
CONFERENCE ABSTRACT**Towards Evidence Based Integrated Care**

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Introduction: Both in literature and in practice there is debate about defining Integrated Care. The WHO for example, defines Integrated Care as a process, not covering the perspective of (cost-) effectiveness. From the perspective of research into evidence in Integrated Care this is rather awkward. Triple aim focusses on 1) quality of life of citizens; 2) quality and continuity of care and, 3) cost effective care. Integrated Care is aimed at well-organized, cost-effective processes of care delivery, provided by committed professionals which must be able to count on well-established evidence for the care interventions they provide in integrated trajectories to their patients. Research should support them both with evidence for effective interventions and evidence for effective application. A basis for thorough research in Integrated Care is narrowed by a lack of a comprehensive definition.

Theory/Methods: Since Integrated Care is considered as sets of complex interventions targeting triple aim, we compared definitions of Integrated Care reported in literature with a definition of complex interventions and a model for evidence based developing, testing and implementing complex interventions. This definition and the accompanied model are issued by the British Medical Research Council (MRC) in 2008 and are nowadays worldwide established.

During the session at the conference, after a short introduction, we will discuss our proposal with the participants for improving a new definition of evidence based integrated care.

Results: Our preparation resulted in a proposal for a definition for 'Evidence Based Integrated Care' which covers defining the care problem with the underlying working mechanisms and the test acceptance by patients and care providers. Furthermore, it covers test effect of both the concept of interventions and the (cost) effectiveness in the context where the complex interventions are provided, the organization of the complex interventions in the trajectory and the quality of life and societal participation of citizens or patients.

Discussions: On one hand, the perspective of the content of the interventions moves mostly in the domain of healthcare research. On the other hand, the perspective of the organisation of Integrated Care process is predominantly moving in the domains of social sciences and healthcare business research. In order to achieve triple aim care and welfare, a third perspective of directing the content of the interventions and the way of organising the

Integrated Care process is necessary. Unfortunately, this remains rather underexposed in research.

Conclusions: In order to meet triple aim, research in Integrated Care should focus on three perspectives at ones:

the content of the interventions;

the organisation of the Integrated Care process;

to strengthen both, creating synergy between content and context.

Lessons learned: By directing content and context, research in Integrated Care will make a vital contribution to accomplishing triple aim Integrated Care.

Limitations: This is a theoretical exercise for starting a discussion for establishing a research basis, needed for focussing research in Integrated Care.

Suggestions for future research: Developing research methods for Integrated Care research covering the perspectives of content context and the direction of these.

Keywords: triple aim; defining evidence based integrated care; complex interventions; directing content & organisation of care
