

# Call for Action “United towards Integrated Care”

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With the support of MEP Michal Boni and



In cooperation with



**European Innovation Partnership on Active & Healthy Ageing**

**Integrated Care is a focus for the European Commission. This Call for Action builds on the work that the Commission is doing through the European Innovation Partnership on Active and Healthy Ageing<sup>1</sup> and sets out the building blocks that are required to make integrated care a reality in the European Union.**

## THE CHALLENGES

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<sup>1</sup> <https://webgate.ec.europa.eu/eipaha/>

1. **Demographic change & disease burden.** There is a lack of sustainable health, social and long-term care models in the European Union. European health and social systems were designed for a different era, different demographics, different epidemiology and different lifestyles. They are now struggling to meet the challenges posed by the **demographic transition to an ageing society** and the **increasing burden of chronic diseases and related co-morbidities**.

Chronic diseases represent 77% of the total burden of disease in Europe. Nine out of ten people die of a chronic disease. However, only 3% of national health budgets are invested in preventive care<sup>2</sup>. The ratio of working people to the 'inactive' population is shifting from 4 to 1 today to 2 to 1 by 2060<sup>3</sup>.

The growing complexity of physical and mental health co-morbidity, combined with other factors related to ageing populations, is translating into an increasing burden for European long-term care services that face a serious challenge to meet future population needs.

In addition, the combination of these demographic and socio-economic developments, as well as the increasing demand for care, result in growing pressure on informal carers who find themselves having to deliver more and more sophisticated levels of care, with very little training and minimal support. Informal care entails substantial opportunity costs in terms of employment, productivity and the impact on carers' health status itself.

2. **Fragmentation throughout care systems.** There is a gap between the rhetoric around unsustainable healthcare systems and the investment in the transformative change that is required for the widespread uptake of Integrated Care models. The **lack of a coordinated approach to healthcare reform** and **siloeled innovation** have hindered the European aspiration to improve access, contain costs, enhance efficiency and drive sustainable care models. Most countries and regions **lack a comprehensive integrated care strategy** dealing with organisational, financial, delivery and eHealth technology aspects.
3. **Inefficient care systems that are difficult to navigate.** Multiple service providers and settings contribute to treat **chronic as well as post-acute conditions. Currently patients and citizens must navigate through disconnected health and social care systems** that fail to meet their needs of continuity and comprehensive, coordinated, holistic care. Health systems are struggling to bring down the barriers between the health and social sectors, shift

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<sup>2</sup> Reflection process: Innovative approaches for chronic diseases in public health and health care systems. Council of the European Union, Brussels, 23 September 2013

<sup>3</sup> The 2015 Ageing Report

[http://ec.europa.eu/economy\\_finance/publications/european\\_economy/2015/pdf/ee3\\_en.pdf](http://ec.europa.eu/economy_finance/publications/european_economy/2015/pdf/ee3_en.pdf)

processes from old to new, adapt the structures of care to a people-centered model, align culture and attitudes, and embrace eHealth technology.

4. ***A lack of focus on engaging and empowering people.*** Integrated care, by definition, requires person-centred care co-ordination to achieve its aims. However, **care systems have failed to adequately engage and empower people effectively to become educated and supported to manage their own care, to share in decision-making, and to empower them to become partners in care.** All the evidence for the better management of people with chronic illness, comorbidity, and age-related long-term care needs, highlights the need to 'fully engage' people and communities in their health and wellbeing. Sustainable approaches that can improve people's health and wellbeing, and reduce reliance on institutional care, will not be achieved unless effective strategies are developed to empower and engage people to become active and equal partners in their own care.

## THE NEGATIVE IMPACT OF THESE CHALLENGES

1. **The sustainability of health and social care systems is undermined.**
2. **The holistic needs of patients, carers and service users, especially those with complex and long-term health and social care needs, cannot be met.**
3. **People's care experiences and care outcomes are far worse than they should be, particularly amongst the old, the poor and the most vulnerable members of society.**

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## INTEGRATED CARE: ACT TOGETHER NOW

Transition to integrated care requires investment and sustained political, clinical **and professional leadership**; **trust** among all relevant stakeholders supported by **evidence-based research** and practices, **commitment** of health and social care professionals, exchange of **best practice**, **interoperable** systems, **careful planning**, smart change management and the active involvement of citizens, patients and their carers in a **decisive joint** effort to put **their needs in centre stage**.

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### SOLUTIONS – WHAT WE MUST DO

Concerted actions on integrated care should focus on ten building blocks:

- 1. Secure political leadership and develop national and regional evidence-based roadmaps** for the transformation to integrated care delivery systems that better meet people's needs. This requires a fundamental understanding of the specific needs of local populations; the communication of a comprehensive and shared strategic vision across care sectors and with local communities; the setting of realistic timelines; the allocation of multi-year funding and incentives to support innovation and change; and the development of long-term political commitment supported by effective and shared leadership that both helps to build support for change, but also creates the guiding coalition of partners necessary to drive change forward.

The status quo is not an option. Taking full advantage of new and better processes and the available technology is the way forward. Extra transitioning funding will be required to allow old processes to shift to new and the increased adoption of innovative medical technologies and eHealth in daily clinical routine practice.

- 2. Develop new care and economic models.** Successful integrated care models have shown to be economically sustainable and have had a transformative impact on outcomes for people. An integrated care approach will often require diversifying financing and adopting innovative financing mechanisms that recognize the value created, in terms of care outcomes and effectiveness, in mutually beneficial ways for partners in care. Likewise, it will require developing new contracting arrangements and reconciliation between the one who pays and the one who gets the benefits, as well as financial incentives to support the transformation towards outcome-based health systems.

3. **Recognise the meaningful impact of regional and local integrated care initiatives** by strengthening cooperation between health and social care authorities, and professionals as well as industry at all levels, and building on existing initiatives such as the Integrated Care Action Group of the European Innovation Partnership on Active and Healthy Ageing. It is essential to leverage the skills and expertise of those pioneering examples currently delivering successful integrated care strategies and set up innovative mechanisms to share knowledge and expertise on integrated care across the EU in key areas such as governance, accountability, payment models, incentive schemes, measurement of outcomes and patient experience or regulatory reforms.
4. **Encourage multi-agency partnerships across the health and social ecosystems** to facilitate the development of shared norms and values through a cultural shift that enables a common understanding of long-term goals, implementation approaches and solutions for integrated care. The integration of the work of care professionals across care networks and through inter-disciplinary teams is essential to promote joint working that enhances care co-ordination and to overcome fragmentation in care delivery. Investing in the collaborative capacity of professionals to work together in new ways, and with new technologies, will be a key to transforming service delivery.
5. **Invest in scaling-up successful integrated care projects and methodologies and support experience sharing on that matter** to encourage and support large-scale deployments and population-based integrated care systems, along with widespread adoption of innovative medical technologies and eHealth in daily routine practice. Further public and private investment in this area will be needed to further strengthen the competitiveness of the European medical technology and eHealth industries.
6. **Establish an interoperability framework for the deployment of interoperable solutions for integrated care systems** to enable data-sharing across different providers and settings, population risk-stratification and the facilitation of joint working and care coordination between the entire care team, including the patient and carers.
7. **Ensure harmonised implementation of the General Data Protection Regulation.** A harmonised implementation of the new EU data protection legislative framework is needed across the EU to ensure patient safety and data privacy, while avoiding the need to address different market conditions in the 28 countries. Moreover, the implementation of the new rules should not hamper innovation, notably with regards to the prospects of the digital health economy. Appropriate governance frameworks will need to be developed to enable beneficial and ethical use and transfer of personal health data for the delivery of integrated care.

8. **Train and further educate the health and social care workforce** to ensure that they develop the competencies needed to organise, deliver and manage integrated care, whilst understanding the benefits of medical technology and eHealth and anticipating effects on organisations, processes and people, including patients, carers and citizens.
9. **Develop strategies and frameworks at all levels to empower and involve patients, carers and citizens** to enable them to play their role in managing their own health and ensuring that citizens and patients' real-life needs, preferences and capabilities are reflected in healthcare practice and policy. This includes promotion of health and digital literacy as well as meaningful involvement of patients, citizens and carers in designing integrated care services and plans and digital health solutions to ensure acceptance and equal access.
10. **Support transformation, service innovation, technology adoption, and the deployment of new business models and tools** to enable the critical transition from small-scale, context-specific and research-based activities of limited impact into the more widespread uptake by health and care systems. This can be done through guidance on how to implement change in complex settings, investment in service innovation and research on integrated care implementation, whilst boosting the deployment and scaling-up transformations through more replication and widespread adoption. Integrated care and digitisation should be a main theme in H2020 and become a sustained ecosystem for continuous innovation.

### **About the Partners:**

*COCIR is the European Trade Association representing the medical imaging, radiotherapy, health ICT and electromedical industries. Founded in 1959, COCIR is a non-profit association headquartered in Brussels (Belgium) with a China Desk based in Beijing since 2007. COCIR is unique as it brings together the healthcare, IT and telecommunications industries. [www.cocir.org](http://www.cocir.org)*

*IFIC The International Foundation for Integrated Care (IFIC) is a not-for-profit educational membership-based network that crosses organisational and professional boundaries to bring people together to advance the science, knowledge and adoption of integrated care policy and practice. The Foundation seeks to achieve this through the development and exchange of ideas among academics, researchers, managers, clinicians, policy makers and users and carers of services throughout the World. The Foundation's goal is to provide a unique forum to bring these various perspectives together with the ultimately aim of improving the experience of care for patients, their families and communities, while improving the overall effectiveness of health and care systems. [www.integratedcarefoundation.org](http://www.integratedcarefoundation.org) @IFICinfo*

*European Patients' Forum (EPF) is an umbrella organisation that works with patients' groups in public health and health advocacy across Europe. Our members represent specific chronic disease groups at EU level or are national coalitions of patients. Our mission is to ensure that the patients'*



*community drives policies and programmes that affect patients' lives to bring changes empowering them to be equal citizens in the EU. [www.eu-patient.eu](http://www.eu-patient.eu)*

**Eurocarers** brings together carers' organisations as well as relevant R&D organisations from across Europe. Eurocarers works for a future in which caring is recognised and valued, and in which unpaid carers do not face poverty, social exclusion or discrimination. The role of carers is more crucial than ever due to demographic changes and challenges to formal health and social care services throughout Europe. The aim of Eurocarers is to raise awareness of the significant contribution made by carers to health and social care systems and the economy as a whole, and to ensure that EU and national policies take account of carers. [www.eurocarers.org](http://www.eurocarers.org)

**European Society for Radiotherapy & Oncology (ESTRO)** Founded in 1980, ESTRO is a non-profit and scientific organisation that fosters the role of Radiation Oncology in order to improve patients' care in the multimodality treatment of cancer. ESTRO supports all the Radiation Oncology professionals in their daily practice: Radiation Oncologists, Medical Physicists, Radiobiologists and RTTs (Radiation Therapists) and the wider oncology community. ESTRO's mission is to promote innovation, research, and dissemination of science through its congresses, special meetings, educational courses and publications. [www.estro.org](http://www.estro.org)

**Voka Health Community** is a partnership between entrepreneurs, patient organizations, knowledge centres and health care providers. It is hosted by Voka, the association of the Flemish chambers of commerce. The communities' mission is to breakdown the wall between profit and non-profit, to speed up the implementation of innovation, and to foster the white economy in Flanders. Actually 150 members are active in networking, information exchange and creating new business opportunities. [www.healthcommunity.be](http://www.healthcommunity.be)

**European Union of Private Hospitals (UEHP)** The purpose of the UEHP is to defend and represent the independent hospitals in Europe, to generate the political and economic conditions aiming to improve the independent initiative in the health field. Moreover, UEHP studies and creates better conditions for the smooth management of independent hospitals. The priority of the UEHP is to promote high quality healthcare focused on the patient. [www.uehp.eu](http://www.uehp.eu)

**European Critical Care Foundation (ECCF)** is an independent, not-for-profit organisation working to improve the care of critically ill patients across Europe. Aiming to 'make a difference when it's critical', ECCF addresses medical conditions and services where timely, high quality care improves outcomes, thereby reducing the risk of requiring medical treatment and care in future. In partnership with key stakeholders, the European Critical Care Foundation promotes the role of optimal critical care in addressing the burden of chronic conditions for patients, populations and healthcare systems. [www.euroccf.org](http://www.euroccf.org)

**Arsenà.IT** - Veneto's Research Centre for eHealth is a voluntary consortium among the 23 Local Health Authorities and Hospital Trusts of the Veneto Region (Italy). It aims at enhancing the quality of the clinical processes and assistance offered to citizens with an inter-enterprises view. Arsenà.IT provides the guidelines for the use of ICT standards, promoting homogeneity and the adaptation of the existing systems to new laws and monitoring their application, thanks to the debates at international level. [www.consortioarsenal.it](http://www.consortioarsenal.it)