INTERLINKS: Good practice in integrated care across Europe

Jenny Billings | Reader in Applied Health Research  
University of Kent – CHSS
Agenda

How the interactive person-centred INTERLINKS Framework for LTC was developed

Consideration of knowledge and evidence in LTC

Examples of good practice

Contribution of INTERLINKS to the evidence-base
Background | INTERLINKS Objectives

EU 7th Framework Project with 16 partners from 14 countries

• to develop a method to describe, analyse and improve long-term care and its links with the health system

• to identify practical tools and approaches that are evidence-based

• quality of care
• prevention and rehabilitation
• informal carers
• governance and financing
16 partners from 14 countries.
Terminology of long-term care

Social care system
- Services
- Residential care
- Providers
- Professions
- Methods
- Legal Framework
- Policies

The formal – informal divide

The health-social care divide

Long-term care
linked-in, co-ordinated, integrated?

Identity - Policies - Structures - Functions - Processes - Resources/Funding

Users

Informal carers:
family, friends, ‘migrant carers’

Health care system
- Hospitals - Services
- Providers - Professions
- GPs - Methods
- Legal Framework
- Policies
The INTERLINKS Framework for LTC

Input from the first phase:

- National Reports and European Overviews

Modelling: Themes, sub-themes and key-issues

Validation processes to develop the model and associated tools

- National Expert Panels
- Sounding Board (European stakeholders)
The INTERLINKS Framework for LTC

Input from background papers
- National Reports and European Overviews
- Background papers
- Discussion

Modelling
- Themes, sub-themes and key issues
The Themes of a Long-Term Care System

Source: inspired by F.Glasl et al. (2005)

*Professionelle Prozessberatung.* Bern et al.: Verlag Paul Haupt.
Frail older people using LTC have multiple needs

Person-Centredness

Self-care to maintain independence and quality of life

Care provision should be continuous and cohesive
Describing and analysing individual themes

- Themes: 6
- Subthemes: 3-6 in each theme: 28
- Key issues: 2-8 for each subtheme: 135
Theme 5: Organisational Structures

- **Nursing & residential care homes**
  - 6 key-issues
  - Practice examples

- **Assisted living arrangements**
  - 5 key-issues
  - Practice examples

- **Specialised case or care management centres**
  - 4 key-issues
  - Practice examples

- **Formal care in the home and community**
  - 7 key-issues
  - Practice examples

- **Transitory care facilities**
  - 6 key-issues
  - Practice examples

- **Care within a hospital setting**
  - 7 key-issues
  - Practice examples
Key-issues: Example from ‘Organisational Structures’

5.5

• Formal care in the home and community

  a) access points (referral, one-stop-shops)

  b) flexible and adaptable services to suit individual needs and individual lifestyle

  c) multi-professional teams (eg preventive/rehabilitative measures)

  d) structures that facilitate coordination and cooperation with other formal and/or informal care (including mobility and transport)

  e) structures that facilitate communication, planning and care delivery with informal carers

  f) practitioners in independent practice as gate keepers and/or personal case and care managers

  g) diversity-friendliness: recognition of the specific care needs of hard-to-reach groups
Collecting good practice knowledge:
What evidence do we have on LTC?

Hierarchical view of knowledge and evidence - RCTs or ‘nothing’

Many ‘successful’ experiments fail to transfer to much larger populations

Search for the benefits of integrated care ...

Benefits for whom and in what context? What and how do we measure?

Problems of design, intervention, measure
Judging ‘good practice’ in long-term care

Decisions about complex health and social care issues need multiple approaches to getting evidence

Call for knowledge accumulated through pluralistic methods

- Tacit and experiential knowledge of professionals
- Personal knowledge, experiences and preferences of patients, clients and carers
The INTERLINKS Framework for LTC

Input from background papers
- National Reports and European Overviews
  - Prevention & Rehabilitation
  - Quality Assurance & Quality Management
  - Informal Care
  - Governance & Finance of LTC

Modelling
- Themes, sub-themes and key issues

Validation processes to develop the framework and associated tools
- Internal process
- National Expert Panels
- Sounding Board (European stakeholders)
- Peer reviewing
The Validation Process

Sufficient high quality input through peer review, NEP and Sounding Board consultations

Guiding questions for feedback by experts

The Framework as an interactive website with practice examples

Interactive exchange with interested public: “Post your practice example”
A brief glimpse at the website

INTERLINKS - A Europe-wide resource that aims to improve long-term care for older people

Health systems and long-term care for older people in Europe - Modelling the INTERfaces and LINKS between prevention, rehabilitation, quality of services and informal care

The INTERLINKS project helps people in Europe who work with and represent older people in need of long-term care (LTC). We want to inspire health and social care professionals, policy makers, people from administrative agencies, and people working in non-governmental organisations (NGOs) to:

- work towards integrated systems of LTC;
- improve planning and delivery of services for frail older people at the interfaces between formal and informal care, and between social and health care;
- integrate prevention, rehabilitation, quality management, governance and finance in the toolbox to develop LTC systems.

Mission

Older people and their carers want to be independent and have some control over their care. But gaps in LTC pathways often lead to poor quality care in which they cannot make the right choices. INTERLINKS looks for ways to fill these gaps and improve care. We aim to point planners and those who provide services towards improved ways of supporting older people. We take particular notice of older people who may be difficult to reach.
Partnerships for Older People Project: UK

Developed services with older people focused on promoting health, well-being and independence, delaying need for institutional care

Involved 29 localities working in partnership

Advisory panels of users and carers

<table>
<thead>
<tr>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in development of LTC services from low-level community initiatives to case management</td>
</tr>
<tr>
<td>Increased user-involvement and knowledge of and about services</td>
</tr>
<tr>
<td>Increased inter-organisational co-operation</td>
</tr>
</tbody>
</table>

Integrating care including AAL technology and volunteering (Equinoxe): France

A nationwide home alarm system that supports frail people living at home alone and enhances their quality of life

Based on high-tech call centre operating 24 hours a day with trained people and a ‘neighbourhood committee’

Effects

98% of users were satisfied or very satisfied

Urgent calls to falls and anxiety during the day, and to respiratory problems at night

About 112,000 overall calls per year (2009); 80% of issues resolved by ‘local committee’ when triggered by call centre

The Buurtzorg Model: better home care at reduced cost: Netherlands

Care delivered by small self-managing teams of 12 community nurses working together, promoting self-care in the neighbourhood.

Integrate with other local carers and formal caregivers, mobilise and reinforce client’s resources. Organisational costs low

Effects

- Number 1 amongst all care organisations in user satisfaction
- High satisfaction among GP’s and local authorities regarding cooperation
- Alleged large decrease of cost
- Staff grew from 2007-2011 to 4,000 professionals; Netherland’s Employer of the Year 2011
Meeting cafes (Netherlands)

Venue for all types of dementia for families and friends

A place to share experiences

Hosts independent events and meetings

Anecdotal Effects

Has been scaled up, high levels of attendance and informal evidence of high levels of satisfaction
INTERLINKS practice examples and their ‘evidence base’ (n=58)

Category 1 (n=7)
pluralist mixed method evaluation of differing scientific merit, results contributed towards the evidence-base and in some cases could be generalised

Category 2 (n=17)
strong elements of evaluation where evidence was generalisable or could be used for local improvement

Cont’d...
INTERLINKS practice examples and their ‘evidence base’ (n=58)

Category 3 (n=4)

initiatives to develop and implement assessment tools and methods, to contribute towards the evidence base or to improve LTC practice by generating comparable evidence

Category 4 (n=31)

minimal, incomplete or no evaluation, but the project had been rolled out or was on-going
User involvement

23 examples contained user perspective, 13 of those included informal carers

Mostly satisfaction surveys, quality of life, or seeking feedback, two had total involvement

Very little involvement, some policy initiatives had user groups

Needed in Advanced Assisted Living technology
Conclusions

Detailed delineation of activity in integrated long term care - a complex picture

Makes comparison and identification of generalisable and successful person-centre pathways of care difficult

Not full representation across Europe - transferability issues

Cont’d ...
Conclusions

In LTC, evidence still reliant upon more ‘informal’ sources but user input still patchy

Interventions becoming more complex. Pluralist approaches needed but sophisticated in design with robust evaluation framework

High quality evaluation becoming ‘an expensive luxury’

Need for in-built evaluation methods, service investment from the onset
Further information and further reading

**Website:** [http://interlinks.euro.centre.org](http://interlinks.euro.centre.org)

**Contact:** j.r.billings@kent.ac.uk