The Development Model for Integrated Care

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Mirella M.N. Minkman RN, MSc

Program leader Elderly Care/Phd researcher Integrated care
Vilans, Dutch Centre of Excellence in long term care

Challenges in integrated care

- Where to start and how to proceed?
- Which interventions to implement? In a certain order?
- Why are some making more progress than others?
- How do integrated care services develop?
- Is there a resemblance with the development of organizations or networks?

Can we collect knowledge about these issues? Can we develop a generic quality management model for integrated care?
Research questions

- What are the relevant elements of integrated care? How are these elements related to each other? What is essential for the implementation and improvement of integrated care?
- How can the developmental process of integrated care evolve? What are the characteristics and key issues of the development process over time?
- Can this knowledge be used as a basis for a generic quality management model for integrated care? Can this model be empirically validated in integrated care practice?

Step 1: Improving integrated care, existing models
Step 2: Stepwise development of a generic model
Step 3: Empirical validation
(Step 4: Use in practice, policy and research

Element of integrated care

Element: an activity focusing on the realisation, improvement or sustainability of integrated care

Example:
- Collaboratively offering client information of the care partners
- Developing care programmes for relevant client subgroups

Things to do!

Existing models: EFQM model/MBA criteria & Chronic Care Model
Development of the model: study design

International literature study on elements of integrated care: 101 elements

**Expert panel**
N=31

**Delphi Excel Tool**

**DELPHI study**
- Round 1 100%
- Round 2 100%
- Round 3 100%

Inclusion: >80% important/very important

89 elements

**Expert meeting**
**Concept Mapping**
Development of integrated care

**Four development phases**

**Questionnaire**
Elements & phases N=30

‘Top 10 per phase’

Results of the Delphi study

Response: 3 x 100%

Start 101 elements, end 89 included elements

Included: >80% important/very important

**Rating of respondents R 1 t/m 3**

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<th>Percentage of ratings</th>
<th>Neat belangrijk</th>
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<th>Belangrijk</th>
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**New elements and reformulations**

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<th>Average per respondent</th>
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<td>Niet</td>
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<td>Herformuleren</td>
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Start 101 elements, end 89 included elements
89 elements of integrated care

- How do they relate to each other?
- 29 experts (research, practice, policy)
- Expert meeting: individual clustering of elements
- Concept Mapping \( \rightarrow \) 9 clusters
- Subgroups: labels of the clusters, key words per cluster
- Discussion about integrated care development

Concept map: basis of the model
Example: cluster 1 Client centeredness

- 9 elements, priority score 2.23 (sd 0.22)
  1. Providing understandable and client-centered information
  2. Collaboratively offering client information of the care partners
  3. Designing care for clients with multi- or comorbidities
  4. Using self management support methods as a part of integrated care
  5. Implementing care-process supporting clinical information systems
  6. Flexible adjustment of integrated care corresponding to individual clients’ needs
  7. Developing a front office: single entry point for client information
  8. Using a protocol for the systematic follow-up of clients
  9. Developing care programmes for relevant client subgroups
Reflection on integrated care practices...

Nine clusters of integrated care

1. Client centeredness (9)
   - Information tailored to the client (incl. self management)
   - Care fitting specific needs/subgroups/individuals

2. Delivery system (18)
   - Agreements about care and client logistics
   - Coordination mechanisms on client and care chain level
   - Agreements between care organisations about the interorganisational care process

3. Performance management (16)
   - Defining indicators and performance targets on care chain level
   - Measurement and analyses of results
   - Feedback and improvement
4. Quality care (5)
- Multi-disciplinary care pathway
- Evidence-based treatment/care/support
- With client involvement (assure needs, improvement)

5. Result-focused learning (12)
- Learning climate, collaborative learning
- Setting aims, looking at bottlenecks and gaps, focused improvement
- Incentives for rewarding improvement

6. Inter professional teamwork (3)
- Teamworking for a well described client group
- Availability and accessibility of professionals

7. Rolls and tasks (8)
- Clarity about expertises, rolls and tasks of care partners
- Agreements about coordination and collaboration

8. Commitment to the integrated care (11)
- Collaborative commitment and ambition
- Commitment to each other
- (letting go) domains and interests

9. Transparant entrepreneurship (7)
- Space for experiments and innovations
- Mutual financial contracts with financers
- Leadership responsibilities
4 Phases of development

- 1. Initiative and design phase
  *Exploring possibilities and chances, project design, agreements*
- 2. Experimental and execution phase
  *Defining aims and content, coordination care chain, experiments*
- 3. Expansion and monitoring phase
  *Further development and maturity, monitoring, new questions*
- 4. Consolidation and transformation phase
  *Continues improvement, new ambitions, integrated structures*

Step 3: Empirical validation

- Are the elements and phases relevant for and present in integrated care practice?
- Do we have a generic model?
- Response: 84 integrated care services; 43 dementia (86%), 32 stroke (89%), 9 AMI (75%)
- Questionnaire research with integrated care coordinators
- 3 parts:
  A: characteristics of services
  B: 9 clusters, 89 elements
  C: 4 phases
First results of the empirical validation

- Number of differences between integrated care characteristics
- Very high relevance scores for all three groups and all clusters!!
- Large variation between practices in numbers of implemented elements and planned elements, but they increase (implemented) and decrease (planned) over time (phases!)
- Planned elements not related to current or next phase
- Phases are recognized and conformed in practice in all groups
- Elements of earlier phases are older
- Differences between self-assessed phase versus phase according to calculation methods

And: respondents state the model as useful for integrated care development!

Use of the DMIC model

- Self evaluation/self assessment of integrated care services
  This year: webbased tool, stroke, diabetes, more
- Guiding and steering improvement and development
- Adds to integrated care (outcome) indicators, total picture
- Monitoring development over years
- Policy, insurers (purchasing integrated care)
- Framework for further research on integrated care
Publications


Thank you for your attention!

Drs. Mirella M.N. Minkman  
Phd researcher/Program leader  
Vilans  
m.minkman@vilans.nl  
www.vilans.nl  
+31-30-7892499  
(m.minkman2@upcmail.nl from May 15 - October 3 2011)