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How integrated care impacts future health organisations

CONGRESS '19
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FÉDÉRATION HOSPITALIÈRE DE FRANCE

Structures, cultures, and the quest for Integrated Care

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OUTLINE

- **Dimensions of integration**
- **Culture and values**
- **Integrated care in France : FHF's « Responsabilité populationnelle » project**
  - **General Design**
  - **Key concepts**
  - **Structural integration**
  - **Clinical integration**
- **Integrated care and the future of hospitals**

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Integrated care ?

“In many health systems, integrated care is seen as a possible solution to the growing demand for improved patient experience and health outcomes of multimorbid and long-term care patients

WHO, 2016

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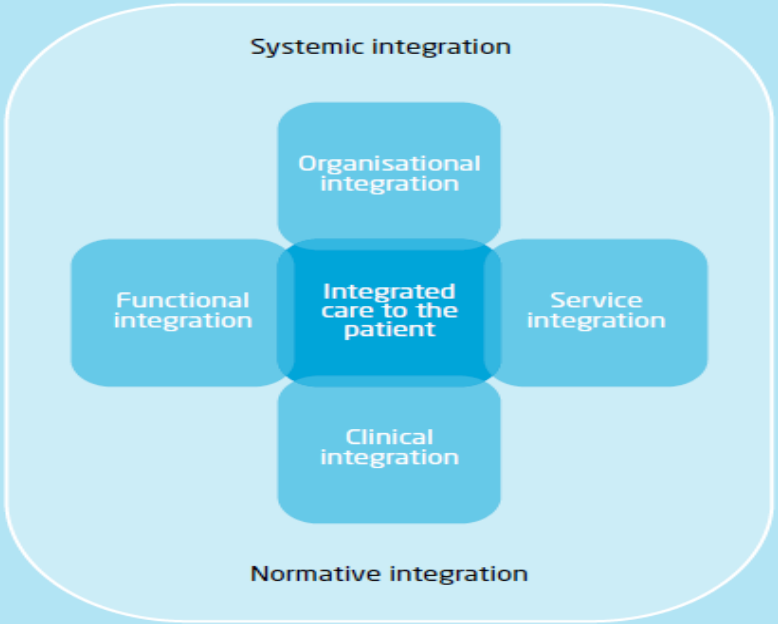
Dimensions of integration (Curry and Ham, 2010)

Figure 1 Fulop's typologies of integrated care (from Lewis *et al* 2010)



- Organisational integration, where organisations are brought together formally by mergers or through 'collectives' and/or virtually through co-ordinated provider networks or via contracts between separate organisations brokered by a purchaser.
- Functional integration, where non-clinical support and back-office functions are integrated, such as electronic patient records.
- Service integration, where different clinical services provided are integrated at an organisational level, such as through teams of multidisciplinary professionals.
- Clinical integration, where care by professionals and providers to patients is integrated into a single or coherent process within and/or across professions, such as through use of shared guidelines and protocols.
- Normative integration, where an ethos of shared values and commitment to co-ordinating work enables trust and collaboration in delivering health care.
- Systemic integration, where there is coherence of rules and policies at all organisational levels. This is sometimes termed an 'integrated delivery system'.

Source: Adapted from Fulop *et al* (2005)

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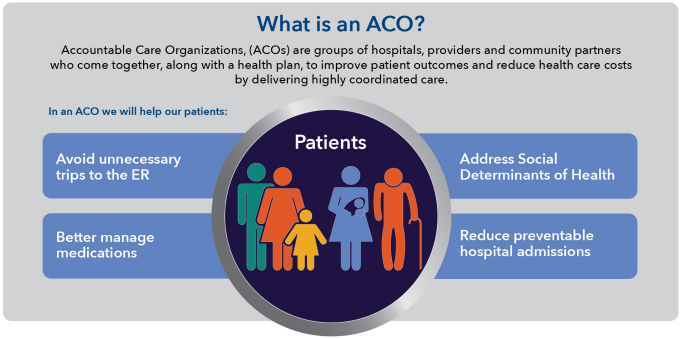
New types of organizations



Accountable Care Organizations (USA)

Vanguards and ACS (UK)

Centre intégré de santé et de services sociaux Québec

Integrated health and social services centers (Quebec, Canada)

INTEGREO
DES SOINS INTÉGRÉS POUR UNE MEILLEURE SANTÉ

« Integreo », Belgium

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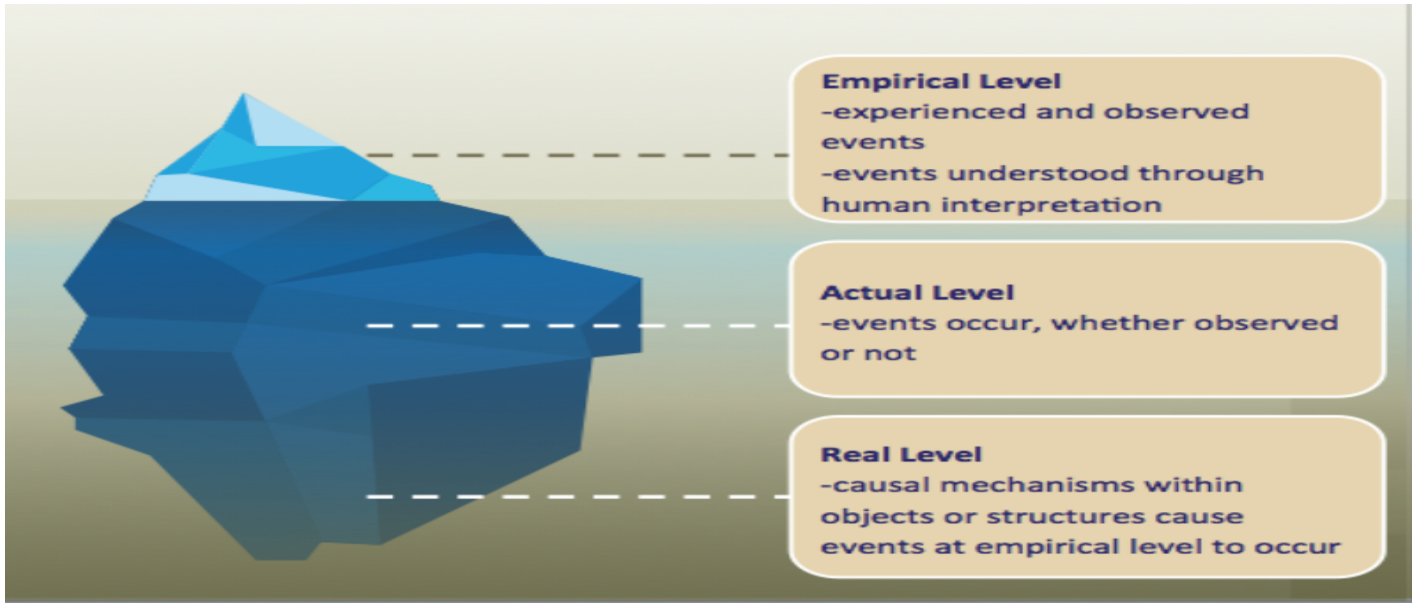
Beneath the surface : Professional norms and culture



Source : Fletcher, 2016

Things that are hidden from plain view explain *the shape of phenomena and their outcomes*

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Towards clinical integration in five regions

- Clinical integration – as opposed to organizational integration – is key in the French context
- Five volunteer Territorial hospital Groups (GHT)
- Each GHT is tasked with building an ecosystem comprising all the necessary resources and key actors to fulfil the needs of a given population -independent providers (Doctors, nurses, other health professionals), community resources, etc.
- Population between 170 000 and 400 000, a large general hospital, several smaller local hospitals, long term retirement homes, etc.
- Model primarily built on intrinsic motivation of healthcare professionals : the primary goal is to improve health of populations and care of patients
- Key concept : « **Responsabilité populationnelle** » : shared accountability of all towards patients and populations

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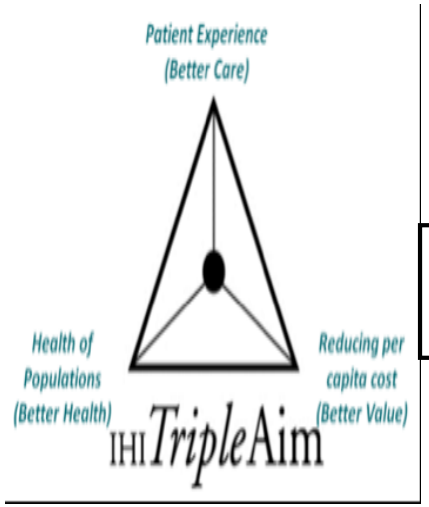
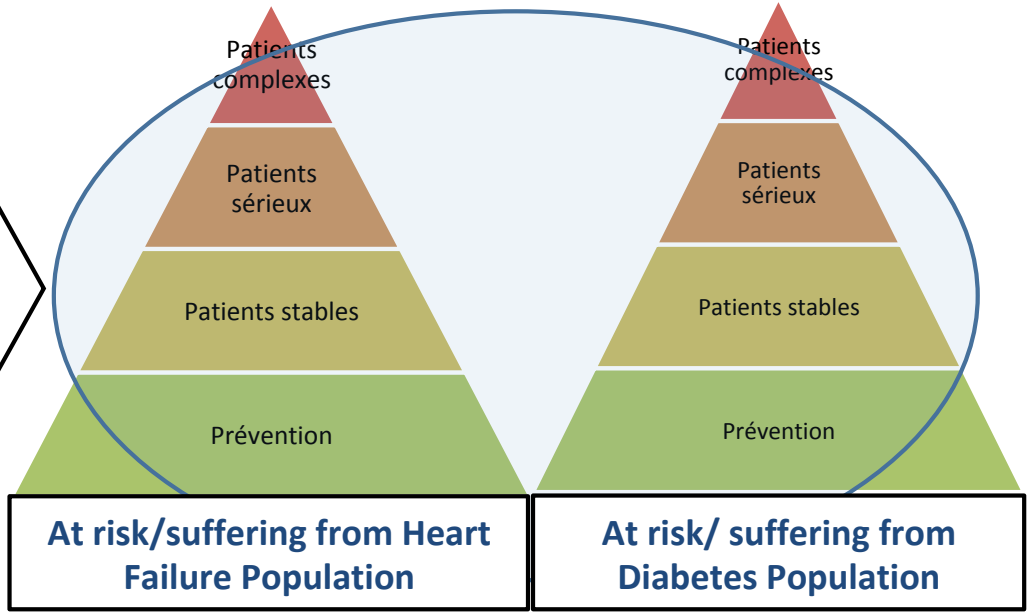
The Group's architecture

- The choice to work on two common conditions allows to create a learning collaborative between 5 territories
- The method (2 common conditions, shared methodology, shared baseline clinical programs, shared indicators) allows for a robust proof of concept

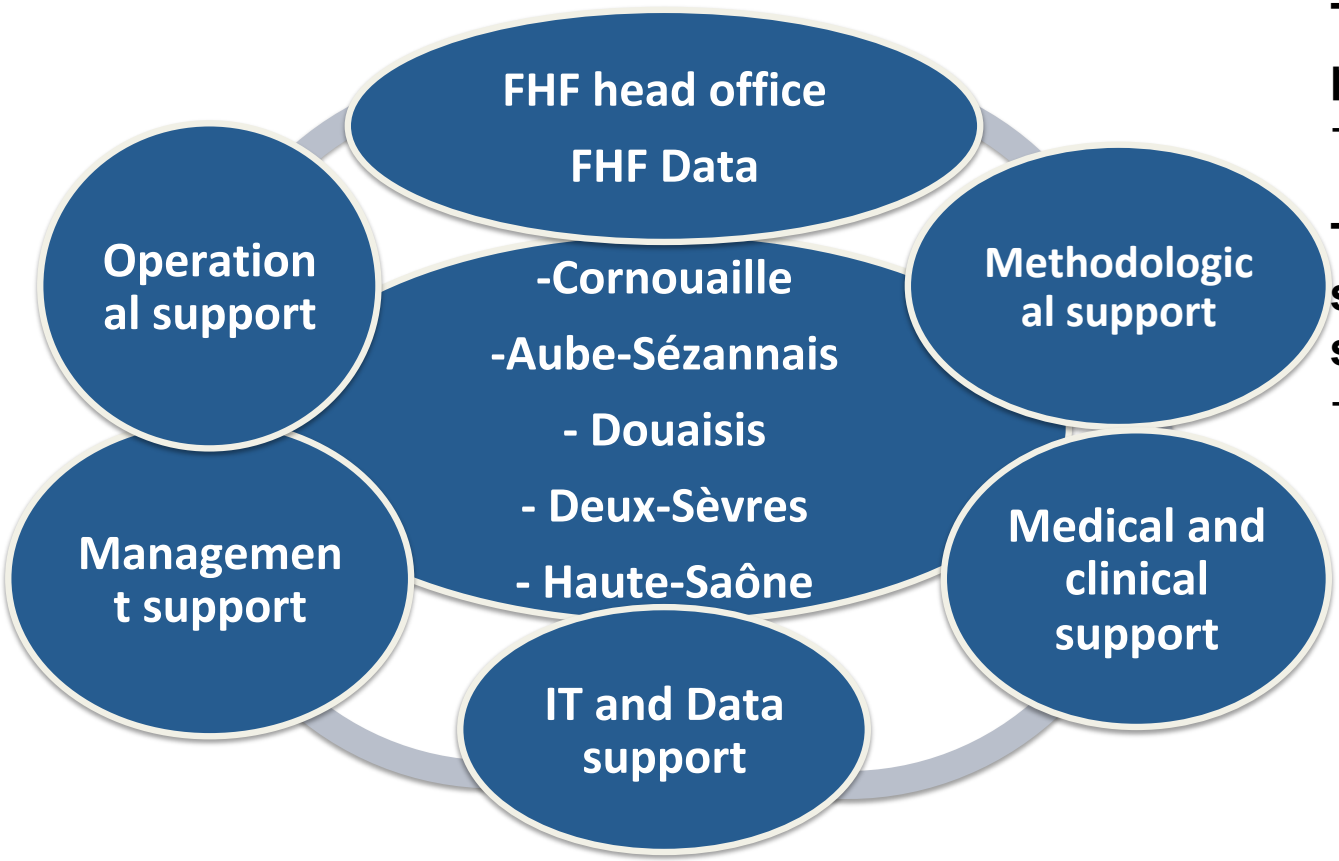
2 common conditions for the five territories



IHI Triple Aim for populations



The « Pionniers de la Responsabilité populationnelle » Group



Total population:
+-1.4 million

Total health services spending's :
+-3Md€

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« RESPONSABILITE POPULATIONNELLE »

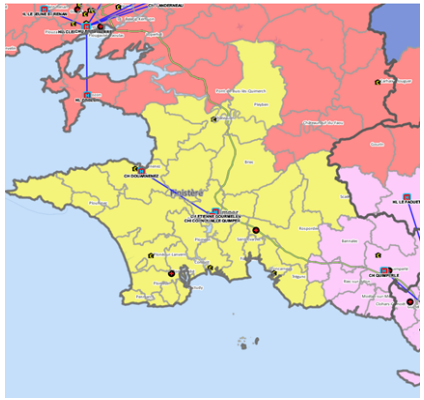
« *Responsabilité populationnelle is the idea that all healthcare providers of a given territory share an accountability towards the well-being of their populations, and the quality of care for their patients* »

Accountability ? ACO's vs. France

	USA	FRANCE
Target population	People contractualy linked with the ACO	Every resident of a territory
Objectives of accountability	Reduce costs, improve outcomes	Improve outcomes
Drivers of accountability	Financial incentives	Professional norms
Actualization of accountability	Through contracts	Through sharing patients and co-design of clinical programmes

Structural integration

From « Territorial hospital Groups » to clinicaly integrated health networks



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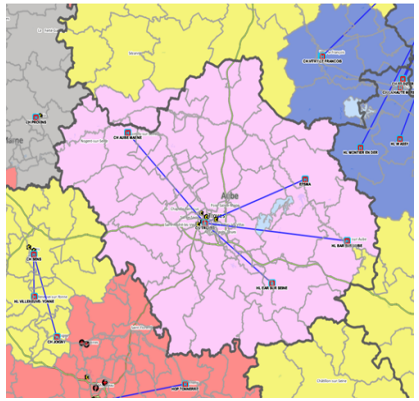

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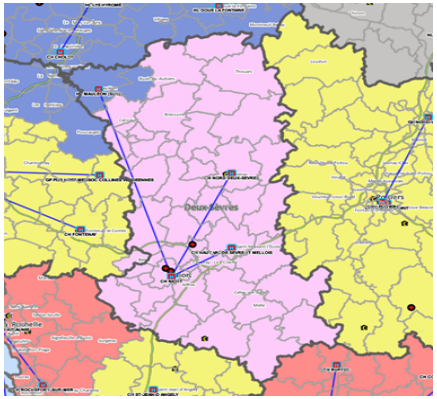
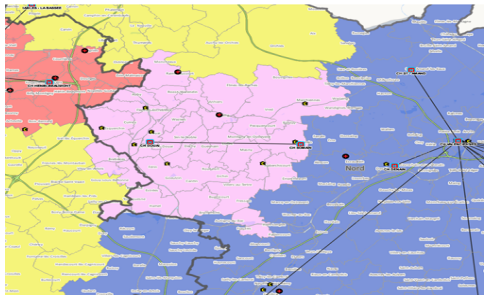


Deux-Sèvres



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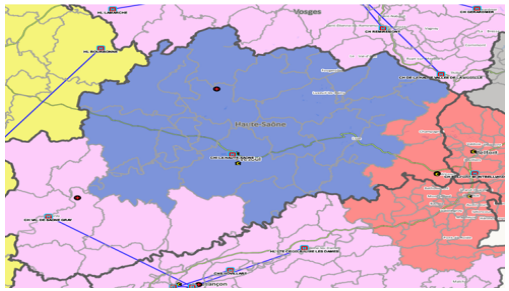
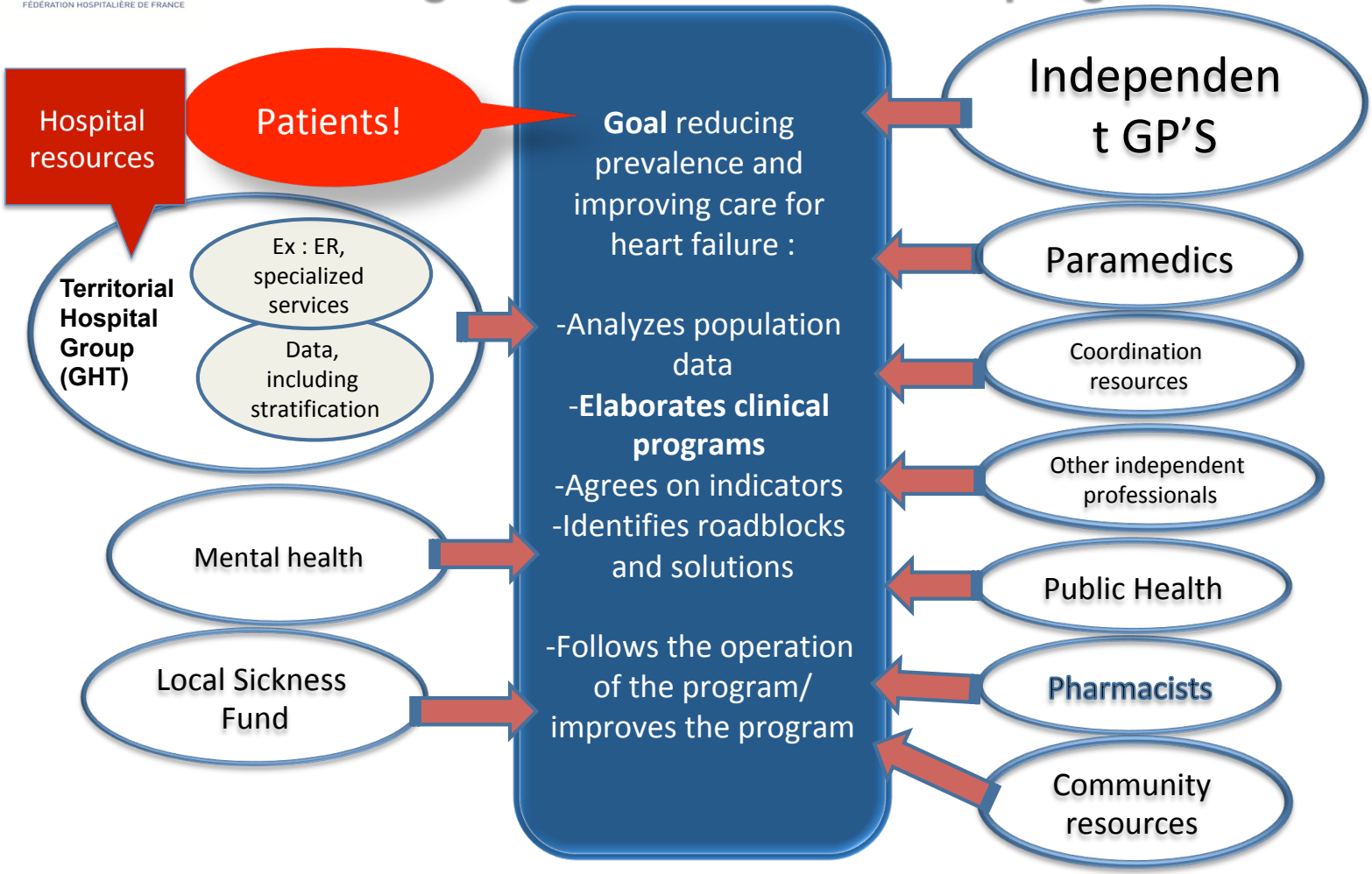


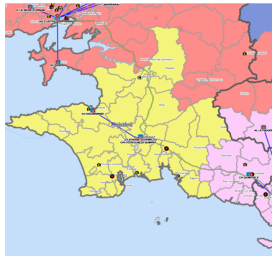
Haute-Saône

Creating *together* shared clinical program



Creating population health data analytics in France

Using hospital data to « create » territories and populations



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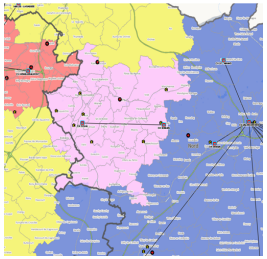

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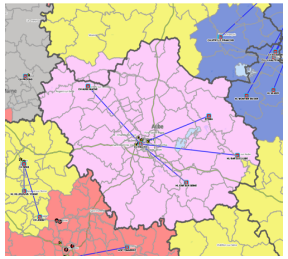

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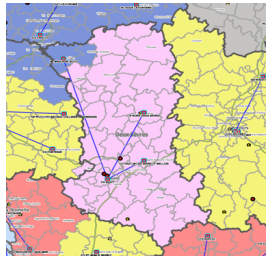
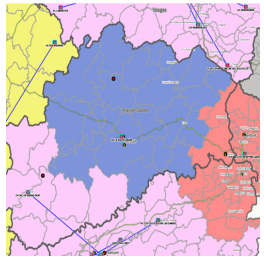


Deux-Sèvres



Haute-Saône

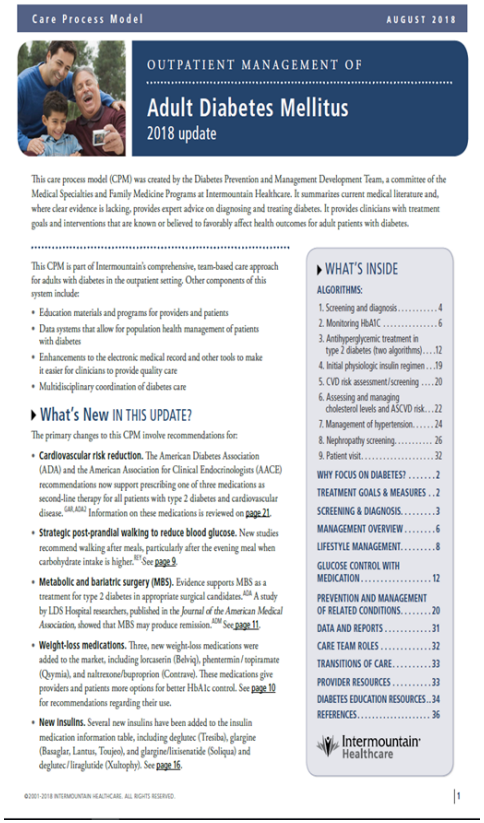
Number of diabetes patients found*				
10 445	11 233	14 303	15 713	7 032
Number of heart failure patients found*				
8 303	5 355	8 241	10 386	5 033

*Numbers at 15-01-2019

Identifying « statistical » population → Identifying « real » persons → Including real persons in clinical programs

Common baseline clinical programs

- National guidelines for diabetes and heart failure not followed by practitioners, and not practical in terms of actual work conditions
- Need to find proven guidelines for our two populations
- Need to adapt these guidelines to the French context, with expert clinicians and learned societies



Care Process Model AUGUST 2018

OUTPATIENT MANAGEMENT OF

Adult Diabetes Mellitus

2018 update

This care process model (CPM) was created by the Diabetes Prevention and Management Development Team, a committee of the Medical Specialties and Family Medicine Programs at Intermountain Healthcare. It summarizes current medical literature and, where clear evidence is lacking, provides expert advice on diagnosing and treating diabetes. It provides clinicians with treatment goals and interventions that are known or believed to favorably affect health outcomes for adult patients with diabetes.

This CPM is part of Intermountain's comprehensive, team-based care approach for adults with diabetes in the outpatient setting. Other components of this system include:

- Education materials and programs for providers and patients
- Data systems that allow for population health management of patients with diabetes
- Enhancements to the electronic medical record and other tools to make it easier for clinicians to provide quality care
- Multidisciplinary coordination of diabetes care

What's New IN THIS UPDATE?

The primary changes to this CPM involve recommendations for:

- **Cardiovascular risk reduction.** The American Diabetes Association (ADA) and the American Association for Clinical Endocrinologists (AACE) recommendations now support prescribing one of three medications as second-line therapy for all patients with type 2 diabetes and cardiovascular disease.[68,69A2] Information on these medications is reviewed on page 21.
- **Strategic post-prandial walking to reduce blood glucose.** New studies recommend walking after meals, particularly after the evening meal when carbohydrate intake is higher.[81] See page 9.
- **Metabolic and bariatric surgery (MBS).** Evidence supports MBS as a treatment for type 2 diabetes in appropriate surgical candidates.[82A] A study by LDS Hospital researchers, published in the *Journal of the American Medical Association*, showed that MBS may produce remission.[82M] See page 11.
- **Weight-loss medications.** Three, new weight-loss medications were added to the market, including lorcaserin (Belviq), phentermin / topiramate (Qsymia), and naltrexone/bupropion (Contrave). These medications give providers and patients more options for better HbA1c control. See page 10 for recommendations regarding their use.
- **New insulins.** Several new insulins have been added to the insulin medication information table, including degludec (Tresiba), glargine (Basaglar, Lantus, Toujeo), and glargine/lixisenatide (Soliqua) and degludec/liraglutide (Xultophy). See page 16.

WHAT'S INSIDE

ALGORITHMS:

Intermountain Healthcare

©Intermoutain Healthcare

Running clinical meetings

- Need for a robust methodology so that the meetings produce what is expected : shared clinical programs
- Partnership with Quebec's National Institute for Excellence in Healthcare and Social Services (INESSS)
- Training for 20 clinicians and health professionals on the « COMPAS+ » methodology : teams of four *conductors* per territory

Institut national d'excellence en santé et en services sociaux Québec

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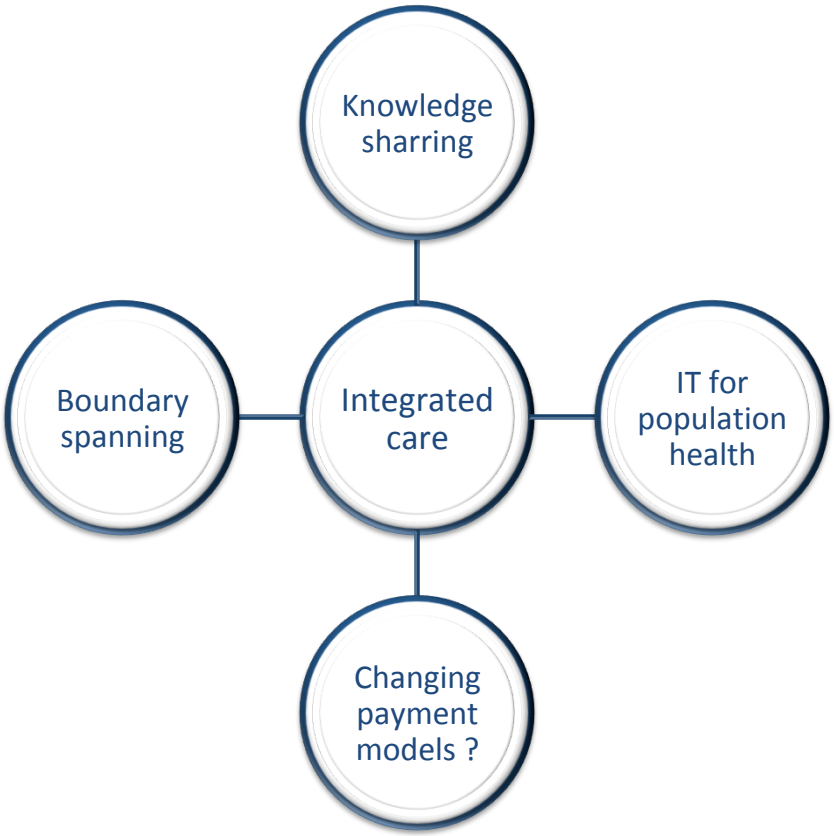
Integrated Care : changing our organizations



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