



New integrated-care models may improve patient satisfaction, perceived quality of care and patient access

Baxter S, Johnson M, Chambers D, Sutton A, Goyder E, Booth A. <u>Understanding new models of integrated care in developed countries: A systematic review</u>. Health Services and Delivery Research. 2018;6(29).

What is the context of this review?

- New models of integrated care aim to streamline and coordinate healthcare services.
- A systematic review of international evidence is necessary to understand the long-term impacts of integrated-care models and support the development and introduction of new models.

What question is being addressed?

 What is known about the impact of new integrated-care models on healthcare outcomes?

Box 1: Coverage of OHT building

blocks

This review addresses building block #4:

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement
- 4) patient care and experience (domain 25 integrated-care models)
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning

How was the review done?

- A systematic search of key databases was used to find relevant studies published from 2006 onwards. A total of 13,323 records were found, 267 of which were included in the review after assessing their eligibility (101 qualitative studies, 123 quantitative studies, 43 systematic reviews).
- This review was funded by the National Institute for Health Research Health Services and Delivery Research Programme.

How up to date is this review?

• The authors searched for studies published up to March 2017.

What are the main results of the review?

- The authors developed a logic model outlining:
 - key interventions being used in integrated-care models (for example, those focusing on patient care, on organizational and system-level issues; on the workforce, and on the financial and governance arrangements);
 - o core areas of change (for example, model of care, values, beliefs and priorities, relationships,

- communication);
- o changes in the process that may result from the interventions (for example, patient roles, care provision, information, and organizational structures and processes);
- o factors that may influence the implementation and effects (for example, factors related to patients, workforce, management/leadership, organizations and systems);
- o outcomes that may result from integrated-care models (for example, use of resources and quality of care); and
- o systemwide impacts (for example, community care activities, secondary care activities, healthcare use, costs).
- The evidence suggests that new integrated-care models had three positive outcomes. They improved:
 - o patient satisfaction;
 - o patient access to services; and
 - o staff perceptions about the quality of care.
- Evidence regarding other outcomes was unclear and should be considered in future studies.

How confident are we in the results?

• This is a high-quality systematic review with an AMSTAR score of 9/10.

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