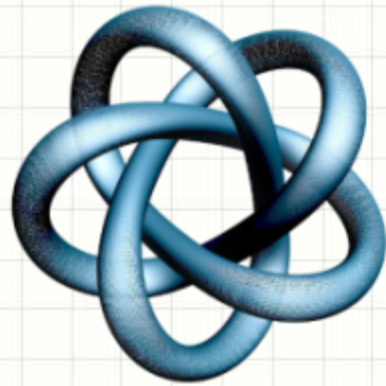


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Project

INTEGRATE

**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



**Karolinska
Institutet**

Structural versus functional integration

Mental healthcare in Stockholm County

Magna Andreen Sachs, Johan Hansson, John Ovretveit and
Mats Brommels

Medical Management Centre

2 April 2014

The tale of two "cities"

- The Norrtälje Project
 - The history
 - The organisation
 - Impact
 - Lessons
 - The Södertälje model
 - The history
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-

The tale of two "cities"

- 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 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
-

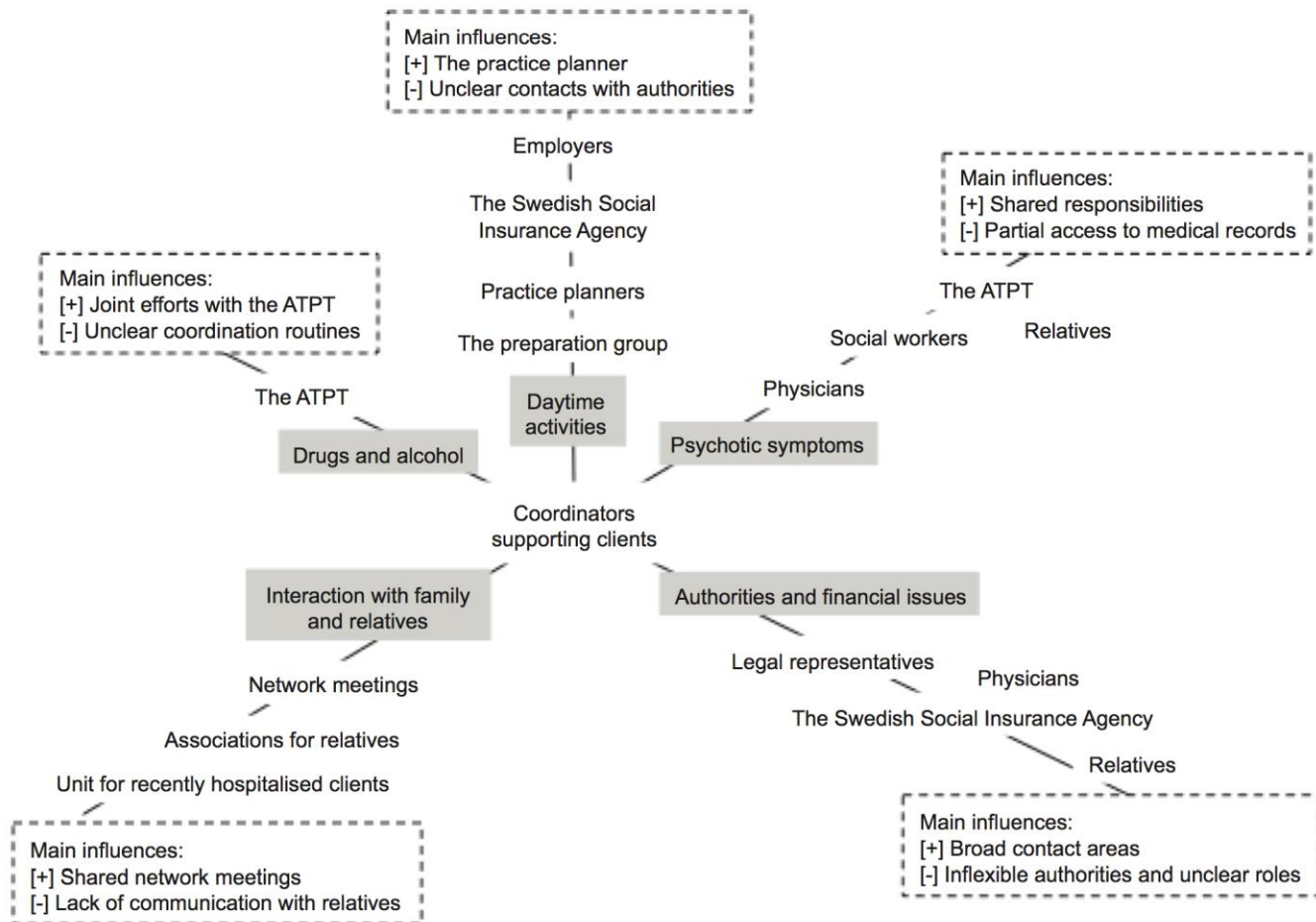
Norrtälje Project: Lessons

- 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
-

Södertälje Model: History and organisation

- 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*
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