



Constructing elderly care integration and coordination as a policy issue

Evidence from France and Sweden



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Introduction

- Integration and coordination => relevant policy in most developed countries
- Lack of common definition of integrated care
 - “Integrated care as a concept is an imprecise hodgepodge. Its meanings are as diverse as the numerous actors involved” (Kodner 2009)
- Different approaches and research questions
 - Organizational theory and management science
 - Types (6), levels (5), degrees (3) and forms/breadth of integration (2) (Kodner 2009)
 - Barriers to integration

Coordination/integration as a policy issue

- Policies aiming at redefining the existing frontiers between social and health care, between government bodies and between the multiple professionals concerned with the delivery of elder care

Public policy analysis, sociology of public action

- When, if and how the issue of coordination and integration in the elderly care system was-it constructed as a public problem? How did policy makers at the national and local levels tried to solve the problem?
- Hypothesis: the definition, the content and the characteristics of integration/coordination policies depend on the way (how, but also when, by whom) coordination and integration were put on the policy agenda and constructed as a policy issue

Methodology and plan of the presentation

- Methodology

Integrated Long term care for Vulnerable elderly in Europe – POLIA
INLOVE Project

Policy analysis and comparison through:

Literature review

Semi-directive interviews with experts and researchers in the field

- Plan of the presentation

Common problems in France and Sweden?

Specificities in elder care policies in France and Sweden – policy
mechanisms

Common and differentiated features of coordination and integration
as a policy issue in France and Sweden

Common problems in France and Sweden?

- A common problem of fragmentation on different levels

France

Horizontal – Lack of coherence between/within each area

Sanitaire (cure)
Social (social work)
Médico-social (social care)

Vertical – fragmentation in all the responsibility levels

Municipality
Département
Region
State

Sweden

Vertical (CC & LA)

Horizontal

Health and social care
Within health care

Service provision – marketization

Social care (home help services)
Primary care

- Not due to the same realities: different contexts and configurations

Elder care policies in France...

- Characteristics of elder care policy making – layering of schemes as a policy
 - The need for coordination and/or integration identified as a problem in the successive periods in elder care policy making
 - Social policy towards elderly people
 - Decentralization, Social protection reform
 - Medicalization, NPM
 - Government Public Health; Alzheimerization
 - Notion of pathway
 - Similar policy answer to cope with fragmentation (Le Bihan and Martin (2010))
 - Superposition of new measures and schemes

Period	Trends in elder care	Coordination policies
1960-1970	Social policy towards elderly people	Coordination schemes based in the community Better integration of the elderly on the local level Focus on elder people's way of life and standard of living
1980-1990	Decentralization Development of LTC policies Social protection reform	End 90s: Creation of a specific allowance for frail elderly 2001: « Personalized allowance for autonomy » Introduction of the principle of case management Interdisciplinary teams on the General councils' level Social policy, framed by geriatricians
1990	Medicalization NPM	Modernization reforms Health care reform Hospital based/framed coordination schemes Coordination outside and within the hospital, medical framework
2000	Government Public Health Plans; 2009 Health Law Alzheimerization	Coexistence of two competing linkage models (Somme and de Stampa 2011), governed by the health and social field Introduction of integration in policy debates Integration schemes (Homes for the integration and autonomy for Alzheimer patients)
2010	Notion of Pathways	New schemes based on person-centred approach and organization

Elder care policies in Sweden...

- Elder care policies' characteristics: twofold tension
 - Decentralization and (re)centralization
 - Mid 1980 to mid 1990s – decentralization trend
 - Mid 1990s onwards – recentralization trend
 - Need for coordination and marketization trend
 - Need for coordination – identified through the 1980s and constantly a concern since then
 - Marketization – appeared in the political debates (free choice) in the 1970s: trend of marketization initiated in the 1990s, dominates the political measures since then

...through the lens of the issue of coordination

- Two major coordination initiatives

Adel reform 1992



Government initiative 2011-2014

Five areas covered by the initiative

Policy instrument – economic incentives

Medicalization

- Same issue (?) as in 1992, very different focus
 - Need for coordination within marketization framework
 - Medicalization: registration, targeted on the most-ill

3. Coordination and integration of elder care – A common problem? A common policy?

- A common fragmentation problem due to the development of two distinct sectors: health and social care for the elderly, managed and delivered on different levels
 - => Policies to cope with that specific problem
 - High on the political agenda of both countries
 - Common references (coordination, integration, case and care management, efficiency...)
 - Medicalization (and Alzheimerization for France)
- Integration and coordination policies refer to different realities
 - National and local specificities having influenced the institutional, organizational and professional settings of elder care
 - Content and mechanisms of integration differ significantly

In France

- Different waves of public policies aiming at integrating the system;
Automatic creation of new schemes
Failed to integrate the system
- Integration policies -> institutionalization of fragmentation?
National attachment to multilayered complexity (Somme 2014)
- **How to cope with fragmentation without creating new schemes?**

In Sweden

- A shift in:
Scope of the need for coordination
Public responses to that need
- New coordination policies
Do not put into question the marketization trend
- Government initiative – a coordination initiative?
- **Conflicting goals of marketization and coordination?**

Conclusion

- Integrated care – imprecise hodgepodge
- Coordination and integration as a policy issue
 - Factors leading to the coordination/integration policies differ significantly from one context to another
 - Policy mechanisms shaped on their turn by those factors
 - Put light on both the barriers to the transfer of models from one national/local context to another
- Next stages
 - Quid UK?
 - Quid implementation?

To put it in another way:



In France:

Long live the mille feuille! (Somme 2014)



In Sweden :

Can two become one? (Schon et al. 2011)

Thank you for your attention!

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