Conference Abstract

**Systematic review on policies, programmes and interventions on high quality people-centred integrated care**

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**Abstract**

High quality people-centred integrated care conducive to universal health coverage (UHC) is a construct for which there is no universally agreed conceptual framework available. This systematic literature review provides a comprehensive overview of policies, programmes and strategies that are of relevance in relation to this construct, either directly or indirectly. The review was done as part of work commissioned by the World Health Organization (WHO) to inform the development of WHO’s People-centred and Integrated Health Services Strategy. A parallel search strategy was performed via Medline, EMBASE, The Cochrane Library of Systematic Reviews, CINAHL, and PRE CINAHL, complemented with a reference review of key articles that resulted in a total of 442 articles. The search strategy included a combination of Medical Subject Headings (MeSH) terms with regard to patient-centered and integrated care. English articles as from January 1, 2007 until August 31, 2013 were selected that examined the effects of patient-centered and/or integrated care policies/programmes/interventions with regard to different services, in different settings, for different patients’ needs, for different life stages, countries, and goals set. We appraised policies/programmes/interventions on high-quality patient-centered and integrated care, using a pre-defined set of attributes of high quality patient-centered and integrated care.

The review revealed a set of 12 distinct categories of policies that deal with 1. the integration of people-centred, integrated care as a strategic direction for health system reform, 2. the development of inter-sectoral action programmes, 3. the integration of the financial allocation system with a performance evaluation system, 4. investments in public private partnerships, and, 5. academic and healthcare partnerships, 6. the integration of service levels and providers, 7. the integration of different professional disciplines into professional (post-graduate) education, 8. the
integration of information technology, 9. empowerment of patients and citizens at the population level, and 10. empowerment of patients and citizens at the individual level, 11. policies to address patients’ needs (individual level), and, 12. policies on education of patients and families.

A gap-analysis of the available evidence revealed the majority of the evidence relates to advanced economies, with a particular paucity of evidence on people-centred and integrated care in post-conflict and fragile states. People-centred and integrated health services described in literature predominantly focus on treatment and diagnosis with less attention to health protection, health promotion, diseases prevention, long-term care, rehabilitation and palliative care. Integrated care within or including community, public health (individual level), and specialist care is less well developed compared to integrated care initiatives between and within primary and secondary care. There is a dominant focus on physical needs in integrated care initiatives, with psychological, social spiritual and existential needs in patients receiving little attention. People-centred and integrated care models primarily focus on adult health and elderly health with maternal & perinatal health, newborn health, child health and adolescent health to receive far less attention. (Cost)-effectiveness is considered the most important goal in people-centred and integrated care initiatives, with less emphasis on patient-reported and population-based outcome measures.

Any strategy towards high quality people-centred integrated care conducive to UHC must acknowledge the complexity and interrelatedness of the different elements of this construct and monitor if all policies are implemented in a sustainable way, taking into account the context in which the national, regional or local strategies on high quality people-centred and integrated care are developed. A life course and inter-sectoral approach to high quality people-centred and integrated care seems essential if policy makers aim to respond to the many challenges that result from the mutual interrelatedness of the different life stages, the ageing population, the rapid rise in the number of people affected by non-communicable diseases, increasing financial expenditures and the pressing demand from the public for universal access to high quality care.

**Keywords**

integrated care; systematic review; WHO strategy

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**PowerPoint presentation**