CONFERENCE ABSTRACT

Mechanisms for a successful implementation of a Population Health Management approach: a scoping review

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Introduction: As in many other countries, the challenges in the health status of the population and in the healthcare system persist in the Netherlands, despite longstanding reforms and integration efforts. This raises questions about the long-term sustainability of the system. As more and more studies describe the implementation of whole system transformation initiatives, approaches such as Population Health Management (PHM) gain traction. This study aims to contribute to the growing area of research by exploring the knowledge in recent literature about these kind of initiatives worldwide, focussing on the different levels of integrated care.

Methods: A scoping review was performed using the six-stage methodological framework from Arksey and O’Malley. The electronic databases Embase, PubMed and Academic Search Premier were searched for papers published between January 2016 and January 2021. Structuring of the data was done from a realist analysis perspective, identifying context, mechanism and outcome (CMO) items describing what works for whom under what circumstances. Secondly, these items were then allocated to the levels of the Rainbow model of integrated care to identify the level to which the transformation item pertains. Finally, six topic clusters were formed, which constitute key elements of PHM. This resulted in a matrix of items corresponding to the levels of integrated care, the CMO structure and the six elements of PHM.

Results: The literature search generated 531 articles, of which 11 were included. Structuring the data showed that most reported items were normative and functional items on the organizational level about ‘accountable regional organization’. Also containing a high number of functional items are ‘cross domain business model’ and ‘emergent implementation strategy’, both on system and organizational levels. In contrast to that, items on the clinical level and normative items were overall underreported. The PHM elements ‘co-designing workforce and community’, ‘integrated data infrastructure’ and ‘population health data analysis’ contained overall the lowest number of items. Items that were mentioned by four or more articles were: Data availability, IT infrastructure, additional funding or monetary resources, and financial incentives aligned with system goals.

Conclusions: This scoping review demonstrated that recent literature mainly reports on context, mechanisms and outcomes on system and organizational level of integrated care when it comes to PHM initiatives. And while the need for data availability and IT infrastructure are frequently specified, there is limited consideration for the normative side of integration in this regard.

Implications for applicability/transferability, sustainability, and limitations: One of the limitations of this study is that many initiatives are not published in scientific literature, and
therefore there may be items that are missing in the overview. However, the resultant matrix gives a first comprehensive overview of what needs to be done on what level to achieve what outcome. It also shows the lack of involvement of and attention to providers and patients within these initiatives.