CONFERENCE ABSTRACT

A meta-framework and conceptualisation of person and people-centred integrated health care

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: People-centred integrated care is globally considered a vital strategy to reform healthcare systems (1). Person-centredness and integration of care in health and social systems encompass numerous complex concepts that are interdependent. Typically, these concepts have been managed separately at a system policy level or a micro clinical level and to date have not been operationalised in a comprehensive manner. The aim of this study was to develop a practical and cross-cutting meta-framework which included and provided a representation of the key factors, concepts and variables to explain the phenomenon of person-centred integrated care.

Theory and method: Previous research completed over a number of years on related topics was the impetus for the current study. Specifically it concerned person-centred health care concepts (2), integrated health care services (3), community-based case management (4), person-centred medicine (5), person-centred care approaches (6), the Rainbow model of integrated care (7) and the biopsychosocial model of health. The research enabled us to identify the core concepts and key factors of person and people-centred integrated care systems. The meta-framework was informed by concepts of systems thinking, person-centredness, integration, social determinants and the biopsychosocial model.

In 2015 we undertook an extensive literature review and thematic analysis of existing frameworks to refine the key concepts and features for the framework. Following the literature review and analysis, the authors developed a preliminary framework of People and Person-Centred Integrated Health Care (PPCIHC). This preliminary model underwent critical review at two levels of expert consultation. The first involved five consultations over three months with a core group of five experts in Australia. The second consultation involved critical review by 11 international experts as part of a larger expert commentary paper.

Results: The meta-framework provides a conceptualisation combining two segments. The nano to macro level and six dimensions of integrated health systems are fused with the key factors of person and population health determinants, experience and status and the dimensions of negative or positive personal states with the care cycle.

Discussion and conclusion: The meta-framework of PPCIHC untangles the complex concepts and provides a practical visualisation and articulation of the relationship between integrated health and social care and person-centredness. The PPCIHC meta-framework provides an important tool to potentially support policy development and the implementation of person and people centred integrated care in real life conditions.

Lessons learned: There are many terms used to describe the key concepts around integrated and person-centred care. There is a need for an agreed common language, and potentially a taxonomy for integrated and person-centred health care terms.

Limitations: A number of studies have shown the external and internal validity of the frameworks incorporated into this meta framework. However, their unique combination into a common meta-framework is theoretical and has not been empirically tested.

Suggestions for future research: Further studies should include additional expert assessment of its validity and feasibility, its applicability in actual planning and practice, and its translation into a meta-model for information health technologies.

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