
CONFERENCE ABSTRACT

An Integrated Care Charter - Correcting the Organisational Focus Paradox by Empowering the Citizen

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

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An introduction: (comprising background and problem statement) Integrated care is in principle a 'no contest' goal – no-one can argue against it. Vertical integration seeks to link secondary care, primary care, and community care, while Horizontal integration seeks to link separate streams of clinical and related activity for persons with multiple conditions, drawing formal, family and societal care into a cohesive patient-focused pattern of care delivery and support. However, the real test of achievement is whether the patient feels care is integrated.

Description of policy context and objective: Many organisations are focussing on addressing the organisational challenges, including the World Health Organisation's WHO global strategy on people-centred and integrated health services, the WHO Regional Office for Europe with its programme Towards people-centred health systems: an innovative approach for better health systems International, the Foundation for Integrated Care's activities, and the EU Project Integrate and its Conceptual Framework for Integrated care.

These all focus on organisations, systems, and governance, which are clearly key determinants of care integration. But while these documents emphasise the importance of putting the patient at the centre (and also family and informal carers), they do not do this practically. There is something missing, and that is the provision of a person-centric definition of integrated care, and the person's means of recognising and measuring it.

Targeted population: Citizens for whom integrated care is appropriate; organisations seeking to deliver integrated care.

Highlights: (innovation, Impact and outcomes) The Canadian Health Outcomes for Better Information and Care (C-HOBIC) project has to some degree started on this route by seeking to devise standardised measures of health and functioning of a person in a holistic sense, but this is still largely based on physiological assessment. Several studies have looked at system-based measures of integration, but the citizen is not directly involved. The Policy Innovation Research Institute (2014) devised a recipient-based survey tool. However, what is missing is a proactive tool. Citizen's Charters and Customer Charters set standards by which the citizen could assess in lay terms whether a service met specified standards, in terms and measures meaningful to the lay citizen. Not least in the English NHS the Patient's Charter has become an established concept. Such measures inform the citizen as to what they can reasonably

expect, empower the citizen (or their advocates) to assess the quality of the service they are receiving, and provide a performance monitor for the organisation.

In all the discussion and debate about organisational structures and processes, and changes to them to facilitate integrated care, it is paradoxical that there has been no focus on empowering citizens to identify, measure, or argue for integrated care, not least in their own personal situation.

Comments on transferability: The concept is widely transferable, framed in local terms.

Conclusions: (comprising key findings, discussion and lessons learned) The presentation will show how this might be achieved by producing the mirror image of organisational tools including those listed above, giving the patient expectations and a means of assessment.

Keywords: quality; empowerment; user-centric; measurement; charters
