

Integrated care can increase access and patient satisfaction, but the effect on admissions, emergency admissions, length of stay, service usage, and costs are unclear

Baxter S, Zepeda-Lugo CA, Tortorella GL, Baez-Lopez YA, Limon-Romero J, Alvarado-Iniesta A, et al. [The effects of integrated care: A systematic review of UK and international evidence](#) BMC Health Services Research. 2018;18(350).

What is the context of this review?

- Models of integrated care aims to improve integration and coordination of service delivery.
- These models can make the health and social care system more sustainable and increase the focus on prevention and population health.
- There is a need to learn from initiatives from around the world and explore how these could be implemented in other contexts.

What question is being addressed?

- What is the effectiveness of integration or co-ordination between healthcare services, or between health and social care on service delivery outcomes such as effectiveness, efficiency and quality of care?

How was the review done?

- A detailed search of several electronic databases was conducted in May 2017 for studies published in English.
- Studies that focused on service delivery outcomes (effectiveness, efficiency or quality) and the effect on patients and staff delivering services were included.
- A total of 13,323 studies were identified in searches and 167 were included in the review after assessments for eligibility.
- This review was funded by the National Institute for Health Research, within the Health Services and Delivery Research Programme in the United Kingdom.

Box 1: Coverage of OHT building blocks

This review addresses [OHT building block #1](#):

- 1) **defined patient population (domain 3 – patient-access targets)**
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning

How up to date is this review?

- The authors searched for studies published between 2006 and March 2017.

What are the main results of the review?

- Most of the models of integrated care in the included studies were complex and included many components. However, there is a lack of clarity about the specific components that result in positive outcomes.
- The included studies provide evidence that integrated care leads to an increase in patient satisfaction, an increase in the perceived quality of care, and an improvement in patient access. Studies from the United Kingdom indicate a reduction in waiting times, but this finding is less conclusive in other international studies.
- The evidence on the admission to community-based and hospital-based care, length of stay, service usage and costs of integrated care remain unclear for both the general population and older adults.
- The evidence on integrated care models on patients with complex needs suggests positive outcomes related to reduced admissions and emergency department use. However, the evidence on length of stay is weak for this population.

How confident are we in the results?

- This is a recent and high-quality systematic review with a AMSTAR rating of 8/10.
- The authors acknowledged that there is no universal definition for models of integrated care. Therefore, the included studies may not represent all evidence available on this topic.
- As acknowledge by the authors, it is difficult to determine what a “good” outcome might be.
- The authors suggest that further research should focus on the impacts of models of integrated care on patients and caregivers.

RISE prepares both its own resources (like this plain-language summary) that can support rapid learning and improvement, as well as provides a structured ‘way in’ to resources prepared by other partners and by the ministry ([access all resources here](#)). The plain-language summaries produced by RISE are funded through a grant from the Ontario SPOR SUPPORT Unit (OSSU) to the McMaster Health Forum. RISE is also supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. The opinions, results, and conclusions are those of RISE and are independent of those from its sponsors. No endorsement by the sponsors is intended or should be inferred.