
Conference abstract

Lessons from international experiences: comparative case studies of integrated care in Europe and North America

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Abstract

Introduction: An extensive body of literature deals with the complexity of providing integrated care to frail patients. However, theoretical fragmentation and a lack of substantial knowledge about success factors still abound.

Aim: To identify environmental conditions and configurations of factors associated with service delivery success in integrated care initiatives.

Theory and methods: Building on the frameworks of Leutz (1999), Kodner and Spreeuwenberg (2002), and Wagner (1998), we suggest a conceptual framework involving elements at the macro, meso, and micro level: context, transition management culture, organization model, and operational means. We carried out a comprehensive literature review on the most diffuse integrated care strategies in Europe and North America. We then selected, on the basis of the maximum environmental differences criterion, four case studies (Canada, US, Italy and Switzerland) and analysed them through the lens of our proposed conceptual framework. Where data were lacking, interviews were conducted with personnel involved in the initiatives.

Results and Conclusion: The success of integrated care initiatives does not result from the mere technical intensity of integration. Rather, success stems from the correct matching of the implemented operating means (micro level) with contextual, cultural and organizational factors.

Discussion: The analysis infers from a small purposive sample. Generalization of findings calls for additional cases operating in diverse contexts.

Keywords

integrated care, service coordination, population ageing, international comparison, frailty

PowerPoint presentations available from: <http://www.integratedcare.org/Portals/0/uploads/congresses/Ilinca%20IC%20for%20frail%20patients.pdf>