

A Scoping Review

PATIENTS' EXPERIENCES

In Integrated Care

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PRESENTER DISCLOSURE

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MITIGATING POTENTIAL BIAS

Presenter: **Alaa Youssef**

Mitigation of conflict: **None**

LEARNING OBJECTIVES

Present scoping review findings and discuss implications of findings on Integrated care implementation efforts.

Discuss ways in which Integrated care models improved patients' care experiences.

Identify potential opportunities that might help improve care delivery and accessibility at your care settings.

Patient Experience

The quality of interactions across the continuum
of care



The more complex patients' medical needs the greater the number and complexity of interactions

(Nöel 2004, Safford 2014, Zulman 2014)

Patient-Centered Care Experience

Patient Clinical Outcome

Cost Effective

Integrated Care Models

Patient-Centered Care Experience

Integrated Care Models

IDENTIFY
research question

SEARCH STRATEGY
to identify relevant studies

STUDY SELECTION
(Inclusion/Exclusion criteria)

DATA CHARTING
Summarizing descriptive data

DATA ANALYSES
Assessing and Interpreting findings

CONSULTATION PHASE
Engaging key stakeholders

Arskey & O'Malley(2005), Levac et al (2015)

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SEARCH STRATEGY

Main Databases
(n = 3117)

Other Sources
(n = 6)

STUDY SELECTION

Records Screened
(n = 2611)

Eligible Full-text
(n = 104)

Eligible for Synthesis
(n = 24)

(Youssef, Constantino et al. 2017)

STUDY SELECTION

2507 Studies Excluded

Patient Satisfaction

STUDY SELECTION

80 Excluded

Core Elements of ICM

Team-Driven

Measurement Guided

Population-Focused

Evidence-Based

STUDY SELECTION

24 Published Articles

Featuring all ICMs core elements

Diverse patient population

(HIV(1), Hep-C(2), Diabetes(1),
COPD(1), SMI(2), Personality
disorder(1), depression(1), Anxiety &
Panic disorder(1), Youth(1), Bipolar
depression(1), geriatrics(2), co-existing
mental-physical illnesses in primary
care(8))

DATA ANALYSES

Emerging Themes

Promoting Productive Relationships

Facilitating Accessibility

Personalizing Care

**Collaborative Care Relationships
Between
the Patient and Providers**

“[Named primary care provider] has been a lot better and talking to [named care facilitator] on the phone has been good enough. I don’t think he [primary care provider] comes from defending the military and telling me that it’s okay what they are doing to me. [S/ he] listens to how I feel and helps me cope with it better. [S/he’s] not telling me how they [the military] see it or trying to make me change my opinion. I can tell [her/him] exactly what’s on my mind and how I feel...”

(Batka, Tanielian et al. 2016)

“She [the behavioural health counselor (BHC)] looks at you like she’s really listening...and she’s trying to figure out something to help you....She really tries to give you information of what she has heard or knows or learned that might help, suggestions and all....I nearly always come away from here with 1 thing at least and that 1 thing can make all the difference.... It’ll pop up in your mind at a weird time, something that we talked about. It’ll make me relax inside a little bit and say ‘okay, I am really expecting too much of myself right now’”

(Balasubramanian, Cohen et al. 2017)

Facilitating Access to Care

“Tele-collaborative care (TCC) provided a sense of a coordinated team of providers delivering more personalized care, compared with patients navigating disparate providers on their own. One participant explicitly noted that the transparency of care afforded by the telehealth care coordination huddles increased his trust in his providers.”

(Ohl, Dillon et al., 2013)

“Once you’re in the meeting, you actually get to communicate with them [your parents] about how you act, and you realize how harmful your behavior is. Like that’s what I find useful. And you actually get a chance to realize how your parents feel by their own words.”

(Neadeau et al, 2017)

**Personalizing Care
to
Address Individual Needs**

‘Being impatient with yourself and your recovery, it helps when someone clearly says look where you are now, a few weeks ago you were there and now you are so much further... simple things like that, that bit of optimism and a reminder can help to recollect yourself.’

(Stegink, van der Voort et al. 2015)

‘Sometimes she offers things that really help me. Every two weeks I do a PST assignment. This forces me to think in a different way. I know this will never go away [the bipolar disorder] so I need to prepare myself as well as possible to try to lower the risk of relapse.’

(Stegink, van der Voort et al. 2015)

“Explicit attention was paid to learning from previous experiences by identifying helpful coping strategies, effective treatment elements, and supportive therapeutic relationships. Nurses had to frequently assess all domains of potential needs increased insight in the difficulties that patients faced, especially if informal-carers were also involved. Perceived unmet needs were prioritized, and based on these priorities treatment objectives were established. By having a treatment plan, supported by all involved partners, nurses reported that the goal orientation of the treatment process was much improved. (succeeded in 15 cases (93%).”

(Stringer et al, 2015)

Care Elements Enhancing Patients' Experiences

Mutual expectations and responsibilities were made explicit with patients, Informal carers, and care providers (support collaborative care relationship building).

Unmet needs, goals and related activities were recorded in the treatment plan (Personalizing care based on individual's capacity).

Frequently adjusted treatment plan to individuals' needs.

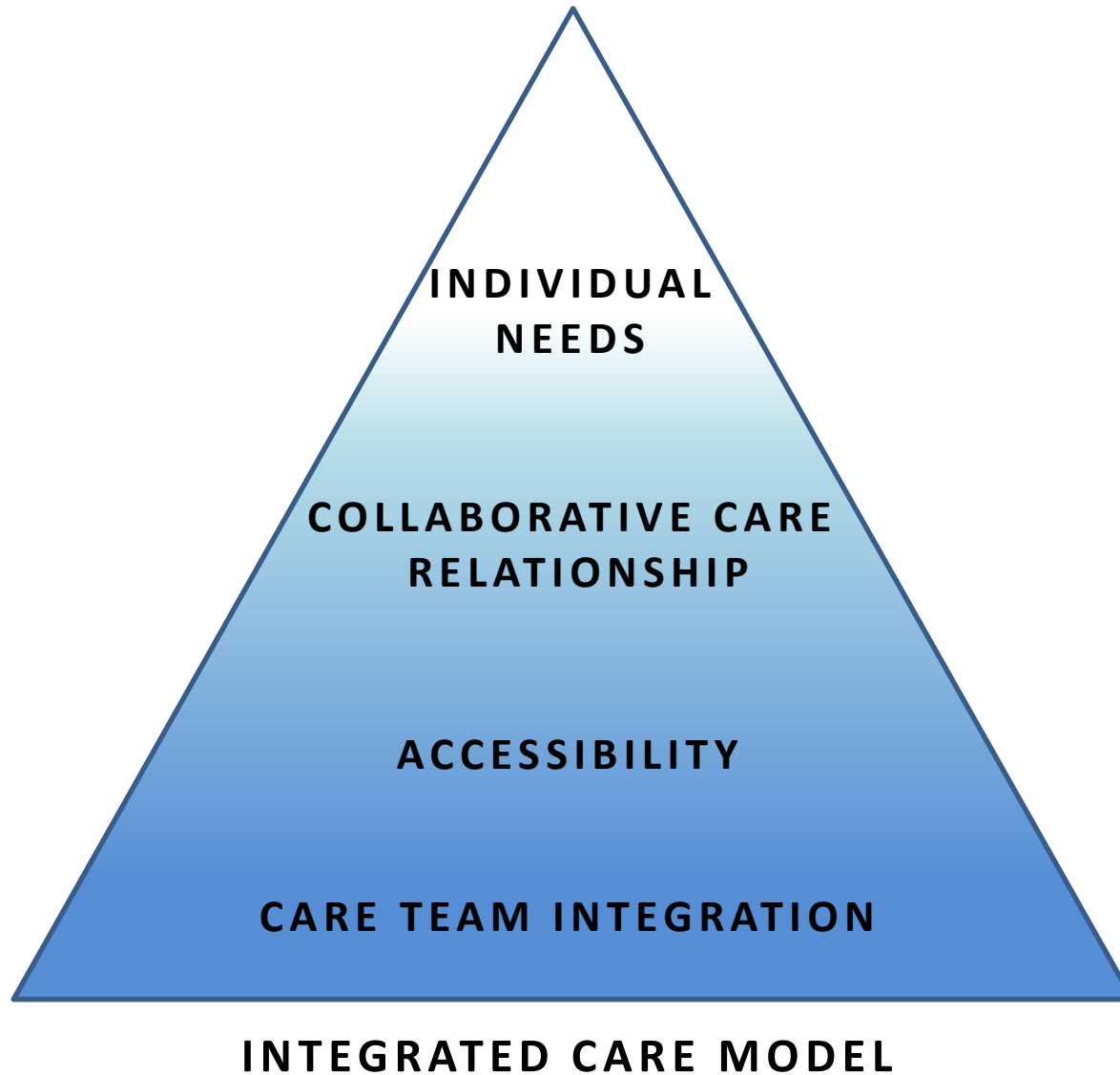
Variation In Patients' Experiences

ICM Structural Integrity

Balancing between standardization and adaptation to
population needs

Including the **core elements** of the model
Care Team-Integration

PATIENT EXPERIENCE IN INTEGRATED CARE MODELS



CONCLUSION

Enhancing patient care experience requires effectively balancing between patient needs and care system structure

Future Directions

There is a need for greater consistency in integrated care model descriptions and assessment of treatment fidelity.

Future studies should explicitly highlight how the specific contextual factors and population needs influenced model implementation.



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Q&A

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