TECHNICAL
SERIES

**ON PRIMARY
HEALTH CARE**

Brief

Integrating
health services

Introduction

The joint WHO-UNICEF vision for primary health care in the 21st century in support of the Global Conference on Primary Health Care on 25–26 October 2018 defines primary health care as a "whole-of-society approach" to maximize the level and distribution of health and well-being by acting simultaneously on three components: 1) primary care and essential public health functions as the core of integrated health services, 2) multisectoral policy and action, and 3) empowerment of people and communities. Primary health care has been shown to be the most equitable, effective, and cost-effective way to enhance the health of populations.

To effectively implement the first component requires understanding how to effectively integrate health services. Integrated health services respond to the needs of individuals and populations and deliver comprehensive good-quality services throughout the life course through multidisciplinary teams who work together across settings and use evidence and feedback loops to continuously improve performance. Integrated health services, when based on strong primary care and essential public health functions, strengthen people-centred health systems and contribute to the best use of resources.

This working definition of integration is anchored in the principles set out in the health-for-all agenda and vision for primary health care *(1)*. It adopts a health system perspective that acknowledges the importance of the alignment of all health system functions and effective change management for integrated care to be achieved *(2,3)*.

New challenges and demands in the 21st century

In many countries, ageing populations and the growing burden of long-term chronic illness and multiple morbidities cause current health care systems struggle to effectively meet the rising demands for care. The cumulative effect of a number of sociodemographic, economic and environmental changes as well as rising care expectations have placed new demands on health services to deliver care that is proactive rather than reactive, comprehensive and continuous rather than episodic and disease-specific, and that is built on sustainable patient-provider relationships rather than incidental, provider-led care. Existing fragmentation is the result of over-medicalization, excessive subspecialization, and separate vertical disease-oriented curative models of care. Such fragmented approaches reduce the capacity of the health system to provide continuity of care, which leads to difficulties in timely access to care, the delivery of poor-quality services, duplication of efforts and inefficient use of resources. These approaches also create low service-user satisfaction and gaps in care for patients with multimorbidities *(4–8)*.

An aligned response across the health system is needed to improve integration in order to overcome these challenges *(9)*. Such a response can generate significant benefits in all countries.

A response to fragmentation: integration of services

Many governments have implemented structural and financial reforms to move away from fragmented provider-centred models of care and to reorient them based on principles of integration to ensure everybody has access to a continuum of care that is responsive, coordinated and in line with people's needs throughout their life. Successful integration also ensures that health care services throughout this continuum of care are of acceptable quality, i.e. effective, safe and people-centred.

Integrated health services, based on strong primary care and public health functions, directly contribute to a better distribution of health outcomes and enhanced well-being and quality of life, which in turn bring important economic, social and individual benefits. Integrated care contributes to improved access to services, fewer unnecessary hospitalizations and readmissions, better adherence to treatment *(10–13)*, increased patient satisfaction, health literacy and self-care, greater job satisfaction for health workers, and overall improved health outcomes *(2,10,14)*. There is also growing evidence of the effectiveness of integrated health

services, particularly for the management of noncommunicable diseases and chronic conditions *(7,15)*. There is also evidence of the cost–effectiveness of integrated care from evaluations of single interventions; however, evidence of its cost–effectiveness for complex interventions is so far inconclusive *(10)*, and clear-cut evidence of the effectiveness of diverse and complex changes has proved difficult because of the methodological challenges in defining, measuring and evaluating integrated care. Nevertheless, there is good reason to expect efficiency gains to follow efficient resource allocation because of better coordination of available resources, less duplication of procedures and shorter waiting times *(3,16)*.

Integrated health services by design enhance equity; they encourage the selection of services based on the holistic needs of a given population and deliver many different types of care across the life course, from health protection and promotion and disease prevention to diagnosis, treatment, disease management, long-term care, rehabilitation and palliative care. This continuum of care is coordinated across the different levels and sites of care within and beyond the health sector *(2,7, 17)*. Such an integrated approach to services delivery is crucial for pursuing universal health coverage.

Box 1 Overview of the core characteristics of integrated people-centred health services

- Comprehensive – to provide care is comprehensive and tailored to the evolving health needs and aspirations of people, with a commitment to universal health coverage

- Equitable – to provide care that is accessible and available to all

- Sustainable – to deliver care that is efficient, effective and contributes to sustainable development

- Coordinated – to ensure care is integrated around people's needs and effectively coordinated across different providers and settings

- Continuous – to provide care and services across the life course

- Holistic – to ensure that care considers the physical, mental and emotional well-being of people, as well as their socioeconomic circumstances

- Preventive – to tackle the social determinants of ill health through action within and between sectors that promotes public health

- Empowering – to support people to manage and take responsibility for their own health

- Goal-oriented – to ensure care is goal-oriented in terms of how people make health care decisions, assess outcomes and measure success

- Respectful – to provide care that respects people's dignity, social circumstances and culture

- Collaborative – to provide care that supports relationship-building, team-based working and collaborative practice across services and sectors

- Coproduced – to ensure that care is provided through active partnerships with people and communities at all levels

- Endowed with rights and responsibilities – to ensure the care has rights and responsibilities that all people should expect, exercise and respect

- Governed through shared accountability – to ensure that the governance of care of care providers to local people includes shared accountability for the quality of care and health outcomes

- Evidence-informed – to ensure that policies and strategies are guided by the best available evidence and supported over time through the assessment of measurable objectives for improving quality and outcomes

- Led by whole-system thinking – to ensure that strategies see the health system as a whole and try to understand how its component parts interact with each other and how it is influenced by factors beyond it

- Ethical – to ensure that care is based on the best risk–benefit ratio for all interventions, respects the individual's rights to make autonomous and informed decisions, safeguards privacy, protects the most vulnerable and ensures the fair distribution of resources.

Primary care housing integration

The integration of services can be achieved through a team of health and social professionals who are in close contact and engaged with individuals and the communities they serve. Primary care provides a unique network of professionals that helps to identify people's health and well-being needs, effectively tackles the main causes and risks of ill health, and responds to emerging challenges that threaten future health while building trust and ensuring services are person-centred and integrated for better health outcomes *(1)*.

Primary care can act as a hub of services and networks of health facilities that support the provision of equitable, comprehensive, integrated health services to a defined population. This is achieved by aligning other health system functions to support the delivery of services to ensure optimal performance and continuity of care through all the health care provided, and to facilitate the management of transformations; and by pursuing healthy public policies across sectors to tackle the root causes of ill health and health inequalities, and to build healthy, inclusive and empowered people and communities *(3–5,7,8,16)*. As such, primary care is a natural house to integrate service delivery.

Avenues for integration

There are many areas in which integration can help to improve health outcomes but progress is often gradual and non-linear *(18,19)*. The starting point varies according to context, making it hard to prescribe off-the-shelf interventions; however the main avenues, drawn from an ever-expanding literature, are outlined below.

Integrating primary care and public health

Public health provides the overarching goals for health improvements. As such, services, including primary care, should be designed and organized around public health priorities. Evidence highlights the needed operational changes to support this integration, including: tailoring health improvement actions and resources to reach the most disadvantaged areas and social groups; building capacity in primary care to deliver proactive promotion and preventive care; working in modern family medicine practices that provide a comprehensive range of services that includes health promotion and prevention, diagnosis, disease management, treatment, rehabilitation and palliative care; providing early interventions to prevent escalation of health and social needs; and framing care for individuals within a broader population perspective to improve health equity and social cohesion *(20)*. This integration helps respond to unhealthy lifestyles and environmental risk factors and to tackle other risks factors and determinants of health.

A population health management approach within primary care can improve population health and well-being *(3,16,21,22)*. This involves reconciling individual-level services (health protection, health promotion and disease prevention) with population-based interventions.

Integrating primary, secondary and tertiary care

Strategies to strengthen the integration of primary, secondary and tertiary care can help respond to the increase in chronic diseases and multimorbidity, and to address the fragmentation of care delivered by multiple providers, in many settings and at many levels. This avenue focuses on integrating the delivery of services across providers, and types of care and settings. It includes the intersection of primary care with hospital and other types of institutionalized care, rehabilitation and therapeutic care, and support services, as well as with day care and home-based, daily nursing services *(3,16)*.

Fully integrating hospitals with ambulatory and primary care is a very important link to ensure a continuum of care for patients. Significant transformations of hospitals are underway in many countries to create the conditions for hospitals to be embedded in a delivery network that is able to provide promotion, prevention, diagnosis, treatment, disease management, rehabilitation and palliative services to a defined population. In order to be effective, hospitals should move away from their traditional definition of physical buildings (bounded by walls and filled with beds). Instead they should view themselves as flexible organizations that pull together scarce resources and function for the public good. They need to broaden their focus and move beyond just the care of acute episodes of illness to a wider more effective focus on integrated care pathways so that continuity and people-centred care are achieved *(23)*.

In some countries, strategies have sought to integrate traditional and complementary medicine and therapies into health service coverage to ensure people are able to access care according to their preferences and perceived needs *(7)*.

Integrating dedicated health initiatives into primary care

Ad hoc programmes and health interventions can be delivered through primary care to reach specific target groups, e.g. immunization for children and older people, complex health interventions such as screening, and rapid responses to health crises that may emerge in different areas including infectious diseases, first aid and mental health. Delivering these interventions from primary care, rather than as stand-alone programmes, improves coordination and continuity of care. For example, the Integrated Management of Childhood Illness initiative uses a comprehensive primary care-based service delivery model to reduce death, illness and disability and to promote improved early childhood growth and development. The initiative takes account of the broad factors that put children at risk and ensures that the main childhood illnesses all receive treatment, emphasizing prevention of disease through immunization and improved nutrition *(24)*.

Integrating sectors

To improve health outcomes and health equity also requires a renewed focus on tackling the social determinants of ill health and consideration of health in all policies, supported by strong leadership *(3,4,9,16)*. Multisectoral action and policy, the second component of primary health care, requires integration across sectors to address the social, cultural, environmental, political and commercial determinants of health and well-being. It also makes the best use of resources and allows the health sector to position itself within the development arena. Intersectoral actions and partnerships for health and well-being improve planning, coordination and delivery of services from different sectors, e.g. housing, education and employment. Integrated policies that engage many sectors ensure social protection and overall cohesion in society, and maximize equity in health outcomes *(7,16)*.

In order to deal with disabilities, ageing and chronic conditions, integration of health and social services must be strengthened. Strategies to do this include engaging social workers, jointly planning, purchasing and delivery of services, pooling funds, and implementing coordination and governance mechanisms. Joint working can help to achieve the shared health and social aims of providing long-term home- and community-based care.

Supporting transformation in countries

A full range of policy frameworks, tools and technical assistance has been developed and deployed by WHO to support countries to transform primary health care at national and subnational levels through an integrative approach. Implementation support includes advocacy material, strategy papers, position papers, policy and practice briefs, capacity-building toolkits and knowledge management platforms *(25–27)*.

In the past few years, policy dialogues in countries, international discussions and horizontal cooperation have brought together an extended network of policy-makers, professional associations, patient and consumer associations, development partners, academia, think tanks and international organizations to discuss evidence, strategies and the way forward to roll out and scale up this transformative health agenda worldwide.

Developing conceptual frameworks and policies

Based on an evolution of the primary health care movement embedded in the Declaration of Alma-Ata *(1)* and building on the 2008 World Health Report *(4)*, the WHO framework on integrated people-centred health services *(2)* recommends a number of interlinked strategies to steer this transformation: engaging and empowering people and communities; strengthening governance and accountability; reorienting the model of care; coordinating services within and across sectors; and creating an enabling environment. Action within each strategy is intended to have an influence at different levels – from the way services are delivered to individuals, families and communities to changes in the way organizations, care systems and policy-making operate. The appropriate mix of policies and interventions to be used at the country level will need to be developed according to the local context, values and preferences.

Promoting transformation in the whole health system

To effectively support transformation and actions towards integrated health service delivery, a health-system-wide approach is needed, which includes the participation of all of government and all of society supported by the implementation of multiple, aligned policies simultaneously applied to the different levels of the health systems within an enabling environment. This requires sustained political commitment and leadership, change management approaches, and mobilization and engagement of health professionals and communities at each level, guided by the vision of health systems centred around people rather than diseases or health institutions *(3,7,9,16)*.

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