

Integrated care interventions can reduce hospital activity for patients with chronic diseases

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New research has shown that integrated care interventions can be effective in reducing hospital activity, but the evidence base is poor and suggests that transforming services to integrate health and social care may not be enough to meet national policy targets for halting the rise in hospital activity.

The paper is the first of its kind to analyse all of the international evidence about integrated care for patients with chronic diseases and is published in BMJOpen by NIHR-supported researchers at the University of Birmingham. It summarised the findings of 50 reviews of existing integrated care interventions.

The paper was written in response to the increasing policy emphasis on integrated care as a way to address the challenge of rapidly rising rates of hospital activity in the UK and the associated costs. Integrated care aims to organise and deliver health and social care services that improve co-ordination across and between settings. Following the establishment of a series of integrated care 'pioneers' in 2013, hospital trusts and commissioning organisations in England have invested in integrated services via the Better Care Fund, which aims to promote joint working at a strategic and operational level, and more recently through regional Sustainability and Transformation Plans.

A lack of integration particularly affects patients with multiple chronic

conditions who need to access multiple health and [social care](#) settings but who typically experience fragmented and poorly co-ordinated care. So, by facilitating more patient contact, treatment and follow-up in primary care, in the community or in patients' homes, integration aims to reduce substantially the number of emergency and other admissions to hospital, and facilitate timely and effective discharge from hospital to other settings.

The researchers found that discharge management with post-discharge support, multidisciplinary team care with teams including condition-specific expertise, specialist nurses and/or pharmacists, and self-management as an adjunct to broader interventions were all likely to be effective in reducing hospital activity. Interventions were most effective when targeting single conditions such as heart failure, and when care was provided in patients' homes.

Dr Sarah Damery, at the University of Birmingham explained "The primary reason for doing this work was to try and establish the effectiveness of integrated care interventions, to help inform service design and future interventions. It's an opportunity to build an evidence base from which best practice can be identified."

"What we can say is that, despite there being clear benefits from many of the [integrated care](#) interventions we reviewed, the combined reductions in things like rates of hospital admission, readmission, length of hospital stay and A&E attendance may fall short of national policy targets for reductions in hospital activity."

More information: Sarah Damery et al. Does integrated care reduce hospital activity for patients with chronic diseases? An umbrella review of systematic reviews, *BMJ Open* (2016). [DOI: 10.1136/bmjopen-2016-011952](https://doi.org/10.1136/bmjopen-2016-011952)

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