

# Integration of health and social care

## An example of social innovation in 'Amsterdam North'



BETTER TOGETHER IN AMSTERDAM NORTH

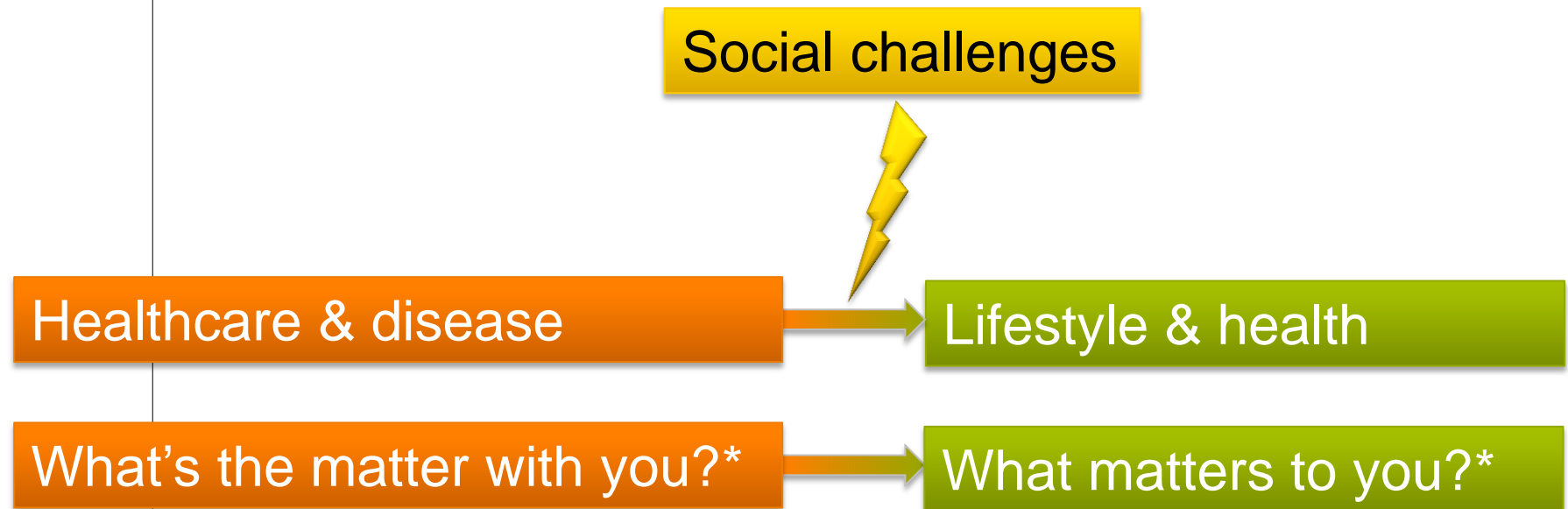
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**ILPN London – Sept 2th 2014**

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**dr. J. v. Genabeek (project leader)**

## Living lab approach: shift in focus



\*Quote from Maureen Bisognano in the context of triple aim

## Social context (national)



1. From welfare state to participation society
2. Decentralisation in long term care: shift in responsibility from government to municipalities

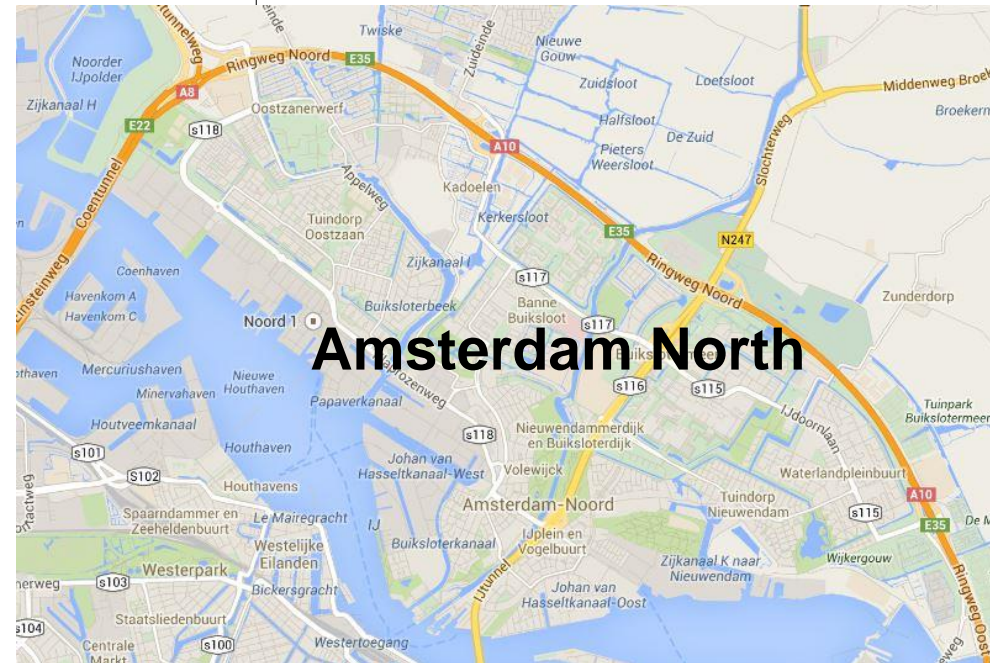
## Social context (regional)



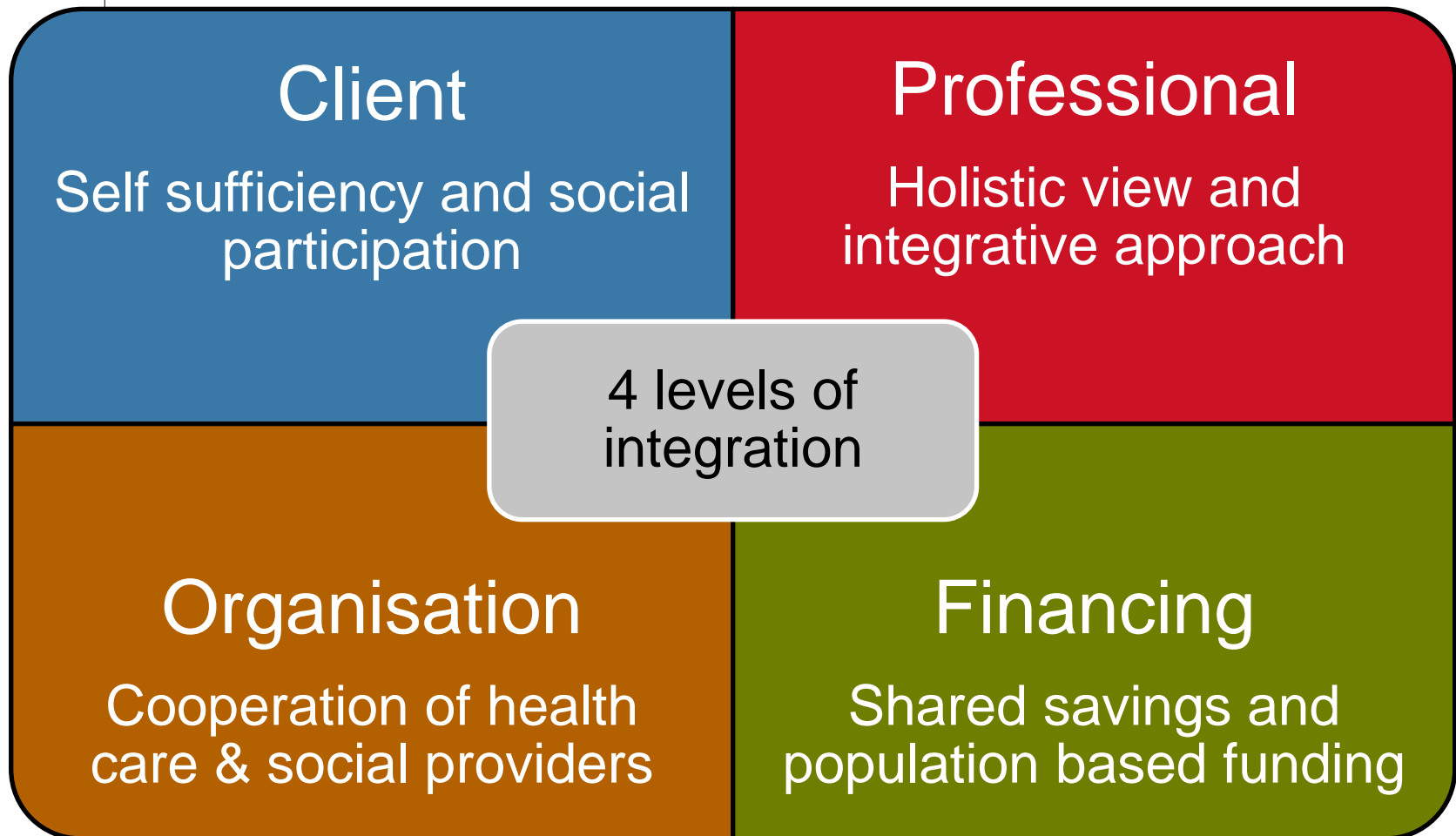
1. Health and social care organised on neighbourhood level

## Social context (local)

1. Deprived neighbourhood
2. 20% minimum income level
3. Costs of health care and welfare services consumption are relatively high and quickly rising



## Social innovation: multi level approach



## Stakeholders

- › Health care and social services: 10 united parties\*



- › Municipality



- › Research: TNO & University of Amsterdam (UvA)



- › Health care insurer: Achmea

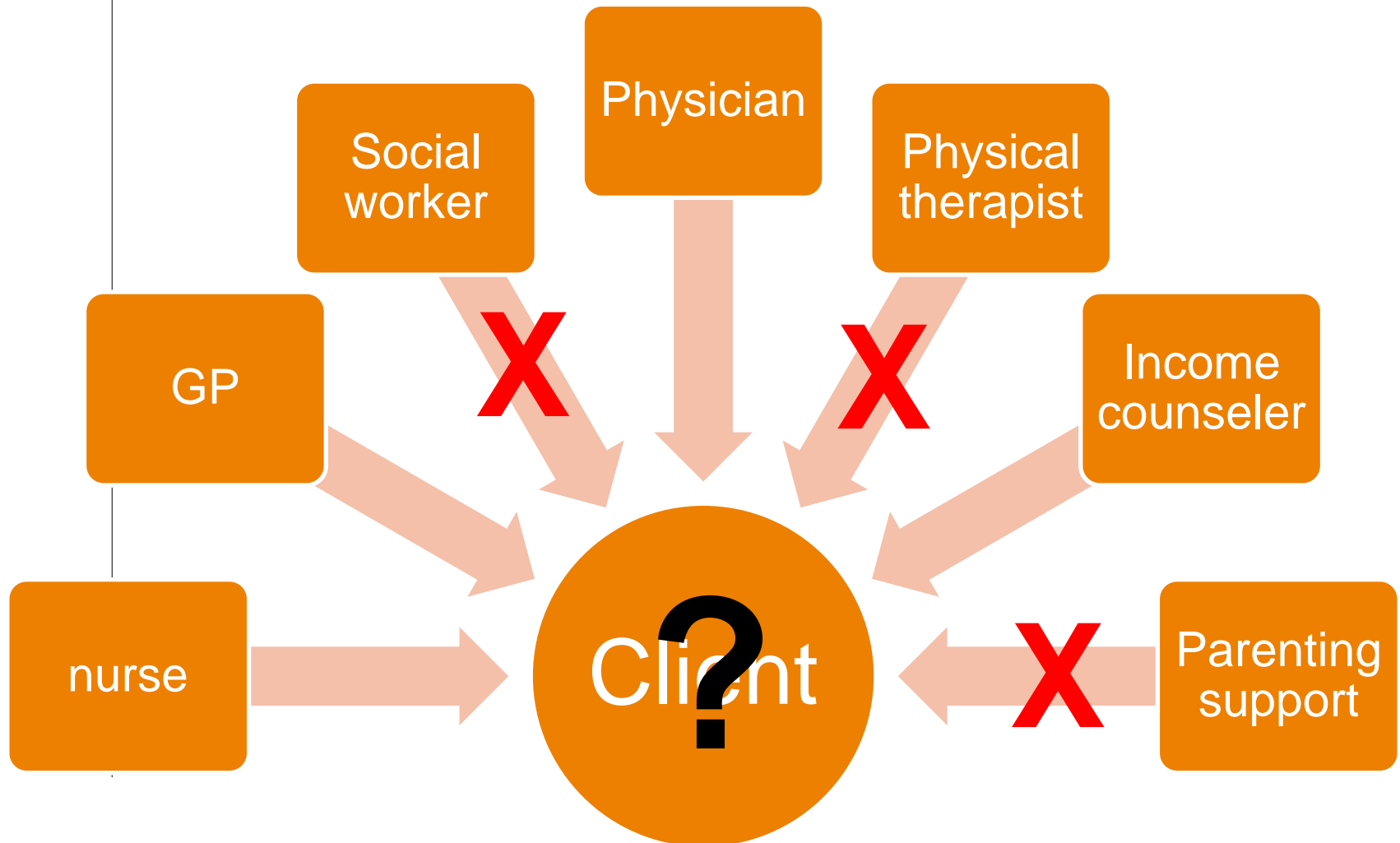


- › In collaboration with: European project Cortexs



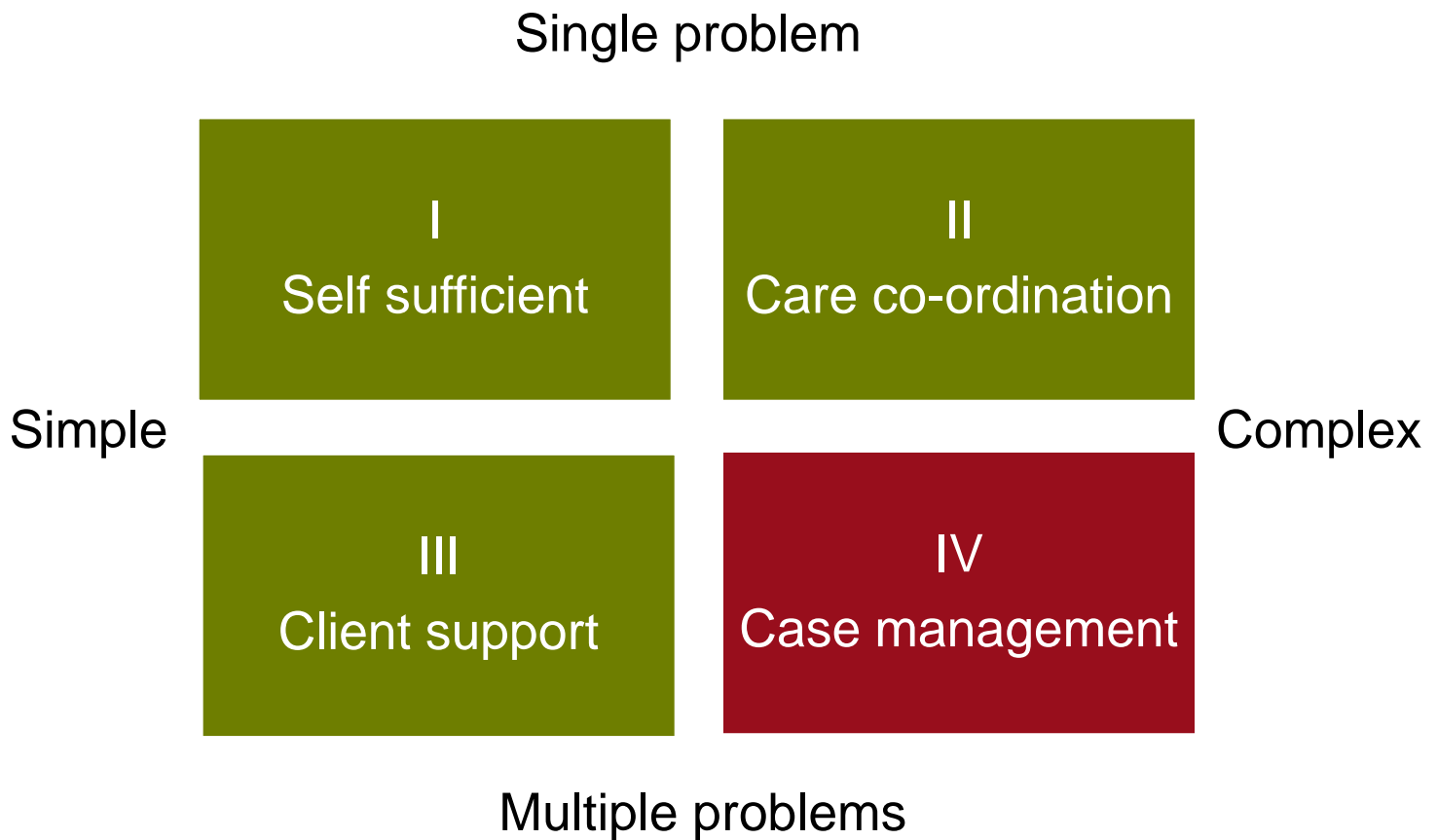
\*General practitioners corporation, hospital, long term care (3), mental health care, social workers, organisations for welfare and participation (2), service for income and (un)employment

## Why the current situation doesn't work

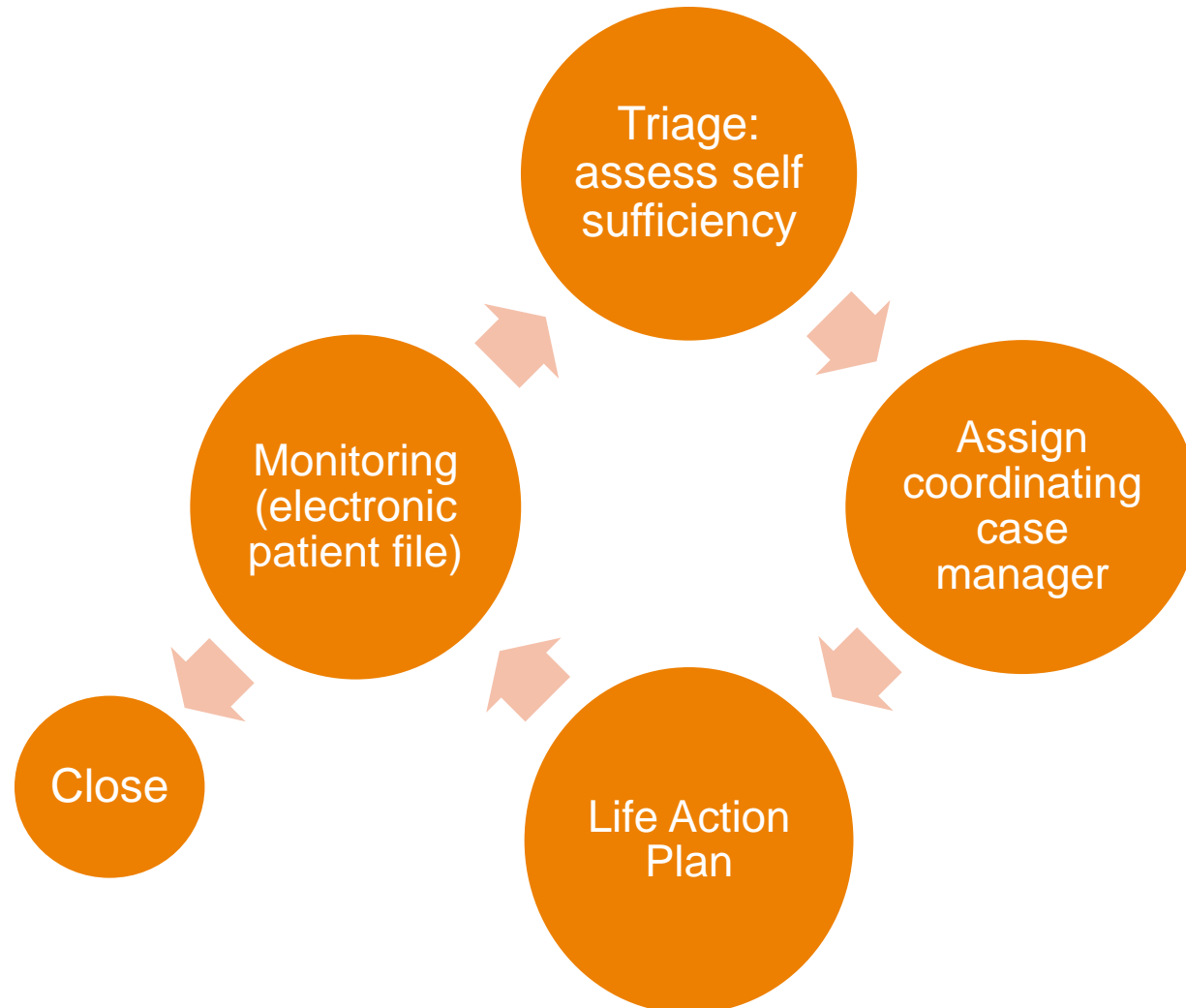




## Assign case manager



## How does the integrated approach work?

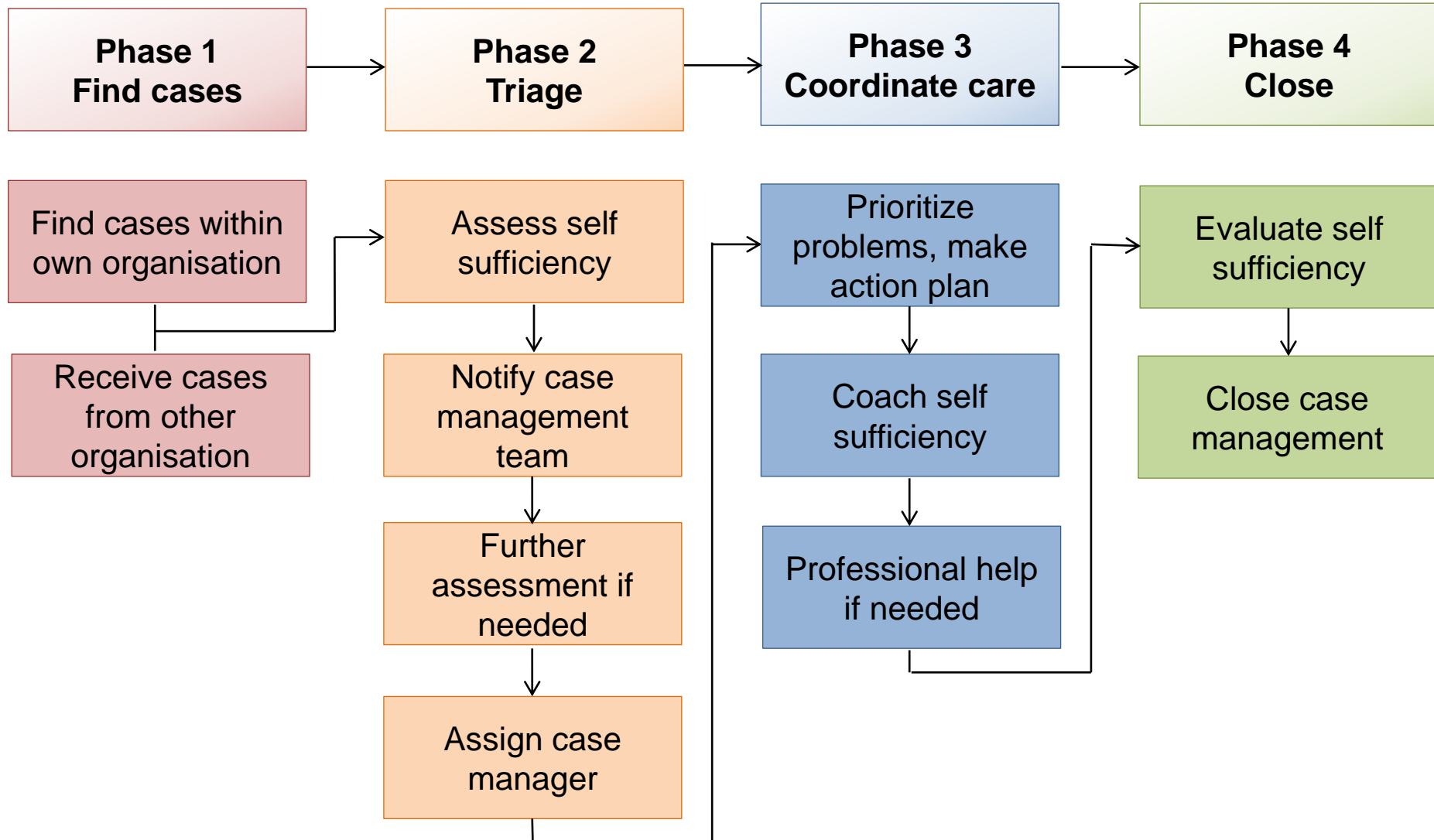


## Assess self sufficiency, prioritise and evaluate\*



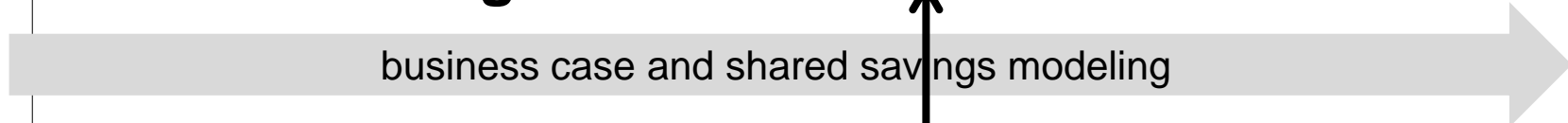
\*Self Sufficiency Matrix  
Fassaert & Lauriks, 2013  
Based on Utah-SSM (USA)

## In more detail

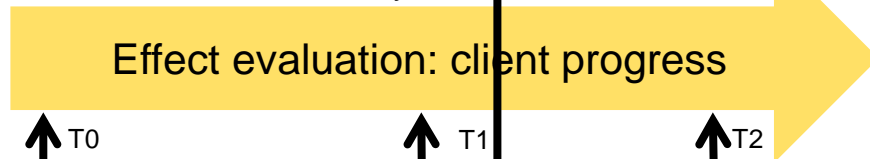


# Research design

Sept 2014



- Interview with case management clients & control group
- Data from self sufficiency matrix



2011 - 2012

2013

2013

2015

Develop-  
ment

Training

Implementation

revision

upscaling

*practice*

- Integrated approach
- Handbook for CM
- Toolbox

- casefinding
- Self sufficiency matrix
- triage
- casemanagement
- Individual action plan

- peer feedback
- feedback from researchers

*research*

Process evaluation & action research: monitoring process and progress

- observations of training and peer feedback meetings
- interviews with case managers, team leaders and project leader

## Initial results

- › Organisational level
- › Financial level

## Initial results client level (T0)

Low self sufficiency  
(reported by clients)



Most interventions  
(reported by professional)



## According to professionals...

- › “The way you work depends on your education, your job. As case managers with a different background, we are complementary. That changes the way we communicate with our clients”

*(case manager talking about multidisciplinary teams and the value of peer feedback)*

- › “We are used to focus on problems. As a case manager, I learned to focus on what someone CAN do, the positive side, that gives you energy. We need to change our paradigms”

*(case manager talking about self management)*



## Initial conclusions

- › A **LONG WAY** to go
- › Integration needed on **ALL LEVELS** to cope with social challenges
- › **PARADIGM SHIFT** needed (don't forget to let go of the old paradigm)
- › Insurer, municipality and other policy makers are **KEY STAKEHOLDERS**