

How to describe an ecosystem of person-centred integrated care in long-term care? A scoping review

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Agenda

Motivation

Methodology

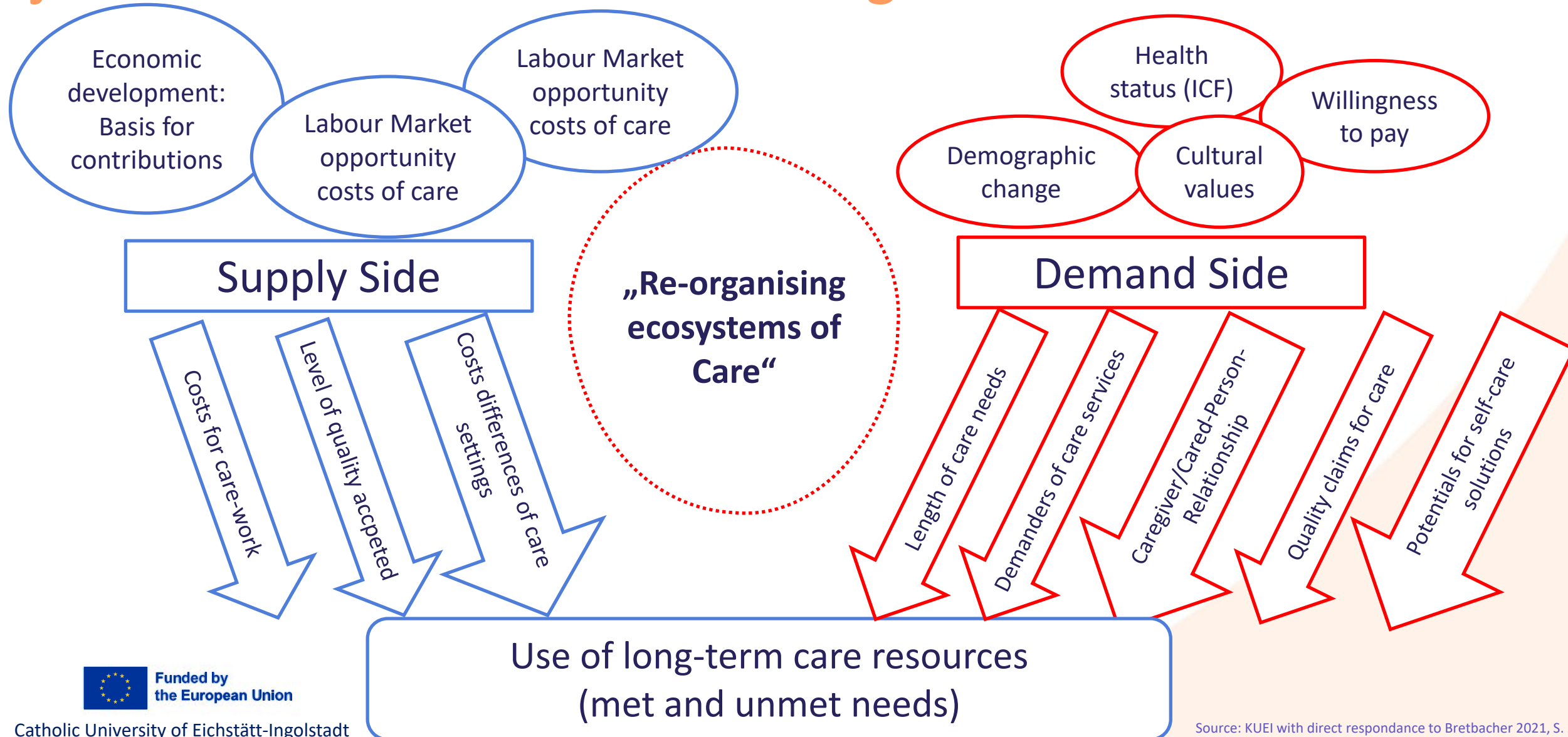
Results

Conclusion

Further research

Motivation

Long-term care – today it's about more than just the discussion about financing



Person-centred integrated long-term care

Promising strategy for improving quality, accessibility and sustainability of long-term care systems (Implementing *Triple Aim (Berwick&Nolan 2008)*):

- Individualised care
- Services tailored to needs, circumstances and preferences of care receivers with complex care requirements
- Taking into account formal and informal caregivers

Potential impacts:

- Safe, effective and timely care
- Patient participation and empowerment

Reformulating long-term care with a focus on person-centred integrated care

Depiction of PC-I-LTC by a Care Triad (Talley & Crews 2007) as a baseline heuristic:

- Actors (care receiver and caregivers)
- Interrelation processes
- Co-production of care-services



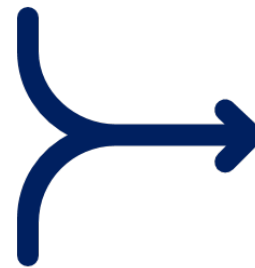
Idea of an care-ecosystem

Similarities to business ecosystems (Dessers & Mohr 2020; Vink et al. 2020):

- Dynamic and co-evolving communities
- Divers actors and interrelated activities
- Defined by a framed purpose
- Through collaboration and competition within social, physical and systemic conditions



care triad



**Person-centred integrated
long-term care ecosystem**

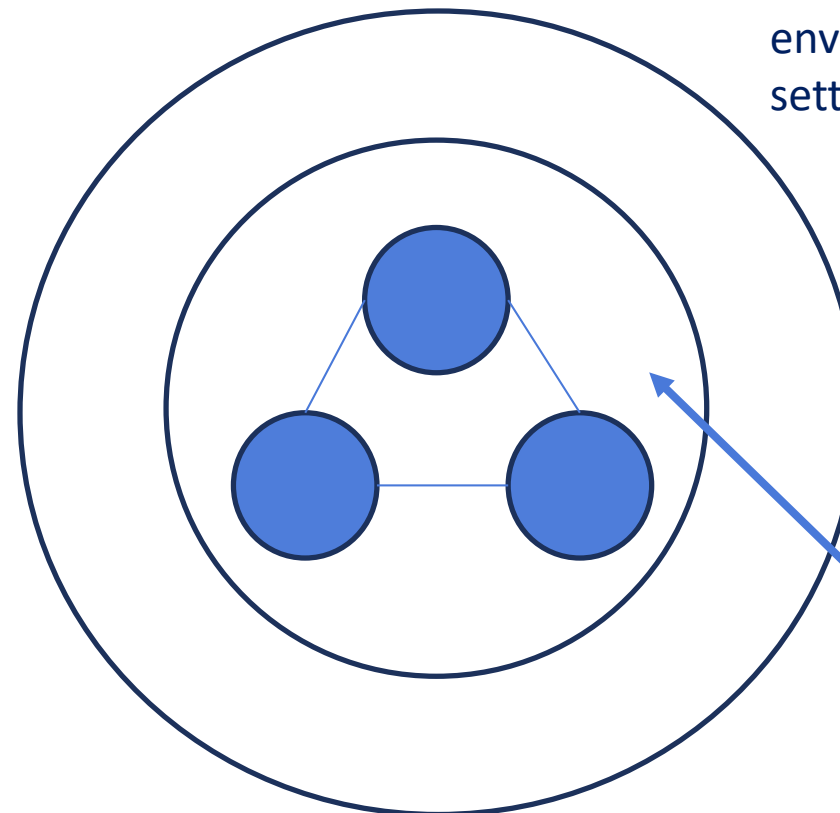
Ecosystem in the context of person-centred integrated long-term care (PC-I-LTC)

Characteristics	Business Ecosystems	PC-I-LTC Ecosystems
Basic principles	Dynamic and co-evolving communities	Dynamic and co-evolving communities
	Of diverse actors	Of diverse caregivers (formal and informal) and care receivers, care organisations and others
Purpose and value creation	To create and capture new value through the development of purpose-orientated activities at different levels of interaction	To cover a given care need through co-production taking into account the peoples needs, circumstances and preferences
Interrelations and conditions	Through collaboration and competition within social, physical and systemic conditions	Through different forms and combinations of organising care pathways within a social, physical and systemic conditions

Additional magnifying glass: Determinant frameworks as a first ancor

An initial understanding of structuring PC-I-LTC ecosystems at all:

→ Consolidated Framework for Implementation Research as a first ancor
(Damschroder et al. 2022)



Outer setting domain:
environment and frame in which the inner
setting exists

Inner setting domain:
setting in which care (innovation) occurs

Understanding person-centred integrated long-term care ecosystems:

steps within a magnifying glass

- To identify existing ecosystems in the context of person-centred integrated long-term care
- To elaborate a common terminology consisting of factors and associated attributes to describe these ecosystems



How can an **ecosystem** be described in the context of **integrated care** with a primary emphasis on **person-centredness** and **long-term care**?

Methodology

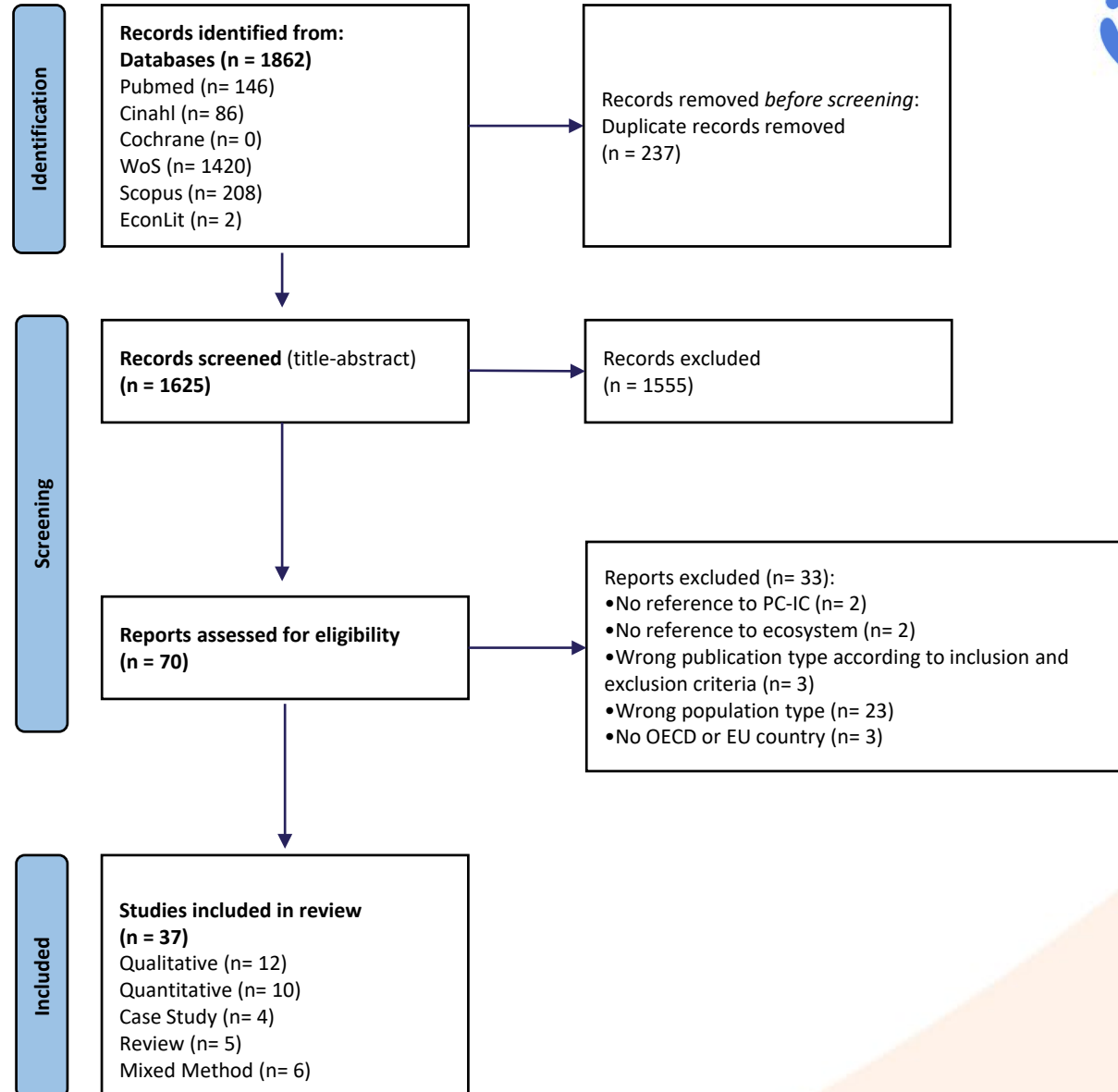
- Following Arksey and O'Malley (2005) Framework and the JBI Manual we employ a scoping review in order to
 - Integrate qualitative and quantitative assessments of literature that cover our research topic
 - Integrate different strengths of generic literature (scientific, political, clinical practice etc.)
- Employing a PCC-Scheme (Munn et al. 2018) for covering the research focus, respecting co-production schemes within care-relationships
- Using PRISMA-ScR framework for systematic literature search

Methodology

P	Population	<ul style="list-style-type: none">• Patients/clients aged 60+• Not in acute clinical treatment• Described as frail or multimorbide• Informal and formal caregivers, that give their perceptions on those care receiver mentioned above
C	Concept 1 Concept 2	Integrated care with primary emphasis on person-centredness LTC (focusing integrated care contingent on long-term care needs) <ul style="list-style-type: none">• prevention, palliative or rehabilitative care in different long-term care settings• transition between acute or clinical care and different long-term-care settings
C	Context	<ul style="list-style-type: none">• at least one aspect of inner and outer setting (CFIR)• belong to the European Union or are categorised as OECD member country

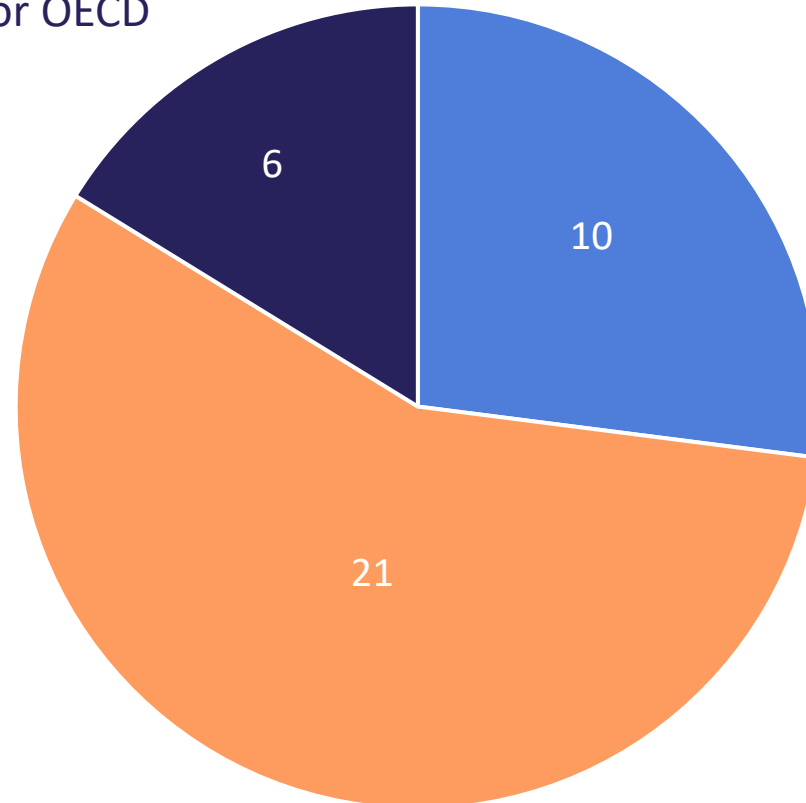
Results

Prisma-ScR Flowchart



Insertion: Overview of study countries

Mixed countries:
EU or OECD



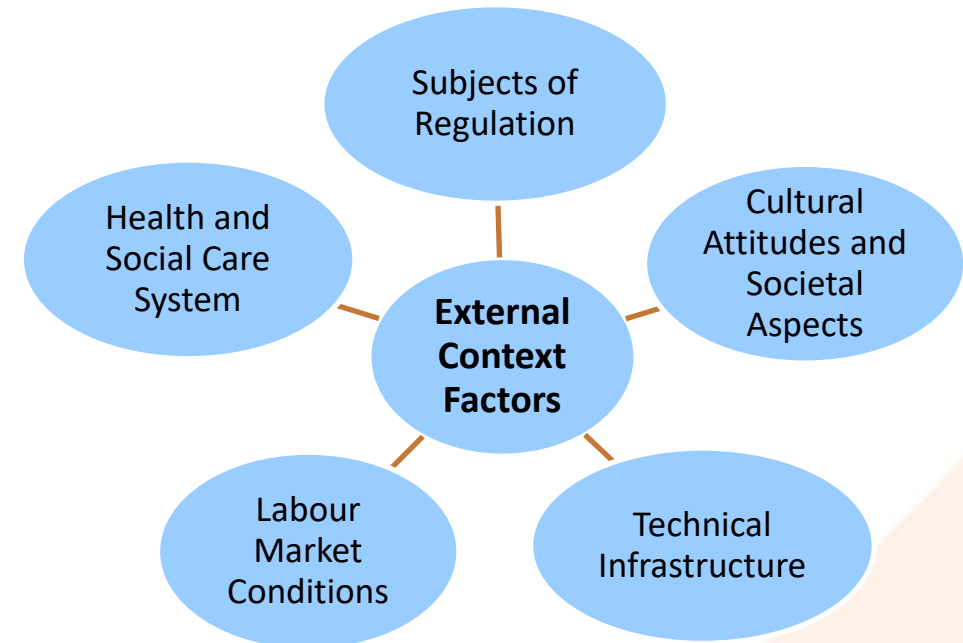
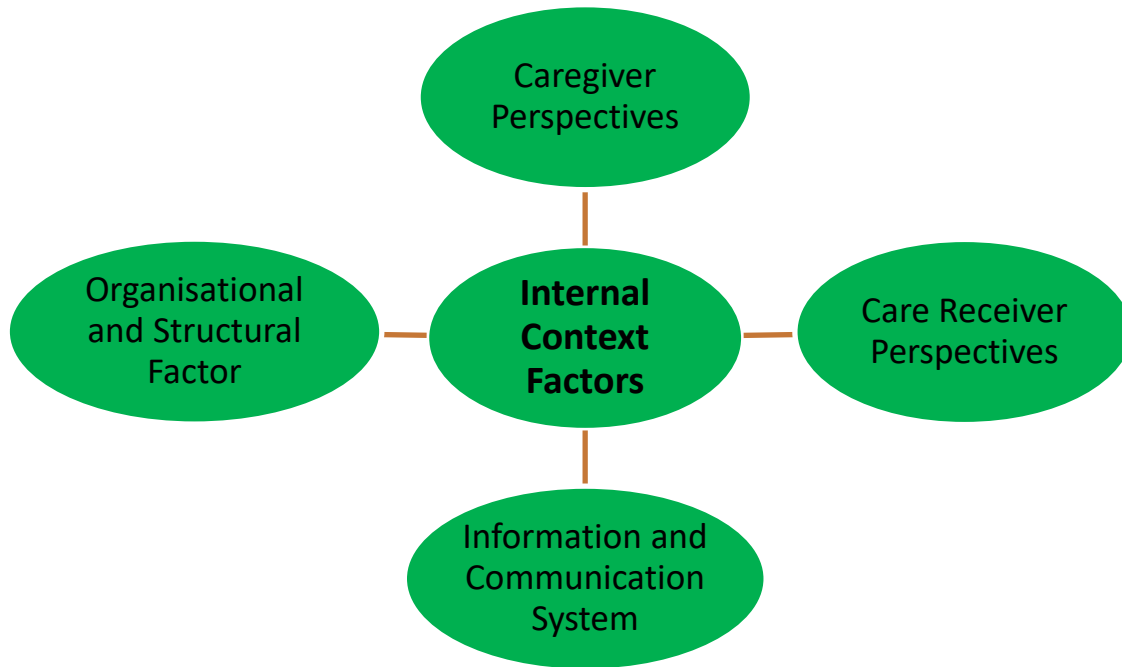
EU-countries

- Belgium 2
- Germany 1
- Italy 1
- Netherlands 2
- Spain 1
- Sweden 3

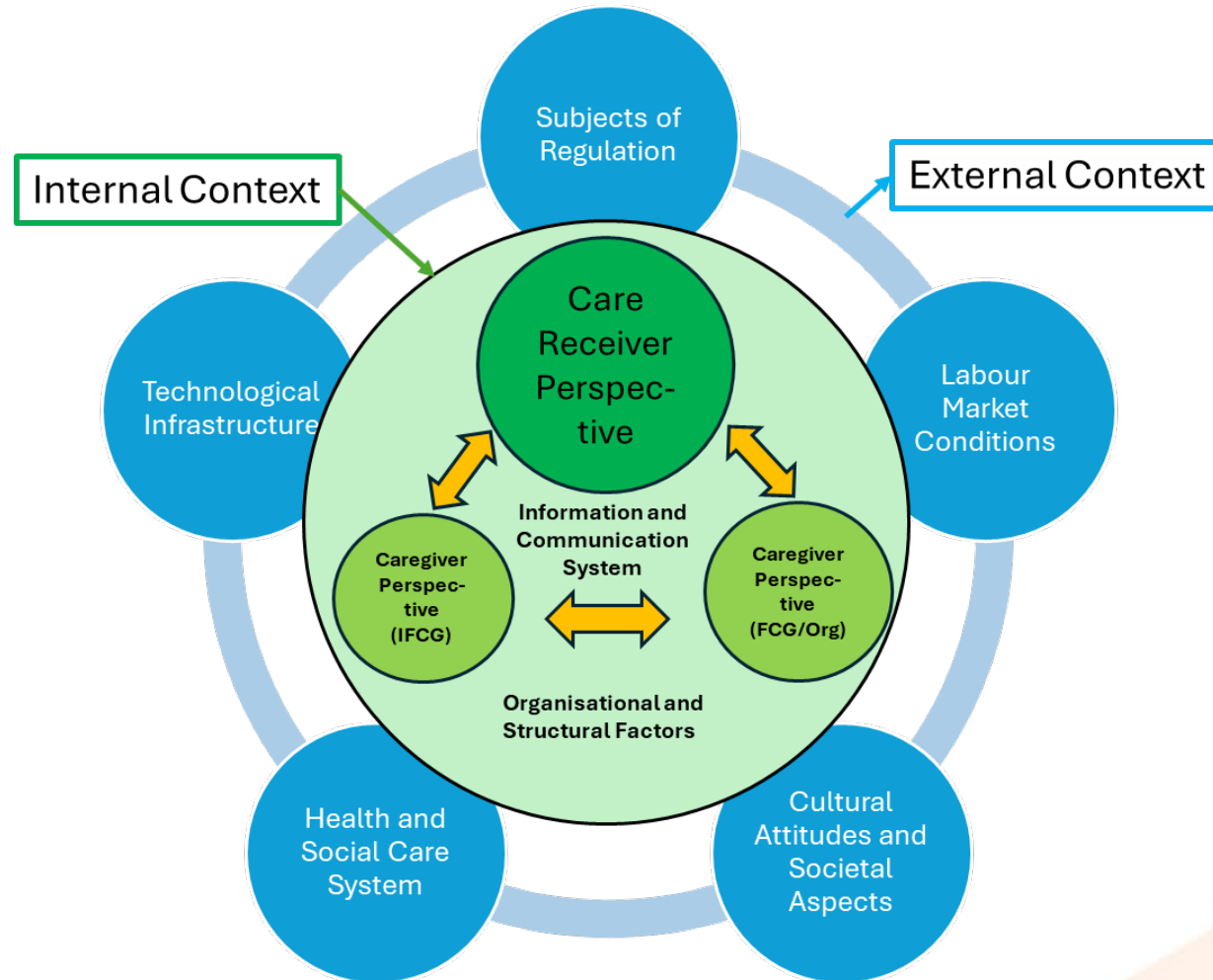
OECD (No EU)-countries

- Australia 1
- Iceland 1
- Japan 3
- New Zealand 1
- New Zealand, Canada 1
- Norway 3
- South Korea 2
- UK 3
- USA 6

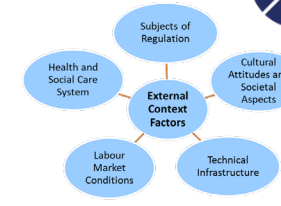
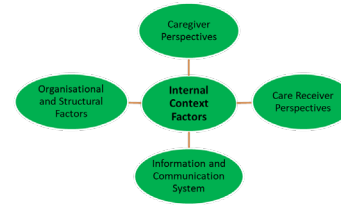
Ecosystem: Summary of Internal and External Context Factors



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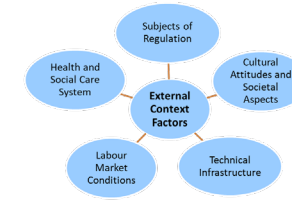
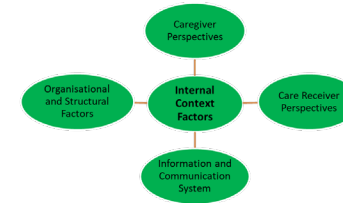
View on internal attributes



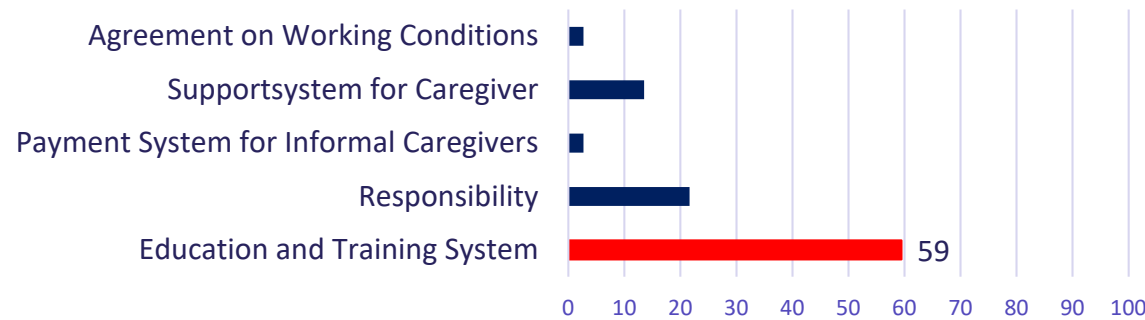
Frequency of Organisational and Structural Factor
(% of total; 37 studies)



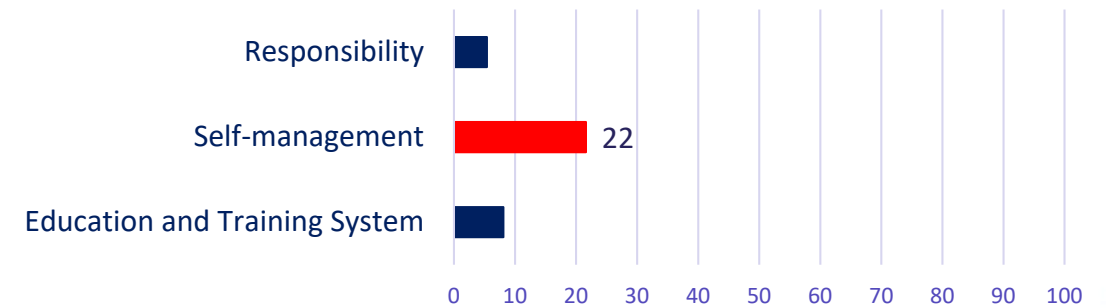
View on internal attributes – Actors' views



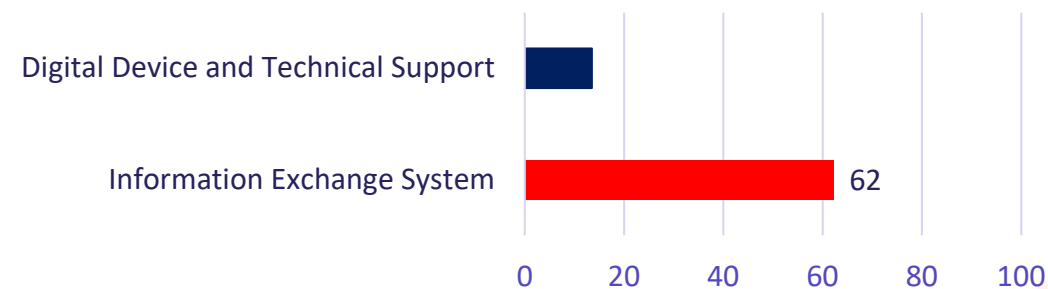
Frequency of Caregiver Perspective
(% of total; 37 studies)



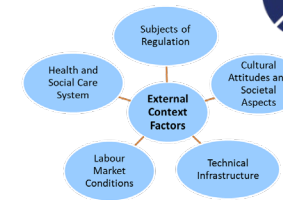
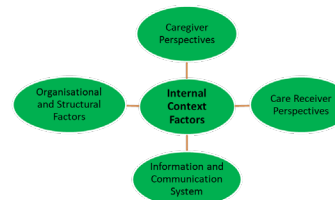
Frequency of Care Receiver Perspective
(% of total; 37 studies)



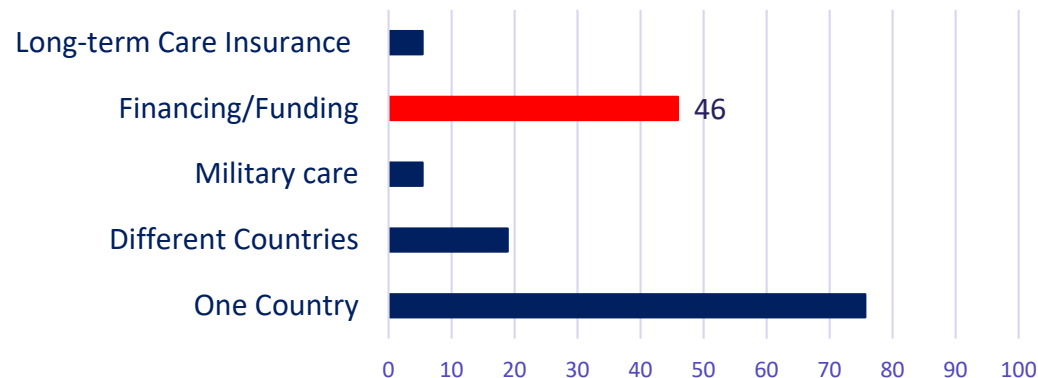
Frequency of Information and Communication System
(% of total; 37 studies)



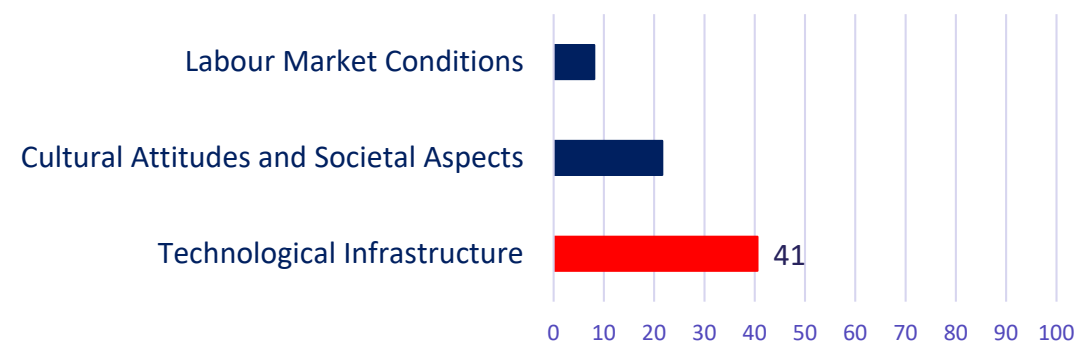
View on external attributes



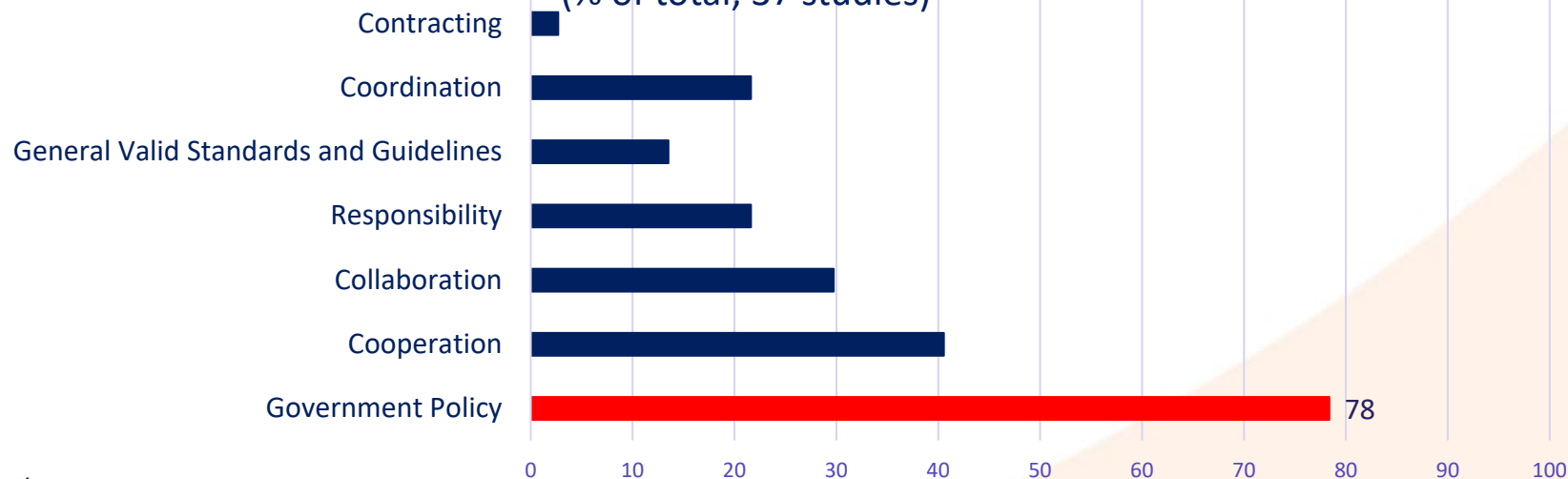
Frequency of Health and Social Care System
(% of total; 37 studies)



Frequency of Technological Infrastructure,
Cultural Attitudes and Societal Aspects, Labour
Market Conditions (% of total; 37 studies)



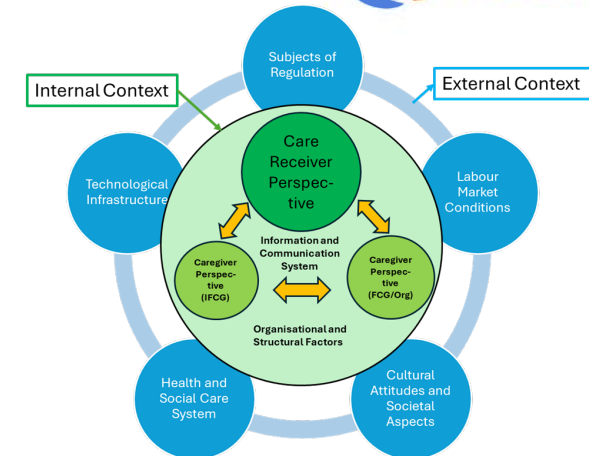
Frequency of Subjects of Regulation
(% of total; 37 studies)



Conclusion

Summary and conclusion

- Structured presentation of PC-I-LTC ecosystems with a micro-based view
 - Lack of literature discussing PC-I-LTC ecosystem elements in EU countries
 - Lack of literature depicting care receiver perspective
 - Less discussion on organisational modes (business models)
- Four Internal Factors
 - **Collaboration** is the most addressed attribute with 86 % (of 37 publications)
 - **Coordination** 76 % (of 37 publications)
 - **Information Exchange System** 62% (of 37 publications)
 - **Education and Training System** (Caregiver) 59 % (of 37 publications)
- Five External Factors
 - **Government Policy** almost 80 % (of 37 publications)
 - (institutionalised) Coordination structures or Contracting models are rare



Co-production
scheme

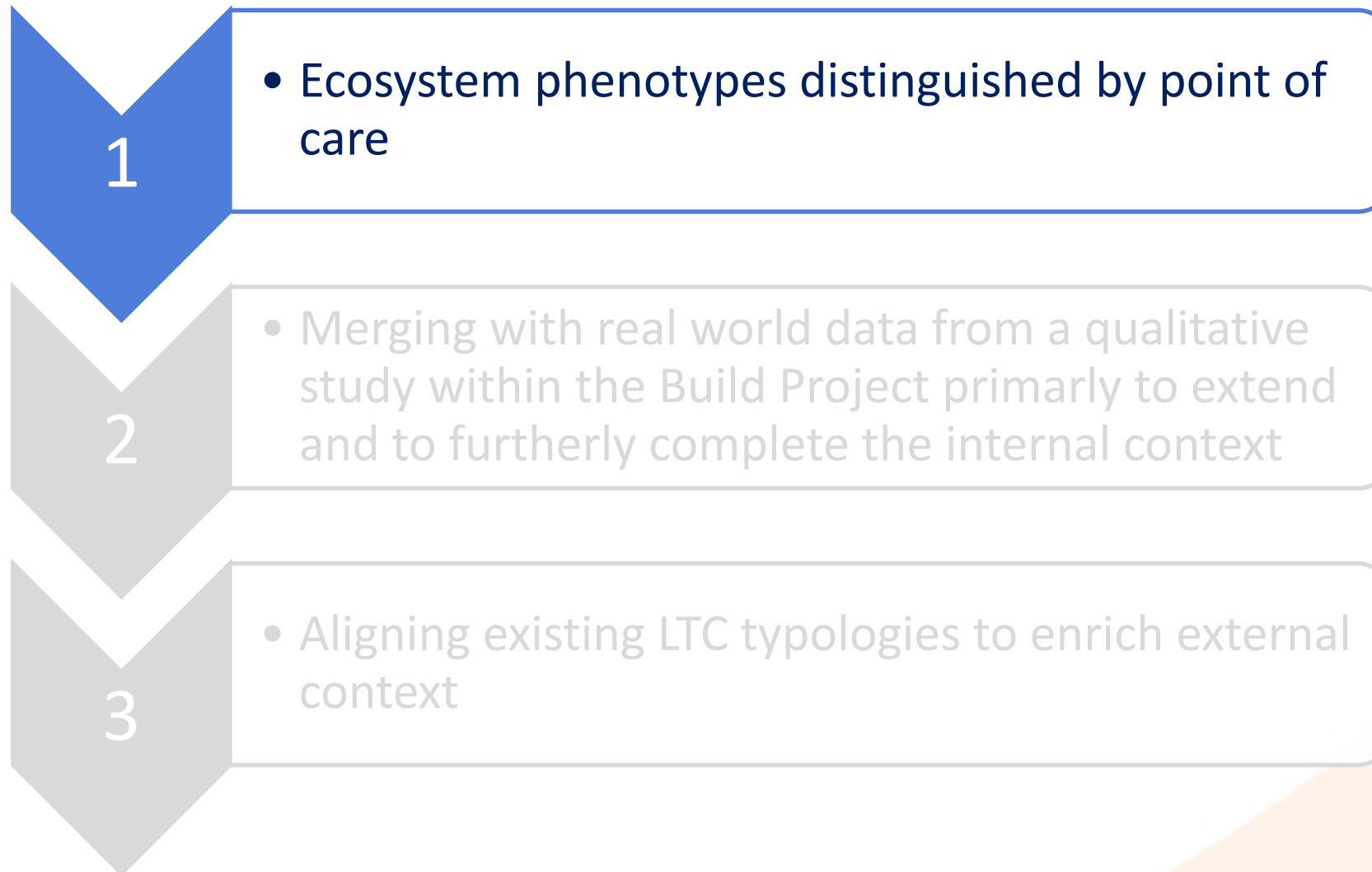
Support co-
production
schemes

Limitations

- Pre-selection in title-abstract screening due to time restrictions → selection bias
- Only publications in English language and no grey literature search → distortion of country comparison within the EU
- Employing attachment to internal and external contexts (CFIR) – Difficulty of precise categorization

Further research

Further research and next steps

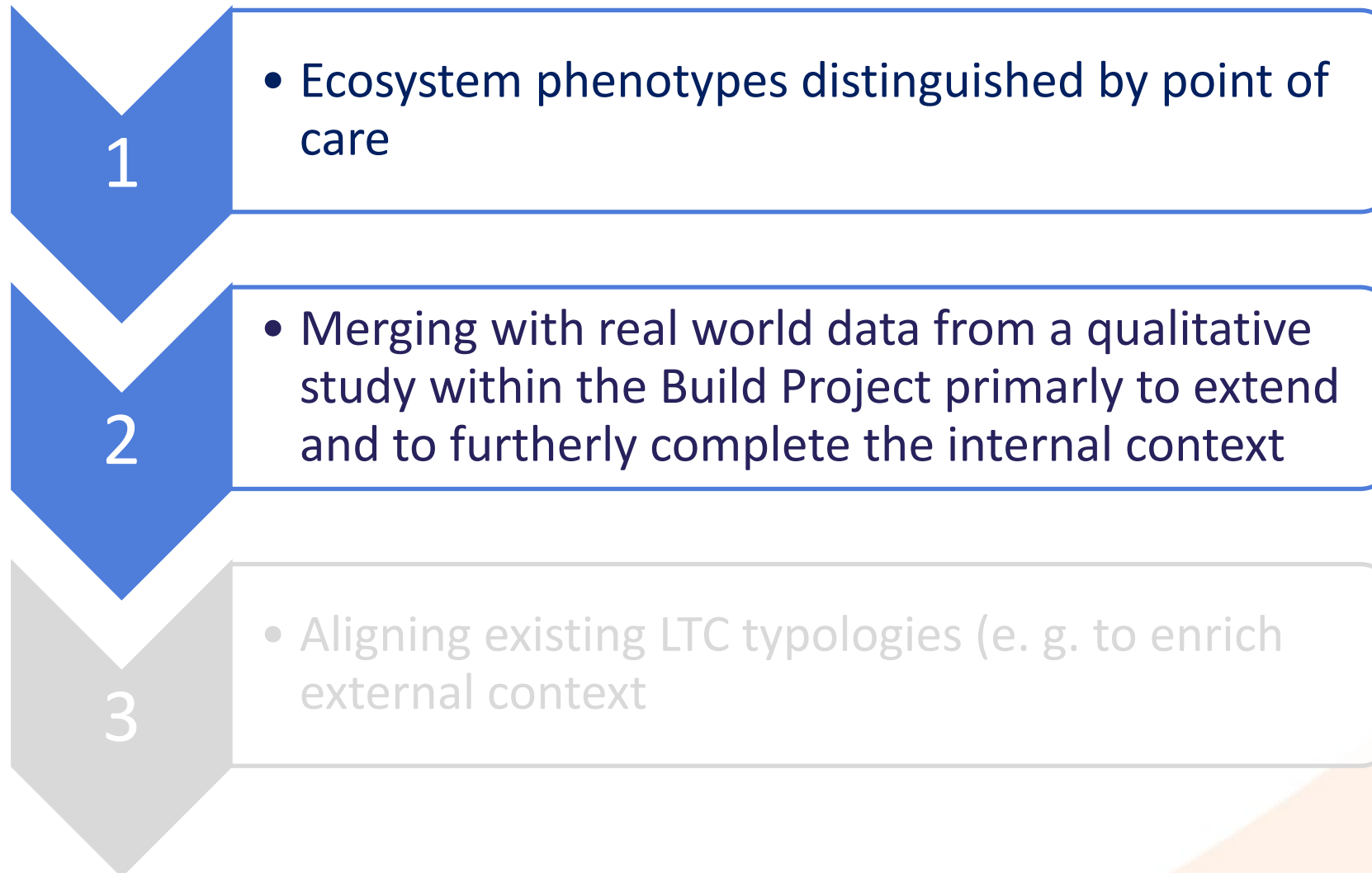


First step: Phenotypes of ecosystems from the scoping review – community-based care

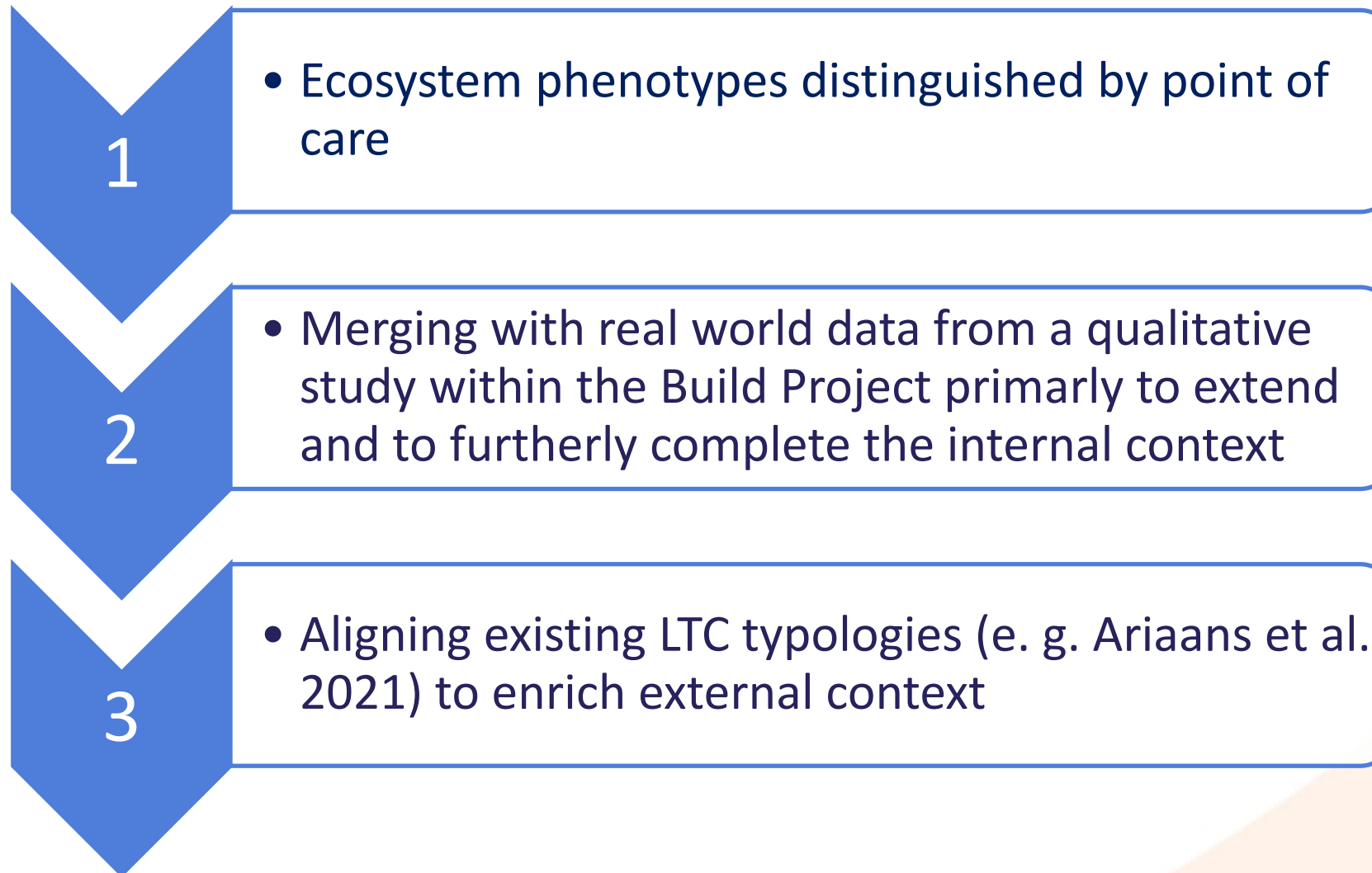
Internal Context	Frequency of occurrence in n=12 studies (12=100%)			Frequency of occurrence in n=12 studies (12=100%)		
	Care receiver perspective			Caregiver perspective		
Education and training system	Knowledge acquisition essential for self-management	8	Education and Training System	Interprofessional trainings; education programm for general parctice teams and allied health professionals, for healthcare providers to care homebound patients; requirement for training in order to be able to offer quality care; registered nurses (RN) providing training for informal caregiver; training for family caregiver	60	
Responsibility	Shared responsibility; possibility to share the burden of responsibility	8	Responsibility	shared responsibilities, but often unclear distribution of responsibilities	25	
Self-management	One of six key elements of the Chronic Care Model, by improving knowledge, skills and self-confidence, leading to better care and better outcomes; as part of the concept of the community-based IC system (Jijo; Japan); involvement in medical health care plan	25	Support System for Caregiver	Support for informal caregivers, e.g. regular home visits, alarm button; structured support system between health and social care services and for assisting untrained staff in their new roles	33	
			Payment System for Caregiver	Importance of family carers for the care of older people at home and their burden with lack of support (that there are already some strategies in place to pay them directly)	8	
			Agreement on Working Conditions		0	



Further research and next steps



Further research and next steps





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Thank you!



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