

The role of networks in developing integrated care

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Questions to be addressed

- What problem are we trying to solve?
- How are we going about it?
- What does the evidence tell us about networks in health care?
- What needs to be done if these networks are to achieve better integrated care?



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What problem are we trying to solve?



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Major challenges

- Rising levels of chronic disease
- Workforce challenges as we will have more people in retirement needing support from fewer of working age
- Technology that enables much more self-care and connects up parts of the system e.g. electronic health record
- Rising hospital admissions and readmissions, typically of the elderly and vulnerable



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- We keep asserting a desire for care that is more community-focused and less hospital based, yet we struggle to achieve this
- Financial hard times and many unsustainable health economies
- So we really do have to try and do things differently, 'changing systems of care' (Institute of Medicine, 2001)



Presenting symptoms within health systems

- Care that is too often fragmented for patients and carers
- This fragmentation is deemed unacceptable
- Waste and duplication at boundaries of services and budgets
- Persisting inequalities in access to and delivery of care
- Hence the call for ‘integrated care’, but what does this mean?



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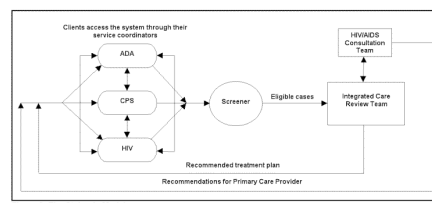
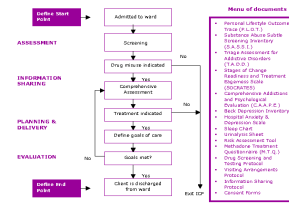
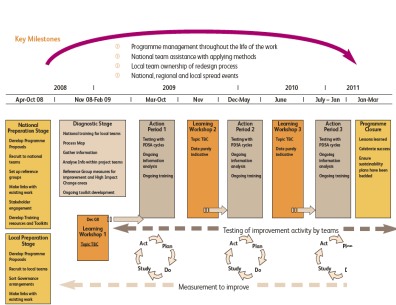
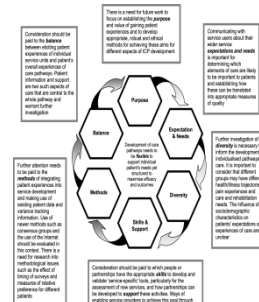
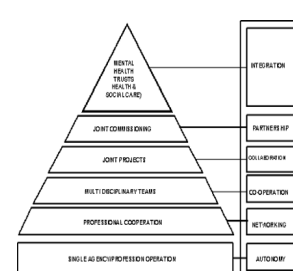
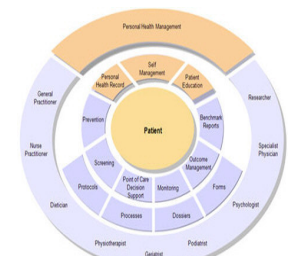
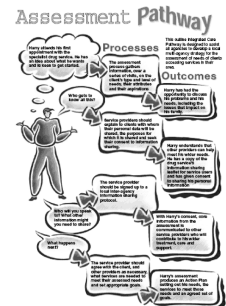
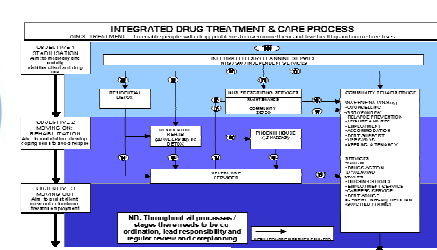
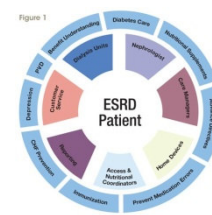


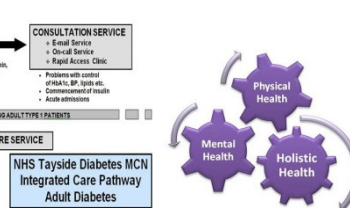
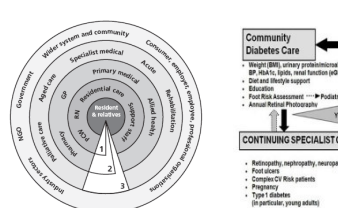
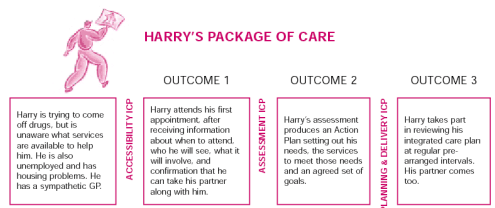
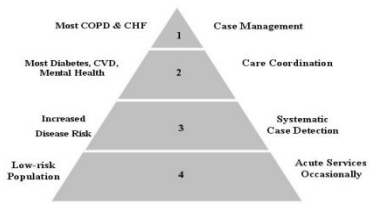
Figure 2. The St. Louis Model.



Integrated care

The picture is rather confused...

- The Epsom integrated care service
- A charity providing complementary care for people with cancer
- Guidance on care for children with special needs
- Scottish policy on integrating health and social care
- Book on creating spiritual and psychological resilience in disaster relief



It is a fundamental problem

- Concern for 'integrated care' is not a fad or a fashion
- About the fault-lines within health systems, which reflect professional, rather than patient priorities
- Patient complaints consistently flag up problems in, communication, care co-ordination, discharge from hospital, people 'falling through the cracks'



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For which the desired solution is...

Integrated care:

'...imposes the patient's perspective as the organising principle of service delivery and makes redundant old supply-driven models of care provision. Integrated care enables health and social care provision that is flexible, personalised, and seamless.'

(Lloyd and Wait, 2005)



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Mrs Smith, Mrs Jones....



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How are we going about it?



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England

- Integrated care organisation pilots (16)
- Whole health system integrated care organisations
- Hospitals merged with community services
- Primary care federations
- Care trusts
- White Paper proposals for GP commissioning consortia to assume main health purchasing and planning role



Two examples of NHS responses



Redbridge PCT and Whipps Cross Hospital

- Polysystems, based around integrated health centres, and with clinical budget-holding and leadership
- Strong focus on use of aligned data to assess risk and manage care
- Care navigation and coaching as a way of trying to reduce unplanned admissions



North East Lincolnshire Care Trust Plus

- Adult social care commissioning and provision now transferred from local authority into the PCT
- Joint health and social care teams based around a single care assessor/co-ordinator with pooled budgets
- One professional who manages complex care by numerous people and teams



New Zealand

- IPAs as general practice networks that have evolved in a variety of ways
- Community-governed organisations that plan and provide services to meet complex and local needs
- PHOs that have brought together funders and providers to develop new solutions to health problems
- All are key players in many of the new Better, Sooner, More Convenient proposed care networks
- Collectives of providers committed to developing local and more integrated care



Australia

- Divisions of general practice with a long history of primary care support, development, networking and service provision
- A range of different innovations across states, such as super clinics, GP Plus, Health One, primary care partnerships, aboriginal controlled services
- Government poised to develop Medicare Locals (independent primary health care organisations) with the aim of developing more integrated care
- Questions about how these PHCOs will relate to divisions and vice versa, and to state-based community services



Common themes

- Trying to set an organisational context within which providers can deliver care that ‘imposes the patient’s perspective’
- Some are about new organisational arrangements, others about a mix of new integrative processes
- A burning platform is often present, such as health economy sustainability or workforce shortages
- And they are all, in effect, networks seeking to develop better co-ordinated care

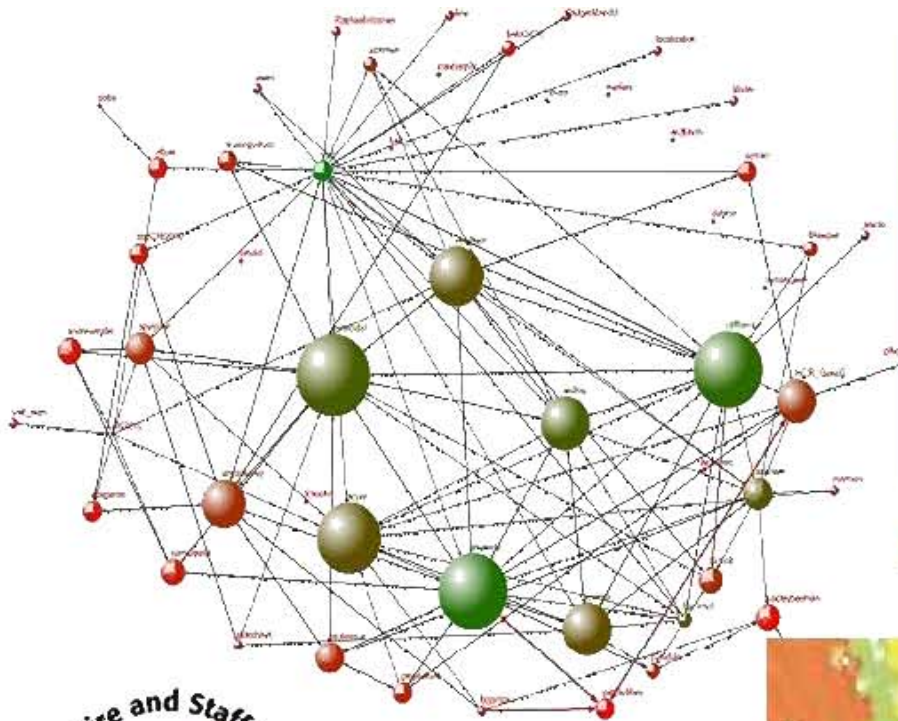


What does the evidence tell us about networks in health care?



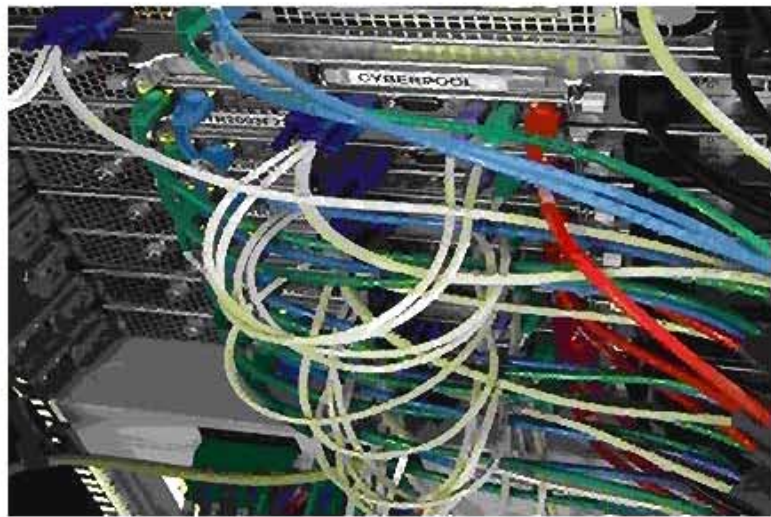
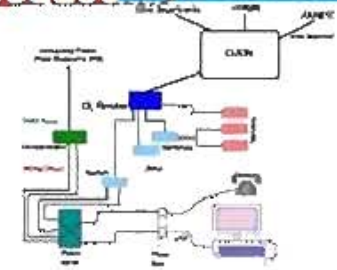
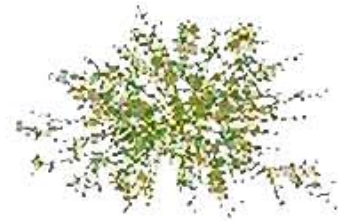
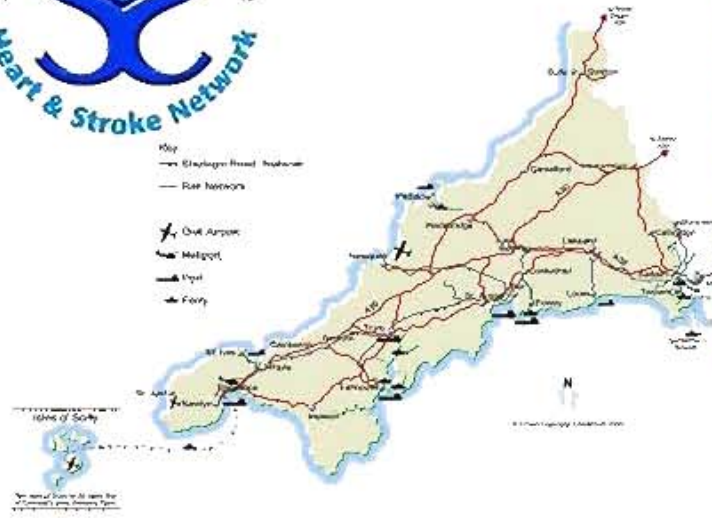
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Social Networking

A collage of various social networking and digital service logos. The logos include: babbell, myspace.com (a place for friends), d1, Faceparty, miaplaza, ONLINE, EBN, LIVEJO, sCONEX, Gente, MyGamma, myWorld, Bolt, xuQa.com, OkCupid, myNetSpot.org, Campus, Crostel, MOBANGO, Music For, The STUDENT CENTER, RIOUS, PICZO, friendster, dodebo, and STUDY Breaker.



Networks in public policy

Usually considered as an alternative to a market, or a hierarchy

‘...within hierarchically based organisations [...] the command is the basic instrument of control. In markets, transactions between producers and consumers are governed through price. [...]

In networks, co-ordination is achieved through mutual informal contact, negotiation and adjustment within a high trust social community or ‘clan’, such as a profession.”

(Ferlie et al, 2010)



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What sort of networks do we find in health care?

- **Informational networks,**
 - Education, research and guidelines
- **Co-ordinated networks**
 - Care pathways, joint assessments, no binding contract, a ‘managed clinical network’
- **Procurement networks**
 - Budget given to a lead funder or provider, to contract with a range of organisations to deliver integrated care
- **Managed networks**
 - Highly managed long-term network of partners, e.g. Kaiser Permanente delivering and co-ordinating care for a whole population

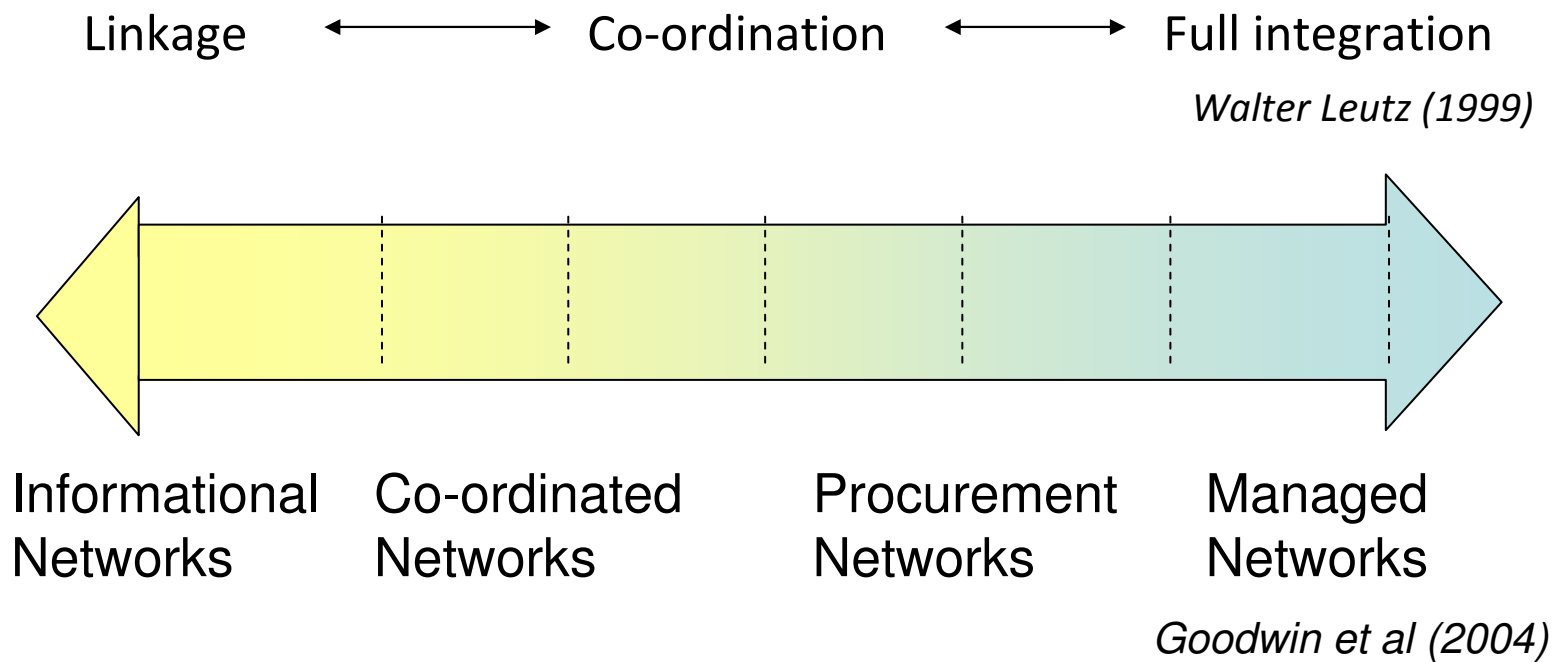
(P6 et al, 2006)



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Healthcare networks: a continuum of network forms



The pros and cons of networks in healthcare

Advantages

- Address 'wicked' problems which cross agencies and professions
- Have potential to achieve new forms of care configuration and delivery
- Can secure high levels of clinical support and legitimacy, especially if backed by an evidence based approach

(Ferlie et al, 2010)



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Disadvantages

- Can degenerate into talking shops with many meetings and little output
- Can become so complex that they are only understood and populated by a small policy elite
- If lacking sufficient administrative resource, can lose energy and focus, with the leadership overloaded
- Can be difficult to performance manage
- Typically have high transaction costs

(Ferlie et al, 2010)



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**What needs to be done if these
networks are to achieve better
integrated care?**



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Heed the ten lessons for successful network management

1. Achieve a position of centrality and leverage
2. Have clarity of purpose and goals
3. Be inclusive in their design and development
4. Avoid very large networks and inertia
5. Develop cohesion – the role of the ‘boundary spanner’ and IT
6. Avoid over-regulation and mandating
7. Engage professional leadership



8. Avoid capture by an elite (managerial or professional)
9. Stay relevant and worthwhile
10. Provide the mandate for managers

(Goodwin, 2006)



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Focus on integrative processes rather than structures

- **Organisational** (governance, networks)
- **Informational** (shared records, population registers)
- **Clinical** (care co-ordination, data driven prompts)
- **Administrative** (shared support across practices, training and education)
- **Financial** (capitated risk-sharing budgets, financial incentives for achieving quality standards)
- **Normative** (role of professional leaders, social networks)

(Rosen, forthcoming)



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Further build the evidence base

Need to measure the impact on:

- patient experience, including the development of ‘markers’ for improved processes of care
- use of services, especially inpatient beds
- costs, and differentially on different parts of the system
- outcomes, with markers developed

(Ramsay, Fulop and Edwards, 2009)



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So is this an idea whose time has come?

- Trying to develop better care, with the patient perspective as predominant, is a long-standing and vital priority
- What distinguishes this time period is the economic and workforce context
- And the need to find different ways of managing chronic disease and urgent care
- The challenge is not so much about what sort of network is used but what processes need to be developed to enable more integrated care



‘Networks are certainly no panacea. More often than not they are complex, messy, dynamic and difficult to manage. However, it is only through engaging health care professionals effectively through networks that new integrated models of care are likely to be achieved.’

Goodwin (2008, p59)



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