
CONFERENCE ABSTRACT

Healthcare Integration – Do We Think Broadly Enough?

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Introduction: Often when we think of healthcare integration we limit ourselves to formal components of the health care system such as acute care, primary care, home care, etcetera. However, we know that 80% of health is determined by social factors. Furthermore, we also know that over 95% of care occurs outside the formal health care system. Finally, in any system, there are external entities whose activities have an impact on personal and population health. In order to achieve truly integrated care, we identified partners in care and sought to understand their roles and contributions so that these could be incorporated into the broader system.

Methods: In Alberta, Canada, we used a person-centered focus to identify what was important to both individuals and to communities regarding the provision of healthcare. This approach utilized a variety of methods: review of published experiences; consultation with our formal public regional health advisory councils; consultation with communities (defined by geography, ethnicity, etcetera); individual interviews. In all these encounters we explored how wellness, health and care were both defined and desired, as well as sources of care from the perspective of the individual and community. We then used published data to monetize the contributions of external entities as a tool for change management within the government and health system.

Highlights: Not surprisingly, peoples' view of sources of care differed from the healthcare system. While people focused on family, friends and community, the healthcare system focused on hospitals, doctors and emergency departments. People typically desired care in their homes and communities whenever possible, not in institutions. The largest portion of care came in the form of informal/unpaid care such as from a spouse or adult child. This represented approximately 2/3 of "care". Self-care represented next largest component. Together, these comprised 90% of care. Of the remaining 10%, 70% of that was provided by volunteer organizations. Other significant partners were municipal governments and business. When all the external direct or monetized contributions to healthcare were added up, they equalled the total amount spent on the formal healthcare system.

Conclusions: In order to totally integrate care, we need to incorporate the role of partners outside the formal healthcare system. These, based on our system's experience, represent an unrecognized resource equal to the amount of formal healthcare expenditure, if not more. The challenge is to develop a mechanism for integrating these partners and roles into one care system.

Transferability: While every formal health system is different, all care involves self-care, care partners and the volunteer sector. Thus, identifying all the sources of care and incorporating them into an integrated approach has applicability regardless of country or system.