

Integrated health care: it's time for it to blossom

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Abstract. Considering the grim scenario of burgeoning health-care costs and cost-cutting measures by the Australian Government, there is a clear case to invest and research into disciplines that will ensure sustainability of the public health system. There is evidence that integrated health care contributes to a cost-efficient and quality health system because of potential benefits like streamlined care for patients, efficient use of resources, a better cover of patients and improved patient safety. However, integrated health care as a notion is submerged in the disciplines of public health and primary care. In reality, it is a distinct concept acting as a bridge between primary and secondary care. This article argues it is time for the discipline of integrated health care to be recognised on its own and investment be driven into the establishment of integrated care centres.

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Introduction

Although integrated health care (IHC) as a concept is not new to Australia, the discipline has not received the necessary recognition it deserves. One good reason is confusion about what it means. Both in Australia and internationally, IHC means different things to different people;^{1–3} for some it is an opportunity to reduce costs, whereas for others it is an avenue to provide coordinated care. However, one thing links the various understandings of IHC: an intention to place people at the heart of health service planning and delivery.⁴ IHC considers it vital for patients to receive timely and streamlined care, no matter who the providers are. Thus, the World Health Organization defines IHC as:

...health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course.⁵

From this definition, it is easy to see that IHC is not a subcomponent of public health or primary care, but spans across these services and even across acute care. Therefore, IHC is a strategy that brings various silos of healthcare together to collaborate in the delivery of bespoke services for different profiles of patients.

Yet, IHC is brought up as an afterthought, after existing plans are exhausted or fail to deliver on what they promise. Although this postscript scenario may present an opportunity for IHC to showcase its usefulness, it also demonstrates the secondary status of IHC. The secondary status may be due to thought leaders and academics not recognising the notion on its own or defining it as it pertains to Australia. IHC does not

have visibility in Australian academia or research. Although one may argue you do not need a dedicated unit to research IHC, this doesn't do justice to IHC. As noted above, IHC is a distinct concept and amalgamating IHC research into traditional disciplines dilutes the concept and propagates its continued neglect.

This apparent neglect of IHC seems to have permeated to wider health service planning and delivery in Australia. Aside from a few health departments that have established dedicated integrated care units,^{6,7} IHC is primarily seen as an extension of primary care service delivery, including by the Australian Government Department of Health. For example, the Australian Government Department of Health and several research reports outline integrated care as multidisciplinary primary care,^{8–10} whereas IHC is clearly much more than that. It is obvious: IHC considers not only horizontal integration, but also vertical integration (i.e. access to both primary and acute care services).

The ability to access general practitioner (GP) and hospital services on one site or one entity is being actively implemented in both the UK and US.^{11–14} In the UK, these are called Primary and Acute Care Systems (PACS),¹⁵ whereas in the US they are called Accountable Care Organizations (ACO).¹² PACS involve joining up GP, hospital, community and mental health services in a single National Health Service (NHS) organisation.¹⁵ In this model, it is not necessary that a primary care trust takes the lead; it can also mean a hospital trust opening a GP surgery. At this stage, nine vanguard PACS sites are being established in England (<https://www.england.nhs.uk/ourwork/futurenhs/new-care-models/primary-acute-sites/>, accessed 26 May 2015). Similar to the UK, the ACO in the US bring together primary and acute care providers to give coordinated high-quality care to patients.¹¹ In total, there are approximately 600 ACO in the US.¹² A notable example is Kaiser Permanente (KP), a pioneer of patient-centred service delivery models, which has several medical centres where patients can access a broad spectrum of

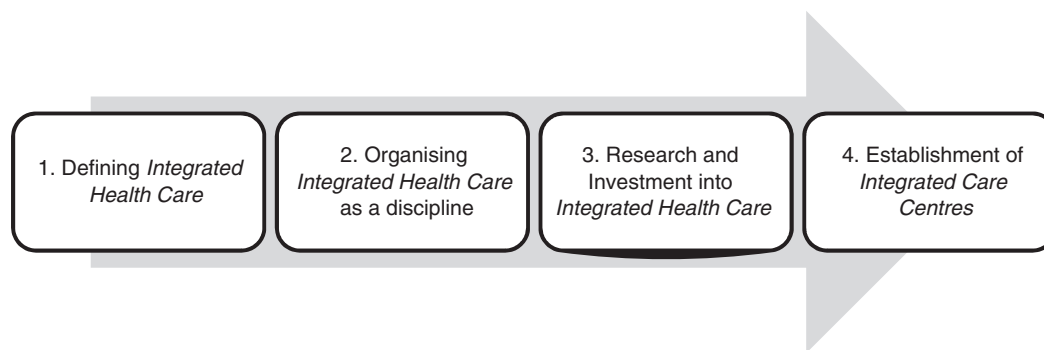


Fig. 1. Steps towards greater recognition of integrated health care.

services ranging from health education to ambulatory care in one place.¹³ A 2002 study identified that KP members experience more access to a wide range of primary care and specialist services and higher-quality services than provided by the UK NHS.¹⁶ Although that study is old, the results outlining higher performance and cost efficiencies of integrated service delivery still hold merit.

Recognition

It is likely that lack of a defined and proper understanding of IHC has affected the implementation of integrated services in Australia. The first step towards addressing this will be for academics and policy makers to define ‘integrated health care’ as it applies to Australia. Although there are various integrated care strategies in Australia, there seems to be no consensus about a definition of IHC. It is not the remit or purpose of this article to propose a definition but, if you draw lessons from successful integrated care models, it will need to consider a patient-centred approach and provision of several services in a single site or organisation.^{15,16} The so-called integrated health service models in Australia have primarily consisted of the addition of adjunct allied health services to core primary care services (GP superclinics), not bonding of acute and primary care services.⁸ This understanding needs to be changed.

The next step will be to organise IHC as a separate discipline both in academia and health policy. Individual health departments have already progressed with this. New South Wales has outlined a definitive integrated care strategy with investment being driven into integrated care demonstrator sites.^{6,17} Similarly, Tasmania has a dedicated integrated care centre program with integrated care sites.⁷ Separation of IHC as a strategy and discipline has to be reflected in national policy and academia too.

Following the organisation of IHC as a discipline, investment and research need to be channelled into this area (see Fig. 1 for a list of all the steps). This focus is necessary to strengthen the discipline, explore innovative models and evaluate current services so that funders, communities and patients benefit from integrated care services.

Conclusion

IHC can provide a manifold return to stakeholders regarding efficient healthcare service delivery and a better patient experience, among other outcomes.^{5,15,16} IHC can bridge the gap

between primary and acute care services and enable greater collaboration between the services. Australia can be a pioneer in recognising IHC as it truly means and as a national policy. This policy will act as an impetus to greater investment and research into IHC and the wider establishment of integrated centres.

Competing interests

None declared.

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