

Where does the learning behind the Integrated Care System (ICS) model come from internationally, and what is the evidence of the impact of similar models?

The short answer is that there's nothing quite like the ICS model anywhere – they haven't copied the template from another health system. That's probably because the ICS is best seen as a development of the existing health and care architecture in England, and nowhere else has quite the same mix of elements, for example: the roles of public and private provision, the primary and secondary care setup, the health and social care split and local and national government roles.

The longer answer is that what ICSs are being asked to do is inspired by various international exemplars.

The USA's [journey to integrated care](#) began as a response to a fragmented health insurance and delivery system. Two of the larger integrated care systems (Veterans Health Administration and Kaiser Permanente) have influenced the integrated care policy debate in the UK and have been widely cited for many years. The Kaiser Permanente model provides patients the option to stay with the integrated care model or move to another package that gives them greater choice of providers but less integration between the care settings. The parallels within the NHS are inexact but would be the right to choose GP provider, and the decision to retain Any Qualified Provider within the ICS framework.

The four models outlined below show that the overarching themes that have influenced thinking in the NHS are bundled finance systems, the cultural elements of integration, high quality health reporting, patient choice, and integrated medical records.

Summary of four US integrated health systems

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<p>Geisinger System Pennsylvania</p> <p>Geisinger has adopted a bundled payment model for cardiac artery bypass surgery, and in 2007 was developing a similar system finance redesign for diabetes and cardiac disease. This 'pay for outcome' model now has one payment for all hospital and physician services that covers treating complications within 90 days.</p>	<p>Kaiser Permanente</p> <p>This model brings together three parties to create a single system of payer, hospitals and clinicians, which are three legally separate bodies that have agreed to work almost exclusively with one another. The group offer a web portal, giving patients full access to their whole medical record, lab reports, health information and any eligibility for benefits they may receive.</p>

<p>US Veterans Health Administration (VA)</p> <p>The VA’s integrated model was established in the 1990s when it created its integrated service networks. The VA has also introduced a performance management approach setting measurable goals for improving quality and outcomes, this set a culture of measurement and reporting across all levels of staff.</p>	<p>Health Partners Minnesota</p> <p>This is a group of 700 physicians and one large teaching hospital. It is member-governed and not for profit. The partners (senior management and clinicians) all agree that a commitment to integration and integrated governance is the ‘cultural glue’ that holds the organisation together.</p>
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In Europe the impact of integrated care models, particularly [Valencia](#), are lower than average public management costs, job security for staff and greater accessibility and treatment for patients.

<p style="text-align: center;">Summary of two European integrated health systems</p>	
<p>The Alzira model (Ribera Salud, Valencia)</p> <p>Under this model, the provider receives a fixed annual sum per local inhabitant. This capitated approach is defined by private-public collaboration that takes responsibility for a population’s full-service healthcare provision, a unified information system with good links to population health data (which reduced transaction costs by minimising duplication of clinical processes) and integration between primary and secondary care.</p> <p>Emergency admission rates were significantly lower than hospitals outside the Alzira model, while patient satisfaction reaches over 90% compared to 70% in other hospitals.</p>	<p>Gesundes Kinzigtal, Germany</p> <p>In an insurance-based country like Germany the key part of an integrated care model is the relationship between statutory health insurers (the equivalent of our local CCGs) and the integrated management company.</p> <p>GK holds contracts with non-profit sickness funds that offer their members the option to enrol in a prevention-focused integrated care service. GK takes a health gain approach which encourages patient self-management through health promotion and prevention programmes.</p>

Who does population health management well (by life expectancy)

Japan offers [low-cost, high-quality](#) integrated social care through the long term care insurance system (LTCI), a part tax-funded, part insurance based scheme. This is funded via a 2% tax levy placed on those over the age of 40, and entitles people to social care support from the age of 65. Japanese life expectancy has climbed to 86 for women, and 79 for men, and the LTCI was developed to help socialise the care of older people, moving responsibility away from family. The services provided were designed to work in parallel with the main health system.

The four [Health Maintenance Organisations](#) in **Israel** both pay for and operate their own pharmacies, primary care clinics and hospitals. This creates an incentive to keep patients well and out of hospital, by encouraging different providers across the organisation to work together. Life expectancy in Israel is now over [82 years](#), and the country's health system costs just [7.2 per cent of GDP](#).

[Canterbury District Health Board \(DHB\)](#) in New Zealand focussed on delivering health in 'one system, one budget', where commitment to build on the strength of primary care institutions and investing in services that would avoid hospital admissions was at the centre of their vision.