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

**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

**Quality & Safety**
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 authorities 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 improvement of infrastructure.

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

But optimal policy for reducing health inequality is context dependent
Upstream health policy: for example, water quality

Current health policy

Downstream health policy: for example, continuity of care

Optimal policy 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 example, 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

![Graph showing relationship between GDP 2012 and percentage of humanitarian aid in health budget]
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

\[
y = -1.2833x + 87.085 \\
R^2 = 0.3444
\]
Inequality in health system with universal coverage

Procrastination is important before entering care or preventive measure.

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

<table>
<thead>
<tr>
<th>risk</th>
<th>Level of risk management</th>
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<tbody>
<tr>
<td></td>
<td>Level I: First of risk control, first regulation</td>
</tr>
<tr>
<td>legionellosis</td>
<td>Level II: Consideration of uncertainties and behavior of actors</td>
</tr>
<tr>
<td></td>
<td>Level 0: ignored Risk</td>
</tr>
<tr>
<td>Carbon monoxide</td>
<td>level I / II</td>
</tr>
<tr>
<td>pesticides</td>
<td>level I / II</td>
</tr>
<tr>
<td>Tropospheric ozone</td>
<td>level I / II</td>
</tr>
</tbody>
</table>

- Legionellosis: Noroxo episode comes from a poor technical mastery of installation cleaning.
- Carbon monoxide: level I / II
- Pesticides: level I / II
- Tropospheric ozone: level I / II
Hospital without doctors
EQUITABLE AND SUSTAINABLE INTEGRATED HEALTH SYSTEM
Four situations of health system

- Care supply shortage: Africa, India, Cambodge, Bangladesh
- Discredit of general medicine: China, France, Eastern Europe
- Segmented: America
- Good performance, efficiency research: Top SDG List: Iceland, Sweden, UK
Iceland (the best in 2015 / SDG criterion)

- Health system: Near all European characteristics, very low level of pollution, only green energy
- 320,000 inhabitants, in towns only. One university 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)

<table>
<thead>
<tr>
<th>Ratio Iceland GP/hospital bed</th>
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<tbody>
<tr>
<td>1.08</td>
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</tbody>
</table>

- Ratio Guinea: 0.33 (weakness 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)**

<table>
<thead>
<tr>
<th>for</th>
<th>« natural » district</th>
<th>« upstream » integrated care</th>
<th>Global Median</th>
<th>Example: France</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster</td>
<td>Large region</td>
<td>2</td>
<td>0</td>
<td>1,5</td>
</tr>
<tr>
<td>Air pollution</td>
<td>Large region</td>
<td>2</td>
<td>0</td>
<td>1,5</td>
</tr>
<tr>
<td>Legionnaires disease</td>
<td>Commune</td>
<td>1,5</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Monoxyd carbon</td>
<td>Commune</td>
<td>1,5</td>
<td>0</td>
<td>1,5</td>
</tr>
<tr>
<td>Pesticides</td>
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</tbody>
</table>

« 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
ABSTRACT

- 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".

Hospital Donka (closed), Konakry, Guinea
• Thank you for your attention.