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The relationship between integrated care and cancer patient experience: A scoping review of the evidence



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ABSTRACT

Background: Health policy documents underscore the need to develop organizational models to optimize the integration of cancer care pathways around patient needs. Still, there is a lack of clarity about the meaning of integrated care as perceived by patients. The purpose of this study is to explore the relationship between the integration of cancer services and patients' experience.

Materials and methods: We completed a scoping review of the available literature searching PubMed, Embase and Scopus from the earliest date available in each database to February 2013.

Results: From 1760 bibliographic records, we identified 30 articles relevant for this analysis. Based on the qualitative conventional content analysis, we defined three integrated care approaches: "individual care provider", "team care providers", "mixed approach", that impact on the following patient experience dimensions: patient satisfaction, quality of life, psychological and physical outcomes, continuity of care and empowerment.

Conclusions: This scoping review identifies important aspects of integration from patients' perspective and suggests that policy makers should consider how to best include patients' experience into the patient care pathway. Future perspectives include engaging patients, family members, caregivers and clinicians in an on-going dialogue and have them participate actively in developing, implementing and evaluating policies, services and programmes.

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1. Introduction

Health services managers and researchers are looking for new health services organization models to improve efficiency, effectiveness and quality, in order to cope with

the current political economic context of dramatic controls on spending, continued increases in the demand for care, and the introduction of novel technologies and shifts towards ambulatory care [1]. Key elements of these models are the integration of care around the individual including patient-centred care and the coordination of care and process design around the patient within organizations and across sectors [1,2]. During the last decade, research has focused on integrated care models as a solution to

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build more effective and efficient healthcare systems that can better meet the needs of patients and the populations [3]. The hopes for improved effectiveness and efficiency through integration have been highest with chronic conditions, including cancer, where patients typically require a relatively broad mix of services across sectors over time.

Integrated care is a buzzword [4]. The concept of integrated services has been defined by the World Health Organization as “the management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system” [5]. Because cancer services represent a microcosm of the broader health system (including health promotion, prevention/screening, surgical and medical treatment, and supportive and palliative care) where care is provided by a wide range of professionals (e.g., surgeons, medical oncologists, radiation oncologists, nurses, radiation therapists, social workers, community healthcare providers, etc.) in different care settings (e.g., specialized/comprehensive cancer centres, teaching and community hospitals, primary care settings, home) [6], it provides a potentially favourable context in which to study the concept of integration from a patient perspective and to understand better what aspects of patient experience are sensitive to integration [7]. Cancer treatment may provide a useful perspective on the relationship between integrated care and patient experience because of the importance of integration of cancer care services for effective responses to different patients’ needs (physical, psychological, social, emotional, spiritual, informational and practical needs) consistent with their individual values and preferences [8]. Thus, the purpose of this study is to describe the extent, scope and findings of the existing literature on the relationship between the integration of cancer services and patient experience.

2. Material and methods

Scoping reviews represent an increasingly common approach to reviews that can accommodate a broad range of evidence to convey the breadth and depth of literature in a given field. Unlike systematic reviews, scoping reviews usually address broader research questions, can include studies of different methodological designs, and do not necessarily evaluate the quality of the evidence for the purpose of a meta-analysis [9–11]. Given that the role and impact of integration on patient experience in cancer has yet to be well evaluated, we conducted a scoping review guided by Levac and colleagues [9], an extension of Arksey and O’Malley’s original methodological framework for scoping reviews [12]. The following methods are organized according to the steps laid out by Levac and colleagues.

2.1. Step 1—Identifying the research question

Our guiding research questions were:

- What is known from the existing peer-reviewed literature about the relationship between integration of cancer services and patient experience?

- How is integration defined and measured in these studies?
- What dimensions of patient experience are sensitive to integration and how do they impact the patient’s experience?

In order to ensure the appropriateness of the research questions, we consulted with four experts in patient experience and cancer health services research: policy and decision-maker (2); health professional (1); cancer services researcher (1).

The research team maintained a collaborative dialogue with the experts via email.

2.2. Step 2—Identifying relevant studies

To be thorough in the identification of scientific papers relevant to our research questions, we searched for studies in three databases, two biomedical ones (PubMed and Embase) and a multidisciplinary one (Scopus). Scopus covers a wider journal range or offers more accuracy in results [13], compared to other multidisciplinary databases, such as Web of Science and Google Scholar. The search strategy was defined for each database using the Population, Intervention, Comparison and Outcome(s) framework (PICO) to identify keywords. As a set of keywords for Comparison was not relevant to our research questions, we focused on population, intervention, and outcome defined as:

- *Population*: cancer patient (also replacing the word “cancer” for its synonyms);
- *Intervention*: continuity of care, coordination of care, integration of care, patient-centred care and case management. These five keywords were derived from a review by Uijen et al. [14];
- *Outcomes*: patient perspective, patient experience, patient satisfaction.

We also consulted with a librarian to ensure the appropriateness of the search strategies. The detailed search strategies are described in an Appendix (see Supplementary material).

2.3. Step 3—Study selection

Two multidisciplinary pairs of researchers (one physician and one social scientist), independently reviewed records identified through the search strategy. Any disagreement was resolved through consensus decision with a third reviewer.

The study inclusion criteria were:

- articles written in English or Italian;
- abstracts available on-line for review;
- abstracts describing cancer patients (in any step across the care pathway including screening, diagnosis, active treatment, follow-up, palliative care, post-treatment survivorship) *and* integrated care (or related concepts), *and* patient experience (or related concepts).

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