What is Integrated Clinical Services Management?

ICSM
Recognised as an important strategy for enhancing the efficiency, quality and cost effectiveness of healthcare delivery
WHO defined integrated service delivery as…

‘the organisation and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money’.
What is integration?

at the micro level...

Clinical integration is:
• Person-focused
• Ensures that service users experience continuous care

Professional integration:
Health professionals have to take proper account of the needs of individuals to ensure that the services provided are matched (both horizontally and vertically) to the needs of the individual
For the *user* integration means…

- Health care that is **seamless, smooth and easy** to navigate
- The services offered to the user are **co-ordinated**
- There is a **reduction** number of stages in an appointment and the number of separate visits required to a health facility
- Want health workers to be aware of their **health as a whole** (not just one clinical aspect) and want **continuity of care**
### Integrated Clinical Services Management

<table>
<thead>
<tr>
<th>Patient</th>
<th>Facility</th>
<th>Health System</th>
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<tr>
<td>• Reducing number of facility visits to improve the patients social and economic productivity</td>
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<td>• Improved quality of care will be received due to continuity of care being provided</td>
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<td>• Improved working environment due to the reduction in the overflow of patients</td>
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<td>• Decreased patient waiting times</td>
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<td>• Improvement in quality of care provided through standardised documentation and care guided by protocols</td>
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<td>• Improved coordination of care between clinics and community</td>
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<td>• Improved efficiency in services delivered</td>
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<td>• Decreased costs</td>
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<td>• Strengthening of up and down referral system</td>
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<td>• Improved capacity of human resources</td>
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Integrated clinical services adopts a supermarket approach in the organisation and delivery of services.

The supermarket approach refers to the following...

- All services offered daily
- Services are organised in different streams (like aisles in the supermarket)
- Staff are clearly identifiable
- Standard operating procedures and clinical guidelines guide the services offered
- Customer satisfaction is the central goal of the services
A ‘gemors’
Organised system

Supermarket approach
Integrated care

For example…

• A mother requiring services and a child attending the facility will receive services on the **same day** and not be provided with different dates

• A patient attending for family planning and also requiring a cervical smear will be provided the cervical smear on the **same date** and not be given a return appointment for a different date for the cervical smear.
A health **system strengthening** model…

- Builds on the **strengths** of the HIV programme
- To deliver **integrated care to all patients** – either with chronic diseases, minor ailments or requiring maternal and child health and, sexual reproductive health services (preventive and promotive)
- Takes a **patient-centric view** that encompasses the full value chain of continuum of care and support
Purpose of the ICSM

To achieve optimal clinical outcomes for all patients – either with chronic diseases, minor ailments or requiring maternal and child health and, sexual reproductive health services (preventive and promotive):

- Ensuring the co-ordination of care and transitioning to self-management at a community level
- Using the health system building block framework, to improve the efficiency and decrease the strain on the health care system
- Maintaining the economic productivity of the patient
Anticipated benefits of ICSM

- Enhanced operational efficiency
- Improved quality of care
- Better patient outcomes
ICSM model

**Why?**
- Improve patient health outcomes
- Improve the operational efficiency
- Patient satisfaction with health services

**What?**
- A health system strengthening approach
- Adopts a patient-centric view to achieve operational efficiency at facility level, improved patient clinical outcomes and an informed population that takes individual responsibility for their health

**Where?**
- A seamless integration of services for patients between different levels of services (school, household, community, facility and hospital) and the continuum of care (prevention, promotion, treatment, rehabilitation)

**How?**
- Health Service Re-organisation
- Clinical Support Management
- 'Assisted' Self-management
- Population Health Awareness & Screening

**Who?**
- Patient as central focus
- Facility level - multisectoral team
- community level - community health workers, health promoters, adherence clubs

**When?**
- Primordial prevention
- Primary prevention
- Secondary prevention
- Tertiary prevention
ICSM model components

**HEALTH SERVICE RE-ORGANISATION**
- Single administrative point
- Pre-appointment retrieval of clinical records
- Appointment scheduling
- Re-organisation of patient flow based on streams of care
  - Integration of care
  - Designated waiting areas
  - Designated vital signs station
  - Designated consultation rooms
- Pre-dispensing of medication/CCMDD

**CLINICAL MANAGEMENT SUPPORT**
- Clinical guidelines and tools
- Clinical stationery & patients’ records
- Clinical training
- Supervision and support by district clinical specialist teams (DCST)

**‘ASSISTED’ SELF-MANAGEMENT**
- Health promotion and education at community level
- Identification of at-risk patients within the household
- Point of care testing and screening
- Support groups and adherence clubs
- Medication delivery (courier service)

**POPULATION HEALTH AWARENESS & SCREENING**
- Health awareness campaigns
- Universal test and treat
- Social marketing
- Screening services
- Integrated School Health Teams

**HEALTH SYSTEM STRENGTHENING**
- Human resources – capacity building and scheduling
- Medicine supply – stock management
- Equipment – essential equipment List
- Health Information
- Advocacy and leadership
Integrated Clinical Services Management (ICSM)

Optimal clinical outcomes

Facility

Community

Operational efficiency

Individual responsibility

Health Service Re-organisation

- Single administrative point
- Pre-appointment retrieval of clinical records
- Appointment scheduling
- Re-organisation of patient flow based on streams of care - Integration of care
  - Designated waiting areas
  - Designated vital signs station
  - Designated consultation rooms
- Pre-dispensing of medication/CCMDD

Clinical Management Support

- Single patient record
- APC/PC101 training and application of algorithmic based clinical guidelines
- Health promotion compendium- awaiting approval
- Supervision and support by district clinical specialist teams (DCST)

‘Assisted’ Self-management

- Health promotion and education at community level
- Identification of at-risk patients within the household by point of care screening
- Point of care testing and screening
- Support groups and adherence clubs
- Medication delivery (courier service)
Premised on **lean thinking**

Lean thinking is a process of **eliminating waste**

Goal of **adding value** by the identification of customer needs

Aims to **improve processes** by removing activities that are non-value-added (also known as waste)
Health Service Re-organisation

Lean is based on five principles:

Specify *value* from the customer viewpoint

- Introduce standard working
  - Remove waste
  - Set up visual management
  - Eliminate batching
  - Identify root cause

- Identify the *value stream* and remove waste

- Pursue *perfection* in quality & quantity by continuous improvement

- Initiate *pull* in line with customer demand

- Make value *flow*
Health Service Re-organisation

The 5-S system

SORT
When in doubt, move it out – RED TAG TECHNIQUE

SET IN ORDER
A place for everything and everything in its place

SHINE
Clean and inspect or inspect through cleaning

STANDARDISE
Make up the rules, follow and enforce them

SUSTAIN
Part of daily work and it becomes a habit
Health Service Re-organisation

1. Reduction of Errors
2. Excess Inventory
3. Waiting
4. Doing Unnecessary Things
5. Underutilized People
6. Excess People Motion
7. Over Production
8. Excess Transportation

Eight Lean Thinking Principles of Waste Reduction
Health Service Re-organisation outputs

**Administrative re-organisation**

a. Appropriate signage for patients.
b. Development of an appointment scheduling system for planned patient visits.
c. Integration of clinical records into a single filing system with the appropriate stationary.
d. Pre-appointment retrieval of patients clinical records and pre-dispensing of medication for planned patient visits.

**Service re-organisation**

a. Establishment of the four streams of care with designated waiting and service areas.
b. Designation of consulting room/s for attendance of scheduled and unscheduled patients.
c. Addition of a designated vital sign monitoring station for patients in the respective service areas and/or the completion of vital signs within the consulting rooms.
d. Pre-dispensing of medication including use of CCMD services.
e. Down referral of stable patients.
From ICDM to ICSM: Integrated Clinical Services Management

Acute Episodic Care/Minor Ailments

Chronic Care

Preventive/ Promotive Care (MC&SRH)

Health Support

Orange

Blue

Green

Yellow
Primary health care service streams

**ACUTE EPISODIC CARE/MINOR AILMENTS**
Adults and children
Unknown/unplanned visit

- Episodic Care
- Medical Emergency
- Minor ailments
- Access to MC&SRH for the first time (confirmation of pregnancy and family planning)
- Referral from community screening
- Universal test and treat

**CHRONIC CARE**
Adults and children with chronic conditions
By appointment

- HIV
- ART Initiation
- On ART
- IPT
- Drug sensitive
- MDR (Down referred)
- Diabetes
- Hypertension
- Cardiovascular
- Asthma/Epilepsy
- Other

**PREVENTIVE/PROMOTIVE CARE (MC&SRH)**
Well adults and well children
By appointment

- Maternal health
  - Antenatal
  - Postnatal

- Reproductive health
  - TOP
  - Family planning
  - Sterilisation, MMC

- Child health
  - Well baby clinic
  - Immunisation

**HEALTH SUPPORT**
By appointment

- Oral health
- Physical therapy (physiotherapist/occupational therapist)
- Podiatry
- Speech and hearing
- Mental health team (psychiatrist/psychologist/mental health nurse)
- Eye care
ICSM - Streams of care

- Acute episodic care/Minor ailments patient flow marked as ORANGE
- Chronic care services patient flow marked as BLUE
- Preventative/ Promotive care (MC&SRH) patient flow marked as GREEN
- Health Support Services flow marked as YELLOW

Unplanned appointment
Planned appointment
Planned appointment
Planned appointment
Expected improvement in patient flow
AIM

- To improve the quality of clinical care provided to patients through the application of evidence-based guidelines and standardised tools

- **Outcome** intended is improved clinical outcomes of patients as evidenced by decreased complications associated with the respective condition

WHAT

- Application of clinical tools and evidence-based guidelines in order to reduce the variation in the quality of service provided to clients

- **How:** Each service provider should have a copy of these guidelines that are accessible during the patient’s consultations either in hard copies or electronically
## Clinical guidelines and tools

<table>
<thead>
<tr>
<th>All Consulting Rooms</th>
<th>Doctors Consultation Room</th>
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<tbody>
<tr>
<td><strong>Adult Primary Care (APC/PC101) - 2017</strong></td>
<td><strong>Standard Treatment Guidelines and Essential Medicine List for Hospitals - 2012</strong></td>
</tr>
<tr>
<td><strong>Standard Treatment Guidelines and Essential Medicine List for Primary Health Care - 2014</strong></td>
<td><strong>Standard Treatment Guidelines and Essential Medicine List for Paediatrics - 2013</strong></td>
</tr>
<tr>
<td><strong>Integrated Management of Childhood Illness - 2014</strong></td>
<td><strong>Newborn Care Charts - Management of sick and small newborns in hospitals - 2014</strong></td>
</tr>
<tr>
<td><strong>Health for All - Health Promotion tool for use by healthcare professionals</strong></td>
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</table>
• Primary Healthcare Laboratory Handbook
• National Tuberculosis Management Guidelines, 2014
• National Guidelines for the Management of Tuberculosis in Children, 2013
• Infection Prevention and Control Guidelines for TB, MDR-TB and XDR-TB
‘Assisted’ Self-management

- **Self-management** refers to 'the ability of the individual, in conjunction with family, community, and healthcare professionals, to manage symptoms, treatments, lifestyle changes, and psychosocial, cultural, and spiritual consequences of health conditions'.

- **Optimal self-management** entails the ability to monitor the illness and to develop and use cognitive, behavioural, and emotional strategies to maintain a satisfactory quality of life.
‘Assisted’ Self-management

• The majority of patients that attend the public primary healthcare facilities do not have the economic ability to be able to monitor their disease conditions and are **dependent on the health service**

• All services are only available from a health service facility

• The patients will be assisted in the management of their illnesses via the Ward Based Primary Healthcare Outreach Team (**WBPHCOTs**), that will provide health promotion, point of care testing, screening for complications, identification of high risk patients, adherence monitoring and may even serve as a medicine courier
Population health awareness

• Primary prevention is most successful if be conducted at a population level to increase awareness about the social determinants of health and their direct impact on the development of chronic diseases.

• Tobacco use, unhealthy diet, physical inactivity, the excessive use of alcohol and the use of illicit drugs are common risk factors for the four priority non-communicable diseases.

• Health awareness campaigns may be organised to coincide with specific events within the health calendar.

• Universal test and treat
Population health awareness

• Social marketing should be used at sports and religious events to raise awareness about chronic conditions.

• Screening services should be provided during special events or at strategic points to identify asymptomatic patients or to identify at risk individuals and refer them appropriately.

• The Integrated School Health Teams will primarily conduct health education and awareness campaigns at school level and provide screening services to assist with the early detection of chronic diseases and the appropriate referral of these high-risk patients.
Linking the pieces

National Curriculum Statements

Ideal Clinic Project

ICSM

Clinical tools

APC/PC101
PHC-STG
EML
Health for All
• Please answer the following in small groups?

• What are some of the main obstacles you see in implementing the ICSM. Use the following criteria:
  • Service delivery
  • Human resources
  • Infrastructure
  • Medicine supply and equipment
  • Information
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