
CONFERENCE ABSTRACT**Evolution and future trends of integrated health care: a scientometric
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Zhong Li, Yan Zhang, Liang Zhang

Tongji Medical College of Huazhong University of Science & Technology, People's Republic of China

Purpose: Confronted with the challenges of aging population, disease spectrum changes and non-communicable diseases (NCDs) burden, integrated health care(IHC) has become popular in recent decades. This paper aims to explore its global progress, current foci and future trends.

Methods: Data, including subject categories, countries/territories, institutions, journals, citations, and author keywords were exported out from the Web of Science database. Firstly, publication number and citations were calculated by the histcite12.03.07. Secondly, the co-authorship and cluster analysis was used to evaluate the collaboration network in two levels by the VOSviewer1.6.4. Thirdly, author keywords co-occurrence and cluster analysis were applied to visualize the hotspots and connection between different topics by the VOSviewer1.6.4.

Results: 6127 articles were retrieved from 1997 to 2016, ranging from 92 WOS categories. (1)The USA, UK, Canada are leading the development of IHC research with the most publication, citation, productive institutions. (2)Research in the developing countries are lagging out, though China, Brazil and India have achieved numerous advance; (3) Top 10 cited papers and journals like International Journal of Integrated Care and Bio Medical Care Health Service are playing a vital role in the knowledge distribution; 4) The 50 author keywords are clustered into 5 groups, representing hottest research areas of IHC, including medical informatics and quality of care, telemedicine and chronic diseases, quality of life and palliative care, mental health and primary health care, healthcare services and policy making.

Discussion: Though numerous progress achieved, many questions remain unsolved, including collaboration network enhancement. Some striking hotspots and possible directions of its global development were figured out to help key stakeholders decide which one should be priority. 1)Vertical and horizontal medical informatics integration, especially effective multi-disciplines teamwork establishment for quality improvement; 2) Disease diagnosis and care with the telemedicine by multidimensional quantitative analysis to launch appropriate intervention strategies; 3) Palliative care and end of life education to reduce pains and increase quality of life; 4) Exploring more widely-used models for mental health care and equal access to it for all remains to be further strengthened; 5) Taking more sectors into

consideration for health-related policy making and its assessment still needs to be systematically investigated.

Conclusion This paper confirmed that publication in IHC have increased rapidly from 1997 to 2016 with more categories involved. Additionally, a relatively sustainable-developed collaboration networks has been established and more research areas were formed, which may be directions for future studies.

Lessons learned: There is no “one fits all” models and the measurement framework of IHC is urgent to be established so that to evaluate potential replication of policies or intervention models.

Limitations: The authors collaboration network should be pictured for researchers to find more appropriate partners. In addition, author keywords of retrieved papers were not used normatively even author keywords with same meaning were merged, that is why further literature review should be carried out.

Suggestions for future research: Bibliometric analysis and systematic review of the subtitles pointed out in this paper should be undertaken, thus describing more detailed evolution and trends of these subtitles.

Keywords: integrated health care; scientometric analysis; network; policy making
