helping design and/or evolve integration

Evaluation

- A key purpose of Integrated Care Solutions © seeks to review the progress of integrated care programmes from baseline
- The approach enables clients to undergo continuous self-assessment, based on international benchmarking tools, to examine progress over time
- IFIC is also involved in supporting the development of specific measures and indicators that may be used in the ongoing monitoring and evaluation of specific programmes of integrated care.
- IFIC maintains a research faculty that works with partners on large scale research projects (e.g. funded by the EU) as well as specific commissions

Education and Training Portfolio

Essential Skills Courses

Webinars

Short Courses and Workshops

Postgraduate Courses and Masters Modules

Summer Schools and Accelerated Learning

Study Tours and Exchange Programmes

Special Interest Groups (SIGs)

Values

Population Health

Evaluation

Regulation

Intermediate Care

Measurement

Self management &co-production

Polypharmacy

Education

Digital Health

Volunteers and voluntary sector

Frailty

Health & Social Care

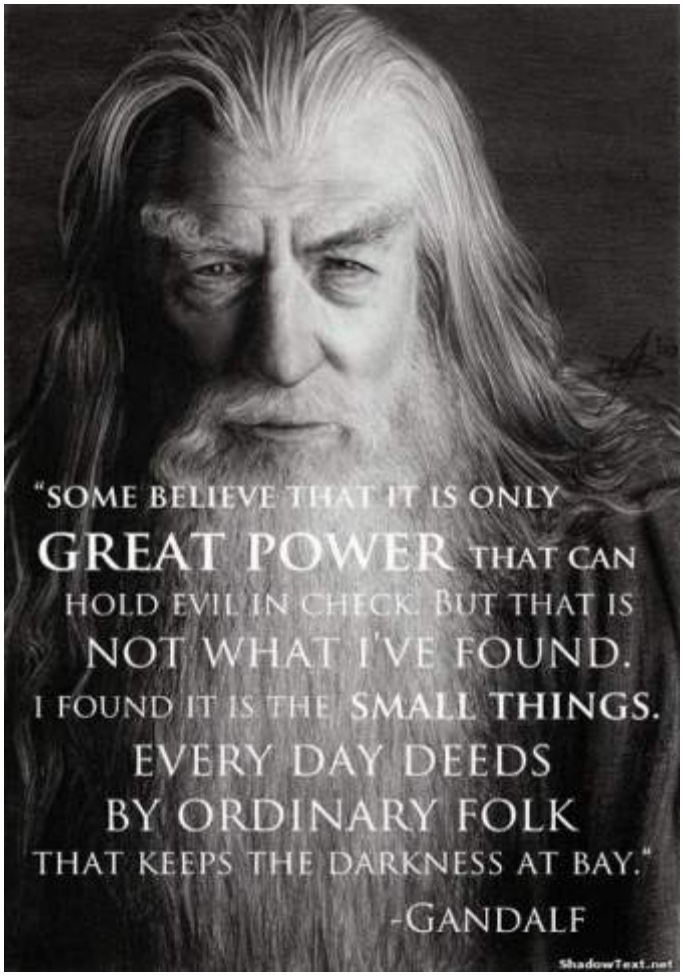
Health Economics

Evidence Based

EoLC & Palliative

Children, Youth & Family

Case Management


"SOME BELIEVE THAT IT IS ONLY
GREAT POWER THAT CAN
HOLD EVIL IN CHECK. BUT THAT IS
NOT WHAT I'VE FOUND.
I FOUND IT IS THE SMALL THINGS.
EVERY DAY DEEDS
BY ORDINARY FOLK
THAT KEEPS THE DARKNESS AT BAY."
-GANDALF
ShadowText.net

International Foundation for Integrated Care
IFIC Ireland

UCD School of Medicine
Scoil an Leighis UCD

International Foundation for Integrated Care
IFIC Ireland

Launched and ready to serve

International Foundation for Integrated Care
IFIC Ireland

integratedcarefoundation.org/ificireland

@IFICinfo

IFICIreland@integratedcarefoundation.org
Aine.carroll@ucd.ie