
CONFERENCE ABSTRACT

Achieving person-centered care through integrated care

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Introduction

The 2015 WHO global strategy on people-centred and integrated health services as well as most people working in health systems take a very clinical perspective on “care”. On the other hand, people and families have a much more holistic concept of care.

Policy context and objective

If we are to provide truly person-centered care it is necessary to appreciate how the concept of “care” is understood from an individual and family perspective, and to then set up care systems to address those needs.

Targeted population

Our perspective comes as the government-established provider of health care to the entire population (approx. 4.3 million) in the province of Alberta, Canada.

Highlights

In considering care, we first established that the individual and population understanding of care was a holistic concept incorporating both health and social dimensions along with a more general concept of wellness. The health care system and providers, however, almost always considered care as a clinical concept. Purposeful and largely successful efforts were therefore made to enlighten those in the healthcare system and various levels of government as to the importance of social factors in influencing health and determining wellness. We further established that individual care largely occurred in the form of self-care or care received from an informal carer. Together, this comprised about 90% of care, leaving 10% of care to more formal systems. Of this proportion, we further determined that 70% of care was delivered via both formal and informal volunteer efforts. This meant that the formal health care system was only responsible for 3% of care yet received approximately 50% of the provincial government budget. The role of other provincial government departments (e.g. social services), municipal governments, volunteer organizations, business and communities at large was also appreciated. This has led to changes in philosophy, understanding and policy such that the Alberta concept of achieving integrated care includes participation from various provincial government departments, the formal health care system, municipal governments, the volunteer sector, business and the community at large. Policies have shifted to focus on supporting individuals and carers in the community.

Transferability

These principles and findings are best applied when there is significant central coordination of health and when the concept of wellness is appreciated. This is because achieving what we believe to be integrated care, requires the coordination of various levels of government, the volunteer sector, businesses, communities and health care providers and their organizations. Thus, this approach can be more easily taken in many European, Commonwealth and oriental countries, but may be less easy to achieve in countries where health care delivery is fragmented amongst a variety of providers.

Conclusions

We must be very cautious in how systems define both “care” and “integrated care”. Being sensitive to individual and population needs and perspectives leads one to conclude that truly integrated and person-centered care, requires participation across society, government and business. Countries where health and social care have been merged, are examples of how this can occur.