European Commission

Integrated care and chronic diseases management

A European Innovation Partnership on Active and Healthy Ageing priority

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

Some relevant features:

- **Shift from reactive service delivery** (after adverse health events, e.g. a cardiac arrest) to **preventive and proactive care** (prevent and manage chronic conditions, e.g. maintain healthy blood pressure / cholesterol level)
- **Patient-centred approach and active involvement** of the patients in understanding and managing their own diseases (patient empowerment)
- **Move from institutional to community / home based care**

WHY DO WE NEED INTEGRATED CARE?

FOR PATIENTS

FOR HEALTH SYSTEMS

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

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)

The **European Innovation Partnership on Active and Healthy Ageing** (EIP on AHA) supports private and public actors across the EU to implement integrated care models.
Target: implementation of integrated care programmes in 20 regions by 2020.

HOW CAN IT BE IMPLEMENTED?

Clinical

WHAT IS IT? More efficient sharing of data (disease information, patient records, health management methods)

HOW? Use IT tools to share:
- electronic health records of citizens across care institutions
- electronic files on pharmaceutical records to avoid medical interactions and prescription duplication

Organisation of healthcare

WHAT IS IT?
Better coordination among healthcare organisations

HOW?
Ensure political leadership and engagement of local actors to strengthen cooperation

Resources

WHAT IS IT? To enable older people to remain longer at home

HOW?
Through legal framework for integrating health and social care, financial support, procurement of remote monitoring solutions

HEALTH SYSTEM

COMMUNITY

Decision support

WHAT IS IT? Tools to help doctors and patients to navigate together through the system and to better tailor interventions to their patients' needs

HOW?
- Tailored interventions based on patients health profile and patient specific data (risk stratification tools)
- Guidelines to set up personalised and better coordinated care pathways

Delivery system design

WHAT IS IT? Support the change management in regions towards integrated care models

HOW?
- Use of ICT tools to enable coordination
- Funding delivered on the basis of performance and quality
- Identify individuals with higher health risks and dedicate services to them

Self-management support

WHAT IS IT? Care and encouragement provided to old people and their families to help them manage their disease

HOW?
Through tele-medicine services, rehabilitation centres, emotional support

Inspired by the model set up by the MacColl Institute for healthcare innovation

Patients

WHAT IS IT?
Patients are well informed and empowered to manage their disease

HOW?
- Volunteers, self-help groups
- Accessible information, improved health literacy
- Mobile and web platforms to trigger positive changes in patient behaviour and raise awareness
- Engagement in decision-making

PRODUCTIVE INTERACTION

Health professionals

WHAT IS IT?
Health professionals receive more comprehensive information and have tools for decision-making

HOW?
- ICT education for health workforce
- Structures for professional cooperation and teamwork
- Share of knowledge and information

The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA)
The European Innovation Partnership on Active and Healthy Ageing (EIP on AHA), set up in 2012, gathers stakeholders at EU, national and regional level from the public and private sector across different policy areas. Together they share knowledge and expertise on common interests and engage in activities and projects to find innovative solutions that meet the needs of the ageing population.

Under the framework of the EIP on AHA, the Action Group on integrated care works to improve the quality of life and health outcomes of older people with chronic conditions and reduce unnecessary hospitalisations by promoting new health care models based on a better integration of the different levels of health and care services.

https://webgate.ec.europa.eu/eipaha/

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