The impact of integrated care on hospital use and costs of care for patients with chronic diseases

Background

- Patients with chronic conditions often experience poorly co-ordinated or fragmented care when they use health and/or social care services.
- Integrated care aims to deliver services that are ‘joined up’ and co-ordinated across settings.
- Government policy stresses the importance of integration as a way to reduce the use of hospital services and potentially reduce costs.
- However, there are many ways to integrate care, and it is not clear which strategies may be most effective for patients with chronic diseases.
- This literature review looked at the international evidence for integrated care to find out whether it can reduce hospital use and save money, and to look at which strategies work best, for which patients, and in which settings.

Does integrated care reduce hospital activity for patients with chronic diseases?

An umbrella review of systematic reviews
Findings:
- Fifty systematic reviews were included, 29 reported significant reductions in hospital activity or cost.
- Effective strategies included:
  - Better support for patients at home after discharge from hospital.
  - Patient care to be managed by multi-disciplinary teams (MDTs) that include relevant consultants, specialist nurses and/or pharmacists.
  - Strategies where there was more than one component or those that focused on single conditions.
- We also found that:
  - Self-management education was only effective if combined with other strategies like MDTs.
  - Case management strategies were ineffective.
  - Impacts on cost were not well documented.
  - The same strategy did not always work to the same degree in different places, showing that context is important when integrating services.
- We found that integrated care may result in better care for patients with chronic diseases, but may not reduce hospital use by enough to meet national targets.

Recommendations for Practice
Integration can be effective when used in discharge management; when post-discharge care is provided in patients’ homes; and when multidisciplinary expertise is a central feature. Local context influences whether meaningful reductions in hospital use can be achieved. More work is needed on developing services for patients with multiple chronic conditions.

What is NIHR CLAHRC West Midlands?
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For further information, visit: [www.clahrc-wm.nihr.ac.uk](http://www.clahrc-wm.nihr.ac.uk)

Reference

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