POSTER ABSTRACT

Person-centered and integrated care: a discussion of concepts

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Introduction: Recently, there has been a paradigm shift in healthcare that calls for positioning patients as active partners in healthcare rather than passive recipients. This active partnership is even more evident with patients who live with multiple chronic diseases because with time, these patients become experts in their own bodies, symptoms and management. Two concepts arose as a result of this shift; person-centered care (PCC) and integrated care (IC). Both concepts have been promoted as potential solutions to accommodate the needs of patients with multiple chronic diseases and they become increasingly evident in literature about these patients. However, both concepts have been described by authors as polymorphic and ill-defined. Our study aims at understanding both concepts and revealing the connections between them in the context of patients living with multiple chronic diseases.

Methods: We conducted a review of conceptual literature that looked at both PCC and IC, by searching Medline and CINAHL and consulting with experts. We applied a concept analysis approach using a combination of Walker & Avant and simultaneous concept analysis (SCA) to identify the unique characteristics of each concept and their relationships.

Results: Through these methods, the antecedents, attributes, consequences and empirical referents of each concept were determined. Additionally, similarities and differences between the two concepts were identified and a definition offered for each concept. Furthermore, the interrelatedness between the key concepts was mapped, and definitions proposed. Our results will promote better understanding and communication about these concepts in practice and in research and policy contexts as well as to theory development by adding to previous research.

Discussions: Although both concepts under study stem from the same philosophy of partnering with patients, PCC is a wider concept than IC. Integrated care is one way to achieve PCC but there are other approaches like co-production and redesigning the healthcare with the patients. True integrated care can barely be achieved if not rooted in a culture of PCC. This culture includes systems, organizations, providers, patients as well as their caregivers. In this sense, PCC may be better looked at as a philosophy rather than a quantifiable outcome. Conversely, IC can be measured directly through measurable indices of effectiveness, efficiency and patient experience.

Conclusions: We conducted a concept analysis based on a literature review to explore the concepts of PCC and IC. Our comprehensive analysis defined both concepts and added clarity on their areas of interconnectedness and diversion.
Lessons learned: PCC and IC are highly intertwined concepts, but they are not similar. Understanding the conceptual basis of both concepts is important for successful implementation of IC and achieving healthcare systems that are person-centered.

Limitations: Our results are limited by the databases used. Second, we did not conduct a systematic evaluation of the quality of the included articles. This decision was motivated by the wide variation in literature and the inclusive nature of this concept analysis.

Future research: Future work can explore the relationship of PCC and IC with other concepts that stem from the same philosophy as patient experience.

Keywords: integrated care; person-centered care; concept analysis