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## POSTER ABSTRACT

# "Integration as organising principle to strengthen quality of chronic care: Scoping Review results (First part of work commissioned by the World Health Organization on specifications of quality of care for chronic conditions, as basis for a WHO programme on healthcare financing to strengthen chronic care quality in low-and-middle-income countries)"

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**Introduction & Who Is It For?** There is a need to strengthen quality of chronic care to benefit people with chronic conditions (PwCC). Cascades of care for chronic conditions consistently show marked decline from "overall prevalence" to "good control"[1,2]. Qualitative studies demonstrate that user-related barriers redound on care quality, e.g. accessibility (geographically inaccessible, service non-availability), (non-)affordability, and affective concerns (not person-centered)[3,4]. Hence, many do not complete the "journey": those screened do not return for confirmatory diagnosis, those diagnosed do not return for treatment; and those on treatment are not adherent. The WHO recognizes this and has proposed putting forth financing mechanisms to strengthen chronic care quality. However, there is currently no existing sound conceptualization of good quality chronic care.

**Involvement & Methodology:** For a comprehensive overview of dimensions of chronic care quality, a multi-disciplinary team (PwCC, general practitioner, public health/health system/policy researcher, anthropologist, sociologist, health economist) conducted scoping review. We reviewed 48 scientific articles studying implementation of (new/established) models and/or dimensions of chronic care quality. We purposively retrieved 26 grey literature.

**Results:** We retained the Institute of Medicine's quality aims/dimensions: effectiveness; efficiency; safety; equitability; accessibility, affordability, timeliness; and person-centredness[5]; and added continuity of care. We considered the health system determinants groups: leadership and governance; financing; resources; and service delivery[6].

**Learnings:** Analysis indicates that acting on determinants would achieve chronic care quality dimensions. Applying integration principles[7] can organize actions. Akin to population-based integrated care models, we envision an integrated health service delivery model for PwCC, including those at risk. This model offers community-based and facility-based chronic care services responsive to population and individual needs, encompassing health promotion, and primary, secondary, tertiary prevention; addressing risks, social determinants; involving different sectors, disciplines; and with virtual integration[8] of care levels/organisations. This way, multi-

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sectoral strategies and chronic care services at different levels delivered by various healthcare providers are integrated to include population actions, incorporate mechanisms connecting PwCC with various resources, and assure seamless access to all care levels, including informal caregiver- and self-management. Thus, covering all steps of the "journey".

**At the same time, functional integration[9] would organize actions on:**

- Leadership and governance (policies,engagement). PwCC engagement is crucial to co-formulate policies and co-design and co-implement interventions with greater likelihood for success. Multi-sectoral engagement is relevant for co-designing/co-implementing interventions on risks and determinants of chronic conditions.

- Financing (generation/sharing, [re-]allocation), and

- Resources (generation/sharing/augmentation, re-distribution).

These integrative approaches can increase efficiency, effectiveness and person-centredness; ensure continuity; feasibly make services equitably accessible; and motivate people to complete the "journey" to prevent/control risks, augment adherence, and achieve good control.

We previously demonstrated integration of integrated primary diabetes care with other ongoing health care activities in a lower-middle-income country, which improved diabetes care quality[10,11].

Successful integration of "integrated chronic care services" to improve chronic care quality is therefore plausible. Chronic care quality dimensions can then be measured through specific indicators (structures, processes, outcomes) and corresponding financing mechanism(s) put in place.

**Next Step:** The chronic care quality indicators will be finalised through Delphi surveys with various stakeholders from the different WHO regions.