



Using More Equitable Integrated Care Programs to Reduce Fragmentation in Home Care

PHD THESIS
SUMMARIES

KRYSTAL KEHOE MACLEOD 

]u[ubiquity press

ABSTRACT

Integrated care programs have been developed to deliver care across providers, settings, and support systems to meet the needs of community-dwelling older adults. This research asks how these programs are being used to combat issues of fragmentation in a home care sector fundamentally reshaped by neoliberalism. Data was collected through 118 key informant interviews in five Canadian integrated care programs and interpreted using a thematic analysis informed by Feminist Political Economy. This dissertation argues that integrated care programs are most useful as a policy solution to fragmented home care when they adopt policy techniques that promote equitable processes and outcomes.

CORRESPONDING AUTHOR:

Krystal Kehoe MacLeod, PhD
Centre for Research in
Integrated Care, University of
New Brunswick Saint John,
New Brunswick, Canada
krystal.kehoemacleod@unb.ca

KEYWORDS:

equity; fragmentation;
home care; integrated care;
neoliberalism; older adults

TO CITE THIS ARTICLE:

Kehoe MacLeod K. Using
More Equitable Integrated
Care Programs to Reduce
Fragmentation in Home
Care. *International Journal of
Integrated Care*, 2022; 22(3):
17, 1–5. DOI: [https://doi.
org/10.5334/ijic.6553](https://doi.org/10.5334/ijic.6553)

INTRODUCTION

Home care is the delivery of health and social care in private residential dwellings to help people live as independently as possible in the community [1]. The restructuring of the home care sector under neoliberalism since the early 1990s has revolved around establishing more efficient practices in response to issues of fragmentation [2]. Neoliberalism is the dominant political and economic ideology, governance structure, and policy toolkit that promotes the use of business solutions to public policy problems [3]. Fragmentation occurs when care systems and providers “function in silos” [4] causing gaps and duplication in services to appear within and across settings [5]. Fragmented home care results in a care system that is insufficiently equipped to meet the needs of older adults [6, 7] and their paid and unpaid care providers [8], leading to worse health outcomes for all [5]. Integrated care programs that “deliver care that is coordinated across carers, care sites, and support systems; continuous over time and between visits; tailored to clients’ expressed needs and preferences; and based on shared responsibility for optimizing health outcomes” [9], have been positioned by decision-makers as a promising solution to fragmentation [10, 11]. Researchers argue that better integrated care can contribute to improved health outcomes for clients [12, 13]; increase older persons’ satisfaction with care [14, 15, 16]; increase access to care [17]; fulfill clients’ care needs [18, 19]; and improve clients’ quality of life [20, 21, 22], all while simultaneously reducing the burden of healthcare costs on governments [23].

Based at Carleton University in Ottawa, Canada, this dissertation sought to understand the complexities of using integrated care within the current neoliberal system by asking the research question: how are integrated care programs being used as a tool to combat issues of fragmentation in the home care sector? This dissertation argued that integrated care programs are most useful as a policy solution to fragmented home care when they promote equitable processes and outcomes. Although the increasing importance of integration to health and social care delivery systems has not escaped scholarly and policy attention, the significance of using integrated care programs as a policy solution within a neoliberal context remains understudied. This dissertation makes a unique contribution in its critical analysis of the complexities of integrating care in a home care sector that has been profoundly reshaped by neoliberalism.

METHODOLOGY

Purposive sampling [24] was used to select five programs across Canada that provided home care to older adults living in private residential dwellings using

“integration” or “integrated care” as a guiding principle of service delivery. See Table 1 for a summary of program characteristics.

Program administrators, paid care workers, unpaid carers, and clients in five programs were invited to collaborate in semi-structured, in-person interviews (N = 118) in 2013. After obtaining informed consent, interviews lasted between 23 minutes and 1 hour 55 minutes. Digital recording of interviews enabled full data capture. Interviewing ceased when the point of saturation was reached [25, 26]. Interviews were transcribed verbatim and analyzed using thematic analysis [27, 28, 29] where codes were analyzed and collated to form four overarching themes related to how the programs met clients’ and carers’ expressed needs. These themes were interpreted using a feminist political economy theoretical framework [30] to situate the impacts of integrated care programs within the larger political, economic, and social contexts that shaped the relationships and experiences of research participants.

FINDINGS

Drawing on interview data in the four areas of expressed need identified by research participants: continuity of care, social inclusion, collaborative decision-making, communication/joint working, this dissertation found that programs’ use of policy techniques that prioritized equitable processes and outcomes offered a promising solution to fragmented home care. Policy techniques such as: providing care without user fees, supporting care workers, making time for social support, and facilitating collective forums for carers, distributed resources more equitably between, and among, clients, unpaid carers, and paid workers, as well as worked to reduce power disparities within, and across, groups. In integrated care programs using equity-promoting techniques, clients from marginalized groups were less likely to need to look outside the program to get their needs met; care workers reported more collaborative workplace relationships with better communication among workers and with management; and there was a more seamless provision of services for the benefit of clients, unpaid carers, and paid workers – all contributing to less fragmentation in home care delivery.

Conversely, when programs adopted policy techniques aligned with the neoliberal tendency to seek market-oriented solutions to issues of fragmentation through enhanced efficiency, findings showed that the needs of clients, unpaid carers, or paid care workers in positions of power and privilege were frequently prioritized over the needs of less powerful groups. Policy techniques including: service cuts, contracting out, task-shifting, lean staffing levels, work intensification, self-responsibilization, independent contracting agreements, flexible funding

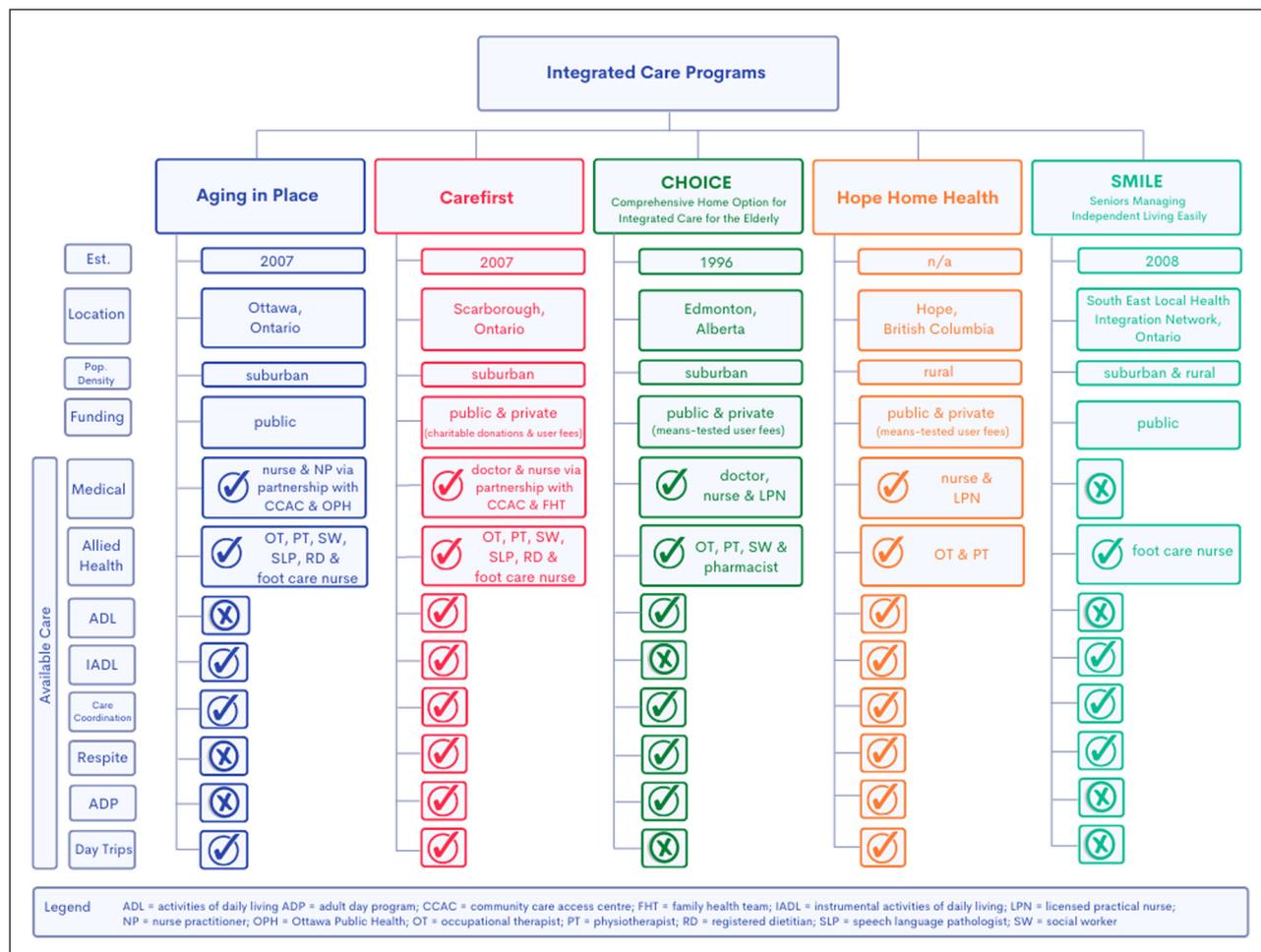


Table 1 Summary of the key elements of the integrated care programs studied.

arrangements, and prescriptive care plans, were found to contribute to increased economic, race/ethnicity and/or gender inequality among program participants which, in turn, perpetuated fragmented care provision as subsets of clients were unable to access care and care workers experienced workplaces marred by racism, marginalization, and precarious working conditions.

IMPLICATIONS

Integrated care programs have been fundamentally shaped by the neoliberal context in which they operate in ways that have resulted in fragmentation, inefficiency, inequality, and equity being inextricably linked. When efficiency and equity goals are played against each other [31], it has resulted in efficiency being emphasized over equity. However, this dissertation showed that when neoliberal policy solutions aimed at enhancing efficiency are prescribed to redress fragmentation, in many cases these solutions perpetuated the fragmentation they viewed as inefficient. This is an example of one of neoliberalism’s “messy actualities” or “counter-tendencies” [32]. Yet, integrated care programs also

demonstrated the ability to disrupt the “common sense understanding in society” [33] that increasing efficiency will reduce fragmentation. When integrated care programs prioritized equitable outcomes, they helped reduce fragmentation in home care access and service delivery. Neoliberal tendencies make it difficult to adopt a synergistic approach that reconciles equity with efficiency but there is much to be gained by clients and care providers if integrated care programs would attempt to do this. In the meantime, intentionally selecting policy tools that create conditions of work and care where the costs and benefits of program involvement are more equitably distributed within, and among, clients and care workers is a promising step towards reducing fragmentation in care access and delivery for older adults aging in place.

IRB

- Research Ethics Board at Carleton University (Project #13-0785)
- CapitalCare’s Research Facilitation Committee (2013/02/15)
- Fraser Health Research Ethics Board (FHREB 2013-015)

ACKNOWLEDGEMENTS

The author gratefully acknowledges the study's participants who generously shared their time, experiences, and opinions for the purpose of this research. The author also acknowledges the generous contributions of her funders.

FUNDING INFORMATION

This work was supported by an Ontario Women's Health Scholars Award and the Canadian Policy Research Network's Legacy Award.

COMPETING INTERESTS

The author has no competing interests to declare.

AUTHOR AFFILIATION

Krystal Kehoe MacLeod  orcid.org/0000-0002-3029-755X
Carleton University, Ottawa, Ontario, Canada; Centre for Research in Integrated Care, University of New Brunswick Saint John, New Brunswick, Canada

REFERENCES

1. **Government of Canada.** Home and community health care. [Online]; 2016. Available from: <https://www.canada.ca/en/health-canada/services/home-continuing-care/home-community-care.html>.
2. **Dubuc N, Bonin L, Tourigny A, Mathieu L, Couturier Y, Tousignant M,** et al. Development of integrated care pathways: Toward a care management system to meet the needs of frail and disabled community-dwelling older people. *Int J Integr Care.* 2013; 13: 2–13. DOI: <https://doi.org/10.5334/ijic.976>
3. **Steger M, Roy R.** Neoliberalism: A very short introduction. Oxford, UK: Oxford University Press; 2010. DOI: <https://doi.org/10.1093/actrade/9780199560516.001.0001>
4. **Tsasis P, Evans J, Owen S.** Reframing the challenges to integrated care: A complex adaptive systems perspective. *Int J Integr Care.* 2012; 12: 1–11. DOI: <https://doi.org/10.5334/ijic.843>
5. **Montenegro H, Holder R, Ramagem C, Urrutia S, Fabrega R, Tasca R,** et al. Combating health care fragmentation through integrated health service delivery networks in the Americas: Lessons learned. *Int J Integr Care.* 2011; 19(5): 5–16. DOI: <https://doi.org/10.1108/14769011111176707>
6. **Nolte E, Knai C, Hofmarcher M, Conklin A, Erler A, Elissen A,** et al. Overcoming fragmentation in health care: Chronic care in Austria, Germany and the Netherlands. *Health Econ Policy Law.* 2012; 7: 125–46. DOI: <https://doi.org/10.1017/S1744133111000338>
7. **Vogeli C, Shields A, Lee T, Gibson T, Marder W, Weiss K,** et al. Multiple chronic conditions: Prevalence, health consequences, and implications for quality, care management, and costs. *J Gen Intern Med.* 2007; 22: 391–95. DOI: <https://doi.org/10.1007/s11606-007-0322-1>
8. **Gittel J, Weinberg D, Pfefferle S, Bishop C.** Impact of relational coordination on job satisfaction and quality outcomes: A study of nursing homes. *Hum Resour Manag J.* 2008; 18(2): 154–70. DOI: <https://doi.org/10.1111/j.1748-8583.2007.00063.x>
9. **Singer S, Burgers J, Friedberg M, Rosenthal M, Leape L, Schneider E.** Defining and measuring integrated patient care: promoting the next frontier in health care delivery. *Med Care Res Rev.* 2011; 68(1): 112–27. DOI: <https://doi.org/10.1177/1077558710371485>
10. **Spoorenberg S, Wynia K, Fokkens A, Slotman K, Kremer H, Reijneveld S.** Experiences of community-living older adults receiving integrated care based on the chronic care model: A qualitative study. *PLoS One.* 2015; 10(10): e0137803. DOI: <https://doi.org/10.1371/journal.pone.0137803>
11. **Rummery K, Glendinning C.** Primary care and social services: Developing new partnerships for older people. Oxford: Radcliffe Medical Press; 2000.
12. **Coleman K, Austin B, Brach C, Wagner E.** Evidence on the chronic care model in the new millennium. *Health Aff.* 2009; 28: 75–85. DOI: <https://doi.org/10.1377/hlthaff.28.1.75>
13. **Homer C, Klatka K, Romm D, Kuhlthau K, Bloom S, Newacheck P,** et al. A review of the evidence for the medical home for children with special health care needs. *Pediatrics.* 2008; 122: e922–e937. DOI: <https://doi.org/10.1542/peds.2007-3762>
14. **Berglund H, Wilhelmson K, Blomberg S, Dunér A, Kjellgren K, Hasson H.** Older peoples views of quality of care: A randomized controlled study of continuum of care. *J Clin Nurs.* 2013; 22(19/20): 2934–44. DOI: <https://doi.org/10.1111/jocn.12276>
15. **Hébert R, Raïche M, Dubois M, Gueye N, Dubuc N, Tousignant M,** et al. Impact of PRISMA, a coordination-type integrated service delivery system for frail olderpeople in Quebec (Canada): A quasi-experimental study. *J Gerontol B Psychol Sci Soc Sci.* 2010; B65(1): 107–18. DOI: <https://doi.org/10.1093/geronb/gbp027>
16. **Morales-Asencio J, Gonzalo-Jimenez E, Martin-Santos F, Morilla-Herrera J, Celdraan-Manas M, Carrasco A,** et al. Effectiveness of a nurse-led case management home care model in primary health care: A quasi-experimental, controlled, multi-centre study. *BMC Health Serv Res.* 2008; 8(1). DOI: <https://doi.org/10.1186/1472-6963-8-193>
17. **Gröne O, Garcia-Barbero M.** Integrated care: A position paper of the WHO European office for integrated health services. *Int J Integr Care.* 2001; 1(2): 1–10. DOI: <https://doi.org/10.5334/ijic.28>

18. **Dubuc N, Dubois M, Raiche M, Gueye N, Hebert R.** Meeting the home-care needs of disabled older persons living in the community: Does integrated services delivery make a difference? *BMC Geriatr.* 2011; 11(1). DOI: <https://doi.org/10.1186/1471-2318-11-67>
19. **You E, Dunt D, Doyle C, Hsueh A.** Effects of case management in community aged care on client and carer outcomes: A systematic review of randomized trials and comparative observational studies. *BMC Health Serv Res.* 2012; 12(1). DOI: <https://doi.org/10.1186/1472-6963-12-395>
20. **Lin P, Wang C, Chen C, Liao L, Kao S, Wu H.** To evaluate the effectiveness of a discharge-planning programme for hip fracture patients. *J Clin Nurs.* 2009; 18(11): 1632–39. DOI: <https://doi.org/10.1111/j.1365-2702.2008.02695.x>
21. **Phillips C, Wright S, Kern D, Singa R, Shepperd S, Rubin H.** Comprehensive discharge planning with post discharge support for older patients with congestive heart failure: A meta-analysis. *JAMA.* 2004; 291(11): 1358–67. DOI: <https://doi.org/10.1001/jama.291.11.1358>
22. **Preen D, Bailey B, Wright A, Kendall P, Phillips M, Hung J,** et al. Effects of a multidisciplinary, post-discharge continuance of care intervention on quality of life, discharge satisfaction, and hospital length of stay: A randomized controlled trial. *Int J Qual Health Care.* 2005; 17(1): 43–51. DOI: <https://doi.org/10.1093/intqhc/mzi002>
23. **Brown M, McCool B.** Vertical integration: Exploration of a popular strategic concept. In Brown M, editor. *Health care management: Strategy, structure and process.* Gaithersburg: Aspen Publishers. 1992; 67–80.
24. **Etikan I, Musa S, Alkassim R.** Comparison of Convenience Sampling and Purposive Sampling. *Am J Theor Appl Stat.* 2016; 5: 1–4. DOI: <https://doi.org/10.11648/j.ajtas.20160501.11>
25. **Guest G, Bunce A, Johnson L.** How Many Interviews Are Enough?: An Experiment with Data Saturation and Variability. *Field Methods.* 2006; 18(1): 59–82. DOI: <https://doi.org/10.1177/1525822X05279903>
26. **Fusch P, Ness L.** Are We There Yet? Data Saturation in Qualitative Research. *Qual Rep.* 2015; 20(9): 1408–1416. DOI: <https://doi.org/10.46743/2160-3715/2015.2281>
27. **Fereday J, Muir-Cochrane E.** Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. *Int J Qual Methods.* 2006; 5(1): 1–11. DOI: <https://doi.org/10.1177/160940690600500107>
28. **Luborsky M.** The identification and analysis of themes and patterns. In Gubrium JF, Sankar R (Eds.), *Qualitative Methods in Aging Research.* Thousand Oaks: Sage; 1994. 189–210.
29. **Braun V, Clarke V.** Using thematic analysis in psychology. *Qual Res Psych.* 2006; 3(2): 77–101. DOI: <https://doi.org/10.1191/1478088706qp063oa>
30. **Armstrong P, Connelly M.** Feminist political economy: An introduction. *Stud Political Econ.* 1989; 30: 5–12. DOI: <https://doi.org/10.1080/19187033.1989.11675504>
31. **Folbre N.** Reforming Care. *Politics Soc.* 2008; 36(3): 373–387. DOI: <https://doi.org/10.1177/0032329208320567>
32. **Tickell A, Peck J.** Making global rules: Globalization or neoliberalization? In Peck J, Yeung H (Eds.), *Remaking the global economy: Economic and geographical perspectives.* London: Sage. 2003; 163–96. DOI: <https://doi.org/10.4135/9781446216767.n10>
33. **Mitchell K, Marston S, Katz C.** Life's work: An introduction, review and critique. In Mitchell K, Marston S, Katz C (Eds.), *Life's work geographies of social reproduction.* Malden, MA: Blackwell Publishing; 2004. DOI: <https://doi.org/10.1002/9781444397468>

TO CITE THIS ARTICLE:

Kehoe MacLeod K. Using More Equitable Integrated Care Programs to Reduce Fragmentation in Home Care. *International Journal of Integrated Care*, 2022; 22(3): 17, 1–5. DOI: <https://doi.org/10.5334/ijic.6553>

Submitted: 23 March 2022 **Accepted:** 30 August 2022 **Published:** 13 September 2022

COPYRIGHT:

© 2022 The Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC-BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See <http://creativecommons.org/licenses/by/4.0/>.

International Journal of Integrated Care is a peer-reviewed open access journal published by Ubiquity Press.