



THE PHARMACEUTICAL
MARKETING SOCIETY

Integrated Care

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Demetra



Moderate-severe frailty
Heart failure
Hearing impaired
Memory loss
Falls = fractures

Born in Cyprus

1970s
→ UK

Husband died
5 years ago

lives with
daughter

I wish...
.. go back to Cyprus
.. go out more
.. be young again

Hugely reliant
on daughter

4 times
a day

Carer comes x 4
but X Greek

CHALLENGES

Signposting

X memory
Clinic didn't help

lack of
confidence

NEEDS THE
TOILET
not enough
time



What are we trying to achieve - Quadruple Aim



Berwick DM, Nolan TW, Whittington J. The triple aim: care, health, and cost. *Health Affairs* (Millwood) 2008;27:759–69. doi:10.1377/hlthaff.27.3.759

Thomas Bodenheimer and Christine Sinsky From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med* November/December 2014 12:573-576; doi:10.1370/afm.1713

Lessons learned on key components of Integrated/Accountable Care

System and clinical leadership able to agree on the 'Why?'

Accountable for a defined population

Incentivised by value-oriented population-based shared savings contract



**Outcomes co-designed with people
Focuses on quality of life, wellness and prevention**

Data insights available through linked patient health records, risk identification, data analytics, cockpits/dashboards, integration with patient generated data

Upfront investment and headspace

What are Outcomes

“The results people care about most...including functional improvement and the ability to live normal, productive lives”

International Consortium for Health Outcome Measurement, 2013

My life is important, I am part of my community and I have opportunity, choice and control.

My wellbeing and mental health is valued equally to my physical health

I am seen as a whole person - professionals understand the impact of my housing situation, my networks, employment and income on my health and wellbeing

My care is seamless across different services, and in the most appropriate setting

I feel valued and supported to stay well for the whole of my life

Outcomes vs. Inputs, processes and outputs

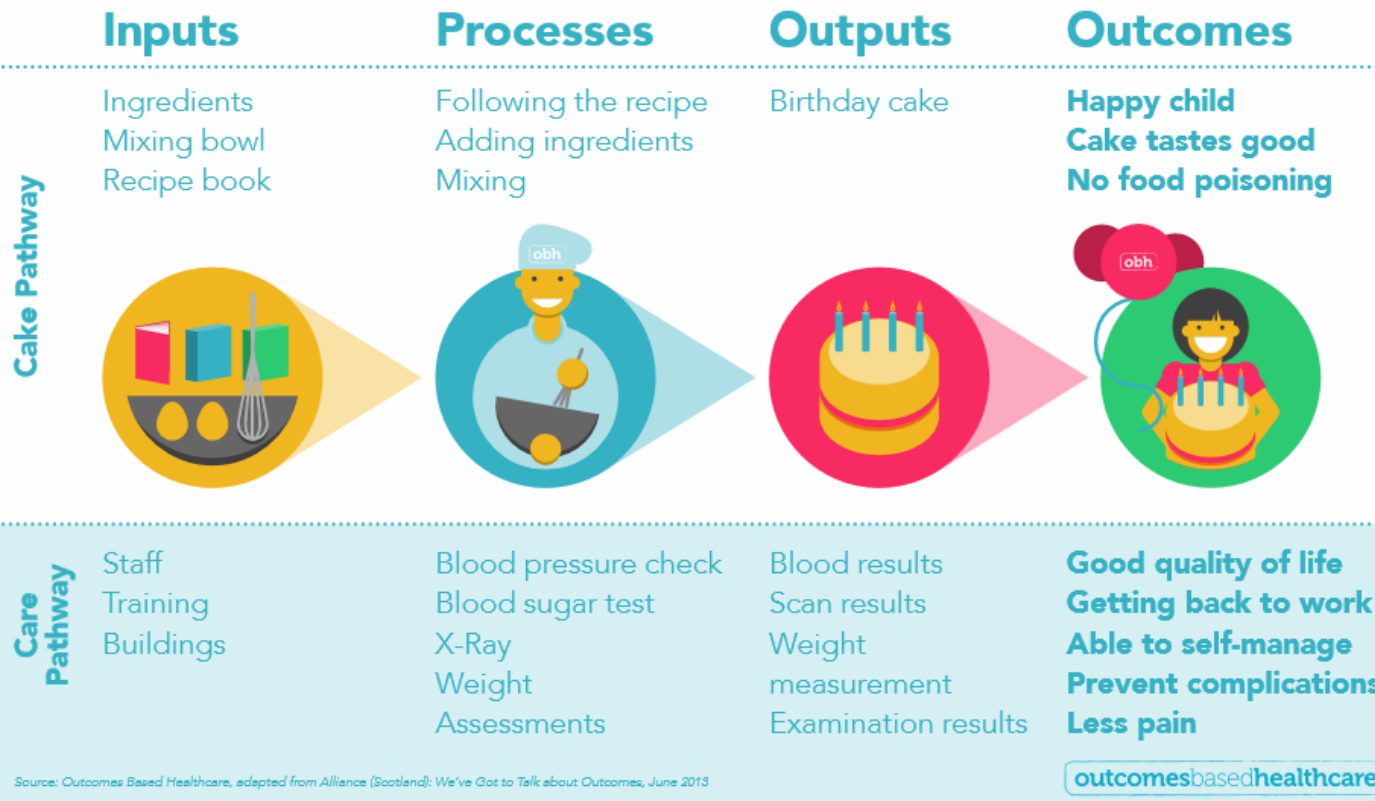


Figure 3 - Types of quality measures across care pathways (Source - OBH, Adapted from Alliance (Scotland): We've Got to Talk about Outcomes, June 2013).

Outcomes focused strategy: Our change model covers you from **understanding the challenges your system faces**, co-designing strategic goals and **realising improvements** in patient outcomes. We evaluate every step of the way, to ensure everything your system does has an impact.

Engaging the power of clinical leadership: ICHP engagement offers support you to **mobilise a group of system champions**, including the public and clinical leadership at every level, to catalyse change and realise **co-designed outcomes**.

Capability building: Our approach builds **sustainable culture change**, ensuring the workforce has the expertise, confidence, and opportunity to improve the health system from within.

Service redesign and prototyping: We guide you through a tailored **quality improvement and innovation methodology**, building scalability into our work from the start. Our team brings the evidence and experience to know what works in a real-world setting.

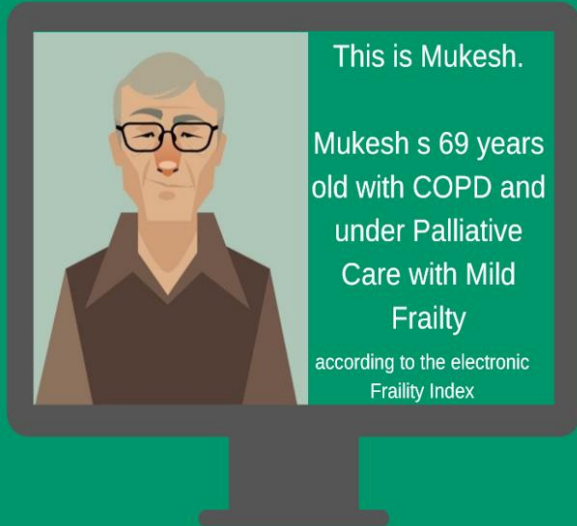
Patient empowerment and activation: We work with the **person at the centre**, utilising community assets to understand and design a set of outcomes for the local people. ICHP has a **strong track record in evaluating and implementing** telehealth and technological solutions, empowering patients to support their own health and ensuring solutions get to those who need them most.

Analytics and segmentation: We work with you to understand the data and local challenges to design the best pathways, employing cutting-edge population health analytics to **evaluate impact**.

Contracting, incentives and outcomes frameworks: We provide bespoke consultancy, **specialist advice on governance and payment reform**, knowledge sharing, population health analytics and co-design outcomes frameworks with the community and staff. We encourage the inclusion of **all local providers**, including local authorities.

A patient story

What do we expect from integrated care?



Mukesh visits his local A&E service so regularly that the receptionist knows his first name.

The main reason for Mukesh's visits hospital is his shortness of breath.

Mukesh was referred to the virtual ward where a team was able to identify the other factors which could be contributing to his health.

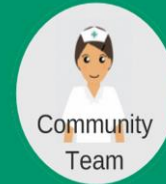
The team found that Mukesh had financial difficulties, unsuitable living conditions and loneliness, all of which cannot easily be identified or resolved by the hospital.

The virtual ward worked with other services to help Mukesh as an integrated team by helping to sort of his finances.

After Mukesh's referral to the virtual ward in mid-March 2016, there has been a reduction in his A&E visits.



Even though Mukesh's A&E visits have been reducing, there is still room for improvement.



How else can we help Mukesh?

Thank You

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