
CONFERENCE ABSTRACT

Overview of the current state of integrated care in Estonia, Latvia, Lithuania, and Poland

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Introduction

Integrated care is a solution for people with complex care needs that require a multidisciplinary approach, especially between health and social care. Despite a lack of common definitions and conceptual frameworks, a number of studies have analysed integrated care in some European countries. However, little is known about implementation of integrated care in Eastern Europe. This study attempts to help fill this gap by describing the status of integrated care from a macro (governance) perspective in Estonia, Latvia, Lithuania, and Poland.

Methods

In July 2019, a total of six country experts described current/past pilots and programs in integrated care in each country and completed a 21-question survey based on six components of the SELFIE framework (leadership & governance, information & research, financing, workforce, technologies & medical products, service delivery) aiming to collect information on the conduciveness of the policy environment to support integrated care.

Results

All countries to various degrees have policies and action plans in place to integrate care at national/regional/local level. Political commitment for promotion of integrated care was mostly aligned among the countries. Ongoing pilots and programs reveal attempts to integrate care both between the social and health sector and within the health sector. Key barriers include inequity of access to resources in general, and limited cooperation among sectors for capacity building for integrated care.

Discussions

Our findings suggest that supportive leadership and governance constitute key catalysts for the implementation of integrated care programs. Nevertheless, despite some progress, the implementation of integrated care in the four countries remains limited.

Conclusions

The level of integration of care in the three Baltic countries and Poland vary, but its extent is overall relatively limited. Despite an increasing interest around potential integrated care solutions, initiatives so far consist mainly of small pilots and programs focusing mostly on care coordination (e.g. for cancer).

Lessons learned

Our findings suggest that strong political will and provider/community level leadership play a pivotal role in the uptake of integrate care. Leadership and governance should be supported in order to influence change and transition towards integrated care at larger scale.

Limitations

Transferability of findings may be limited given the specific context of the countries analysed. The qualitative data presented may be subjective and only capture limited dimensions of integrated care pilots and programs, and does not take into consideration the patients' perspective.

Suggestions for future research

Future research should focus on identifying levers to scale up integrated care programs in the countries analysed. Further research into the hindering as well as facilitating factors for the adoption of integrated care in the Baltics and Poland would also help address future challenges for countries in the process of rolling out integrated care programs. There is also a need for larger studies in the Baltics and Poland to gather evidence of improvement in access to care, quality of care, and cost-effectiveness.