Conference Abstract

Instruments to assess integrated care: A systematic review

Anne Marie Lyngsø, Bispebjerg University Hospital, Denmark
Nina Skavlan Godtfredsen, Hvidovre Hospital, Denmark
Dorte Høst, Bispebjerg University Hospital, Denmark
Anne Frølich, Bispebjerg University Hospital, Denmark

Correspondence to: Anne Marie Lyngsø, Bispebjerg University Hospital, Denmark, E-mail: Anne.Marie.Lyngsoe@regionh.dk

Abstract

Introduction: Several measurement instruments have been developed to measure the level of integrated health care delivery. However, no standardized, validated instrument has been found to cover all aspects of integrated care. The purpose of this review is to identify instruments on how to measure the level of integration across health care sectors and to assess and evaluate the organizational elements within the identified instruments.

Methods: An extensive, systematic literature review in PubMed, CINAHL, PsycINFO, Cochrane Library, Web of Science for the years 1980-2011. Selected abstracts were independently reviewed by two investigators.

Results: We identified 23 measurement instruments, within which, eight organizational elements were found. No measurement instrument covered all organizational elements. Almost all studies include well-defined structural and process aspects, and 6 include cultural aspects; 14 explicitly stated the use of a theoretical framework.

Discussion: A diverse array of concepts characterises the field of integrated care and is highly affecting the content of the 23 identified instruments. Some organisational elements are more frequently measured across the different instruments than others but to state which of these are most important in the process of creating integrated care is still a complicated task. Some elements have already been proven to explain a positive variation in the process of building integrated care, but there is still a lack of evidence regarding which ones weigh higher than others.

A related question is whether or not these different instruments can effectively be replicated in healthcare systems of other countries than the ones they are developed in. Even though the Western countries are facing similar challenges with respect to the growing number of people suffering from one or more chronic conditions, there are significant differences in the ways chronic care services are being organised, paid for and delivered.

Conclusion: We did not identify any measurement instrument covering all aspects of integrated care. In addition, a lack of uniform use of the eight organizational elements across the studies was prevalent.
Lessons learned: It can be debated whether development of a single “all-inclusive” model for assessing integrated care is desirable. We emphasize the continuing need for validated instruments embedded in theoretical contexts.

Limitations: The fact that the review only focused on literature published within the scientific healthcare literature can be considered a limitation of the study.

Suggestions for future research: To guide further research in the process of achieving higher integrated health care systems we recommend research focusing on:

- Further elaboration on the concept of integrated care
- Case studies that involve closer assessment of the importance of the organisational elements in the process of creating integrated care systems
- Thorough and transparent research on how the various organizational elements must be weighed against each other
- Discussion papers on the challenge of replicating measurement instruments across different health care settings; guidelines on how best to develop measurement instruments that can more effectively be replicated in the health systems of other countries
- Further validation and development of the already existing measurement instrument

Keywords

Integrated care; systematic literature review; measurement instruments; organisational elements

PowerPoint presentation