What Works in Integrated Care Programs for Older Adults with Complex Needs? A Realist Review

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BACKGROUND

- Increasing numbers of people are living with multimorbidity and complex needs. In Canada, 25% of people aged 65-79 and nearly 40% of people aged 80+ have four or more chronic conditions[1].
- With increasing demands on the health care system, integrated care programs are being implemented to improve care coordination and reduce health service utilization through better management of patient needs in the community[2].
- Evidence suggests integrated models of care can be successful[3] but there is a lack of understanding of program theory behind how integrated care programs work and the key mechanisms for success.

AIM

The purpose of this realist review is to identify the key processes of integrated care programs that lead to successful outcomes.

METHOD

Study design: A realist methodology is an explanatory method of analysis that seeks to understand ***what works for whom, in what context, under what circumstances and how***[4]. It aims to reveal the underlying processes of complex intervention implementation by identifying the context-mechanism-outcome configurations behind programs.

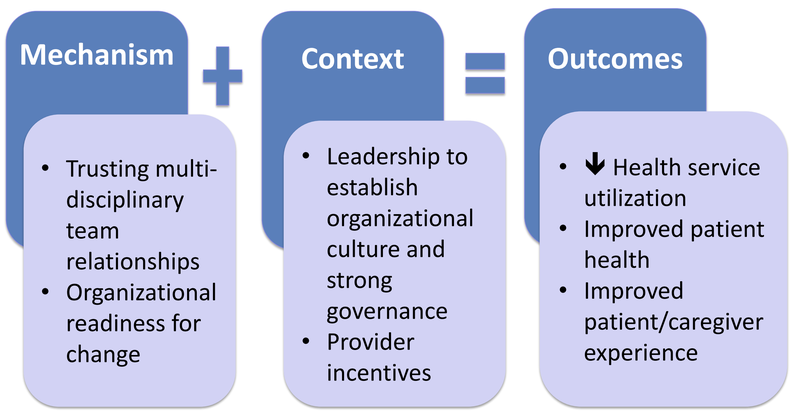
The realist review involved the following steps:

1) Defining the topic and scope of the review including the development of a theory
2) Identifying and collecting the evidence (i.e. a systematic search)
3) Quality appraisal of the evidence
4) Synthesis of the evidence through a realist approach
5) Dissemination of findings to stakeholders

THEORY BUILDING

Based on a preliminary review of the literature and consultations with experts, an initial theory of the mechanisms (i.e., reasoning of individuals and their use of resources) and contexts (i.e., program setting)[4] affecting implementation of integrated care programs for older adults was developed.[6-12]

Figure 2. Initial theory

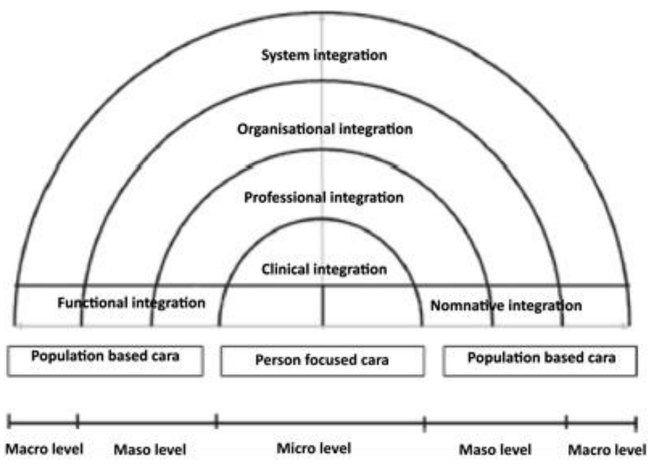


SEARCH STRATEGY

- 12 scholarly databases were searched: MEDLINE, Embase, AMED, PsychINFO, CINAHL, Ageline, Social Sciences Abstract, ASSIA, Social Services Abstracts, Sociological Abstracts, International Bibliography of the Social Sciences, ERIC, supplemented by a grey literature search of Google Scholar and Google search engine
- Combinations of search terms related to "**integrated care**" AND "**older adults**" AND "**evaluation**" were performed
- Search conducted in July 2015

Inclusion:	**Exclusion**:
Focus on older adults (55+)	Focus on single disease
Integrated community-based services	Focus on integrated transitional care programs
Multidisciplinary teams	Not program specific
Long stay (>60 days)	
Focus on complex patients	
Evaluative	
English	

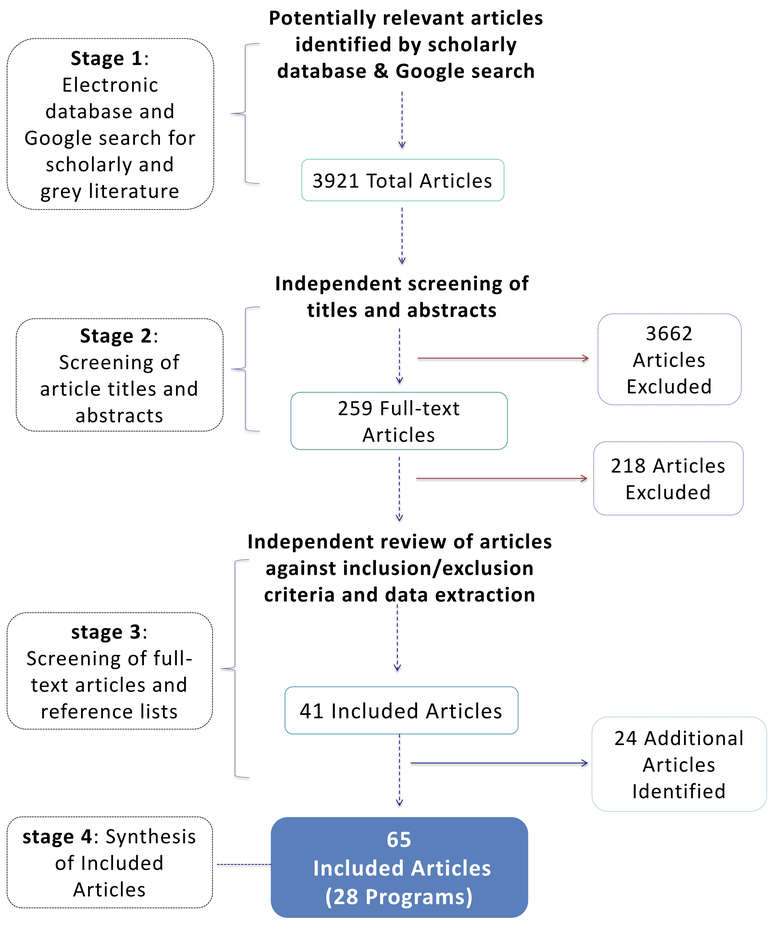
Figure 1. Levels of integration



This review focused on clinical/service integration at the micro-level[5].

RESULTS

Figure 3. Search process



KEY FINDINGS

Figure 4. Context-Mechanism-Outcome Configuration 1:

Trusting multidisciplinary team relationships

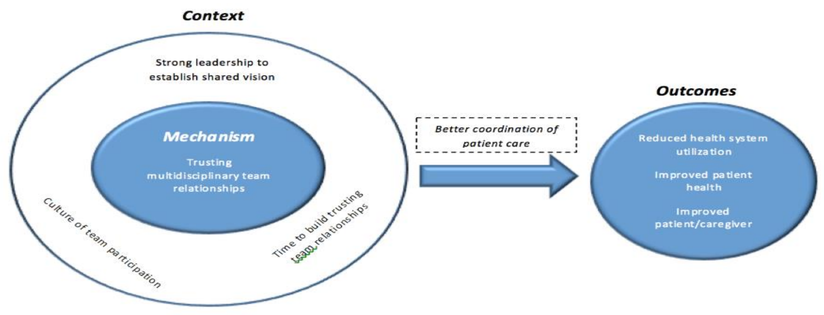
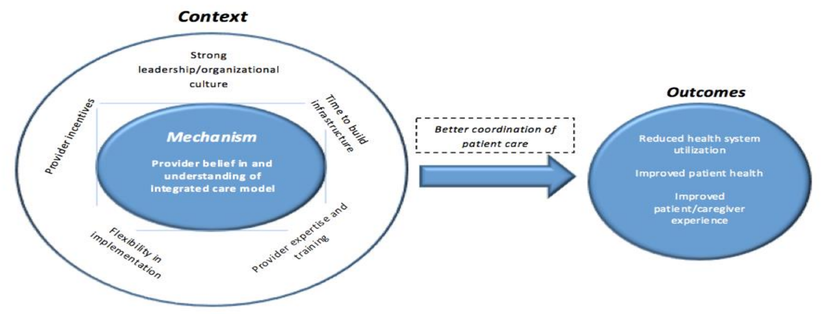


Figure 5. Context-Mechanism-Outcome Configuration 2:

Provider understanding of and commitment to integrated care



- Key mechanisms for successful implementation are trusting multidisciplinary team relationships, strong leadership, and engagement from stakeholders
- Trusting relationships lead to effective collaboration, communication and sharing of information
- Provider commitment to integration and understanding of the program promotes new models of practice for providers
- Strong leadership supports the development of these key processes by establishing a culture of team participation and setting a common vision for integration across organizations
- Time and flexibility for implementation of programs are required for teams to establish processes that work within their context and available resources
- Certain funding models (e.g. salaried), and provider expertise also support the implementation of programs

IMPLICATIONS

- Beyond program components, how providers interact, use their available resources, and the context in which they work are what lead to new modes of care delivery and represent the underlying key mechanisms of integrated care programs
- Beyond funding, policy-makers should provide organizations with flexibility and time to create new processes for integrated care, which in turn may create sustainable models of care

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