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


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?

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);
  - core areas of change (for example, model of care, values, beliefs and priorities, relationships,

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
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.