

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117008](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117008)

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Conference Abstract

Recent evolution of the degree of integration on vertically integrated organizations

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Abstract

Introduction: During recent years Portugal had implemented several experiences of vertically integrated organizations, designated by Local Health Units (LHU). In 2013, the eight existing LHUs cover approximately 12% of the Portuguese population and spend 645M€ of public financing (represents 8,4% of National Health Service (NHS) budget).

Description of care or policy practice: With this study, which was designated “Study of the Degree of Integration of Healthcare Organizations (SDIHO)”, we sought to determine the degree of integration of health organizations in our country. To do so, we developed an auto-perception survey to healthcare professionals which we apply in two rounds. The first application occurred in the year 2010 and the second one will occur in the end of the year 2014. The purpose of this study is to determine the actual degree of integration of LHU, measure the evaluation between 2010 and 2014 and compare the degree of integration among LHU and non-LHU providers.

Methods: We developed a survey, with a framework of 6 dimensions (Clinical, Information, Financial, Administrative, Normative and Systemic), 53-items five point Likert scale (strongly disagree to strongly agree) and self administered. We proceed with validation, internal consistency and pre-test of the survey. The application of the first round of this survey was made during the year 2010 in Portuguese LHU, considering the perceived opinion of medical professionals, hospital managers and board of directors. At the end of 2014, this survey is being applied in all existing LHU and in eight non-integrated healthcare providers.

Highlights: About 544 individuals completed the survey, representing a response rate of 51%. The results of SDIHO 2010 evidence that LHU are not synonymous of integration inasmuch as 41% of the respondents reported lack of perceived integration. The dimensions with less score of integration were clinical and information dimension. The findings also indicate that there are different degrees of integration between LHU, between health professionals and between operating units. Boards of directors reported higher perception of integration than the rest of the respondents. Primary care providers report lower perception of integration when compared with Hospitals. SDIHO 2014 is in the field at the moment, so preliminary results are not available.

Conclusion: The present results quantify the perception of the degree of integration of LHU in Portugal. The previous findings suggest a moderate level of integration. The lowest levels of integration were reported on clinical and informational dimensions which are the most important dimensions, accordingly to the literature. The highest were reported in the Normative dimension which is expected because the integration process begins with an administrative and juridical act (Federal Register) that merges hospital and primary care providers within a specified geographical location and population into a LHU.

Discussion: We identify two major areas for further study this issue. First is to incorporate “objective” measures to the model in order to accurately determine the dimensions that as to be reinforced to achieve a higher level of integration. Even though, perceptions are very useful because people generally act based on their perceptions, so efforts to improve integration have to take in to account with current judgments, perception and motivation. The second major area is to identify the main obstacles to integration. Is there any environmental or contextual variables that have a negative impact on vertical integration? Or is it institutional factors such as stability of the senior management team, leadership team characteristics, implementation of internal incentives to promote coordination between operating units?

Lessons to learn: Integration is an ongoing process that has to implemented, monitored and evaluated. The main objective of this instrument (SDIHO) is to more readily identify those dimensions of greatest leverage for achieving more integrated delivery of care. Applying this instrument in the different moment of the process allow us to track integration efforts and they effects through the time.

Summary (100-200 words): With this study, which was designated “Study of the Degree of Integration of Healthcare Organizations (SDIHO)”, we sought to determine the degree of integration of health organizations in our country. To do so we developed a survey which we apply in two rounds in the years 2010 and 2014. Measures of perceived integration in six dimensions (Clinical, Information, Financial, Administrative, Normative and Systemic), were obtained using a 53-items five point Likert scale (strongly disagree to strongly agree) and self administrated questionnaire. Accordingly with SDIHO 2010 results there is a moderate level of integration in LHU. The dimensions with less score of integration were clinical and information dimension. The findings also indicate that there are different levels of integration between LHU, between health professionals and between operating units. Applying this instrument in the two different moment of the process allow us to measure the evaluation between 2010 and 2014 and to track integration efforts and they effects through the time. With SDIHO 2014 it will also be possible compare the degree of integration among LHU and non-integrated healthcare providers.

Keywords

degree of integration; local health units; auto-perception

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