

HOW TO DELIVER INTEGRATED CARE

European Health Management in Transition

Series Editors:

Federico Lega, Full Professor of Health Management and Policy, Director of the Research and Executive Education Center in Health Administration, University of Milan

Usman Khan, Visiting Professor, KU Leuven

Healthcare is currently undergoing an unprecedented period of change, which is presenting a challenge to the fundamental tenants of health management and policy established over the last decades. The differentiated nature of the change agenda and the pace of change has been such that there has been limited space or time to provide a structured or comprehensive response, or to consider at a strategic level how health management teaching and practice should evolve and develop. This then is the focus for the European Health Management in Transition series, published in alliance with the European Health Management Association (EHMA).

Books in the series investigate how changes to the health and social care environment are leading to innovative and different practices in health management, health services delivery design, roles and professions, architecture and governance of health systems, patient engagement and all other paradigmatic shifts taking place in the health context.

The books provide a roadmap for managers, educators researchers and policy makers to better understand this rapidly developing environment.

Books in the series:

Axel Kaehne and Henk Nies (eds): *How to Deliver Integrated Care: A Guidebook for Managers*

Federico Lega and Usman Khan: *Health Management 2.0: Meeting the Challenge of 21st Century Health*

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HOW TO DELIVER INTEGRATED CARE: A GUIDEBOOK FOR MANAGERS

EDITED BY

AXEL KAEHNE

Edge Hill University, UK

HENK NIES

*Vilans, Centre of Expertise for Long-term Care;
Vrije Universiteit, The Netherlands*



United Kingdom – North America – Japan – India
Malaysia – China

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LIST OF CONTRIBUTORS

G. Ross Baker	University of Toronto, Canada
Bianca Beersma	Vrije Universiteit Amsterdam, The Netherlands
Helen Dickinson	University of New South Wales, Canberra, Australia
Gayathri Embuldeniya	University of Toronto, Canada
Dominique Gagnon	University of Québec, Abitibi-Témiscamingue, Canada
Nick Guldemon	Sechenov First Moscow State Medical University, Russia and Leiden University Medical Center, The Netherlands
Axel Kaehne	Edge Hill University, UK
Karin Kee	Vrije Universiteit Amsterdam, The Netherlands
Timothy Kenealy	University of Auckland, New Zealand
Maritt Kirst	Wilfrid Laurier University, Canada
Carolyn Steele Gray	Sinai Health System and University of Toronto, Canada

Kerry Kuluski	Trillium Health Partners and University of Toronto, Canada
Mirella Minkman	Vilans, Centre of Expertise for Long-term Care and TIAS School for Business and Society, The Netherlands
Henk Nies	Vilans, Centre of Expertise for Long-term Care and Vrije Universiteit Amsterdam, The Netherlands
Kimberley Pierce	Gold Coast Private Hospital, Australia
Jay Shaw	Scientist, Women's College Hospital and University of Toronto, Canada
Catherine Smith	University of Melbourne, Australia
Rachael Smithson	Gold Coast Health and Griffith University, Australia
Eric van der Hijden	Vrije Universiteit Amsterdam, The Netherlands
Jeroen van der Wolk	Zilveren Kruis Health Insurance, The Netherlands
Marieke van Wieringen	Vrije Universiteit Amsterdam, The Netherlands
Elize van Wijk	Vilans, Centre of Expertise for Long-term Care, The Netherlands
Christina Wicker	Gold Coast Health, Australia
Walter Wodchis	University of Toronto and Trillium Health Partners, Canada
Nick Zonneveld	Vilans, Centre of Expertise for Long-term Care and Tilburg University, The Netherlands

ABOUT THE CONTRIBUTORS

G. Ross Baker is Professor in the Institute of Health Policy, Management and Evaluation at the University of Toronto and Program Lead in Quality Improvement and Patient Safety. His research includes studies of patient safety, teamwork, patient engagement and integrated care systems.

Bianca Beersma is Professor in Organizational Behavior and Theme Leader for Care and Welfare Research at the Institute for Societal Resilience at Vrije Universiteit Amsterdam. She is also Associate Editor for the *Journal of Management*. Her research interests include teamwork, informal communication, cooperation and conflict, and she studies these topics partly within the context of health care.

Helen Dickinson is Professor of Public Service Research and Director of the Public Service Research Group, University of New South Wales, Canberra, Australia. She is co-editor of the *Journal of Health Organisation and Management* and the *Australian Journal of Public Administration*. Her research interests revolve around policy implementation, with a particular focus on the health and disability fields.

Gayathri Embuldeniya is Qualitative Researcher at the University of Toronto's Institute of Health Policy, Management and Evaluation. She is a social scientist with research interests

that include integrated health care models and patient and community engagement in health care and research.

Dominique Gagnon is Professor of Social Work at the University of Québec in Abitibi-Témiscamingue. His research interests include Integrated Community-Based Primary Health for the elderly and use of standardized clinical tools among providers.

Nick Guldemond is Professor of Integrated Care and Technology at Sechenov First Moscow State Medical University and Senior Researcher at the National eHealth Living Lab (NeLL) of Leiden University Medical Center. He holds a medical degree and a degree in electric engineering. During his career, he worked as a clinical researcher on numerous health innovation projects. He is a key expert for various governments, NGOs, multi-nationals and start-ups.

Axel Kaehne is Reader for Health Services Research at the Medical School at Edge Hill University, UK. He is also Editor-in-Chief of the *Journal of Integrated Care*. His research interests include evaluating health care improvement programmes and implementation science. He is currently president of the European Health Management Association (EHMA).

Karin Kee is PhD candidate at VU Amsterdam. Her research interests include employee voice behaviour, occupational role identity and shared decision-making in healthcare.

Timothy Kenealy is medical general practitioner and Associate Professor of Integrated Care at the University of Auckland, New Zealand. His research often returns to improving care for diabetes and for long term conditions more generally. He currently co-leads an investigation into the associations between models of primary care delivery and patient outcomes.

Maritt Kirst is Assistant Professor in the Department of Psychology at Wilfrid Laurier University. She has evaluated several complex health interventions including integrated care programs and Housing First programs.

Kerry Kuluski is Dr Mathias Gysler Research Chair in Patient and Family Centered Care at the Institute for Better Health at Trillium Health Partners and Associate Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. Her research focuses on the health care experiences of older adults with complex care needs and their caregivers.

Mirella Minkman is Chief Executive Officer (CEO) at Vilans, Centre of Expertise for Long-term Care in the Netherlands. She is also Professor of Innovation of Organization and Governance of Integrated Care at Tilburg University/TIAS School for Business and Society. She is an Executive Board Member of the International Foundation of Integrated Care and the Chair of the National advisory and innovation Committee on governance in health care in the Netherlands.

Henk Nies is Director of Strategy and Development at Vilans, Centre of Expertise for Long-term Care in the Netherlands. He is also Endowed Professor at Vrije Universiteit Amsterdam and member of the Quality Council of the National Health Care Institute in the Netherlands. He has been involved in a number of national and European projects concerning integrated care.

Kimberley Pierce is the General Manager at Gold Coast Private Hospital, formally Chief Operating Officer at Gold Coast Health. She thoroughly enjoys working with great clinicians who have a vision to reform patient care and achieve world class clinical outcomes.

Jay Shaw is Scientist at the Institute for Health System Solution and Virtual Care at Women's College Hospital, and is Director of Artificial Intelligence, Ethics & Health at the University of Toronto Join Centre for Bioethics. He is Status-Appointed Assistant Professor in the Institute of Health Policy, Management and Evaluation at University of Toronto.

Catherine Smith is Lecturer in Education at the Graduate School of Education, University of Melbourne, Australia. Her work examines the role of care practices and policy in social justice.

Rachael Smithson is Research Director in the Transformation and Digital Division at Gold Coast Health, and Adjunct Associate Professor at Griffith University. Her research interests include system reform, governance and integrated care.

Carolyn Steele Gray is Scientist at the Bridgepoint Collaboratory for Research and Innovation in the Lunenfeld-Tanenbaum Research Institute at Sinai Health System in Toronto, Canada. She is also Assistant Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto. Her research program focuses on the development, implementation and evaluation of digital health solutions used in models of integrated community-based primary health care.

Eric van der Hijden is Project Leader of the research team; (financial) incentives for appropriate care at the Talma Institute of the Vrije Universiteit Amsterdam. He is also senior policy advisor health care procurement strategy and innovation at Zilveren Kruis Health Insurance in the Netherlands.

Jeroen van der Wolk is Senior Manager Healthcare Procurement Strategy and Analytics, Zilveren Kruis Health Insurance in the Netherlands.

Marieke van Wieringen is Post-Doctoral Researcher at Vrije Universiteit Amsterdam. Her research interests include health care occupations (nurses), occupational role identity, development and change, and employee voice.

Elize van Wijk is Researcher and Advisor at Vilans, Centre of Expertise for Long-term Care in the Netherlands. She holds a Master's degree in Sociology with a specialization in Contemporary Social Problems and has been involved in projects on interdisciplinary collaboration in Integrated Dementia Care and Specialised Youth Care.

Christina Wicker is Director of the Integrated Care Alliance at Gold Coast Health. She has considerable international experience in managing large strategic healthcare projects.

Walter Wodchis is Professor at the Institute of Health Policy, Management and Evaluation at the University of Toronto and Research Chair in Implementation and Evaluation Science at the Institute for Better Health, Trillium Health Partners in Canada. He has led a number of large-scale integrated care research and evaluation studies.

Nick Zonneveld is Senior Researcher at Vilans, Centre of Expertise for Long-term Care in the Netherlands. He is also a PhD candidate at Tilburg University/TIAS School for Business and Society. He has been involved in a number of national and international projects on the organization and governance of integrated health and social care.

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FOREWORD

European Health Management in Transition

When the discussion to develop this series on European Health Management in Transition began two years ago the world was a very different one to that which faces us as the first volume of the series is published. The seed for those early discussions emanated from the community of European health policy and management academics and practitioners, who regularly met under the auspices of the European Health Management Association. Established over forty years ago during the early days of collaborative European engagement on matters relating to health management and practice, discussion had turned to a consideration of how best to bring together current thinking in a form readily accessible to a policy, practitioner and academic audience.

On the basis of the value of collaborative European engagement and exchange having been established, our series provides a platform to consider how this prism maybe used to highlight how health management could best respond to this rapidly evolving health policy arena; the underpinning contention being that in order to successfully respond to the dynamics of a rapidly evolving health policy environment, health management systems and processes must rapidly evolve. The rationale for such thinking stems from the contention that health management evolved out of the systems of health

administration introduced in the post war period to support the substantive widening of publicly funded healthcare. Hence, while health management was evidently more dynamic and purposeful in form, the connector between them was that both were orientated around the same predict and provide public service model, where the parameters of economic growth, sociodemographic change and health need were to a greater extent linear and foreseeable.

Such assumptions held for a period, but came to be challenged as the balance between infectious and non-communicable disease tipped firmly towards the latter; manifest not only through well-established post war trends relating to smoking, cancer and coronary heart disease, but latterly with obesity, diabetes and Alzheimer's disease accounting for a greater proportion of health need. The complex, multi sectoral and interdisciplinary nature of need did not lend itself well to single domain management practice, versed at it is in the centrality of the hospital and the healthcare professional. This is not to say that the discipline of health management has not offered significant value to those seeking to establish efficient and effective health systems, able to meet fundamental population health need. Rather as the new century replaced the old, it was becoming increasingly apparent that traditional health management practice, was finding the challenge of delivering patient centred value-based healthcare a significant one.

Developments within health systems, as the planning, organizing and delivering of health services were experiencing a never before achieved level of complexity and challenge. Population health management and medicine of initiative are substituting the traditional 'reactive' posture of medical environment. Co-creation and co-production of services are replacing the notion of patient empowerment. Integrated care, from a sterile discussion among academics and policy-makers,

has morphed into managed clinical networks, hub & spokes systems, hot & cold structural solutions, multi-discipline and multi-professional clinical services lines, and much more. Less ‘shuffling boxes around’, more management on the ‘shop floor’. New professions are gaining turf as the hierarchical relationship between doctors and rest of the health professionals is slowly but steadily moving toward a more horizontal positioning.

Doctor-manager roles are reconfigured toward clinical-leaders, as health systems are aware that sustainability is not just a matter of controlling costs, but rather an exercise of priority-setting, engagement and collective and individual accountability. Universalism is now widely re-conceptualized in selective universalism. Universal Payer systems are moving quickly toward mixed systems, with increasing levels of health care intermediated by private third payors. Health services consumerism is reality, if not a want of patients. For sure, it’s not any more an ideological or abstract thinking. Hence, health management is more central than ever, being pivotal to this revolution.

Additionally, we have the poignant irony of the COVID-19 pandemic, as a twenty-first century manifestation of the type of public health calamity that had been thought to have been consigned to a chapter of medical social history, returns to further challenge the fundamental tenants of traditional healthcare management. Equally, whilst many aspects of the health management response to the pandemic were highly laudable, it has also been evident that traditional health management often appeared to lack the flexibility necessary to respond to medial and political direction efficiently and effectively.

The *European Health Management in Transition* Series tackles all the ‘disruptive’ changes that are re-framing the way management needs to develop within health systems and

organizations. It includes a scene setting volume, which sets health management practice to be at a turning point. This imagining of European health systems facing a dynamic and rapidly evolving need profile, fuelling a radical change in health management practice, forms then the central horizontal pillar of the Series. Rest of the volumes of the series then consider how the principal domains of health policy and practice are evolving in the light of these changes. Themes identified as vertical columns in the wider structures of modern day health and social care are integrated care, patient engagement, personalization and value based care, digital health and the future governance of health systems.

The *European Health Management in Transition* series comes then at a timely juncture. Health systems are having to rapidly respond to the now common notion of the new normal, where the challenge of meeting the real and present danger of the existing pandemic continuing to impact on healthcare for the foreseeable future. Combined with the challenge of non-communicable disease remaining in the health policy 'pending tray', leaves today's healthcare manager seeing challenge coming from every side. Our Series will address these challenges head on, providing foundations to frame the new context and adopting a forward (and lateral) looking perspective in order to help those working in this field to more fully understand and to be better prepared to respond to these challenges ahead.