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CONFERENCE ABSTRACT

Integration knowledge for a Personalised Integrated Care Approach

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Roelof Ettema[1],Marlou De Kuiper, Anneke De Jong, Ruben Van Zelm

1: HU University of Applied Sciences Utrecht, Netherlands

Introduction

Societal integration knowledge is lacking among almost all parties involved: care providers, informal carers, managers, administrators, supervisors and financers. Dynamic partnerships in which healthcare services are provided in an integrated and personalized manner will increase in significance. This raises the question how we can enable all these actors in care and welfare to develop and deliver effective personalized care.

Theory/Methods

Integration knowledge is needed at several levels (micro, meso, macro) to move from the current mainly single component standardized Care and Welfare services to integrated and customized care services. This requires that care and welfare services are no longer provided from single organizations, but from dynamic micro networks around the citizen or patient.

In over thirty research projects in practice involving care and welfare organisations, citizens in neighborhoods in The Netherlands we collected central questions that needs to be answered for creating, organising, financing and delivering personalised care to citizens.

Results

At the micro level, a central question is how to achieve co-creation and collaboration with clients, informal carers and various professionals in dynamic networking.

At the meso level, the central question is how dynamic networks can be organized and managed.

At the macro level, a central question is how accountability and financing of dynamic network care can be structured.

A crucial question that plays a role at all three levels is how policy can be made at local, regional, national and European level for facilitating dynamic micro network care.

Discussions

Citizens' care needs are becoming increasingly complex, still mostly approached by more individual acting professionals at the same time resulting in fragmented care. With integration knowledge we combat this fragmentation, laying a foundation for personalizing healthcare and welfare.

Conclusions (comprising key findings)

Citizens want to feel supported in being able to participate as optimally as possible in society with the highest possible quality of life, at the lowest possible cost (triple aim) and with more meaning

for care providers (quadruple aim). For 'integration knowledge', integrated research on collaboration, organization, financing and supporting policymaking, is required.

Lessons learned

For providing healthcare services in an integrated and personalized manner, dynamic partnerships are necessary.

For creating dynamic partnerships around the citizen or patient integration knowledge is required.

This integration knowledge has to be developed in integrated research on collaboration, organization, financing and supporting policymaking and is by itself integrated on micro, meso and macro level.

Limitations

In research regarding evidence base integrated care, practical questions are asked about the contexts in which the care under study must be provided or to which the context under study must be adapted. In practice and research, this is not a standard approach and will not always understood directly.

Suggestions for future research

In research for evidence base integrated care for integration knowledge there is thus a constant balance between practical orientation and theoretical orientation. This concerns the ""proof in context"" (care provision) versus the ""proof of concept"" (care content) and should be focus of future research.