BUILDING SYSTEMS OF INTEGRATED CARE: LESSONS FROM FOUR EUROPEAN CASE STUDIES?

Session P12, International Conference on Integrated Care, Diamant Conference Centre, Brussels, 3rd April 2014
Structural versus functional integration

*Mental healthcare in Stockholm County*

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2 April 2014
The tale of two "cities"

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  - The history
  - The organisation
  - Impact
  - Lessons

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- The Norrtälje Project
  - The history — *paves the way, external threat closes the ranks*
  - The organisation — *structural and financial integration*
  - Impact — *improved service*
  - Lessons — *the clash of cultures can be overcome*

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- The Södertälje model
  - The history – *persuasive and compelling*
  - The organisation – *functional integration – clinical network*
  - Impact - *true client-centredness*
  - Lessons – *culture is centripetal*
Background

- Local and regional democracy
  - Self-governing public authorities
  - Elected political decision-makers
  - Taxation rights
  - New public management
- County: regional public authority responsible for healthcare
- Municipality: local public authority responsible for education, social services, care for the elderly and disabled, housing and home help
- Patient (client) choice introduced by legislation in 2008 (mandatory for primary care)
Norrtälje Project: History

- Threat of closure of local hospital emergency department
- Possibility to establish a joint political board
- Previous history of close collaboration between hospital, primary care and municipal services
Norrtälje Project: Organisation

- Joint political board
  - Purchasing agency with pooled resources
- Municipal federation as owner of provider organisation
  - TioHundra Ltd.: merger of local hospital, primary care and social services – *structural integration*
  - One budget for the organisation and its parts – *financial integration*
- Mental health
  - Adult psychiatry – *specialty clinics and short-term unit*
  - Child and youth psychiatry – *Family centre*
  - Addiction ”advisory clinic”
  - Social psychiatry – *mobile teams, sheltered and supported housing, home help services*
  - Multiprofessional staff, working in teams
Norrtälje Project: Shaping a shared culture

- Building on previous informal agreements
- Regular meetings for all staff ("Psychiatry forum")
- Intranet communication system
- Shared assessment and care planning procedure – "service packages"
- Staff competence development
- Champion leader and dedicated management team
Norrtälje Project: Impact

- Collaboration with patient organisations – marginal effect
- Increased staff satisfaction
- Increased costs because of successful recruitment of professionals
- Growth of activities
- Reduction of in-hospital care
- Clinical outcomes, patient satisfaction: comparable to national averages
Norrtälje Project: Lessons

- External threat and previous history of collaboration
- Structural and financial integration enables intended changes to be carried out
  - New joint units bringing together health and social services – co-location of services
- Cultural integration
  - Shared forum
  - Education
  - Shared planning and care management
- Joint management team
1995 Act transferring the responsibility for patients with chronic mental health conditions and disabilities from counties to municipalities – "tax transfer" and temporary funding to stimulate collaboration

Södertälje psychiatry and social services managers with a shared vision and commitment: "no project, a new and integrated entity"

Reallocating resources (closing wards)

Three shared rehabilitation centres, co-locating psychiatry consultation services, social services, housing and social welfare with preserved administrative boundaries

Care coordinator (case manager) pairs (psychiatry, social services)
Södertälje Model: Network
Södertälje Model: Impact

- Standardisation
  - Needs assessment – CAN
  - Care planning and follow-up
- Real staff behaviour change towards collaboration
- Client-inclusive practice → quality of care
- Outcomes: Higher independence and coping scores (CAN)
- Costs and quality
  - Higher than national average
  - Rapid access to outpatient care
  - Low inpatient care utilisation
Södertälje Model: Lessons

- The *network of coordinated service providers and services* has been sustained over a period of 20 years and several "generations" of leaders.

- "Centripetal forces”
  - Shared vision, appealing to dedicated professionals
  - Dedicated leaders with a close working relationship
  - Co-location of services
  - Co-coordinators (case managers)
To conclude

- Norrtälje: top-down – merger removing barriers
- Södertälje: bottom-up – network overcoming barriers

- "Purchaser integration" – contracts push
- "Provider integration" – professional pride pull

- Patient/client integration – choice personalised health systems