2nd World Congress on Integrated Care – Summary

The 2nd World Congress on Integrated Care was held in Sydney from 23-25 November 2014. Researchers, clinicians and managers from around the world who are engaged in the radical redesign of services presented on their models of care, with productive workshops on the economics and incentives that are key to creating connected care systems. They shared their experiences and the latest evidence about patient and population needs, patient-centred service design, and the information and communications technology needed to make integrated services a reality.

Minister Skinner opened the Congress and spoke about NSW’s work to integrate care in NSW, shifting the traditional focus from the hospital as the centre of health care to a broader focus across the whole of the health care system. Reminding us of the importance of forming collaborative partnerships in delivering patient-centred care, her discussion of aligning incentives with outcomes was a theme that continued throughout the congress.

Other congress key themes included:

- Integrating health and social care
- Taking a population-based approach to prioritising patient needs
- The integration of mental and physical health care
- Co-producing health with patients, individuals and communities
- The technologies and platforms underpinning Integrated Care.

Many international presenters have redesigned services and implemented innovative models of care in their local settings, and the Congress was an inspiring opportunity to hear about the delivery of these models in practice.

A presentation highlight was the Alaskan Nuka system of care, an example of effective co-produced care, with patients, families and communities improving their health through ownership and relationship-building. Theirs is a multidisciplinary system which integrates primary and acute care, and implements data feedback to improve clinician performance.

In Canterbury, New Zealand, primary care is placed at the centre of the healthcare system to reduce hospital demand through community-based care. Their goals are for people to take responsibility for their own health care, to stay well in their own homes and community, and to receive timely and appropriate care.

A Triple Aim case from Gesundes Kinzigtal in Germany shaped around improving the health of the population, reducing cost, and enhancing the care experience demonstrated an effective model of co-produced care through a self-financing business model, engaging providers as well as patients in a commitment to improving care. A focus of the model is on patient empowerment and involving patients from the beginning of the process to integrate care.

The World Health Organisation presented its draft strategy for people-centred and integrated care, with five key directions around: empowering people; governance and accountability; reorienting models of care; coordinating services; and creating an enabling environment.
In Spain’s Alizra system in Basque country, a public-private partnership contracts care under a capitation budget that covers hospital and primary care. Alizra performs at a lower cost and with higher patient satisfaction rates in comparison to other organisations in the region. If care provided exceeds budget, the difference must be met by the provider, which encourages a drive towards efficiency and better patient outcomes.

Wollondilly in NSW featured a patient-centred medical home, with the longer range goal of a ‘health neighbourhood’, with technology, shared records and 24-hour access to care. Their focus is on patient wants rather than needs, taking a system-wide approach to integrating care that encourages patient empowerment and includes social health needs in the holistic patient picture.

Key messages from the Congress were that the patients, community and primary care are essential to making integrated care work, through co-production. However, while patient focus is vital, a balance of push and pull factors are required to ensure the sustainability of an integrated system. Some orchestration from the ‘top down’ is needed, from governments providing infrastructure and financial commitment, while ‘bottom up’ engagement is equally important in encouraging and facilitating a participatory process encouraging patient empowerment and health and social care coordination. The focus in integrating care is on developing relationships and a transformative culture, rather than on the structures (contracts, financial systems) that enable integrated care.

Aligning with the Ministry of Health’s broader goals is the long term vision to integrate care in regions internationally. Integrating care is a long journey, but the journey itself is a valuable process, as relationships and partnerships formed along the way are the basis for connecting the system, and the key to taking integrated care forward.