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Conference Abstract

Case studies for integrated Care development in US Children's Hospitals, acute, primary and community services in NE Netherlands, and whole of state services in Jersey, UK

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Abstract

Introduction: We bring together three case studies of integration of care in practice; two KPMG engagements and one study for an engagement. The first is of children's hospitals and networks in Eastern USA; the second is of integrated acute, primary and community services in NE Netherlands; the third is of the reorganisation of statewide services in Jersey, UK.

Practice and context: The context for US children's hospitals was the need for access and appropriate distribution of services in the states of Pennsylvania, Southern New Jersey, and Massachusetts. For NE Netherlands the growth of population, sociological and technological change made the prevailing distribution of hospital, primary and community services unsustainable. For Jersey the cost of provision of health and social care services was disproportionate for the 93,000 population.

Description of change implemented: The changes were the development of horizontal and vertically integrated hospital and primary care networks for children; the development of an integrated care network for NE Netherlands; the creation of a strategic option for affordable and integrated services and a plan for implementation.

Stakeholders engaged: The KPMG engagements involved detailed stakeholder planning and management. This covered primary, community and secondary providers and government/insurer and was accompanied by detailed communications plans.

Timeline and Methods used: The US children's integrated care networks developed over more than a decade based on clear board strategies. The approach to the Netherlands engagement was transformational, undertaking change programmes simultaneously at the two major hospitals, involving a programme structure, medical and financial data analytics, using the analysis to develop a detailed design proposal. In Jersey, the approach was programme management, benchmarking and modelling, stakeholder engagement, communications, economics and a ten year transition plan 2012-21.

Highlights: The key features of the US children’s networks are strong leadership by a tertiary hub such as Children’s Hospital of Philadelphia and Boston Children’s Hospital, alliances or ownership arrangements with regional or community hospitals, and direct employment of or alliances with primary care physicians. In NE Netherlands the integration programme created an evidence-based network plan reconciling the 3 objectives of quality, accessibility and accessibility. For Jersey the engagement team delivered a 10 year strategic transition plan mapping out key services changes across eight key service areas and eight ‘enabling’ workstreams. The NE Netherlands and Jersey programmes have progressed to implementation.

Sustainability and transferability: These 3 case studies have in common robust long term strategies with institutional and professional support. The Netherlands study demonstrates strong insurer support. This appears to be a key success factor, as does extensive professional involvement, including clinical experts. The pressure cooker methodology adduced by KPMG Plexus appears transferable, though the leadership from the insurer and the brand this carries with professional and public may not be easily replicable outside the Netherlands. The Jersey engagement covers a discreet population. It is likely that this could apply to other definable populations but perhaps not to urban conurbations.

Lessons learned: More broadly, these studies demonstrate that sustained, comprehensive and inclusive programme processes can create a basis for lasting change, in this instance towards service integration.

Keywords

horizontal integration; vertical integration; children’s hospitals; stakeholder management
