

Scaling up integrated care programs for people with complex needs: a realist synthesis

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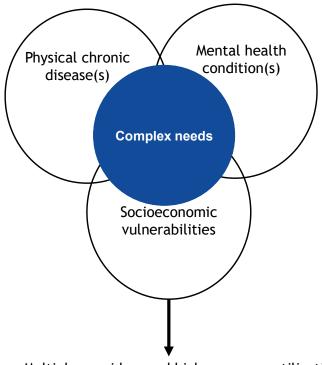


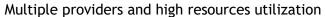
Outline

- Background and Study Objective
- Realist Synthesis
- Data Collection and Analysis
- Results of the Study
- Conclusion



Individual with Complex Needs

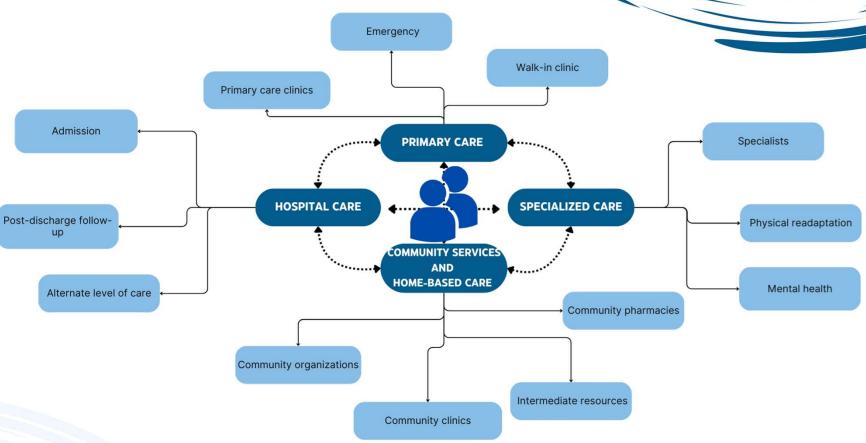








Integrated Care







Objective



To understand and explain how scale-up of integrated care programs works, under what conditions and for whom





Realist Synthesis

- . 'What works, how, in which conditions and for whom', rather than 'does it work?'
- Uses mainly secondary data, form of systematic literature review
- Goal is to synthesize findings from studies and other relevant publications to develop, test, and refine a theory to explain why a program may or may not work

(Pawson, et al. 2005; Rycroft-Malone, et al. 2012)

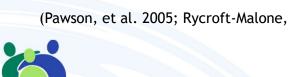




Figure from ramesesproject.org



CMO configuration

CONTEXT (C)

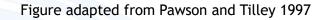
Background of the program: informants' characteristics, interpersonal relationships, social, economic and political contexts and structures

MECHANISM (M)

Reasoning, attitudes and behaviors of the various actors in relation to the program

OUTCOME (O)

Impact of the relationship between the context and the mechanism







Data Collection and Analysis



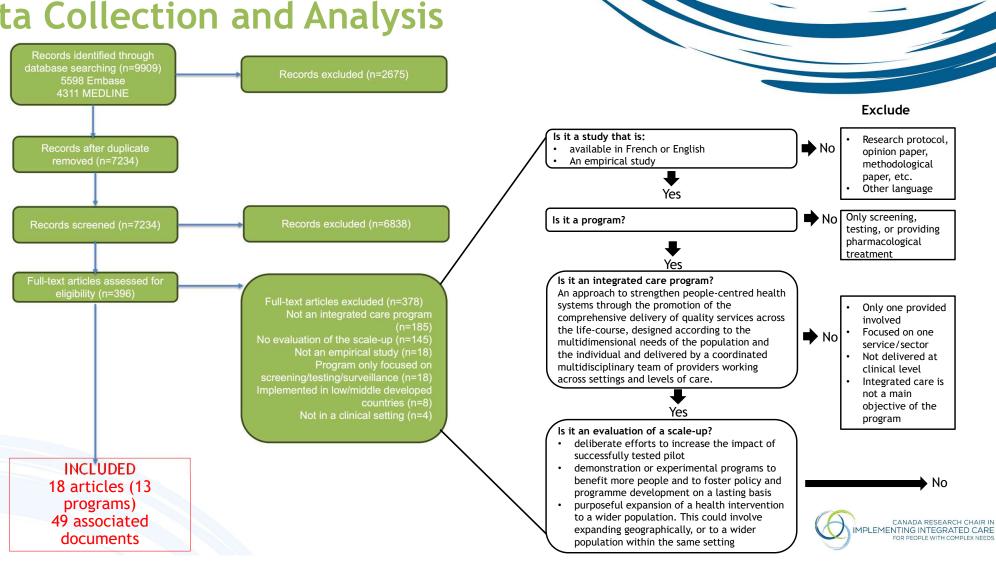
Electronic search in MedLine and Scopus for terms associated with "Integrated care" and "Scale-up"

#	MeSH and keywords search
1	"Delivery of Health Care, Integrated"/
2	Managed Care Programs/
3	((integrat* or coordinat* or "co-ordinat*" or collaborat* or interprofession* or interorganization* or interdiscipli* or cooperation* or fragment*) adj3 (health* or care* or delivery or system*)).mp.
4	case management.mp.
5	Case Management/
6	1 or 2 or 3 or 4 or 5
7	("scaling -up" or "scaled -up" or "scale up" or "up-scaling" or upscaling or scalability or scalable or "at scale").mp.
8	((spread* or disseminat* or implement* or diffus* or scope or reach or adoption or 'knowledge transfert' or change or sustainability) adj3 (innovation or intervention)).mp.
9	((bring* or brought or taking or take* or increas* or going or implement*) adj3 scale).mp.
10	7 or 8 or 9
11	6 and 10





Data Collection and Analysis



Initial program theory

Context



Patients & relatives

Patient activation



Team

- Leadership
- Skills and training
- Experience
- · Size of the team
- · Stability



Organization

- Perceived need
- · Resources, capacity and time
- · Timing and circumstances
- Governance



Environment

- Policy/Politics Socioeconomic/ cultural
- · People needs and rights



Innovation

Credibility

- · Relevance, advantage and benefits
- · Agree about the purpose and understand what tasks are requires

- · Willing and able to engage others
- · Believe they are the correct people to do the implementation and it is appropriate to be involved
- · Able to identify what tasks and activities are required for sustainability

- · Make easier to complete tasks
- · Have confidence in the new way of

- · Be able (individually and collectively) to judge the effectiveness
- Be able to modify the program based on evaluation and experience
 - · Dissemination and advocacy
 - · Organizational process
 - · Cost/resources mobilization
 - · Monitoring and evaluation

Strategies



Finch, T.l. et al. 2018; May, C.R., et al. 2009; World Health Organization, ExpandNet. 2009.

Outcome



Patients & relatives

Enhanced patient & relatives experience



Team

· Improved care team well-



Organization

- · Program adapted to context
- Increased trust and transparency
- Strengthened capacity, capability, collaboration
- Strengthened governance
- · Improved policy
- Strengthened health system offering integrated healthcare for patients
- · Reduced healthcare cost



Community/Population

- organizational/community capacity and readiness
- Increased community participation
- Community
- sustainability/embeddedness
- · Healthier communities
- · Advance health equity
- · Improved population health



CMO configuration: Sense-making

CONTEXT (C)

- Program considered as a priority
- Evidence-based program
- Environment conductive to change
- Patients' needs
- Providers' positive experience and expectations

MECHANISM (M)

- Providers & patients perceived the program as valuable, effective, beneficial
- Providers' buy-in

OUTCOME (O)

- Increased referrals
- Easy implementation
- Successful implementation and scale-up





CMO configuration: Teamwork

CONTEXT (C)

- Environment conducive to change
- · Different models of care

MECHANISM (M)

- Providers shared a common vision, established a good rapport & communication, felt like a team.
- Providers' buy-in

OUTCOME (O)

 Successful implementation and scale-up





CMO configuration: Engagement

CONTEXT (C)

- Diverse settings and models of care
- Evidence-based program
- Initial collaboration approach
- Appropriate resource, capacity and time
- Support from leaders & organizations
- Providers concerns and reluctance

MECHANISM (M)

- Clinics, leaders and providers engagement
- Providers' sense of ownership

OUTCOME (O)

- Transformation of practice
- Strengthened governance
- Successful implementation and scale-up
- Sustainability of the program
- Improved population health



Strengths and limitations



- Followed guidance for conducting a realist synthesis
- Engaged experts, academic researchers and patient partners in the study
- Findings limited to existing publications
- Analysis to complete





Conclusion



- Key CMO configurations in relation to the initial program theory
- · Core mechanism: interest holders' buy-in
- Next step: realist evaluation





References

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