What Works in Integrated Care Programs for Older Adults with Complex Needs? A Realist Review

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BACKGROUND

• Increasing numbers of people are living with multimorbidity and complex needs. In Canada, 25% of people aged 65-79 and nearly 40% of people aged 80+ have four or more chronic conditions1.

• With increasing demands on the health care system, integrated care programs are being implemented to improve care coordination and reduce health service utilization through better management of patient needs in the community2.

• Evidence suggests integrated models of care can be successful but there is a lack of understanding of program theory behind how integrated care programs work and the key mechanisms for success.

AIM

The purpose of this realist review is to identify the key processes of integrated care programs that lead to successful outcomes.

METHOD

Study design: A realist methodology is an explanatory method of analysis that seeks to understand what works for whom, in what context, under what circumstances and how3. It aims to reveal the underlying processes of complex intervention implementation by identifying the context-mechanism-outcome configurations behind programs.

The realist review involved the following steps:

1) Defining the topic and scope of the review including the development of a theory
2) Identifying and collecting the evidence (i.e. a systematic search)
3) Quality appraisal of the evidence
4) Synthesis of the evidence through a realist approach
5) Dissemination of findings to stakeholders

THEORY BUILDING

Based on a preliminary review of the literature and consultations with experts, an initial theory of the mechanisms (i.e., reasoning of individuals and their use of resources) and contexts (i.e., program setting) affecting implementation of integrated care programs for older adults was developed.4,5

RESULTS

This review focused on clinical/service integration at the micro-level6.

SEARCH STRATEGY

• 12 scholarly databases were searched: MEDLINE, Embase, AMED, PsychINFO, CINAHL, AgeLine, Social Sciences Abstract, ASSIA, Social Services Abstracts, Sociological Abstracts, International Bibliography of the Social Sciences, ERIC, supplemented by a grey literature search of Google Scholar and Google search engine

• Combinations of search terms related to “integrated care” AND “older adults” AND “evaluation” were performed

• Search conducted in July 2015

SEARCH STRATEGY

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<thead>
<tr>
<th>Inclusion:</th>
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<tbody>
<tr>
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Figure 1. Levels of integration

This figure illustrates the different levels of integration in integrated care programs. It shows the progression from basic to advanced integration, with each level representing a different degree of complexity and coordination.

Figure 2. Initial theory

This figure shows the initial theoretical framework of the research, highlighting the key components and relationships between them.

Figure 3. Search process

This figure provides a detailed overview of the search process used in the study. It outlines the steps taken to identify and select relevant articles for inclusion.

Figure 4. Context-Mechanism-Outcome Configuration 1: Trusting multidisciplinary team relationships

This figure illustrates the first configuration of context-mechanism-outcome (CMO) and outlines the factors that influence the relationships between the elements.

Figure 5. Context-Mechanism-Outcome Configuration 2: Provider understanding of and commitment to integrated care

This figure shows the second configuration of CMO and demonstrates how provider understanding and commitment can impact the success of integrated care programs.

KEY FINDINGS

• Key mechanisms for successful implementation are trusting multidisciplinary team relationships, strong leadership, and engagement from stakeholders

• Trusting relationships lead to effective collaboration, communication and sharing of information

• Provider commitment to integration and understanding of the program promotes new models of practice for providers

• Strong leadership supports the development of these key processes by establishing a culture of team participation and setting a common vision for integration across organizations

• Time and flexibility for implementation of programs are required for teams to establish processes that work within their context and available resources

• Certain funding models (e.g. salaried), and provider expertise also support the implementation of programs

IMPLICATIONS

• Beyond program components, how providers interact, use programs and appraise opinions, the realist perspective is led through better management of patient needs in the community 

• Evidence suggests integrated models of care can be successful but there is a lack of understanding of program theory behind how integrated care programs work and the key mechanisms for success.

REFERENCES

This research was supported by a research grant from the Ontario Ministry of Health and Long Term Care (MOHLTC) to the Health System Performance Research Network (HSPRN). The opinions, results and conclusions reported in this paper are those of the authors and are independent from the funding sources. No endorsement by the MOHLTC is intended or should be inferred. Additional information: mkirst@wlu.ca

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• Certain funding models (e.g. salaried), and provider expertise also support the implementation of programs

IMPLICATIONS

• Beyond program components, how providers interact, use their available resources, and the context in which they work are what lead to new modes of care delivery and represent the underlying key mechanisms of integrated care programs

• Beyond funding, policy-makers should provide organizations with flexibility and time to create new processes for integrated care, which in turn may create sustainable models of care

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