Implementing the Chronic Care Model for the Management of Noncommunicable diseases (NCDs) in the Primary Care Setting

Lecture: Integrated Health Service Network

This lecture will introduce you to integrated health services networks. Integrated care is well planned and well organized it of services and care processes, targeted at the multi-dimensional needs of an individual client or category of persons with similar needs built up by elements of acute health care, long term care, social care, housing and services such as transportation and meals.

Integrated delivery system is a network of organizations, such as ambulatory care clinics, physician groups, diagnostic centers, hospitals, nursing homes, and home health care agencies, who provides or arranges to provide a coordinated continuum of services to a defined population. It is willing to be held clinically and fiscally responsible for the health status of that population. These systems often own or closely aligned with an insurance service.

Integrated health systems vary according to their breath, a number of different functions and services provided along the continuum of care. Their depth, the number of different operating units within a system that provide a given function or service and their degree of integration, which is the proportion of health services integrated.

Different names exist for this concept of integrated delivery system are the terms used to refer to the system include integrated delivery networks integrated delivery system, integrated healthcare system, integrated health delivery system, integrated health networks, integrated healthcare delivery systems, integrated health care, network and organized delivery systems.

Clinical Integration is the extent to which patient care services are coordinated across various functions, activities, and operating units of a system. It is viewed as the most important form of integration, because it is the primary means by which to organize delivery systems are able to provide cost effective quality care in a managed care environment, particularly under capitated payment structures.

Clinical integration is established on a horizontal or vertical plane or horizontal integration. **Horizontal** is the coordination of the various services offered across operating units that are at the same stage in delivering services. Example coordination between two primary health care facilities. While **vertical** integration is the coordination of services among operating units that are at different stages of delivering patient services, for example, between hospitalization and post hospital follow-up. Vertical integration attempts to bring under one organizational rules all of the different healthcare activities that are necessary for the production of improved patient health. In health care, it involves affiliation under one management umbrella of organizations that provide different levels of care are the primary, secondary, or tertiary. Goals of vertical integration include increasing efficiency, enhancing coordination of care along the continuum, and providing one stop shop for managed care purchasers and pairs. For horizontal integration in healthcare, it involves affiliation on the one management umbrella of organizations that provide a similar level of care. Usually, it involves consolidation of resources among the organizations with the goals of increasing efficiency and taking advantage of economies of scale. And effective patient centered integration requires two components, **structural** Integration, and **functional** integration. Structural Integration refers to bringing together staff and resources in one single

organization under a single unified hierarchical structure. Structural clinical integration reflects the degree of clinical integration achieved by hospitals from a structural perspective. Four Dimensions of Structural Integration are integration across sites of care, integration across divisions of care, integration of physicians, and integration of the information technology. Functional integration is the extent to which key support functions and activities such as finance, human resources, strategic planning, information management, marketing and quality assurance or improvement are coordinated across units.

Virtual integration healthcare organizations exists within a network of organizations working towards a common goal providing health care to a given population through contractual relationships, but without common ownership.

The Kaiser Permanente Medical Care Program. This is an organizational model typified in the Kaiser Permanente Medical Care Program or health maintenance organization, HMO, and has come to be known as the organizational model typified in the Kaiser Permanente Medical Care Program or health maintenance organization HMO has come to be known as a good example of vertical integration. Most Kaiser Permanente regional units own their hospitals and clinics hire the nurses and other personnel staffing these facilities and contract with a single large group practice the Permanente Medical Group to exclusively serve patients covered by the Kaiser Health Plan. Therefore, there was one health plan that covers services provided at hospitals, by private physicians, at pharmacies and even through health home agencies. As shown in this diagram.

The Kaiser form of health maintenance organization differs from traditional fee for service models in how it pays physicians and hospitals. It also differs in how health services are organized. Most obvious is a prepaid group practice structure that contrasts with the traditional United States style of solo independent private practice. In addition, Kaiser has typically regionalized tertiary care services at a select number of specialized centers. Most regions have also integrated nonphysician such as nurse practitioners and physician assistants into the primary care team. Unlike a public district health authority in the United Kingdom. They help maintain an organization such as Kaiser Permanente is not responsible for the entire population of a region. But these private vertically integrated systems in the US do assume responsibility for organizing and delivering services to a population of Plan enrollees. For prepaid needs of enrollment in the Kaiser plan permits Kaiser to orient its care more toward a population health model.

Virtual integration, independent practice associations or IP Model of HMOs were far easier to organize and prepare group practices. A county or state medical society or hospital or an insurance company would simply recruit office-based fee for service physicians practicing into the community into an IPA. IPA model.

HMOs were far easier to organize and prepare good practices. county or state medical society a hospital or an insurance company could simply recruit the office-based fee for service physicians practicing in the community into an IP and thereby create the basis for an HMO the physicians could continue to see their non-IPA patients, as well.

Integrated health promotion and non-communicable diseases prevention is a coordinated systematic plan involving various stakeholders using a combination of approaches to address health determinants and risk factors.

Why integrate health care systems must guard against the fragmentation of services. Care for NCDs needs integration to ensure shared information across settings and providers. This requires prioritizing screening and early detection, management and follow-up supported by collaborations with community-based programs.

It also requires the primary health care team to be trained on evidence-based clinical guideline led management of chronic conditions. Organizational factors that support the provision of care for patients with chronic conditions, and a proven methodology for it accelerating Healthcare Improvement in the primary health care setting.