

The effects of integrated care on healthcare provision: evidence from a local experiment

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We evaluate an integrated care policy that changed health care organization by introducing multidisciplinary (GPs, mental health professional, social workers, geriatrists, nurses) meetings every month to discuss high-risk patient cases. Using data from multiple waves (2012-2018) of the national GP Patient Survey and Hospital Episode Statistics (2009/10-2016/17), we estimate its effect on primary and secondary care utilization and costs, as well as potential mechanisms related to patient experience and health status. We use triple differences, exploiting the targeting of the program at people aged 65 years and over, in the Salford area, from spring 2015 onwards. We also examine effects on multimorbid patients, those most likely to be targeted and react to integration of care.

Preliminary results show that for those over 65 the intervention reduced length of stay by 1.5 days following emergency care admission but increases elective care utilization as well as increased length of stay after elective care admission by 0.7 days. Overall, the secondary care costs increase because the elective care effects out-weight the effect on emergency care utilization. No primary care use outcome nor any patient experience outcomes are found to be affected by the program. Our results are consistent with existing literature on case-management initiatives.