Is Changing from a Hospital to a Health System the Answer to Transform the Healthcare Service?

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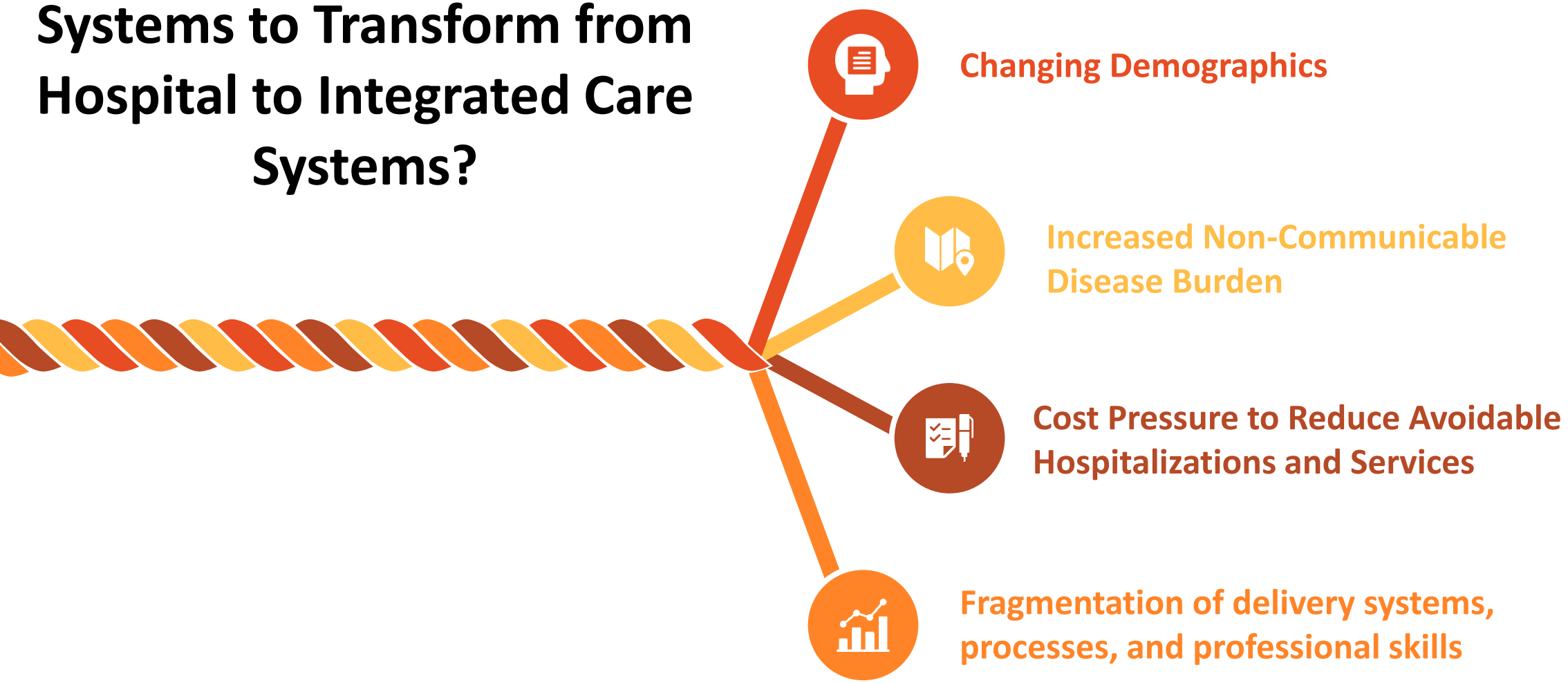
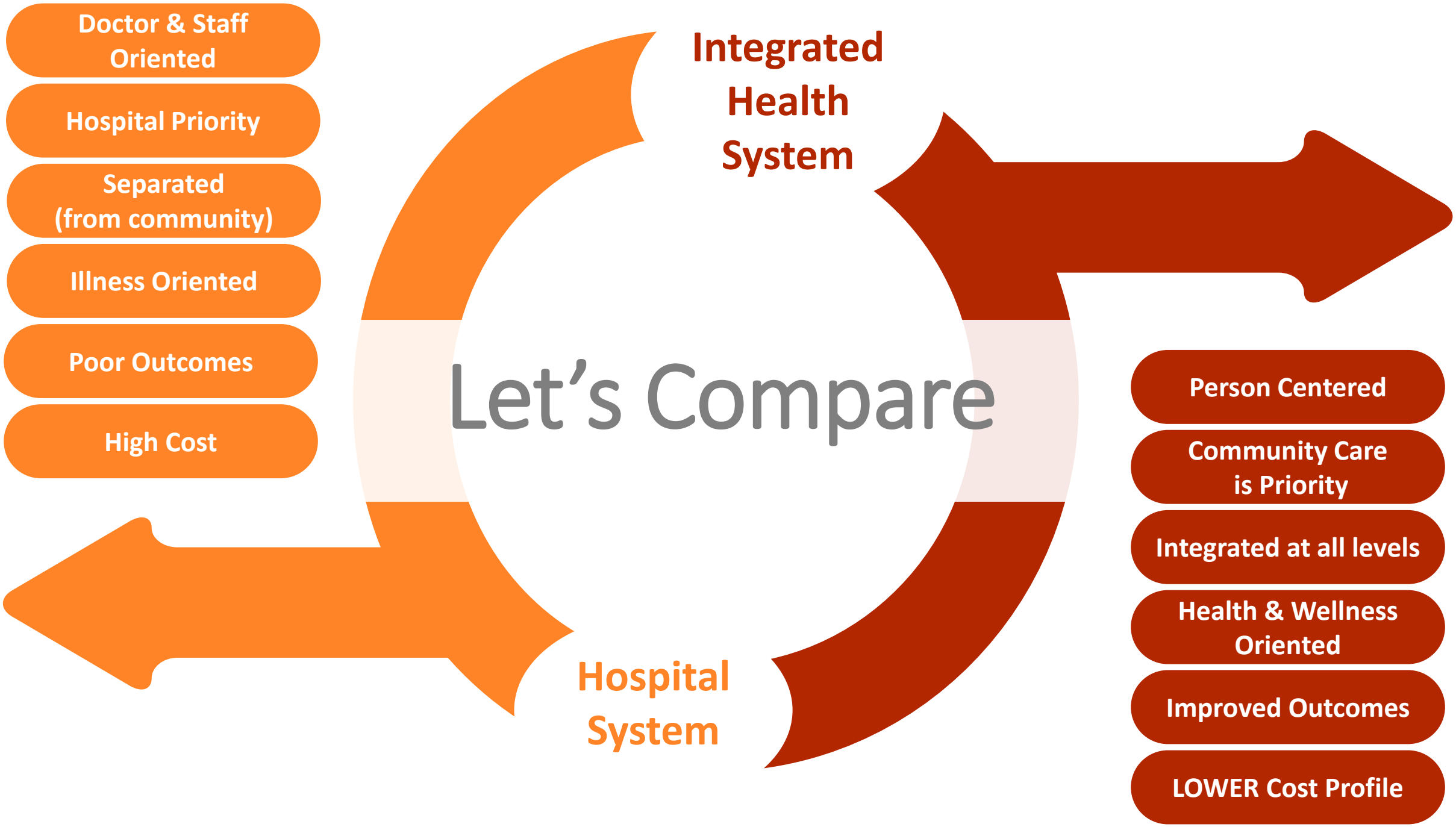
What is driving Healthcare Systems to Transform from Hospital to Integrated Care Systems?

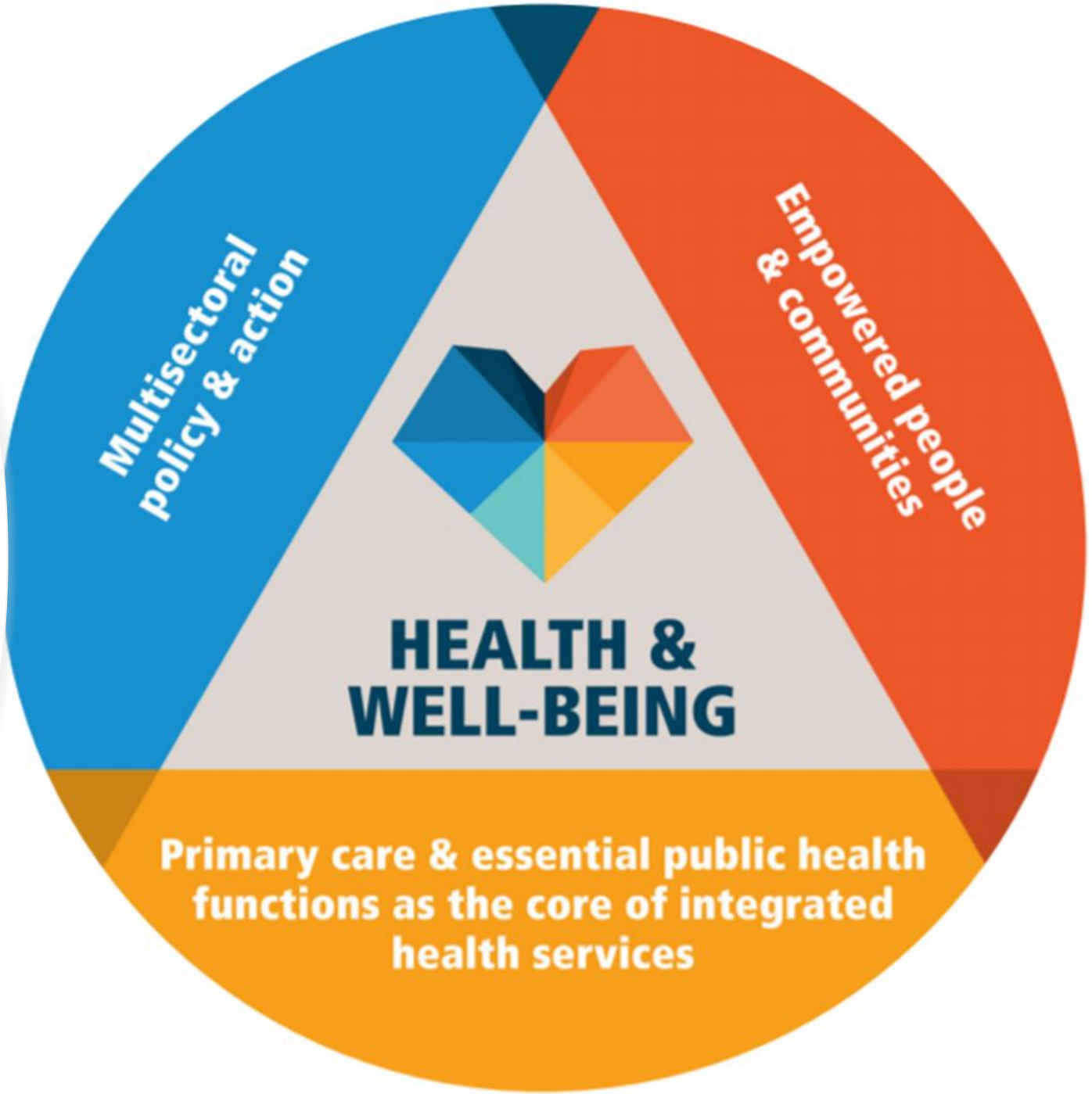


Integrated care is seen as a demand-driven response to what generally ails the modern healthcare system.


Doctor & Staff Oriented
Hospital Priority
Separated (from community)
Illness Oriented
Poor Outcomes
High Cost
Hospital System
Integrated Health System
Let's Compare
Person Centered
Community Care is Priority
Integrated at all levels
Health & Wellness Oriented
Improved Outcomes
LOWER Cost Profile

World Trends in Integrated Care

- World Health Organization
- European Commission
- US Veterans Health Administration



2018 WHO Declaration

A Vision for primary health care in the 21st century

Making the case for PHC

- The economic case
- Health outcomes case
- Responsiveness case

Operational Framework

From vision to action

- Health in All Policies / Multisectoral Action
- Empowering individuals, families & communities
- PHC Health workforce
- Strategic purchasing
- The private sector
- Quality in PHC
- Digital technologies
- Integrating health services
- Integrating public health & primary care
- The role of hospitals in PHC
- Antimicrobial resistance
- PHC and health emergencies
- Rural primary care

Source: A vision for primary health care in the 21st century. World Health Organization. 2018.

Integrated care and chronic diseases management

A European Innovation Partnership on Active and Healthy Ageing priority

2020 ACTION AREAS
1: Integrated care delivery models, deployments and pathways
2: Innovation and Digital Care Transformation
3: Workforce development and digital literacy
4: Patient and citizen engagement
5: Value-based care, financial models, incentives and assessment

WHAT IS INTEGRATED CARE?

WHY DO WE NEED INTEGRATED CARE?

WHAT ARE THE ADVANTAGES OF INTEGRATED CARE MODELS?

WHAT ARE THE CURRENT BARRIERS TO THE IMPLEMENTATION OF INTEGRATED CARE MODELS?

HOW CAN IT BE IMPLEMENTED?

2020 and Beyond

< 15% Care will be delivered in Hospital (Acute) Setting

Transforming Veterans Healthcare

Before Mid 1990's

Hospital System

Only Hospitals

1995 to 2000

Health System

Hospitals
Outpatient Clinics
Mobile Clinics

2010 to Present

Integrated Care System

Primary Care as Foundation
Integrated by Function & Technology

Today's VHA Integrated Hospital and Primary Care System

Publicly Funded Healthcare System for 9 Million Veteran Patients

U.S. Largest Vertically and Horizontally Integrated Health Care System

Comprehensive electronic medical record & integrated data systems

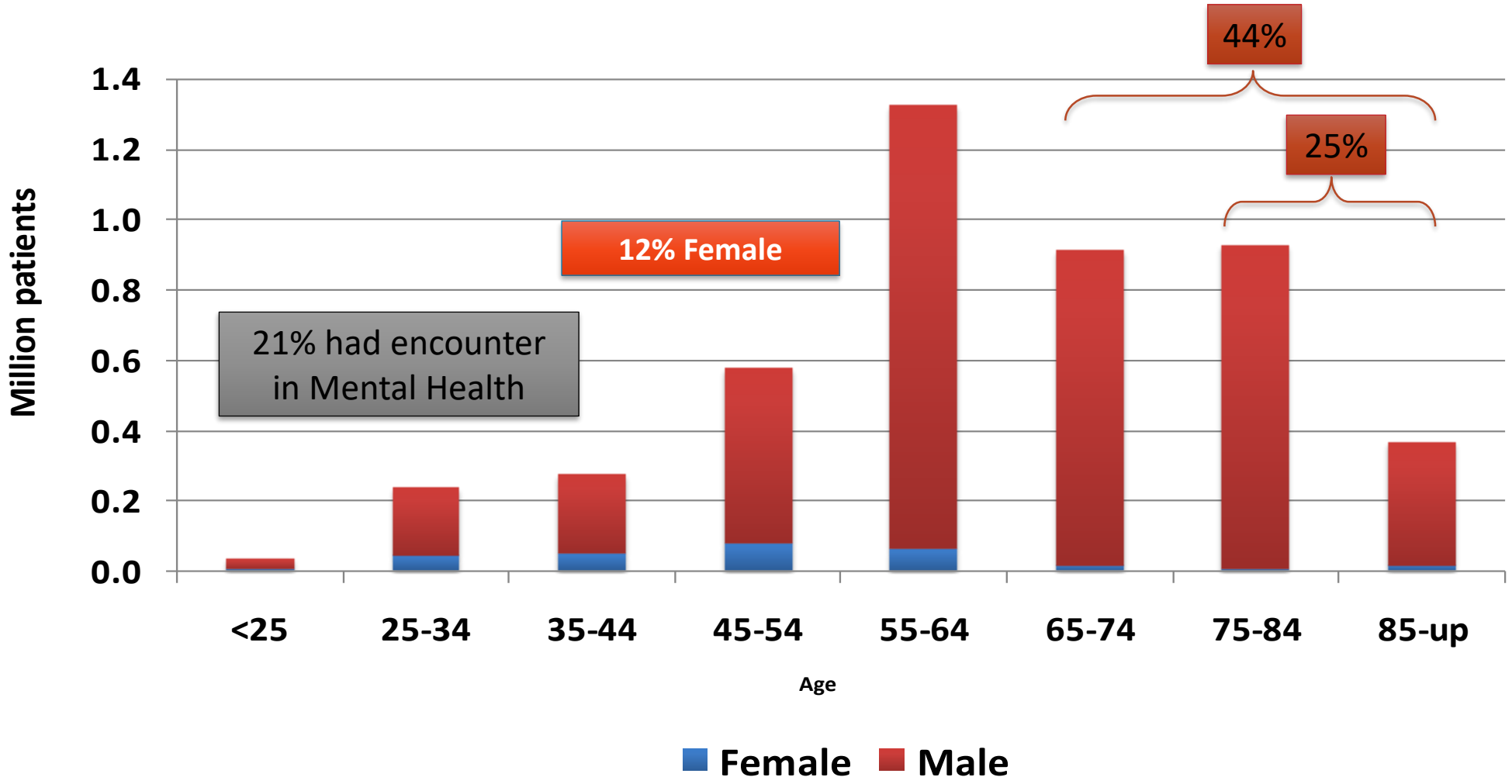
> 1,200 sites of Primary, Specialty & Hospital Care

- **170 Medical Centers**
- **1,063 Community Based Outpatient Clinics (CBOC)**

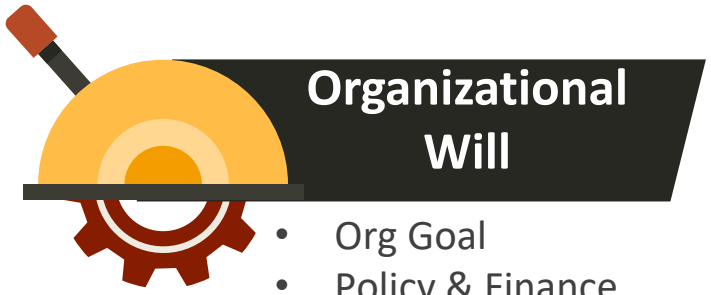
> Primary care patients-each assigned to an individual primary care provider

- **53% in Community Based Outpatient Clinics**
- **30% Patients in Rural and Highly Rural Areas**
- **50,000 Primary Care Staff**
- **> 8,000 Primary Care Teams**

Veteran Demographics

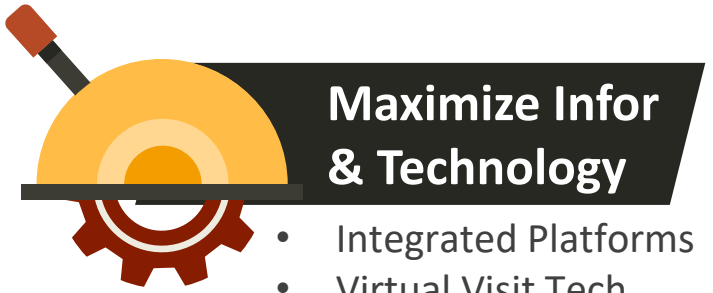


VA Transformation Levers for Change



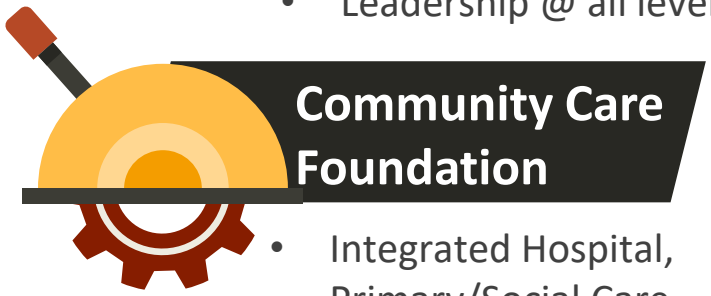
Organizational Will

- Org Goal
- Policy & Finance
- Regional Organization
- Leadership @ all levels



Maximize Infor & Technology

- Integrated Platforms
- Virtual Visit Tech
- Risk Stratify
- Care Management

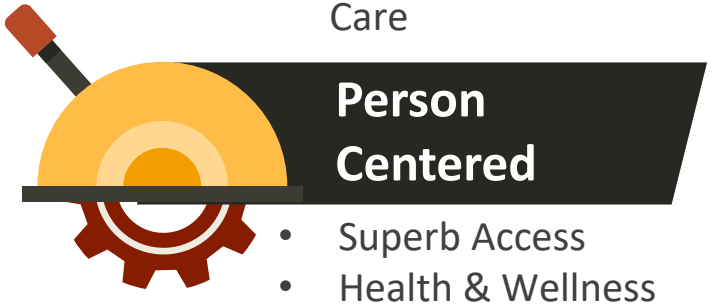


Community Care Foundation

- Integrated Hospital, Primary/Social Care
- Shift Low Complexity Care

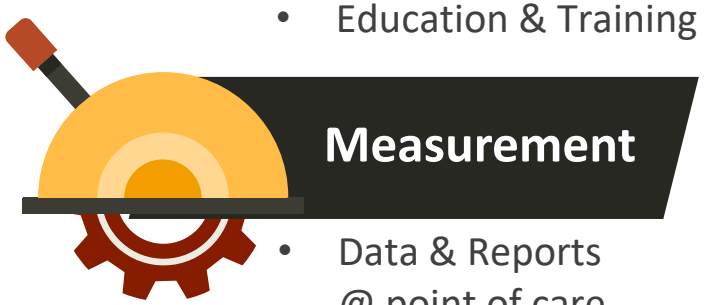
Field Staff Involvement

- All levels
- Development
- Execution
- Education & Training



Person Centered

- Superb Access
- Health & Wellness
- Engagement
- Multi-Disciplinary Teams



Measurement

- Data & Reports @ point of care
- All Levels

Defining Primary Comprehensive Services: The Team Provides Care for 80-90% of Patients Needs

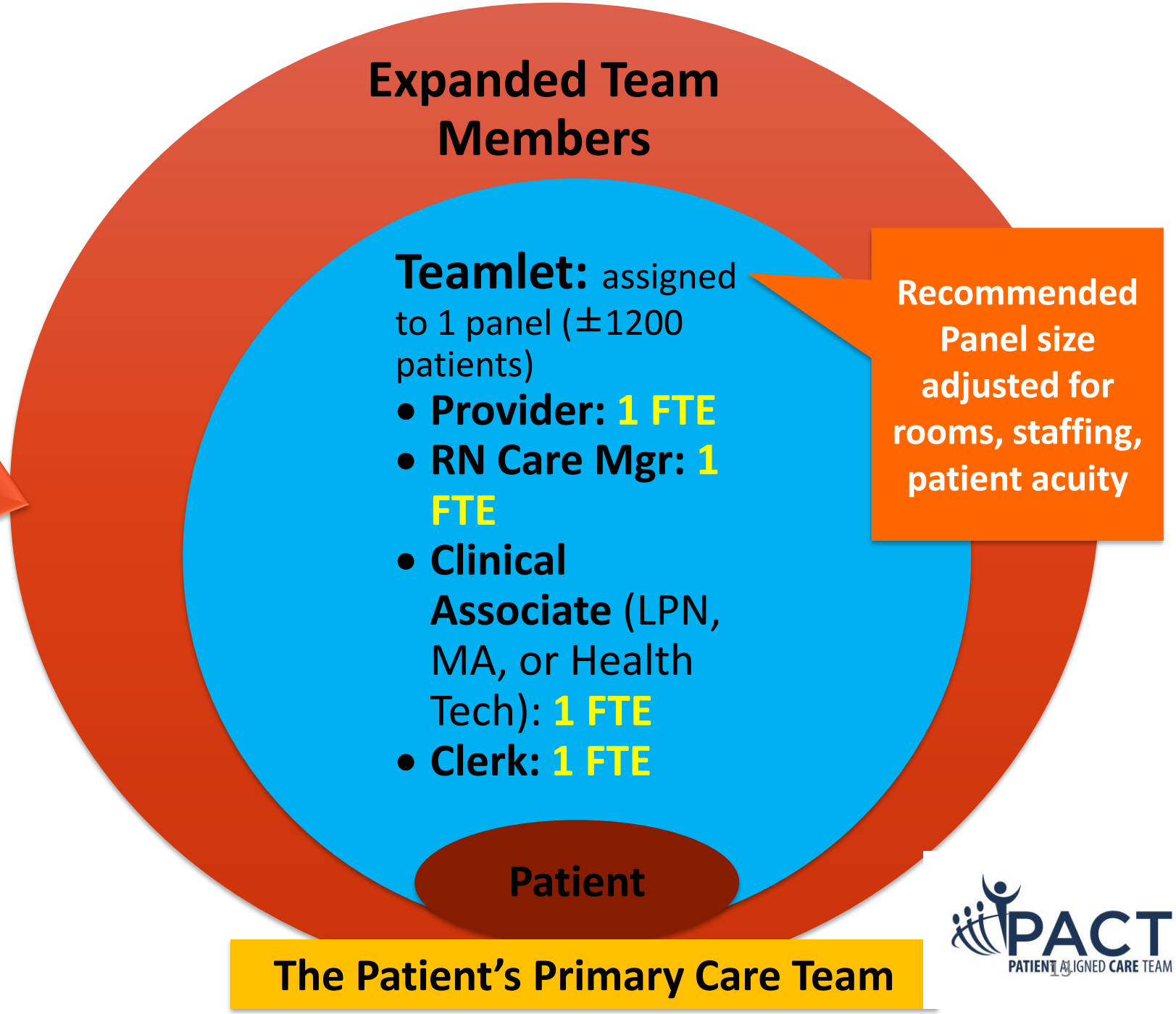
Preventive Health Care	**Chronic Care**	**Women's Health**
Acute/Urgent Care	**Mental Health Care**	**Care for High-Risk Patients**
Population Management	**Patient Comfort and Pain Management**	**Health Education and Coaching**

Proactive, Personalized, Patient Driven Health Care Focus

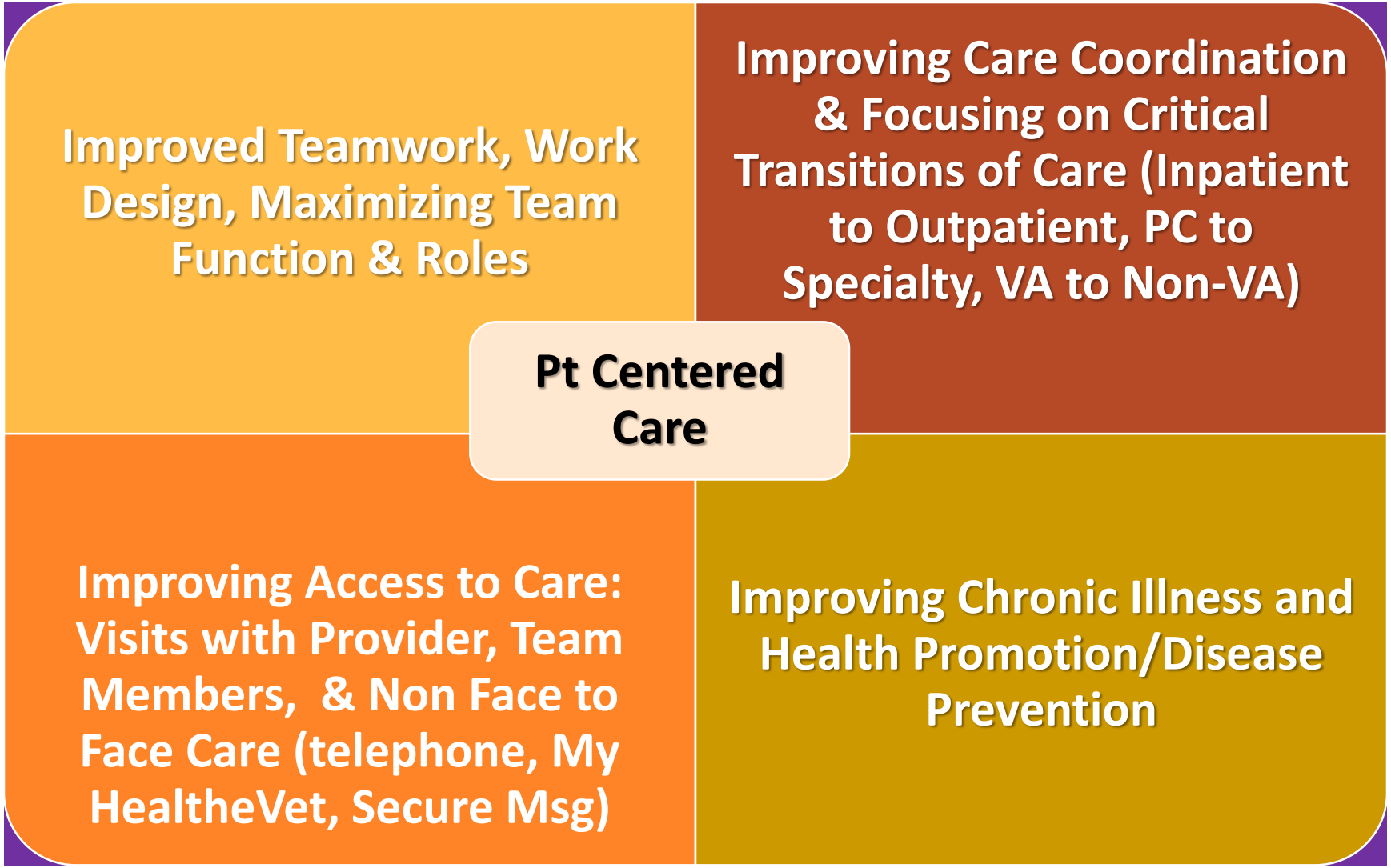
Primary Care Staffing Model

Expanded Team Members

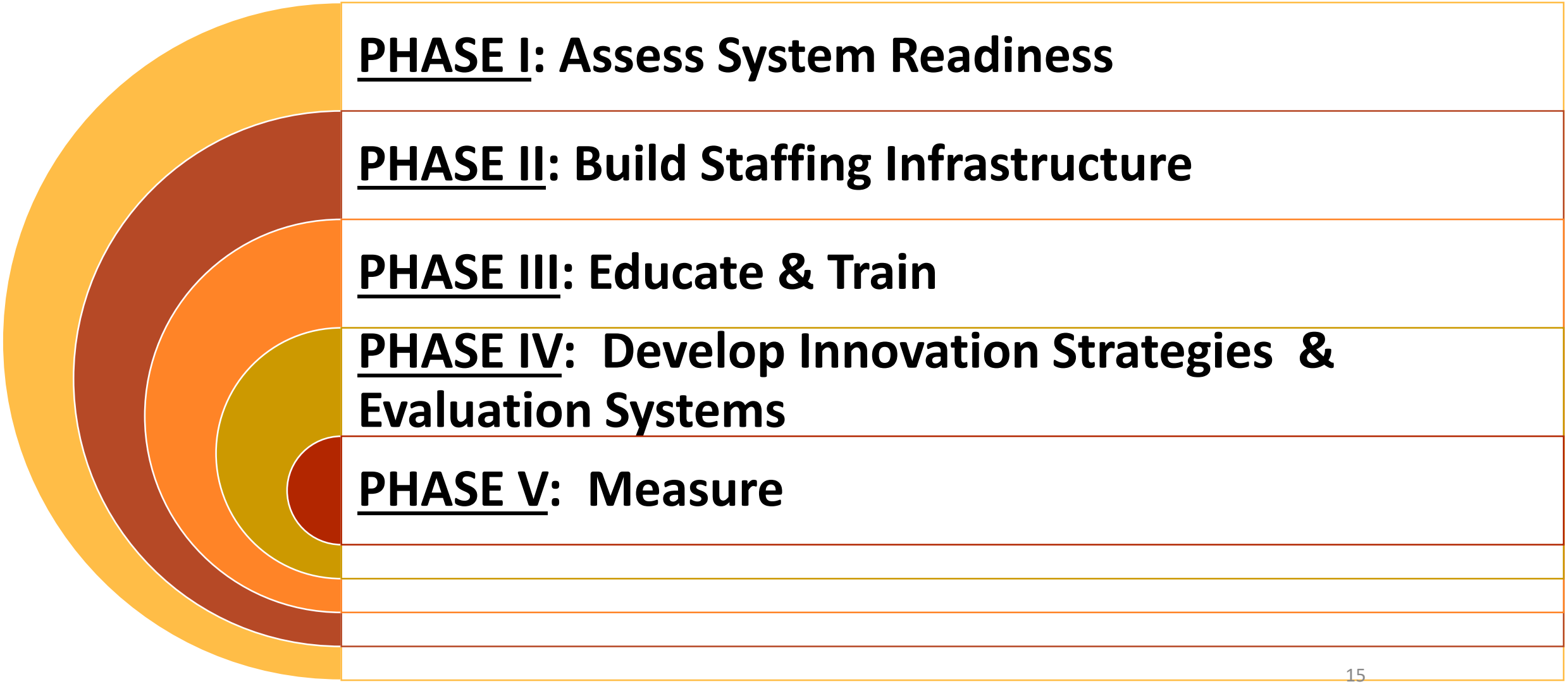
Clinical Pharmacy Specialist: ± 3 panels
Clinical Pharmacy anticoagulation: ± 5 panels
Social Work: ± 2 panels
Nutrition: ± 5 panels
Case Managers
Trainees
Integrated Behavioral Health



Primary Care Integrated Healthcare Mission



VHA Integrated Healthcare
5-year Implementation Plan



Phase V: Measurement Drives Change

Primary Care Staff Satisfaction

Patient Satisfaction with Primary Care

Primary Care Performance & Quality Metrics

Organizational Value & Ongoing Evaluations

Measurement types: Process, Structure, Outcome

10% increase in same-day access results in:	6% fewer ED visits; 7% fewer non-emergent visits
Sites with better same-day access:	10.3% lower admission rate
"Always" getting after hours care	37% lower odds of hospitalization due to an ACSC
getting a routine appt. when needed or an appt. for Urgent/Same-Day Care:	28% & 20% lower odds of VA ED visits
Waiting >4d (vs same-day)	22%-30% more annual visit with private healthcare

Primary Care same-day access and continuity impact the HC system!!!

VHA Primary Care "High Performing" Site Outcomes

- significantly higher patient satisfaction (9.33 vs. 7.53; P < .001)
- higher performance on 41 of 48 measures of clinical quality
- lower staff burnout (Maslach Burnout Inventory emotional exhaustion subscale, 2.29 vs. 2.80; P = .02)
- lower hospitalization rates for ambulatory care–sensitive conditions (4.42 vs. 3.68 quarterly admissions for veterans 65years or older per 1000 patients; P < .001)
- lower emergency department use (188 vs. 245 visits per 1000 patients; P < .001)

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Thank You!!!

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WHAT IS INTEGRATED CARE?

Integrated care is the **coordination of care**:

VERTICALLY, ACROSS THE LEVELS OF HEALTH CARE:

PRIMARY CARE
First contact and principal point of continuing care (e.g. general practitioners, nurses, pharmacists)

SECONDARY CARE
Provided by specialists (e.g. cardiologist, gastroenterologist)

TERTIARY CARE
Hospitals, highly specialised health service (e.g. cardiac surgery, cancer treatment)

HORIZONTALLY, ACROSS DIFFERENT TYPES OF CARE DELIVERY:

HEALTH CARE

COMMUNITY CARE
Including informal care provided by the family and non-profit sector

SOCIAL CARE

PATIENT

WHY DO WE NEED INTEGRATED CARE?

FOR PATIENTS

2 out of 3 people in retirement age have at least **two chronic conditions**

FOR HEALTH SYSTEMS

70% of **healthcare costs** are spent on chronic diseases

41% of healthcare costs are dedicated to **hospital care**

9% **of GDP:** Public spending on health

+1.5% **of GDP:** Projected increase by 2060

It is necessary to offer **alternative care models** to improve quality of life, health care and reduce avoidable hospitalisations / costs

Integrated care model

WHAT ARE THE ADVANTAGES OF INTEGRATED CARE MODELS?

FOR HEALTH AND SOCIAL CARE SYSTEMS

Better coordination among health and social care professionals

Higher efficiency, improved healthcare processes, supported by IT

New organisational models and use of technologies for remote care (e.g. at home or at work)

FOR PATIENTS

Better quality and more timely care, easier navigation within the healthcare system

Personalised approach, involvement in the management and decision about their diseases

Higher autonomy and possibility to remain at home thanks to the use of remote monitoring services

FOR CARE GIVERS

Higher support in providing care

Easier navigation through health system

WHAT ARE THE CURRENT BARRIERS TO THE IMPLEMENTATION OF INTEGRATED CARE MODELS?

Current solutions are **proprietary** (i.e. belong to a single provider) and cannot be extended to other needs or target users, leading to **market fragmentation**

Legal and regulatory **uncertainties** (i.e. data protection)

Health and social care sectors often operate in **silos**

Lack of financial incentives (public procurement / lack of innovative reimbursement models)

HOW CAN IT BE IMPLEMENTED?