
CONFERENCE ABSTRACT**Mapping the Sources of Integrated Care Evidence**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Suzanne Lewis¹, Tieman Jennifer², Raechel Damarell², Camilla Trenerry²

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Introduction: Evidence from quality research is vital for demonstrating the effectiveness of integrated care in reducing health care fragmentation. Locating that evidence should be a crucial precursor to its use in informed policy making and organisational reform. Finding integrated care research may, however, present challenges due to a multiplicity of definitions and frameworks, and relevance across a range of sectors, organisations, and professional groups.

Understanding difficulties in finding integrated care evidence could aid in the development of practical measures to make it more visible. This might include customised repositories, search tools, or strategies for improving dissemination.

Bibliometric analysis is one method for examining published literature relevant to a field of research or practice. It is particularly useful for mapping complex, fluid and diffuse fields such as integrated care. This study builds on and extends a previous bibliometric analysis by Sun[1] by investigating: the growth of the integrated care literature; the core journals in which it is published; the combination of bibliographic databases required to find the majority of the literature; and the value of the PubMed standardized term Medical Subject Heading for retrieving it.

Methods: The broad term 'Integrated care' was searched across the title, abstract, and subject heading fields within PubMed, CINAHL, EMBASE Ovid, PsycINFO Ovid, EconLit Ovid and Cochrane Central Register of Controlled Trials. The citations retrieved were analysed for frequency by year and country of publication, author, journal name, natural language terms, and subject headings. In addition, the performance of the Medical Subject Heading MeSH term 'Delivery of Health Care, Integrated' was tested by asking an advisory group of integrated care experts n=8 to each screen a set of 100 citations retrieved by this heading and indicating relevance of each.

Results: A wide range of terms and journal titles contribute to the integrated care body of evidence and multiple databases provide access to a significant number of unique citations beyond PubMed. Furthermore, Interrater agreement was low on the relevance of citations retrieved by PubMed's main integrated care MeSH term.

Discussion: This study confirms the diffuse nature of the integrated care research literature and highlights factors that may make it inherently difficult to find via search mechanisms. This includes a lack of consensus between experts as to the relevance of literature retrieved by its main indexing term in PubMed.

Conclusions: Our findings suggest a need for search solutions to enhance the identification and, by extension, utilisation, of the integrated care literature.

Limitations: The use of the single broad term 'integrated care' to find citations across databases was a pragmatic approach to finding a core set of literature for analysis. We acknowledge that integrated care is described by a variety of terms and this approach would not find a substantial subset of relevant citations.

Suggestions for future research: Following this study, an integrated care search filter was developed for finding the literature in PubMed. Other practical tools for finding integrated care literature are advocated.

Keywords: integrated care; bibliometric research; knowledge translation
