

Pooling budgets no panacea for integrated care

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New research published today by the Centre for Health Economics at the University of York says that pooling funds across health and social care services is not a panacea that will lead to the successful delivery of integrated care.

Integrated care is often perceived as a solution for some of the major challenges faced by [health](#) and social care. By coordinating care at the level of the individual, such care schemes aim to improve patient experience, prevent or reduce avoidable hospital admissions, improve [health outcomes](#) and reduce unnecessary duplication of care.

The ability to pool funds and resources to support integrated care is thought to be a key facilitator to this approach. Researchers at the Centre for Health Economics investigated whether integrating financial mechanisms in this way does support and incentivise integrated care in practice.

The research team combined data systematically from 38 previous evaluations in eight countries, 13 of which were conducted in England.

The team found that compared with usual funding arrangements, schemes that pooled funds and resources to support integrated care seldom led to improved health outcomes.

Although some schemes succeeded in shifting care closer to home, and some achieved short term reductions in acute care utilisation, no scheme

demonstrated a sustained and long term reduction in hospital use.

Lead author Anne Mason said: "Pooling budgets should be a major facilitator for supporting [integrated care](#) but the practical, cultural and technical difficulties involved in achieving it appears to be a major barrier for many schemes to date. This does not mean that future success is unattainable, but that expectations should be realistic and that new schemes need to be rolled out cautiously."

More information: The paper is available online:
[www.york.ac.uk/media/cbe/docum ... are social care .pdf](http://www.york.ac.uk/media/cbe/docum...are_social_care.pdf)

Provided by University of York

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