Coordinating care for people with mental health challenges and their carers (WPS)

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Context: Healthcare and Social services in Sweden

Healthcare
- Counties (21)
  - Tax-funded
  - Counties both purchasers and providers of healthcare.

Social services
- Municipalities (290)
  - Tax funded social services
  - Municipalities also both purchasers and providers of social services.

- Government reforms for private providers (e.g. primary care)

METHODS (1min),

- Case study
- Documents: legal formation of TioHundra AB, plans, minutes, consultancy reports
- Interviews
- Service statistics

FINDINGS (2mins),

Norttalje integrated health and social care organisation

- Aligning cultures
  - Different views about competence and way of working.
  - Interventions for better communication.
  - Joint budget
  - Internal reallocation of funding possible
- Informal agreements
- Reduction of in-hospital care
- Clinical outcomes, patient satisfaction = comparable to national averages
- Increased staff satisfaction
- Increased costs because of successful recruitment of professionals
- Challenge in coordination with external services

DISCUSSION incl limitations ect (2mins).

Norttalje
- 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

FINDINGS -2 (2mins), Sodertalje coordinated care network model

- 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
  - Quality higher than national average
  - Rapid access to outpatient care
  - Low inpatient care utilisation
CONCLUSIONS

- 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

Surprises?

This project has received funding from the European Union’s Seventh Framework Programme for research, technological development and demonstration under grant agreement no. 305821

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CONTEXT

Our previous research
- Most safety & quality problems are communication-related
- DHT great potential for improving communication & for damaging communication:
  - replace face to face verbal - lost, unauthorised access, too much unstructured information make it difficult to find what you need quickly

METHODS (1min),

Case studies of DHT supporting IC schemes 2015
- 2 Sweden mental health IC cases
- 1 Spain Barcelona “hospital at home” care management scheme (outreach)
- Reports from FP7 teams Tilburg (diabetes) and Berlin (geriatrics) on HIT systems in their IC examples
- Interviews; document analysis; survey to Tilburg and Berlin
- Rapid review of DHT support for IC

FINDINGS (2mins),

- EMR not EHR (shared) and limited access/linking;
- Patient Portals beginning but not used
- Patients bewildered – why so far behind other services
  - eg why can’t we send emails?
  - Why asking me all this again - worries me.
- Staff resigned to IT provider-centered systems under-designed for users
- No remote monitoring or telemedicine – fax and phone
  - These are advanced examples,
    - public services/systems – Sweden investment in infrastructure
    - But public service skills and attitudes and security preoccupations
DISCUSSION including limitations etc. (2mins):

- Current functioning limited;
- Plans to develop over next 5 years Local, National and EU
- More Patient and clinician focus bottom up balance
- IT departments under-resourced (security); under-skilled; under-designed; lack of agreed standards for EHR and remote; lack of investment using year

CONCLUSIONS – 10 recommendations

1. Ensure patients are at the center, with a choice of role
2. Financing – pursue faster reform
3. Reach agreement about technical standards
4. Privacy – update laws and procedures to get the right balance
5. Develop political processes to prevent innovation being blocked (autonomy, work redesign)

Surprises?

FINDINGS (2mins),

Swedish HIT practices:
- Card log-ins;
- EMR access auto-audited monthly;
- National/local flexibility for PHR development (platform);
- Strategy;
- Quality registers

Barcelona and Catalona HIT:
- HIE network for EMRs;
- Local integration of HIT into hospital system and PHC linking

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