NEW HEALTH SYSTEMS

Integrated Care and Equity

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INTEGRATED CARE: DEFINITION

Definition of Integrated Care

- World Health Organization gives the following definition:
- "Integrated care is a concept bringing together inputs, delivery, management and organization of services related to diagnosis, treatment, care, rehabilitation and health promotion. Integration is a means to improve services in relation to access, quality, user satisfaction and efficiency."



An example of integrated care program

Primary Care Strategy

Multidisciplinary Care

Identification of Long Term Conditions
Best Care Pathways
Medicines Optimisation
Integrated Care Teams
GP as co-ordinator of Care

Involvement in Care

Access to care records
Promotion of self-care
Primary prevention
Patients die in place of their choosing

Quality & Safety

Access and Responsiveness

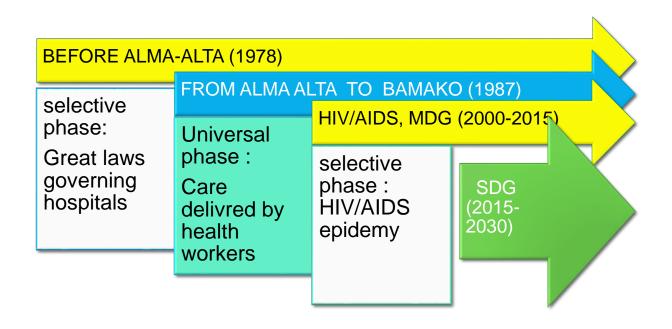
Digital Technology; range of access mediums Continuity of Care Increased access to primary care services

Increased Out of Hospital Services

Locally based enhanced services
Smooth primary/secondary care
interface
Inter-practice referrals

WHO: Accumulation of coordination models

 « Integrated Care » is a Working program for WHO in SDG (Sustainable Development Goals) period.



Integrated Care: less inequality?

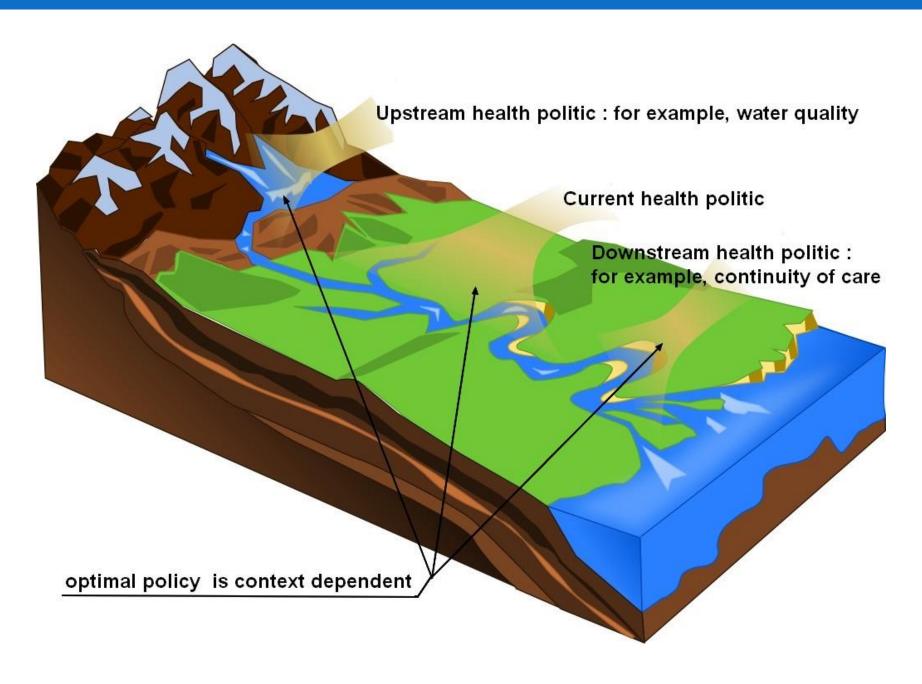
Integrated care are used by all the health autorities in the world for reforming health system

But it is not sure we obtain less inequality

WHO declaration in Alma Alta (1978) was a « rawlsian » program for reducing health inequality in the world. This approach for reducing inequality was « upstream » by general improvment of infrastructure.

« integrated care » is more a «downstream » strategy.

But optimal policy for reducing health inequality is context dependent

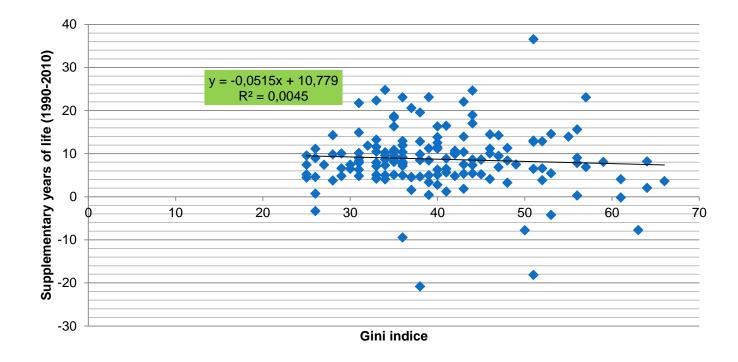


INEQUALITY IN HEALTH

Five years more between 2000-2015

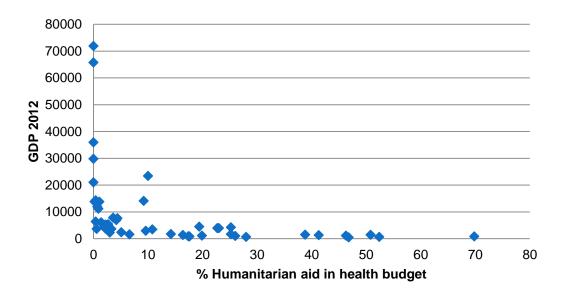
Three major transitions: technological (internet), Professional (more collaborative work), epidemiological (less epidemic)

For exemple, in France, only ten per cent of young practitioners set up alone



Inequality global and local

- 36 years between Malawi and Iceland life expectancy, but 17 years between areas in London (with universal coverage of care)
- Global inequality (and not local) shape health systems in the world

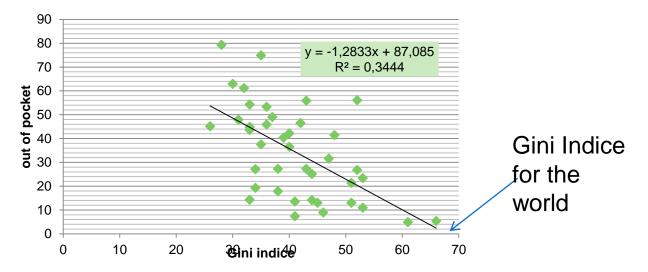


Global health system

- Estimation for Gini indice of the world (>0,7):
- 6 % GDP for Health, health system ½ Private and ½ Public,

 Absence of middle class in a global world : global health system without « out-of-pocket », and with poor

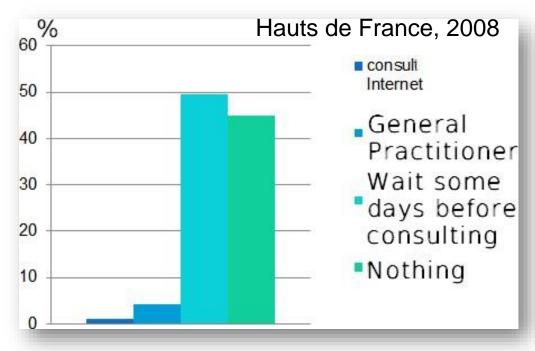
performance



Inequality in health system with universal

coverage

Procrastination is important before entering care or preventive measure.



« what do you do when you have pain? »

Neighborhoods comparison studies indicate a differentiation according to the use or not to second-line structures (medical specialists) People in working class neighborhoods use the GP or the hospital only

Inequality in risk management

Level II: Consideration of uncertainties and behavior of actors

Level I: First of risk control, first regulation

Level 0: ignored Risk

	Level of risk management			
risk	France (24th)	Maroc (109th)		
legionellosis	Level I Noroxo episode comes from a poor technical mastery of installation cleaning	Level 0		
Carbon monoxide	level I / II	Level 0		
pesticides	level I / II	Level 0		
Tropospheric ozone	level I / II	Level 0		

Hospital without doctors

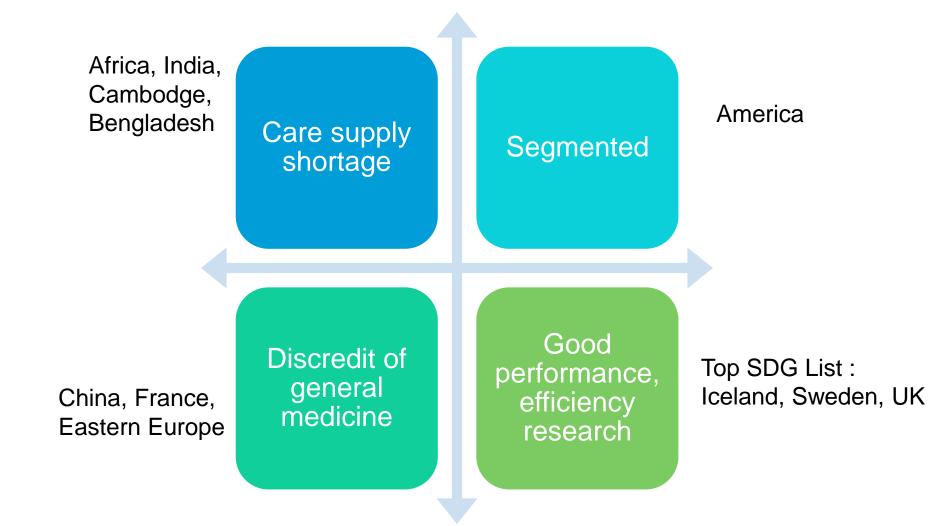
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EQUITABLE AND SUSTAINABLE INTEGRATED HEALTH SYSTEM

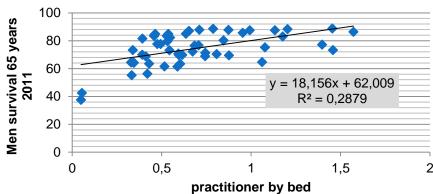
Four situations of health system



Iceland (the best in 2015 / SDG criterion)

- Health system: Near all european caracteristics, very low level of pollution, only green energy
- 320000 inhabitants, in towns only. One universitary hospital, 3,2 % hospital beds, more practitioners and twice more nurses than european average.
- Universal coverage for residents; »Health house » for primary care; only 3000 drugs used, 18% out-of-pocket. Direct access for secondary care
- (no gatekeeper)

Ratio Iceland GP/hospital bed 1,08

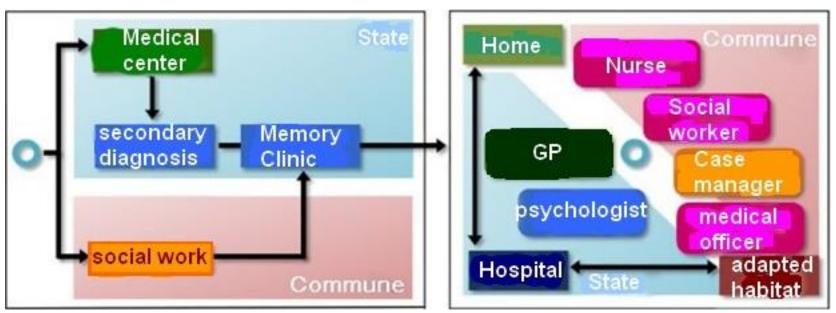


 Ratio Guinea: 0,33 (weakeness of guinean health system is responsible of recent Ebola outbreak)

Decentralization and equity (1/2)

Decentralization is necessary:

- Optimal policy is context dependent,
- · Paralysis of WHO (very centralized) in front of Ebola epidemic,
- Low level of % diagnosis of dementia in Hungary or China, for example
 But complex in practice : for example, « good practice » for dementia in Sweden :



Dementia in Sweden

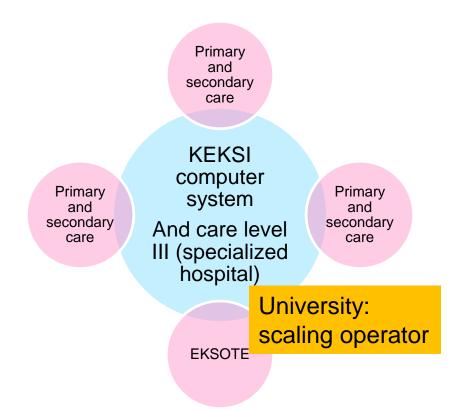
Decentralization and equity (2/2)

for	« natural » district	« upstream » integrated care	Global Median	Example: France
Disaster	Large region	2	0	1,5
Air pollution	Large region	2	0	1,5
Legionnaires disease	Commune	1,5	0	1
Monoxyd carbon	Commune	1,5	0	1,5
Pesticides	Commune	1,5	0	1,5

« natural district » : for example, the whole basin of a river

Exemple: EKSOTE et KEKSI en Finlande

 The Finnish scheme adopted in 2010 (Finland is one of the integrated health promoters in WHO), complete an initial pattern of hospitals by a wide mesh network - the computer system KEKSI - and a similar mesh, for example EKSOTE (South Karelia district of social and health services) in the district of the hospital Lappeenranta (72 000, two universities of 12 000 students).



CONCLUSION

After Ebola

ABSTRACT



Hospital Donka (closed), Konakry, Guinea

- WHO paradigm shift previously focused on the health regulations, and taken by surprise by the Ebola epidemic.
- A problem of decentralization / centralization. Hospitals, health systems abandonment led the Ebola crisis.
- The WHO work program is incomplete: there is no example to follow integrated care WHO indicators,
- Integrated care reduces "local" inequality
- special attention should be paid to what the health policies implemented are not only "downstream".

Thank you for your attention.