Search Title: Integrated Care Models

Search conducted by: Kieran Lamb 20/04/12

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Sources

Sources searched included:

- NHS Evidence
- Cochrane Library
- Health Database Advanced Search
- Google (nhs.uk, ac.uk, org.uk filters applied)
- Trip Database

Links to the relevant material and live web searched are embedded within this document.

Coding of Quality of Evidence

Best Evidence
Clinical Q&A Evidence
Core primary research
Extended primary research
Articles/Good Practice

Title: How can we improve cancer care? A review of interprofessional collaboration models and their use in clinical management

Citation: Surgical Oncology, September 2011, vol./is. 20/3(146-154), 0960-7404;1879-3320 (September 2011)

Author(s): Gagliardi A.R., Dobrow M.J., Wright F.C.

Language: English

Abstract: Background: Multimodal cancer care requires collaboration among different professionals in various settings. Practice guidelines provide little direction on how this can best be achieved. Research shows that collaborative cancer management is limited, and challenged by numerous issues. The purpose of this research was to describe conceptual models of collaboration, and analyze how they have been applied in the clinical management of cancer patients. Methods: A review of the literature was performed using a two-phase meta-narrative approach. The first phase involved searching for conceptual models of collaboration. Their components and limitations were summarized. The second phase involved targeted searching for empirical research on evaluation of these concepts in the clinical management of cancer patients. Data on study objective, design, and findings were tabulated, and then summarized according to collaborative model and phase of clinical care to identify topics warranting further research. Results: Conceptual models for teamwork, interprofessional collaboration, integrated care delivery, interorganizational collaboration, continuity of care, and case management were described. All concepts involve two or more health care professionals that share patient care goals and interact on a continuum from consultative to integrative, varying according to extent and nature of interaction, degree to which decision making is shared, and the scope of patient management (medical versus holistic). Determinants of positive objective and subjective patient, team and organizational outcomes common across models included system or organizational support, team structure and traits, and team processes. Twenty-two studies conducted in ten countries examining these concepts for cancer care were identified. Two were based on an explicit model of collaboration. Many health professionals function through parallel or consultative models of care and are not well integrated. Few interventions or strategies have been applied to promote models that support collaboration. Conclusions: Ongoing development, implementation and evaluation of collaborative cancer management, in the context of both practice and research, would benefit from systematic planning and operationalization. Such an approach is likely to improve patient, professional and organizational outcomes, and contribute to a collective understanding of collaborative cancer care.

Publication Type: Journal: Review

Source: EMBASE

- **Title:** A systematic review of different models of home and community care services for older persons

  Citation: BMC health services research, 2011, vol./is. 11/(93), 1472-6963 (2011)

  Author(s): Low L.F., Yap M., Brodaty H.

  Language: English

  Abstract: Costs and consumer preference have led to a shift from the long-term institutional care of aged older people to home and community based care. The aim of this review is to evaluate the outcomes of case managed, integrated or consumer directed home and community care services for older persons, including those with dementia. A systematic review was conducted of non-medical home and community care services for frail older persons. MEDLINE, PsycINFO, CINAHL, AgeLine, Scopus and PubMed were searched from 1994 to May 2009. Two researchers independently reviewed search results. Thirty five papers were included in this review. Evidence from randomized controlled trials showed that case management improves function and appropriate use of medications, increases use of community services and reduces nursing home admission. Evidence, mostly from non-randomized trials, showed that integrated care increases service use; randomized trials reported that integrated care does not improve clinical outcomes. The lowest quality evidence was for consumer directed care which appears to increase satisfaction with care and community service use but has little effect on clinical outcomes. Studies were heterogeneous in methodology and results were not consistent. The outcomes of each model of care differ and correspond to the model's focus. Combining key elements of all three models may maximize outcomes.

  Publication Type: Journal: Review

  Source: EMBASE

  Full Text:
  Available in *fulltext* at EBSCOhost
  Available in *fulltext* at BioMedCentral
  Available in *fulltext* at National Library of Medicine
  Available in *fulltext* at ProQuest

- **Title:** Performance improvement based on integrated quality management models: what evidence do we have? A systematic literature review

  Citation: International journal for quality in health care : journal of the International Society for Quality in Health Care / ISQua, April 2007, vol./is. 19/2(90-104), 1353-4505 (Apr 2007)

Author(s): Minkman M., Ahaus K., Huijsman R.

Language: English

Abstract: PURPOSE: Health care organizations have to improve their performance for multiple stakeholders and organize integrated care. To facilitate this, various integrated quality management models can be used. This article reviews the literature on the Malcolm Baldrige Quality Award (MBQA) criteria, the European Foundation Quality Management (EFQM) Excellence model (Excellence award models) and the Chronic Care Model. The focus is on the empirical evidence for improved performance by the implementation of interventions based on these models. DATA SOURCES: A systematic literature review from 1995 to May 2006 in the Pubmed, Cochrane, and ABI- databases was conducted. STUDY SELECTION: After selection, 37 studies were included, 16 in the Excellence award model search and 21 in the Chronic Care Model search. DATA EXTRACTION AND RESULTS OF ANALYSIS: Data were retrieved about the main intervention elements, study design, evidence level, setting and context factors, data collection and analysis, principal results and performance dimensions. No Excellence Award model studies with controlled designs were found. For the Chronic Care Model, one systematic review, one meta analysis and six controlled studies were included. Seventeen studies (2 in Excellence award model, 15 in Chronic Care Model) reported one or more significant results. CONCLUSION: There is some evidence that implementing interventions based on the 'evidence-based developed' Chronic Care Model may improve process or outcome performances. The evidence for performance improvement by interventions based on the 'expert-based developed' MBQA criteria and the EFQM Excellence model is more limited. Only a few studies include balanced measures on multiple performance dimensions. Considering the need for integrated care and chronic care improvement, the further development of these models for guiding improvements in integrated care settings and their specific context factors is suggested.

Publication Type: Journal: Review

Source: EMBASE

Full Text:
Available in *fulltext* at Highwire Press

- **Title:** Integrated practice model outcomes compared with traditional consultation models

Citation: Journal of Psychosomatic Research, June 2010, vol./is. 68/6(661), 0022-3999 (June 2010)

Author(s): Rundell J.R.

Language: English

Abstract: Background and aims: At Mayo Clinic, there are 3 models of psychosomatic medicine (PM) outpatient consultation: 1) Traditional consultation, 2) Collaborative consultation with health psychologists and psychiatric nurses and therapists, and 3) Integrated care (PM psychiatrists on multidisciplinary teams in primary and specialty clinics). Methods: Program elements of the 3 models were compared. Financial, documentation and satisfaction outcomes of collaborative consultation were compared to traditional consultation. Categorical data were analyzed with the chi-square test; t-tests were used to analyze continuous data. Results: 55% of patients seen by PM psychiatrists at Mayo Clinic are in integrated care programs, 25% in collaborative care, and 20% in traditional consultation. Over 20 integrated care programs at Mayo Clinic include PM psychiatrists. Each has a unique model of integrated care. Examples include primary care, bariatric surgery, transplantation, rehabilitation, and high-risk obstetrics. Financial performance is 14% better when collaborative care is compared to traditional consultation (p=.05). Dictation costs are 30% less (p<.001). Nursing capabilities are leveraged so that the number of consults seen is increased by 33% (p=.01). Documentation standards are met at the 95%-100% level, compared to 50%-60% (p=.02). A standard measure of provider satisfaction was 50% higher in the collaborative model (p<.001). Standard patient satisfaction ratings were higher in the collaborative model by 20% (p<.001). Conclusion: Collaboration can improve financial performance, patient and provider satisfaction, and documentation compliance. Integrated care settings can become the predominant mode of PM consultation and can offer multiple opportunities to expand the scope and practice of PM.

Publication Type: Journal: Conference Abstract

Source: EMBASE

Title: An integrated care facilitation model improves quality of life and reduces use of hospital resources by patients with chronic obstructive pulmonary disease and chronic heart failure

Citation: Australian Journal of Primary Health, 2010, vol./is. 16/4(326-333), 1448-7527 (2010)

Author(s): Bird S., Noronha M., Sinnott H.

Language: English

Abstract: As part of the Department of Human Services Hospital Admissions Risk Program (HARP), a group of acute and community based health care providers located in the western suburbs of Melbourne formed a consortium to reduce the demand on hospital emergency services and improve health outcomes for patients with chronic obstructive pulmonary disease (COPD) and chronic heart failure (CHF). The model of care was

designed by a team of multidisciplinary specialists and medical consultants. In addition to receiving normal care, patients recruited to the project were assessed by 'Care Facilitators', who identified unmet health care needs and provided information, advice and education for the patient concerning their condition and self-management. Patients declining recruitment received all normal care services. The patients' rates of emergency department (ED) presentations, inpatient admissions and hospital inpatient bed-days before and after their recruitment were calculated from the Western Health patient activity records, and pre- versus post-recruitment rates were compared using ANOVA. Changes relative to the ongoing use by those who declined recruitment were compared using the group-by-time interaction. Patient health outcomes were assessed using established disease-specific tools, and pre- versus post-recruitment values were compared using paired t-tests. Patients recruited to the COPD project reduced ($P < 0.05$) their emergency presentations, admissions and hospital inpatient bed-days by 10, 25 and 18%, respectively, whereas those declining recruitment increased their usage by 45, 41 and 51% respectively. Recruited CHF patients also displayed reductions in emergency presentations (39%), admissions (36%) and hospital inpatient bed-days (33%), whereas those who declined recruitment displayed lesser reductions for ED presentations (26%) and admissions (20%), and increased their use of hospital inpatient bed-days (15%). The recruited COPD patients reported a significant reduction in their symptoms ($P < 0.005$) and the CHF patients reported an improvement in their overall health and quality of life scores ($P < 0.001$). The outcome measures used in this evaluation suggest that an integrated care facilitation model that is patient focussed, provides an education component to promote greater self-management compliance and delivers a continuum of care through the acute and community health sectors, may reduce the utilisation of acute health care facilities and benefit the patient. La Trobe University 2010.

Publication Type: Journal: Article

Source: EMBASE

- **Title:** Practitioners' validation of framework of team-oriented practice models in integrative health care: a mixed methods study

  Citation: BMC health services research, 2010, vol./is. 10/(289), 1472-6963 (2010)

  Author(s): Gaboury I., Boon H., Verhoef M., Bujold M., Lapierre L.M., Moher D.

  Language: English

  Abstract: Biomedical and Complementary and Alternative Medicine (CAM) academic and clinical communities have yet to arrive at a common

understanding of what Integrative healthcare (IHC) is and how it is practiced. The Models of Team Health Care Practice (MTHP) framework is a conceptual representation of seven possible practice models of health care within which teams of practitioners could elect to practice IHC, from an organizational perspective. The models range from parallel practice at one end to integrative practice at the other end. Models differ theoretically, based on a series of hypotheses. To date, this framework has not been empirically validated. This paper aims to test nine hypotheses in an attempt to validate the MTHP framework. Secondary analysis of two studies carried out by the same research team was conducted, using a mixed methods approach. Data were collected from both biomedical and CAM practitioners working in Canadian IHC clinics. The secondary analysis is based on 21 participants in the qualitative study and 87 in the quantitative study. We identified three groups among the initial seven models in the MTHP framework. Differences between practitioners working in different practice models were found chiefly between those who thought that their clinics represented an integrative model, versus those who perceived their clinics to represent a parallel or consultative model. Of the scales used in the analysis, only the process of information sharing varied significantly across all three groups of models. The MTHP framework should be used with caution to guide the evaluation of the impact of team-oriented practice models on both subjective and objective outcomes of IHC. Groups of models may be more useful, because clinics may not "fit" under a single model when more than one model of collaboration occurs at a single site. The addition of a hypothesis regarding power relationships between practitioners should be considered. Further validation is required so that integrative practice models are well described with appropriate terminology, thus facilitating the work of health care practitioners, managers, policy makers and researchers.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at BioMedCentral
Available in *fulltext* at National Library of Medicine
Available in *fulltext* at ProQuest

- **Title:** Cost analysis of an integrated care model in the management of acute exacerbations of chronic obstructive pulmonary disease

  Citation: Chronic Respiratory Disease, November 2009, vol./is. 6/4(201-208), 1479-9723;1479-9731 (November 2009)

  Author(s): Bakerly N.D., Davies C., Dyer M., Dhillon P.

Language: English

Abstract: Home treatment models for acute exacerbations of chronic obstructive pulmonary disease (AECOPD) proved to be a safe alternative to hospitalization. These models have the potential to free up resources; however, in the United Kingdom, it remains unclear to whether they provide cost savings compared with hospital treatment. Over a 12-month period from August 2003, 130 patients were selected for the integrated care group (total admissions with AECOPD = 546). These patients were compared with 95 retrospective controls in the hospital treatment group. Controls were selected from admissions during the previous 12 months (total of 662 admissions) to match the integrated care group in age, sex, and postal code. Resource use data were collected for both groups and compared using National Health Service (NHS) perspective for cost minimization analysis. In the integrated care group (130 patients), 107 (82%) patients received home support with average length of stay 3.3 (SD 3.9) days compared with 10.4 (SD 7.7) in the hospital group (95 patients). Average number of visits per patients in the integrated care group was 3.08 (SD = 0.95; 95% CI = 2.9-3.2). Cost per patient in the integrated care group was 1653 (95% CI, 1521-1802) compared with 2256 (95% CI, 2126- 2407) in the hospital group. The integrated care group resulted in cost saving of approximately 600 ($P < 0.001$) per patient. This integrated care model for the management of patients with AECOPD offered cost savings of 600 per patient over the conventional hospital treatment model using the new NHS tariff from an acute trust provider perspective.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at ProQuest

- **Title:** A quality management model for integrated care: Results of a Delphi and Concept Mapping study.

Citation: International Journal for Quality in Health Care, February 2009, vol./is. 21/1(66-75), 1353-4505;1464-3677 (Feb 2009)

Author(s): Minkman, Mirella, Ahaus, Kees, Fabbricotti, Isabelle, Nabitz, Udo, Huijsman, Robbert

Language: English

Abstract: Objective: The objective of this study is to identify the elements and clusters of a quality management model for integrated care. Design: In order to develop the model a combination of three methods were applied. A literature study was conducted to identify elements of integrated care. In a

Delphi study experts commented and prioritized 175 elements in three rounds. During a half-a-day session with the expert panel, Concept Mapping was used to cluster the elements, position them on a map and analyze their content. Multi-dimensional statistical analyses were applied to design the model. Participants: Thirty-one experts, with an average of 8.9 years of experience working in research, managing improvement projects or running integrated care programmes. Results: The literature study resulted in 101 elements of integrated care. Based on criteria for inclusion and exclusion, 89 unique elements were determined after the three Delphi rounds. By using Concept Mapping the 89 elements were grouped into nine clusters. The clusters were labeled as: 'Quality care', 'Performance management', 'Interprofessional teamwork', 'Delivery system', 'Roles and tasks', 'Patient-centeredness', 'Commitment', 'Transparent entrepreneurship' and 'Result-focused learning'. Conclusion: The identified elements and clusters provide a basis for a comprehensive quality management model for integrated care. This model differs from other quality management models with respect to its general approach to multiple patient categories, its broad definition of integrated care and its specification into nine different clusters. The model furthermore accentuates conditions for effective collaboration such as commitment, clear roles and tasks and entrepreneurship. The model could serve evaluation and improvement purposes in integrated care practice. To improve external validity, replication of the study in other countries is recommended. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal, Peer Reviewed Journal

Source: PsycINFO

Full Text:
Available in *fulltext* at Highwire Press

- **Title:** The evolving role of care management in integrated models of care.

  Citation: Care Management Journals, 01 June 2007, vol./is. 8/2(64-70), 15210987

  Author(s): McGeehan SK, Applebaum R

  Language: English

  Abstract: The purpose of this study is to better understand care management in integrated models of service delivery. Semistructured interviews were conducted with state- and program-level administrators and care managers from nursing and social work disciplines in eight programs providing integrated care. The professionals interviewed discussed the benefits and difficulties associated with providing care management to a population with a wide range of needs, issues related to interfacing with different health care professionals, and the overall purpose

of the care manager role. The findings suggest a need to unify the purpose of care management in programs, that educational and training efforts for care managers need to be examined more closely, and that there is a need for future research to focus on the value of comprehensive care management in a medical model of care.

Publication Type: journal article

Source: CINAHL

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at ProQuest

- **Title:** Towards a model for integrative medicine in Swedish primary care

Citation: BMC health services research, 2007, vol./is. 7/(107), 1472-6963 (2007)

Author(s): Sundberg T., Halpin J., Warenmark A., Falkenberg T.

Language: English

Abstract: BACKGROUND: Collaboration between providers of conventional care and complementary therapies (CTs) has gained in popularity but there is a lack of conceptualised models for delivering such care, i.e. integrative medicine (IM). The aim of this paper is to describe some key findings relevant to the development and implementation of a proposed model for IM adapted to Swedish primary care. METHODS: Investigative procedures involved research group and key informant meetings with multiple stakeholders including general practitioners, CT providers, medical specialists, primary care administrators and county council representatives. Data collection included meeting notes which were fed back within the research group and used as ongoing working documents. Data analysis was made by immersion/crystallisation and research group consensus. Results were categorised within a public health systems framework of structures, processes and outcomes. RESULTS: The outcome was an IM model that aimed for a patient-centered, interdisciplinary, non-hierarchical mix of conventional and complementary medical solutions to individual case management of patients with pain in the lower back and/or neck. The IM model case management adhered to standard clinical practice including active partnership between a gate-keeping general practitioner, collaborating with a team of CT providers in a consensus case conference model of care. CTs with an emerging evidence base included Swedish massage therapy, manual therapy/naprapathy, shiatsu, acupuncture and qigong. CONCLUSION: Despite identified barriers such as no formal recognition of CT professions in Sweden, it was possible to develop a model for IM adapted to Swedish primary care. The IM model calls for testing and refinement in a pragmatic randomised

controlled trial to explore its clinical effectiveness.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at BioMedCentral
Available in *fulltext* at National Library of Medicine

- **Title:** The medical home model: new opportunities for psychiatric services in the United States.

  Citation: Current Opinion in Psychiatry, 01 November 2011, vol./is. 24/6(562-568), 09517367

  Author(s): Amiel JM, Pincus HA

  Language: English

  Abstract: PURPOSE OF REVIEW: The Patient-Centered Medical Home (PCMH) model is an approach to providing integrated healthcare through one main point of access. As the PCMH model gains increasing adoption in large health systems, its implications for psychiatric services are becoming increasingly important. This review highlights the development of the medical home model and a number of ways in which it has been adopted in psychiatric delivery systems. RECENT FINDINGS: Numerous pilot initiatives have demonstrated quality improvement through the provision of psychiatric care in medical settings, medical care in psychiatric settings or fully integrated care through broadly trained providers. SUMMARY: The PCMH model offers a useful conceptual framework for the management of complex and chronic psychiatric illness. Early pilots of its use in psychiatric settings have demonstrated that people with psychiatric illness who receive their care in a medical home have better access to care, improved response to treatment, and higher cost-efficiency compared with usual care.

  Publication Type: journal article

  Source: CINAHL
- **Title:** Delivering integrated care: a prime contractor model.

  Citation: Practical Diabetes International, 01 September 2011, vol./is. 28/7(314-315), 13578170

  Author(s): Wroe, Charles, Laitner, Steve

  Language: English

Publication Type: journal article

Source: CINAHL

- **Title:** Integrated multidisciplinary treatment teams; a mental health model for outpatient settings in the military

  Citation: Military medicine, September 2011, vol./is. 176/9(986-990), 0026-4075 (Sep 2011)

  Author(s): Vijayalakshmy P., Hebert C., Green S., Ingram C.L.

  Language: English

  Abstract: To evaluate critically whether treatment models existed in the literature to treat a soldier with multiple psychiatric and other comorbidities and propose a mental health model consisting of an integrated multidisciplinary treatment team for use in military outpatient settings. A case example was described to demonstrate the complexity of presentation including depression, anxiety, insomnia, post-traumatic stress disorder, chronic pain, substance abuse, relationship problems, and suicide attempts. Literature search was conducted for the period 2004-2009. Articles that referred to collaborative/integrated care were examined in detail. Seven articles described collaborative care. Of these, five described collaboration with only primary care and 2 with other specialties including pain, substance abuse, and vocational rehabilitation services. Most articles gave a broader description of the collaborative model. Some postulated a theoretical framework. One described collaborative care in detail but was coordinated by only one professional. None described integration of providers involved in the patient's care. The process of implementation was not sufficiently described. Because of limitations in the published literature, a mental health model consisting of a multidisciplinary integrated treatment team is proposed to treat the soldiers in the military outpatient setting.

  Publication Type: Journal: Article

  Source: EMBASE

  Full Text:
  Available in *fulltext* at EBSCOhost
  Available in *fulltext* at ProQuest

- **Title:** Home care in heart failure: Towards an integrated care model

  Citation: European Journal of Heart Failure, August 2011, vol./is. 13/8(823-824), 1388-9842;1879-0844 (August 2011)

Author(s): Jaarsma T., Luttik M.L.

Language: English

Publication Type: Journal: Editorial

Source: EMBASE

- **Title:** Can an integrated care model improve patient care?

  Citation: Nephrology news & issues, June 2011, vol./is. 25/7(36), 0896-1263 (Jun 2011)

  Author(s): Steer D., Steinberg S.

  Language: English

  Publication Type: Journal: Article

  Source: EMBASE

- **Title:** Integrated care models to require more active role for case managers.

  Citation: Mental Health Weekly, 11 April 2011, vol./is. 21/15(1-3), 10581103

  Language: English

  Publication Type: journal article

  Source: CINAHL

  Full Text:
  Available in *fulltext* at EBSCOhost

- **Title:** A service model for delivering care closer to home

  Citation: Primary health care research & development, April 2011, vol./is. 12/2(95-111), 1477-1128 (Apr 2011)

  Author(s): Dodd J., Taylor C.E., Bunyan P., White P.M., Thomas S.M., Upton D.

  Language: English

Abstract: Upton Surgery (Worcestershire) has developed a flexible and responsive service model that facilitates multi-agency support for adult patients with complex care needs experiencing an acute health crisis. The purpose of this service is to provide appropriate interventions that avoid unnecessary hospital admissions or, alternatively, provide support to facilitate early discharge from secondary care. Key aspects of this service are the collaborative and proactive identification of patients at risk, rapid creation and deployment of a reactive multi-agency team and follow-up of patients with an appropriate long-term care plan. A small team of dedicated staff (the Complex Care Team) are pivotal to coordinating and delivering this service. Key skills are sophisticated leadership and project management skills, and these have been used sensitively to challenge some traditional roles and boundaries in the interests of providing effective, holistic care for the patient.This is a practical example of early implementation of the principles underlying the Department of Health's (DH) recent Best Practice Guidance, 'Delivering Care Closer to Home' (DH, July 2008) and may provide useful learning points for other general practice surgeries considering implementing similar models. This integrated case management approach has had enthusiastic endorsement from patients and carers. In addition to the enhanced quality of care and experience for the patient, this approach has delivered value for money. Secondary care costs have been reduced by preventing admissions and also by reducing excess bed-days. The savings achieved have justified the ongoing commitment to the service and the staff employed in the Complex Care Team. The success of this service model has been endorsed recently by the 'Customer Care' award by 'Management in Practice'. The Surgery was also awarded the 'Practice of the Year' award for this and a number of other customer-focussed projects.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at ProQuest

Title: Integrated Primary and Mental Health Care Services: An Evolving Partnership Model.

Citation: Psychiatric Rehabilitation Journal, 01 April 2011, vol./is. 34/4(317-320), 1095158X

Author(s): Davis, Kristin E., Brigell, Emily, Christiansen, Kathryn, Snyder, Marsha, McDevitt, Judith, Forman, Jay, Storfjell, Judith Lloyd, Wilkniss, Sandra M.

Language: English

Abstract: Topic: Persons with serious psychiatric disabilities experience high rates of medical co-morbidities that, if properly treated, could improve overall well-being and the course of recovery. Purpose: This brief reports describes how two organizations-Thresholds Psychiatric Rehabilitation Centers and University of Illinois College of Nursing-partnered to offer integrated behavioral and physical health care responsive to the needs of the population and committed to consumer-centered, holistic and preventative care. Most recently, the partnership offers primary care in different community settings through different service models-tele-monitoring, home visits, group visits. Sources Used: A combination of published literature, staff report, and quality assurance data informs this report. Conclusions and Implications for Practice: The authors conclude that primary care outreach is a promising strategy in mental health settings and that the Chronic Care Model (CCM) provides a set of guidelines for designing and monitoring quality integrated care for a partnership model of integrated care.

Publication Type: journal article

Source: CINAHL

- **Title:** Innovation profile: The 'GRACE' model: In-home assessments lead to better care for dual eligibles

Citation: Health Affairs, March 2011, vol./is. 30/3(431-434), 0278-2715;1544-5208 (March 2011)

Author(s): Bielaszka-DuVernay C.

Language: English

Abstract: Systems: Wishard Health Services, based in Indianapolis, Indiana, the third-largest safety-net health organization in the United States; HealthCare Partners Medical Group (Los Angeles); the Indianapolis Veterans Affairs (VA) Medical Center (part of the Veterans Health Administration Office of Geriatrics and Extended Care); and the Aging and Disability Resource Center Evidence-Based Care Transition Programs, funded by the US Administration on Aging and the Centers for Medicare and Medicaid Services. Key Innovation: Geriatric Resources for Assessment and Care of Elders (GRACE), an integrated care model targeting low-income seniors, many dually eligible and most with multiple chronic conditions. The model uses in-home assessments by a team consisting of a nurse practitioner and a social worker to develop an individualized plan of care. Cost Savings: In a randomized controlled trial of 951 adults age sixty-five and older, with incomes below 200 percent of the federal poverty level, high-risk patients enrolled in GRACE had fewer visits to emergency departments, hospitalizations, and readmissions and reduced hospital costs compared to the control group. The two-year GRACE intervention saved $1,500 per enrolled high-risk patient by the

second year. Quality Improvement Results: In the same randomized controlled trial, GRACE received high ratings by physicians. Grace patients also reported higher quality of life compared with the control group. Challenges: The GRACE model improves health and reduces costs in a capitated system, but only 10 percent of its costs are covered by fee-forservice Medicare. 2011 by Project HOPE - The People-to-People Health Foundation, Inc.

Publication Type: Journal: Article

Source: EMBASE

- **Title:** Interprofessional collaboration within integrative healthcare clinics through the lens of the relationship-centered care model

Citation: Journal of interprofessional care, March 2011, vol./is. 25/2(124-130), 1469-9567 (Mar 2011)

Author(s): Gaboury I., Lapierre L.M., Boon H., Moher D.

Language: English

Abstract: Teamwork is a contemporary way to try to improve the healthcare system, not only for the patients but also for the practitioners involved. A new type of interprofessional working arrangement, integrative healthcare (IHC) clinics, has emerged in the last two decades. The literature on interprofessional collaboration is steadily increasing, but little is known about the collaborative organization of the biomedical and complementary and alternative medicine (CAM) practitioners that make up the teams in these clinics. The relationship-centered care model was used to guide an exploration of the interprofessional teamwork within a Canadian IHC setting. A sample of 31 IHC clinics and 228 biomedical and CAM practitioners were included. Eighty-nine questionnaires were returned from 25 clinics, representing a 62% practitioner response rate (within clinic responders). This study established that within the analytical model, practitioners behaviors and skills are the main factors associated with job satisfaction and inter-practitioner conflicts in interprofessional IHC practice. The results of the study also suggested the importance of interprofessional exposure for healthcare practitioners who are being expected to serve a clientele that is increasingly interested in being both cured and healed by the integration of biomedical and CAM paradigms and approaches.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost

Available in *fulltext* at EBSCOhost

Localism: delivering integration across housing, health and care

Published 01/01/2011

In the context of the new localism agenda and significant changes to the health landscape, this publication examines how the new policy context might provide opportunities for driving the integration of services across health, care and housing. It contains case studies demonstrating how services across the 3 agendas are being developed and taken forward, even during time of great change. The aim is to support professionals across the sectors to start or develop cross sector working. A series of 7 round table discussions were held in several different English regions in which housing, health and social care professionals came together to look at how to develop greater integration of services. After identifying common experiences of barriers, the delegates directly addressed how the new policy direction and the emphasis on localism and greater community empowerment might support a shift to greater integration.

- **Title:** From complexity theory to a generalized governance model: A practical architectural pattern for health care and wellness economies

Citation: Studies in Health Technology and Informatics, 2011, vol./is. 164/(274-279), 0926-9630 (2011)

Author(s): Motoc B.

Language: English

Abstract: Using tools from the domain of Complexity Theory, the present paper offers a simple and intriguing modeling methodology for organizations and organizational ecosystems within the wellness and health care economy. The model is used to deliver a high usability cross-domain analysis tool, the driver for integrated social, business and technology architecture. The outcome of the proposed methodology consists of practical steps towards implementing evidence based governance within the given context of operation. Improved and multi-domain governance leads to higher efficiency and better integration of organization domains (culture, business and technology). 2011 ITCH 2011 Steering Committee and IOS Press.

Publication Type: Conference Proceeding: Conference Paper

Source: EMBASE

Full Text:

Available in *fulltext* at EBSCOhost

Transforming your care: a review of health and social care in Northern Ireland

Published 01/01/2011
This review undertook consultation with the public, political representative and clinical and professional leaders to examine the quality and accessibility of health and social care services in Northern Ireland. It also examined the extent to which the needs of patients, clients, carers and communities are being met. The report begins by outlining the reasons why the health and social care system needs to change, based on the evidence collected. It the identifies 11 key reasons which support the need for change and provides a model for integrated health and social care to drive the future shape and direction of the service. The report details the impact of the new model across 10 areas of care (population health and wellbeing, older people, long-term conditions, physical disabilities, maternity and child health, family and child care, mental health services, learning disabilities, acute care and palliative and end of life care).

- HealthPartners: a case study series on disruptive innovations within integrated health systems

Published 01/08/2010
Disruptive innovations in health care have the potential to decrease costs while improving both the quality and accessibility of care. This paper is part of a series of case studies that uses disruptive innovation theory to examine integrated delivery systems and aims to identify the critical factors necessary to achieve many of the desired quality, cost, and access improvements called for in current reform proposals. By providing a historical and strategic analysis of integrated fixed-fee providers, this project hopes to accelerate the adoption of disruptive innovations throughout the health care delivery system. HealthPartners is the largest consumer-governed, nonprofit health care organization in the nation. It serves 1.25 million medical and dental health plan members, has 10,000 employees, and brings in annual revenues of $3.1 billion. It began as an insurance plan and later became a fully integrated finance and care-delivery organization.

Benefits realisation: assessing the evidence for the cost benefit and cost effectiveness of integrated health and social care

Published 01/02/2010
This report is a systematic review and critical appraisal of the studies that have evaluated integrated health, housing and social care from an economic perspective. The purpose of the report is not only to collate and assess the evidence base in order to identify gaps in the literature and to inform future studies, but to add strength to the claim that integrated health and social care can provide financial benefits. The report is based on a literature review of studies from the UK and abroad that have conducted economic evaluations of the impact of integrated health, housing and social care. Over 80 studies have been included in this review and these were selected on the strength of their evidence and/or methodological technique. These include articles that have been published in journals, and ‘grey literature’ i.e. material that has not been reviewed for publication.

Diagnostic study, design and implementation of an integrated model of care in France: a bottom-up process with continuous leadership

Published 01/01/2010

Sustaining integrated care is difficult, largely because of problems in securing the participation of health care and social service professionals and, in particular, general practitioners (GPs). This article describes an innovative bottom-up, pragmatic strategy used to implement a new integrated care model in France for community-dwelling elderly people with complex needs. Initially, face-to-face interviews were conducted to gather data on current practices from a sample of health and social stakeholders working with elderly people. The stakeholders then designed an integrated care model called Coordination Personnes Agées (COPA), adapted to the local context. Finally, the model was implemented in two phases: adoption and maintenance. The process was continuously evaluated. Continuity of leadership was provided by clinicians and researchers during the diagnostic and design phases, and by clinicians and service managers during the implementation phase. The implementation of this strat

- **Title:** Towards integrated care: Australia's new model of care for patients with glaucoma

  Citation: The Medical journal of Australia, August 2010, vol./is. 193/4(200-201), 0025-729X (16 Aug 2010)

  Author(s): Lu C.Y., Lu V.H., Goldberg I., Day R.O.

  Language: English

  Abstract: Using shared care to tackle the complexity of optimal patient management.

  Publication Type: Journal: Editorial

  Source: EMBASE

- **Title:** New report highlights integrated care models to redesign MH delivery systems.

  Citation: Mental Health Weekly, 14 June 2010, vol./is. 20/23(1-3), 10581103

  Language: English

  Publication Type: journal article

  Source: CINAHL

Full Text:
Available in *fulltext* at EBSCOhost

- **Title:** A non-homogeneous discrete time Markov model for admission scheduling and resource planning in a cost or capacity constrained healthcare system

  Citation: Health care management science, June 2010, vol./is. 13/2(155-169), 1386-9620 (Jun 2010)

  Author(s): Garg L., McClean S., Meenan B., Millard P.

  Language: English

  Abstract: Healthcare resource planners need to develop policies that ensure optimal allocation of scarce healthcare resources. This goal can be achieved by forecasting daily resource requirements for a given admission policy. If resources are limited, admission should be scheduled according to the resource availability. Such resource availability or demand can change with time. We here model patient flow through the care system as a discrete time Markov chain. In order to have a more realistic representation, a nonhomogeneous model is developed which incorporates time-dependent covariates, namely a patient's present age and the present calendar year. The model presented in this paper can be used for admission scheduling, resource requirement forecasting and resource allocation, so as to satisfy the demand or resource constraints or to meet the expansion or contraction plans in a hospital and community based integrated care system. Such a model can be used with both fixed and variable numbers of admissions per day and should prove to be a useful tool for care managers and policy makers who require to make strategic management decisions. We also describe an application of the model to an elderly care system, using a historical dataset from the geriatric department of a London hospital.

  Publication Type: Journal: Article

  Source: EMBASE

  Full Text:
  Available in *fulltext* at EBSCOhost
  Available in *fulltext* at ProQuest

- **Title:** St. Louis Initiative for Integrated Care Excellence (SLI(2)CE): integrated-collaborative care on a large scale model.

  Citation: Families, Systems & Health: The Journal of Collaborative Family HealthCare, 01 June 2010, vol./is. 28/2(175-187), 10917527

  Author(s): Brawer PA, Martielli R, Pye PL, Manwaring J, Tierney A

Language: English

Abstract: The primary care health setting is in crisis. Increasing demand for services, with dwindling numbers of providers, has resulted in decreased access and decreased satisfaction for both patients and providers. Moreover, the overwhelming majority of primary care visits are for behavioral and mental health concerns rather than issues of a purely medical etiology. Integrated-collaborative models of health care delivery offer possible solutions to this crisis. The purpose of this article is to review the existing data available after 2 years of the St. Louis Initiative for Integrated Care Excellence; an example of integrated-collaborative care on a large scale model within a regional Veterans Affairs Health Care System. There is clear evidence that the SLI(2)CE initiative rather dramatically increased access to health care, and modified primary care practitioners' willingness to address mental health issues within the primary care setting. In addition, data suggests strong fidelity to a model of integrated-collaborative care which has been successful in the past. Integrated-collaborative care offers unique advantages to the traditional view and practice of medical care. Through careful implementation and practice, success is possible on a large scale model.

Publication Type: journal article

Source: CINAHL

- **Title:** The group employed model as a foundation for health care delivery reform

Citation: Issue brief (Commonwealth Fund), April 2010, vol./is. 83/(1-24), 1558-6847 (Apr 2010)

Author(s): Minott J., Helms D., Luft H., Guterman S., Weil H.

Language: English

Abstract: With a focus on delivering low-cost, high-quality care, several organizations using the group employed model (GEM)-with physician groups whose primary and specialty care physicians are salaried or under contract-have been recognized for creating a culture of patient-centeredness and accountability, even in a toxic fee-for-service environment. The elements that leaders of such organizations identify as key to their success are physician leadership that promotes trust in the organization, integration that promotes teamwork and coordination, governance and strategy that drive results, transparency and health information technology that drive continual quality improvement, and a culture of accountability that focuses providers on patient needs and responsibility for effective care and efficient use of resources. These organizations provide important lessons for health care delivery system reform.

Publication Type: Journal: Article

Source: EMBASE

- **Title:** Integrated care pathways -- the touchstone of an integrated service delivery model for Ireland.

Citation: International Journal of Care Pathways, 01 March 2010, vol./is. 14/1(27-29), 20404026

Author(s): Doocey A, Reddy W

Language: English

Abstract: While health-care reform across many developed countries includes the objective of achieving integrated health care as a key goal, there is no one delivery model available on which all systems can draw upon to support the achievement of integrated health care. The evidence to date highlights that even in the most advanced health-care systems, there is a substantial gap between what is known to work and what is provided. This paper discusses the potential for integrated care pathways (ICPs) to contribute to the reform agenda in Ireland to achieve effective and sustainable integrated service delivery. There is significant evidence to suggest that ICPs can play a critical role in supporting this agenda but we must first understand if they are fit for purpose and what the critical factors are that underpin their success or failure.

Publication Type: journal article

Source: CINAHL

Full Text:
Available in *fulltext* at Highwire Press

- **Title:** Examining the "dyad" as a management model in integrated health systems

Citation: Physician executive, January 2010, vol./is. 36/1(14-19), 0898-2759 (2010 Jan-Feb)

Author(s): Zismer D.K., Brueggemann J.

Language: English

Abstract: Examine a two-pronged approach to the management of physician/hospital integration, including the responsibilities of physician leaders and nonphysician leaders.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at EBSCOhost
Available in *fulltext* at ProQuest

- ## Innovations in community care: from pilot projects to system change

  Published 30/04/2009
  This paper highlights postive examples of what is working well in home and community care in British Columbia, Canada. These local, small-scale initiatives support people with significant health challenges who continue to live in their homes or in residential care. By helping them function in the community, these innovations take pressure off in-patient hospital and emergency services. And while they often cost more at the start, over the long term these innovations can reduce costs and improve the health status of those using these services.

Integration of Mental Health/Substance Abuse and Primary Care: Structured Abstract

Published 01/10/2008
Topic page summarizing evidence report on mental health and substance abuse.

- ## Under one roof: will polyclinics deliver integrated care?

  Published 05/06/2008
  The report draws on original research into facilities similar to the polyclinic models developed both in the UK and abroad. The proposals, which have been discussed as part of Lord Darzi's NHS Next Stage Review, could bring together family doctors and specialists alongside other services, such as diagnostic testing, minor surgery, blood tests and X-rays. The report welcomes the government's ambition to develop more patient focused and integrated models of care but warns that poor implementation of this model could create significant risks for patient care.

- ## Practical guide to integrated working

  Published 20/02/2008
  This guide outlines some of the central challenges experienced in local care economies, and also offers a new approach towards the true integration of health and care services. It is aimed at policy makers to enable them to make good decisions about local integration. This is an updated version of 'Integrated Working: A Guide'.

- **Title:** Integrated models or mayhem? Lessons learnt from three integrated primary health care entities in regional New South Wales

Citation: Australian health review : a publication of the Australian Hospital Association, November 2008, vol./is. 32/4(595-604), 0156-5788 (Nov 2008)

Author(s): May J., Cooper R., Magin P., Critchley A.

Language: English

Abstract: While "integration" may be a policy imperative at present, the reality of integrating services whilst managing the business of service delivery and best patient outcomes is both challenging and unfamiliar territory for most general practitioners. Recent policy changes in general practice have challenged traditional financial and governance models. This paper reviews three integrated general practice entities, all under the auspice of the University of Newcastle, for commonalities and concerns. A model was conceptualised and key factors identified and discussed. These factors included careful selection of partners, elucidation of the level of integration and the need for a lead champion to promote the changed environment. The financial and clinical governance systems needed to be clearly delineated, including the type and priority of service delivery intended. Integration is not a blanket solution but may be useful for patients with chronic and complex health problems. Being resource-intense, it may not be available or appropriate for all. The practical realities of workforce however, and the political and funding environment are likely to dictate how GP practices in the future embrace integration.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at ProQuest

- **Title:** Models of care

Citation: Australian health review : a publication of the Australian Hospital Association, November 2008, vol./is. 32/4(593-594), 0156-5788 (Nov 2008)

Author(s): Yarmo-Roberts D.

Language: English

Publication Type: Journal: Editorial

Source: EMBASE

Full Text:
Available in *fulltext* at ProQuest

Title: The integrative care conference: An innovative model for teaching at the heart of communication in medicine

Citation: Teaching and Learning in Medicine, April 2008, vol./is. 20/2(174-179), 1040-1334 (April 2008)

Author(s): Bayona J., Goodrich T.J.

Language: English

Abstract: Background: By focusing on the biomedical aspects of a disease, physicians often dismiss the emotional effect that patients have on them and the stories that provide meaning to the patients' experience with illness. This approach often leads to strained relationships, medical errors, and dehumanized health care. Description: We describe the Integrative Care Conference, an interdisciplinary format for teaching enhanced communication between residents and their patients. Evaluation: Three findings emerged: (a) The gap between what the resident knows about the patient and what is relevant to the patient's health care is wide. (b) Despite this gap, patients express great appreciation for their physician. (c) After learning about their patients' life and relationships, residents developed more humanistic approaches to their patient that reshaped treatment. Conclusions: The Integrative Care Conference provides a powerful format for teaching patient-physician communication.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost

- **Title:** A model for implementing integrative practice in health care agencies

Citation: Integrative Medicine Insights, 2008, vol./is. 2008/3(13-19), 1177-3936 (2008)

Author(s): Patterson C., Arthur H.M.

Language: English

Abstract: Over the last few years, there has been increased awareness and use of complementary/alternative therapies CAM) in many countries without the health care infrastructure to support it. The National Centre for Complementary and Alternative Medicine referred to the combining of mainstream medical therapies and CAM as integrative medicine. The creation of integrative health care teams will definitely result in redefining

roles, but more importantly in a change in how services are delivered. The purpose of this paper is to describe a model of the necessary health care agency resources to support an integrative practice model. A logic model is used to depict the findings of a review of current evidence. Logic models are designed to show relationships between the goals of a program or initiative, the resources to achieve desired outputs and the activities that lead to outcomes. The four major resource categories necessary for implementing integrative care are within the domains of a) professional and research development, b) health human resource planning, c) regulation and legislation and d) practice and management in clinical areas. It was concluded that the system outcomes from activities within these resource categories should lead to freedom of choice in health care; a culturally sensitive health care system and a broader spectrum of services for achieving public health goals.

Publication Type: Journal: Article

Source: EMBASE

- **Title:** The primary care amplification model: taking the best of primary care forward

  Citation: BMC health services research, 2008, vol./is. 8/(268), 1472-6963 (2008)

  Author(s): Jackson C.L., Askew D.A., Nicholson C., Brooks P.M.

  Language: English

  Abstract: Primary care internationally is approaching a new paradigm. The change agenda implicit in this threatens to de-stabilise and challenge established general practice and primary care. The Primary Care Amplification Model offers a means to harness the change agenda by 'amplifying' the strengths of established general practices around a 'beacon' practice. Such 'beacon' practices can provide a mustering point for an expanded scope of practice for primary care, integrated primary/secondary service delivery, interprofessional learning, relevant local clinical research, and a focus on local service innovation, enhancing rather than fragmenting the collective capacity of existing primary care.

  Publication Type: Journal: Article

  Source: EMBASE

  Full Text:
  Available in *fulltext* at EBSCOhost
  Available in *fulltext* at BioMedCentral
  Available in *fulltext* at National Library of Medicine

- **Title:** Shriners' model of integrated care: an option for addressing the needs of special children.

  Citation: Exceptional Parent, 01 August 2006, vol./is. 36/8(41-44), 00469157

  Author(s): Wachspress E

  Language: English

  Publication Type: journal article

  Source: CINAHL

  Full Text:
  Available in *fulltext* at EBSCOhost

- **Title:** Models of integrated care.

  Citation: Medical Clinics of North America, 01 July 2006, vol./is. 90/4(647-677), 00257125

  Author(s): Wulsin LR, Söllner W, Pincus HA

  Language: English

  Abstract: This article describes the range of options for integrating medicine and psychiatry, with a focus on the advantages and limitations of each model. The models were developed in different countries with specific health care cultures. This article illustrates the range of in- and outpatient options as currently practiced, with case reports from practitioners when possible, and describes qualifications for practicing in each model, the settings, the patient populations, the relevant financial issues, and the advantages and disadvantages of practicing in each model. It closes with comments on the next steps for advancing integrated care and the barriers to be overcome.

  Publication Type: journal article

  Source: CINAHL

- **Title:** Far west area health service mental health integration project: Model for rural Australia?

  Citation: Australian Journal of Rural Health, June 2006, vol./is. 14/3(105-110), 1038-5282;1440-1584 (June 2006)

  Author(s): Perkins D.A., Roberts R., Sanders T., Rosen A.

Language: English

Abstract: Objective: To see if a new model of service delivery ensures that individuals with a mental illness in rural and remote settings could be assessed, treated and cared for in a more appropriate way. Design: Community mental health teams (CMHTs), general practitioners (GP) and other agencies were provided with clinical and broader support services by consultant psychiatrists from public and private sectors. The occasions of service were logged, audited and relevant provider groups were interviewed. Ethics approval was provided by Human Research Ethics Community of University of New South Wales. Setting: Far West Area Health Service (FWAHS), remote New South Wales. Participants: An enhanced service was provided for residents, specialist mental health and other healthcare providers. Results: *Regular access to psychiatrists for primary and secondary care was achieved in remote communities in FWAHS. *3908 new patients were seen by CMHTs between July 2002 and December 2003 and 380 by visiting psychiatrists between January 2002 and July 2003. *Secondary consultation, mentoring and education opportunities were made available by tele-conference and face-to-face for CMHTs and others in FWAHS. *GPs and CMHTs in remote settings were satisfied with improved access to psychiatrist care. Conclusions: This model appears to be sustainable with reasonable levels of funding in FWAHS and may be applicable to other remote contexts. 2006 The Authors Journal Compilation 2006 National Rural Health Alliance Inc.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at EBSCOhost

- **Title:** The Castlefields integrated care model: the evidence summarised.

Citation: J Integrated Care, February 2006, vol./is. 14/1(7-12), 1476-9018 (2006 Feb)

Author(s): Lyon, D, Miller, J, Pine, K

Abstract: Pilot research on an integrated case management approach for elderly care, initiated through a partnership between a social worker and a district nurse. The project was based at a general practice in an economically deprived area and was aimed at people aged over 65 with referrals for various health and social criteria. Decision-making, assessments and hospital admissions were evaluated. 7 refs.

Source: BNI

Full Text:
Available in *fulltext* at EBSCOhost

- **Title:** Holistic nursing model for hospital-based integrative care

  Citation: Beginnings (American Holistic Nurses' Association), 2006, vol./is. 26/4(10-11), 1071-2984 (2006)

  Author(s): Knutson L.

  Language: English

  Publication Type: Journal: Article

  Source: EMBASE

- Integrated service delivery to ensure persons' functional autonomy
  Published 01/01/2005
  Within healthcare-systems innovations in service organisations are constantly being constructed due -for example- to new medical-, governmental- or managerial insights, political constraints and/or financial objectives. The socio-demographic changes in Canada, the increasing costs, shortage of personnel and dissatisfaction among elders with the traditional hospital-centred-model forced the Canadians towards innovation.This book is relevant for all elders in the world: 'How can one's functional autonomy at old age adequately be ensured?' The book represents the struggle of researchers dealing with an innovation started in 1999 called Integrated Service Delivery (ISD) for the frail elders in three communities in Canada. Aspects of the Program of Research to Integrate Services for the Maintenance of Autonomy (PRISMA) are highlighted in this book.

- **Title:** An integrated model of care is needed for children and young people with cancer

  Citation: International journal of palliative nursing, September 2005, vol./is. 11/9(494-495), 1357-6321 (Sep 2005)

  Author(s): Scullion F.

  Language: English

  Publication Type: Journal: Article

  Source: EMBASE

  Full Text:

Available in *fulltext* at EBSCOhost

- **Title:** The ICON model -- Progress on a case study for developing integrated care in Ireland... integrated care, one network.

  Citation: Journal of Integrated Care, 01 June 2005, vol./is. 13/3(14-19), 14769018

  Author(s): Tucker H, Larkin V, Martin M

  Language: English

  Abstract: This article updates an article in Issue 12 (5) of the Journal of Integrated Care, which explained the first two phases of the ICON project in the Midland Area of Ireland. It describes the systems and processes put in place to support improving practice, focusing on process, culture and context, and illustrates the impact so far on individual clients and families, and how this information is being shared.

  Publication Type: journal article

  Source: CINAHL

  Full Text:
  Available in *fulltext* at EBSCOhost

- **Title:** Integrated healthcare networks' performance: a growth curve modeling approach

  Citation: Health care management science, May 2003, vol./is. 6/2(117-124), 1386-9620 (May 2003)

  Author(s): Wan T.T., Wang B.B.

  Language: English

  Abstract: This study examines the effects of integration on the performance ratings of the top 100 integrated healthcare networks (IHNs) in the United States. A strategic-contingency theory is used to identify the relationship of IHNs' performance to their structural and operational characteristics and integration strategies. To create a database for the panel study, the top 100 IHNs selected by the SMG Marketing Group in 1998 were followed up in 1999 and 2000. The data were merged with the Dorenfest data on information system integration. A growth curve model was developed and validated by the Mplus statistical program. Factors influencing the top 100 IHNs' performance in 1998 and their subsequent rankings in the consecutive years were analyzed. IHNs' initial performance scores were positively influenced by network size, number of affiliated physicians and profit margin, and were negatively associated with average

length of stay and technical efficiency. The continuing high performance, judged by maintaining higher performance scores, tended to be enhanced by the use of more managerial or executive decision-support systems. Future studies should include time-varying operational indicators to serve as predictors of network performance.

Publication Type: Journal: Article

Source: EMBASE

Full Text:
Available in *fulltext* at EBSCOhost
Available in *fulltext* at ProQuest

- **Title:** Integrated services pathways (ISP): a best practice model

  Citation: Australian health review : a publication of the Australian Hospital Association, 2003, vol./is. 26/1(43-51), 0156-5788 (2003)

  Author(s): Wilson B., Rogowski D., Popplewell R.

  Language: English

  Abstract: Under the National Demonstration Hospitals Program, Phase 3 (NDHP3), Flinders Medical Centre (FMC) developed a best practice model for integrating acute care services with primary and community services. The project methodology included the examination of existing literature, involvement of consumers and other key stakeholders and the application of contemporary change and project management practices. Common elements were identified from four NDHP3 clinical service enhancement projects--aged care, cardiac surgical gastroenterology and orthopaedic services. The generic elements were transferred to the model. FMCs approach focused on developing a generic model that could be applied to clinical programs in a range of acute care settings. Although a number of barriers were encountered, the NDHP3 experience has shown that integration can be improved at the clinical program level without changing financial and management structures.

  Publication Type: Journal: Review

  Source: EMBASE

- **Title:** Creating solutions: a case management model for the 21st century

  Citation: The Case manager, November 2002, vol./is. 13/6(63-67), 1061-9259 (2002 Nov-Dec)

  Author(s): Thompson E., Dixon J., Duveneck S., Prior E., Ten Haken J., Warren C., Williams K.

Language: English

Publication Type: Journal: Article

Source: EMBASE

Search Strategies

Cochrane Library

"integrated care model" or "virtual ward" or "tailored care"

Health Database Advanced Search (AMED, BNI, CINAHL, EMBASE, Healthcare Business Elite, HMIC, MEDLINE, PsychINFO)

1. exp *"DELIVERY OF HEALTH CARE, INTEGRATED"/;
2. ("integrated care" OR "virtual ward" OR "tailored care").ti,ab;
3. 1 OR 2;
4. exp *MODELS, THEORETICAL/;
5. model*.ti,ab;
6. 4 OR 5;
7. 3 AND 6;

NHS Evidence

"integrated care model" OR "virtual ward" OR "tailored care"

NHS Evidence QIPP Database

"integrated care model" OR "virtual ward" OR "tailored care"

Google Scholar

"integrated care model" OR "virtual ward" OR "tailored care"

Google NHS.UK Search

"integrated care model" OR "virtual ward" OR "tailored care" site:nhs.uk

Google GOV.UK Search

"integrated care model" OR "virtual ward" OR "tailored care" site:gov.uk

Google AC.UK Search

"integrated care model" OR "virtual ward" OR "tailored care" site:ac.uk

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