

Volume 11, 1 August 2011

Publisher: Igitur publishing

URL: <http://www.ijic.org>

URN:NBN:NL:UI:10-1-101537 / ijic2011-100

Copyright: 

---

Conference abstract

## Combating health care fragmentation through integrated health services delivery networks

*Caroline Ramagem, Specialist, Health Systems Development, Integrated Health Services Project, Area of Health Systems Based on Primary Health Care (HSS/IS), Pan American Health Organization (PAHO/WHO), Washington, DC, USA*

*Soledad Urrutia, Specialist, Health Systems Development, HSS/IS, PAHO/WHO, USA*

*Tephany Griffith, Technical Officer, HSS/IS, PAHO/WHO, Washington, DC, USA*

*Mario Cruz, Regional Advisor on Primary Health Care, HSS/IS, PAHO/WHO, Washington, DC, USA*

*Ricardo Fabrega, Technical Officer, HSS/IS, PAHO/WHO, Washington, DC, USA*

*Reynaldo Holder, Advisor, Hospitals and Integrated Health Care Delivery, HSS/IS, PAHO/WHO, Washington, DC, USA*

*Hernán Montenegro, Coordinator, HSS/IS, PAHO/WHO, Washington, DC, USA*

*Correspondence to: Hernán Montenegro, PAHO/WHO, 525 23rd St. NW, Washington, DC, USA, E-mail: [monteneh@paho.org](mailto:monteneh@paho.org)*

---

### Abstract

**Introduction:** Despite existing initiatives to integrate health services in the Americas Health Care fragmentation remains a significant challenge. Excessive fragmentation leads to difficulties in access to services, delivery of services of poor technical quality, inefficient use of resources, increases in production costs, and low user satisfaction. To address this problem, the Pan American Health Organization (PAHO) has launched the Integrated Health Services Delivery Networks (IHSDN) Initiative to support the development of more accessible, equitable and efficient health care models in the Region [1].

**Theory/conceptual framework:** IHSDN are defined as a network of organizations that provides, or makes arrangements to provide, equitable, comprehensive, and integrated health services to a defined population and is willing to be held accountable for its clinical and economic outcomes and the health status of the population served. IHSDN require 14 essential attributes for their adequate operation grouped according to four principal domains: model of care, governance and strategy, organization and management, and financial allocation and incentives [1].

**Methods:** An extensive literature review, expert meetings and country consultations (national, subregional and regional) in the Americas resulted in a set of consensus-based essential attributes and policy options for implementing IHSDN.

**Results and conclusions:** The research and evidence on health services integration remains limited; however, several studies suggest that IHSDN could improve health systems performance. Principal lessons learned include: i) integration processes are difficult, complex and long term; ii) integration requires extensive systemic changes and a commitment by health workers, health service managers and policymakers; and iii) multiple modalities and degrees of integration can coexist within a single system. The public policy objective is to propose a design that meets each system's specific organizational needs [1].

## **Keywords**

**fragmentation, integrated health services, networks, Region of the Americas**

---

## **Reference**

1. Organización Panamericana de la Salud/Organización Mundial de la Salud (OPS/OMS). Redes integradas de servicios de salud: Conceptos, opciones de política y hoja de ruta para su implementación en las Américas. [Integrated Health Services Delivery Networks: Concepts, Policy Options and a Road Map for Implementation in the Americas]. OPS/OMS. 2010. [in Spanish].

PowerPoint presentation available from: <http://www.integratedcare.org/Portals/0/uploads/congresses/Montenegro%20Combating%20health%20care.pdf>