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Conference Abstract

Financial mechanisms for integrating funds for health and social care: do they enable integrated care?

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Abstract

Introduction: Care for people with chronic and complex needs accounts for a substantial share of health and social care expenditure. Integrated care is often seen as a panacea to reduce expenditure, but these high expectations are rarely met.

Theory and methods: Financial barriers can thwart attempts to integrate across health and social care. We conducted a systematic review of the literature on the role of integrated financial mechanisms in supporting and incentivising integrated care.

Results: We identified 38 schemes from 8 countries that had used financial integration to support integrated care. In most schemes, studies failed to demonstrate improvements in health but there was some evidence of service substitution and of reductions in delayed discharges. The impact on costs was highly variable, and reductions in unplanned admissions were rarely achieved. Effects on the quality of care were mixed.

Conclusions: The effectiveness of financial mechanisms to support integrated care has not been demonstrated.

Discussion: The methodological quality of the evidence base is mixed and schemes were very variable, but none was clearly efficacious.

Lessons learnt: Supporting integrated care is difficult and there is no guarantee that integrated funding will reduce costly admissions or deliver health benefits.

Keywords

pooled budgets, joint commissioning, integrated care, systematic review, Payment Systems and Incentives

Powerpoint presentation:

 $\underline{\text{http://www.integrated.care-payment-reform}} \\ \text{content/policy-making-towards-integrated-care-payment-reform} \\ \text{content/policy-policy-payment-reform} \\ \text{content/policy-policy-payment-reform} \\ \text{content/policy-policy-payment-reform} \\ \text{content/policy-pol$