



Evidence-based Guidance to Scale-up
Integrated Care in Europe



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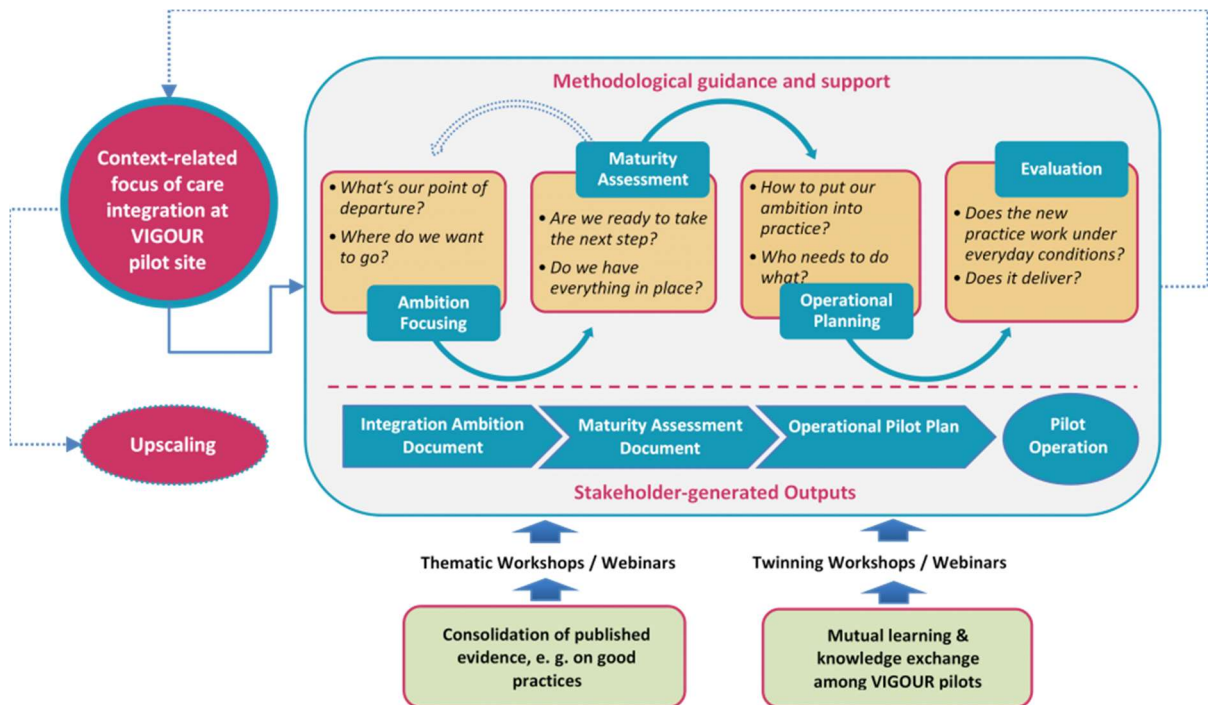
The VIGOUR partners are in the process of preparing the piloting of context-sensitive approaches to integrated care in 15 regions

Integrated care has been a constant topic on the agenda of policy makers and practitioners for decades. As early as 1954, L. E. Burney argued that "comprehensive programmes, such as those designed to bring maximum benefit to persons with chronic diseases ... require the coordination of the efforts of many individuals and agencies". Furthermore, he concluded that a local home care programme implemented at that time had clearly demonstrated "the importance of close integration of clinical, public health and other services if the needs of patients with chronic diseases are to be met to a reasonable degree". There is a widely shared consensus today that integrated care has the potential to improve patient experience and outcomes of care as well as effectiveness of health systems and provider/caregiver experience (known as "quadruple aim"). However, there is still a debate about how the positive potentials generally provided by the concept of integrated care can indeed be realised in practice. All in all, the evidence base that is available today suggests that integrated care is unlikely to evolve as a natural response to emerging care needs in any system of care whether it is planned, or market driven. To put it a little provocatively, it seems as if the debate on integrated care has been going around in circles for almost 70 years. This raises the question why the concept of integrated care is spreading comparatively slowly in practice, despite its generally assumed benefits. The World Health Organisation (WHO), for example, has identified different reasons. To begin with, the absence of a unifying definition has hampered the development of a common understanding what integrated care is or should be about. While it has been possible to identify general principles and core components, it cannot be concluded that one model best supports integrated care. The WHO further highlights that any integrated model development is strongly context-bound and nearly impossible to replicate.

The care authorities participating in the VIGOUR project build on previous efforts to better align existing care delivery processes, albeit in different ways and to different degrees. Against this background, VIGOUR has the objective to take the care authorities from where they currently stand and support them in taking the next step on their specific journey towards integrated care. In doing so, the project aims to effectively support them in progressing the transformation of current care practices towards sustainable models for integrated care. One aspect adding complexity to the implementation of better joined-up care within day-to-day practice concerns the fact that integrated care represents a "nested" concept rather than a pre-defined organisational model of care delivery. The operational implementation of such a concept is, as mentioned, strongly context-bound and can take different forms. Moreover, there is a strong processual element in its implementation, e. g. when it comes to enabling cooperation of different stakeholders across

care settings and sectors. Such processes can take different forms depending on given implementation conditions.

Against this background, the care authorities participating in the VIGOUR project are supported by means of a multi-staged process in defining and implementing better joined-up care practices under given framework conditions. Starting from existing care practices, during the initial project phase each VIGOUR pilot site consolidated its initial view on how current service delivery processes might be better integrated. This was followed by a systematic self-assessment of the envisaged integration approach with respect to its appropriateness and feasibility under given framework conditions. The results of this step may require a critical reappraisal of the initially stated integration ambition, e. g. if strongly inhibiting factors or even "roadblocks" were identified at this stage. As a next step, each VIGOUR care authority is now in the process of developing an operational implementation plan as basis for piloting the hitherto developed integration approach under everyday conditions, with a view to preparing further upscaling. While passing through the overall process, each pilot site involves the different stakeholders concerned.



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Can Integrated Care Help in Meeting the Challenges Posed on Our Health Care Systems by COVID-19?



International Journal
of Integrated Care

The COVID-19 pandemic puts health and care systems under pressure globally. This current paper highlights challenges arising in the care for older and vulnerable populations in this context and reflects upon possible perspectives for different systems making use of nested integrated care approaches adapted during the work of the EU-funded project VIGOUR.

The spread of the new coronavirus SARS-CoV-2 is challenging many health and care systems around the globe. Its onset constitutes a critical issue, especially for older and/or vulnerable people and patients with pre-existing medical conditions being at risk for severe outcomes. This new challenge puts care systems in need of answers: how can vulnerable populations be protected from becoming infected while also getting the best care in this exceptional situation, also considering that the attribution of vulnerability may need to be redefined within this pandemic. In addition, how can care systems be equipped to continue providing complex care management in times of social isolation and containment?

Read the full paper on some of the preliminary lessons learned written by the VIGOUR project partners and lead by Sonja Lindner and Regina Roller-Wirnsberger on behalf of the VIGOUR Consortium.

[Read Full Paper](#)



VIGOUR
podcast

We also had the pleasure of catching up with Sonja Lindner from the University of Graz to hear all about how the paper came about, the writing of it, the team and her hopes for the future of VIGOUR and her work within Integrated Care. Listen to the full Podcast here:

[Listen](#)

Implementing integrated care in Twente to support vitality among chronically ill people

In 2019, healthcare partners in Twente decided to act upon the growing number of lifestyle related chronically ill people in our region.

Chronic diseases put a high burden on patients' quality of care and healthcare costs, while many of the lifestyle related diseases can be better managed or even prevented when citizens become more in control over their own health. Also, less health care personnel will become available to treat all these people. This developments force us to come up with new approaches, making it possible to treat and support citizens more efficiently and in a personalized manner. Clearly, a (mind) shift is needed, among our citizens and healthcare professionals, from care to prevention, self-management and cure. To support people's vitality, despite their illnesses, to improve happiness, mobility and overall quality of life. Also, the current covid-19 situation further underlines the need for more flexible and remote possibilities for care.

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Presentation of the project VIGOUR during the Infoday on the Third Health Programme organized by ProMIS

On 18 June 2020 a web infoday was held, organised by ProMIS in collaboration with the European Commission's Directorate General for Health, CHAFEA and the Italian Ministry of Health, dedicated to the Work Plan 2020 of the Third European Public Health Programme and the new EU4Health Programme 2021-2027. During the event, Lutz Kubitschke from Empirica spoke as speaker to illustrate the VIGOUR - Evidence-based Guidance to Scale-up Integrated Care in Europe project. During the presentation it was highlighted how the issue of integrated health a constant theme on the agendas of policy makers and practitioners for decades in terms of how integrated care can be developed by improving patient experience, treatment outcomes but also the effectiveness of health systems. A key obstacle to this has recently been identified by the WHO and refers to the fact any integrated model development is strongly contextually-bound and nearly impossible to replicate and can only be successful if it does account for unique needs and characteristics of the population it aims to serve.

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International Foundation for Integrated Care

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