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Integrating is caring: A paradigm shift in health

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In the past decade, Europe has experienced a positive trend of increased life expectancy. And yet this trend has not automatically translated into an increase in healthy life expectancy. The prevalence of chronic diseases and multi-morbidities has been growing at a steady pace. Adding to constraints in public resources, growing healthcare expenditure, and low economic growth, the rising burden of chronic diseases and multi-morbidities imposes a huge strain on health systems and on European societies at large.

Given the scale of the challenge, finding ways to improve the performance and sustainability of health systems is crucial. The integration of care is considered central to addressing these issues. Generally regarded as an approach to overcome the fragmentation of health systems, integrated care has the potential to deliver on the needs of the population and to tackle this unprecedented challenge. To untap this potential, several barriers related to the organisation of health systems and the engagement of individuals need to be addressed. The European Union (EU) can and needs to play a key role in this regard despite its limited competencies in the field. It can promote the transition to integrated care by building strong evidence, enhancing knowledge-sharing and capacity-building and contributing to the mobilisation of resources.

BACKGROUND – CHRONIC DISEASES ARE STRAINING THE SYSTEM

The positive performance of health systems, medical innovations and improvements in living conditions have fuelled a rising life expectancy across the continent in the last decade or so. European citizens live longer lives and will continue to do so. Projections up to 2060 reveal that in the EU, life expectancy at birth is expected to increase by 7.1 years for males and by 6.0 years for females.[1] However, today one-third of adults report having a chronic disease or health problem[2], and an estimated 50 million people in Europe live with multiple chronic conditions.[3]

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The alarming burden of chronic diseases and multi-morbidities, paired with the demographic changes in the age structure of the European population[4], creates a need for action that can no longer be put off. It has been estimated that between 70% and 80% of healthcare costs in the EU are spent on chronic care each year, amounting to EUR 700 billion.[5] Besides the directly related healthcare costs and the unmeasurable personal costs for the patients and their families, the impact of chronic diseases on the European economy and its competitiveness is also estimated to be enormous. The rising tide of chronic illness has a significant impact on the European workforce, often resulting in reduced productivity at work, lower employment rates or early retirement from the labour market. Chronic diseases also lead to the premature death of more than 550,000 working-age people (aged 25 to 64) each year across EU countries, resulting in an annual potential economic loss of EUR 115 billion.[6]

Those pressures come on top of low economic growth and rising healthcare costs. Already one of the largest items of public expenditure, health and long-term care expenditure in OECD countries is projected to continue to grow, presumably accounting for 9% of GDP in 2030 and as much as 14% of GDP by 2060.[7]

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Across EU member states, integrated care is recognised to be a potential game changer in responding effectively to this alarming development. It has the potential to increase the effectiveness, accessibility and resilience of healthcare systems, by promoting communication between providers, reducing wasteful spending due to the duplication of services, enhancing continuity of care, empowering individuals, and last but not least, improving health outcomes. However, some barriers to the transition to integrated care need to be dealt with first.

STATE OF PLAY – INTEGRATED CARE AT THE EU POLICY LEVEL

At the EU level, a strong momentum for the transition to integrated care started building in 2011, with the Council Conclusions "Towards modern, responsive and sustainable health systems" calling for approaches to move away from hospital-centred systems towards integrated care systems. That same year saw the creation of the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) with an action group specifically focusing on integrated care for chronic diseases.

In 2016, the European Commission and the EU Economic Policy Committee emphasised the need to foster integration and continuity of care, thereby overcoming the fragmentation of services, as a key policy option to enhance the fiscal sustainability and cost-effectiveness of European health systems.[8] Moreover, the integration of care services and a stronger role for primary care are key policy levers identified in the context of the 'State of Health in the EU' cycle, the initiative undertaken by the Commission in cooperation with the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies.

A similar emphasis was put in the framework of the European Semester process. In its recent Annual Growth Survey of 2019, the Commission stressed the need to invest in innovation, improve the integration between different healthcare levels, and strengthen links with social care, to ensure fiscal sustainability and maintain universal access to quality healthcare.[9]

When it comes to financial support, the Commission co-funded many integrated care initiatives through the Health Programme, Horizon 2020, and other financing programmes, with the aim to build good practices, identify crucial drivers for successful implementation and enhance knowledge-sharing.[10]

In April 2018, in the context of its proposals for the digital transformation of health and care, the Commission also announced its plan to promote synergies with the European Structural and Investment Funds (ESIF) and the European Fund for Strategic Investments, (EFSI) and mobilise funding in the 2021-2027 EU Multiannual Financial Framework (MFF) to support member states in the development of digitally-enabled integrated care systems.

A wealth of different models and approaches

EU countries have begun implementing new delivery models and different integrated care pathways to address the growing chronic care demands. There is significant heterogeneity in terms of the focus and the target group of the initiatives. Integrated care can be built horizontally, between health services, social services and other care providers, or vertically, across primary, community, secondary and tertiary care services. There can be integration between preventive, curative and long-term care services or between practitioners and patients to support shared decision-making and self-management. While each model and initiative may differ in its structure and target group, the recurring objective of integrating care is to deliver patient-centred and high-quality care at the right time and in the right place, to improve health outcomes and ensure the continuity of care.

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A recent mapping exercise shows that the most common types of integrated care initiatives implemented across Europe are small-scale interventions on a specific population group affected by one or more conditions, mostly on a regional or local level.[11] However, some national and regional governments are also developing more encompassing strategies and policies for the implementation of integrated care, as it is the case in Scotland or in the Basque Countries.

Barriers to the integration of care

The main barriers to the development of integrated care models are related to the organisation and structure of health systems and to the engagement of individuals.

At the organisational and structural level, factors such as a lack of cooperation between different institutions, teams or professionals, inadequate resources, and limited

ownership and leadership, are the biggest hurdles to the effective integration of care. The transition to integrated care is also inextricably linked with a pervasive deployment of digital solutions, which enable patient-centred care, allow for more information and knowledge-sharing, and promote patients' empowerment and self-management. Existing gaps in ICT infrastructure development, deficiencies in data interoperability and common standardisation, and poor digital literacy all hinder the effectiveness of integrated care models.

A second set of barriers, which is closely related to the limitations mentioned above, is associated with the engagement and empowerment of individuals. An inadequate training and education of health and care professionals, patients and informal carers, also hampers the integration of care. In particular, poor communication, the absence of teamwork and cross-sectoral cooperation, resistance to change and a lack of trust, are all factors that need to be addressed.

PROSPECTS – LAY THE FOUNDATION FOR A PARADIGM SHIFT

The transition to integrated care is a long-term and highly complex process. For it to be successful, some key factors need to be taken into consideration: the configuration of new delivery models, education and the empowerment of individuals.

- Firstly, it is crucial to design new delivery models, building on the development of multi-disciplinary and cross-sectoral ways of working. To achieve this, it is essential to move away from professional and institutional silo-thinking, re-assess the roles and responsibilities of the health and care practitioners, develop innovative payment mechanisms and re-configure the asset utilisation, moving from hospitals to primary, community and home-based care. It is also highly important to address the barriers that hinder the digital transformation of health and care by targeting the gaps in ICT infrastructure development and promoting the uptake of interoperable digital health solutions.

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- Secondly, the education and training of individuals is key. It is essential to earmark resources to help practitioners improve their digital literacy and their capacity to interact with digital tools, adapt to multi-professional and cross-sectoral teamwork and adopt patient-centred approaches. Health and digital literacy training also needs to be provided to patients and their informal carers to facilitate and encourage active participation in decision-making and self-management, with particular attention paid to the older segments of the population.

What role for policymakers?

The EU has an important role to play in the transition to integrated care systems. It can serve as a catalyst to promote this transition, by building strong evidence, enhancing knowledge-sharing and capacity-building and contributing to the mobilisation of resources.

- **Building strong evidence**: more efforts are needed to highlight the benefits of integrated care. The evidence base on both patient outcomes and cost-effectiveness is to be found on small-scale examples. Building on the work of the Expert Group on Health Systems Performance Assessment[12] and on the latest assessments of integrated care initiatives, the Commission should in the next political cycle **continue to dedicate the necessary resources to building credible and statistically strong evidence** based on the systematic data collection and assessment of integrated care initiatives.

- **Enhancing knowledge-sharing**: in the same vein, the Commission should **pool together the existing expertise and facilitate knowledge-sharing, by intensifying efforts on enabling platforms for mutual learning**. Particular attention should be devoted to facilitating the exchange of best practices on a still very underdeveloped practice: the use of patients-reported outcome measures (PROMs) to assess the performance of hospitals, care services and health practitioners.

- **Capacity-building**: members states need to **improve the required know-how to shift to integrated care and reform their health systems accordingly**. The Structural Reform Support Service (SRSS), set up by the Commission in 2015 to help member states design and carry out structural reforms, could contribute in this regard. The increased budget for the Structural Reform Support Programme (SRSP) (moving from EUR 222.8 million for the period 2017-2020 to EUR 25 billion for the period 2021-2027) that has been put forward in the Commission's proposal is welcomed.[13] For the proposed SRSP to be effective and help member states in the transition to integrated care, national authorities need to take action. They need to back the Commission's proposal and intensify their participation in the Programme to receive technical support and financial incentives to carry out reforms in the health sector.

- **Mobilisation of resources**: lastly, but most importantly, it is crucial to **allocate funds and mobilise investments to make the transition to integrated care possible**. EU and national policymakers need to translate the political narrative of effective and sustainable health systems into

concrete actions, starting with the negotiations on the new multiannual EU budget. One idea would be to earmark resources from the new European Social Fund (ESF+) to improve the digital literacy of health practitioners and patients.

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Despite some room for improvement in the EU's upcoming politico-institutional cycle, the Commission's push to move towards integrated care is notable. The ball is now in the member states' court. If they want to effectively make the shift to integrated care, it is time for them to act. They should start by making concrete commitments to translate the EU digital health agenda into concrete actions, develop encompassing strategies for the implementation and scaling-up of existing integrated care initiatives, and agree on further and constructive cooperation on health systems assessment. The European framework provides a unique avenue to reform health systems, deliver on the needs of the European population, and experiment new solutions. This opportunity should not be missed.

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1 European Commission (2015), The 2015 Ageing Report Economic and budgetary projections for the 28 EU Member States (2013-2060).

2 OECD/EU (2018), Health at a Glance: Europe 2018. State of Health in the EU Cycle, Paris: OECD Publishing.

3 van der Heide, Iris *et al.* (2015), Innovating care for people with multiple chronic conditions in Europe: An overview, Project ICARE4EU funded in the framework of the Health Programme.

4 Studies reveal that Europe is 'turning increasingly grey'. Being already the oldest continent in the world, it is expected to hold this record at least until 2060, with the old-age dependency ratio (people aged 65 or above relative to those aged 15-64) projected to increase from 27.8% to 50.1% in the EU. European Commission (2015), The 2015 Ageing Report Economic and budgetary projections for the 28 EU Member States (2013-2060).

5 European Parliament (2017), Health Promotion & Primary Prevention: Exchange of Good Practices, Policy Department: Economic and Scientific Policy.

6 OECD/EU (2016), Health at a Glance: Europe 2016: State of Health in the EU Cycle, Paris: OECD Publishing.

7 OECD projections in absence of effective cost containment policies. OECD (2015), Fiscal Sustainability of Health Systems. Bridging Health and Finance Perspectives.

8 European Commission-Economic Policy Committee (2016), Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability.

9 European Commission (2018), Annual Growth Survey 2019: For a stronger Europe in the face of global uncertainty.

10 Some examples of cross-European projects are: the SCIROCCO project which developed a self-assessment tool that facilitates the successful scaling up and transfer of good practices in integrated care across European regions; the SmartCare project bringing together local authorities to build solutions around the challenges of data-sharing, coordination and communication; the ACT@Scale project with the aim to identify, transfer and scale up existing good practices in care coordination and telehealth.

11 Dates, Mariana *et al.* (2018), Health system performance assessment – Integrated Care Assessment (20157303 HSPA), service contract with the Consumers, Health, Agriculture and Food Executive Agency (Chafea).

12 The Expert Group produced a comprehensive review of experiences in implementing integrated care in Europe and identified 'building blocks' for the effective design and implementation of integrated care frameworks. BLOCKS: Tools and methodologies to assess integrated care in Europe, 2017.

13 The substantial increase in the financial envelope is mainly driven by the creation of the reform delivery tool, a new budgetary instrument to support the implementation of reforms identified in the context of the European Semester. European Commission (2018), Proposal for a Regulation on the establishment of the Reform Support Programme, COM(2018) 391 final, Brussels.

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