

Integrated care for multimorbidity in South Africa



The burden of multimorbidity in South Africa

In South Africa, the burden of non-communicable diseases (NCDs), especially diabetes and hypertension, is increasing against a backdrop of an existing burden of communicable diseases such as HIV and TB. Preliminary data suggests that 80% of people living with HIV attending a clinic in Cape Town, have more than one co-morbidity. The chronic nature of NCDs is putting strain on the health system that is already facing numerous challenges due to the lack of resources and staff shortages. There is a need to integrate care across conditions so that health system processes are streamlined, burden on the health care system reduced, and patients with multimorbidity receive holistic care.

Lack of evidence to guide implementation of integrated

Integrated care has been widely promoted by the WHO and other international bodies to help provide services for people with multimorbidity assuming that they achieve more appropriate, better-quality as well as less resource-intensive and therefore more cost-effective care. However, there is a lack of robust evidence to support these assumptions in low- and middle-income countries (LMICs), where care is still mainly provided in silos, according to individual conditions. To address the lack of evidence, we conducted a comprehensive systematic review to examine the evidence on the effectiveness of integrated models of care compared to stand-alone or usual care for people with multi-morbidity that includes diabetes or hypertension, living in LMICs, on health and process outcomes. In addition, we conducted a scoping review of high-quality systematic reviews to describe existing models and to identify effective components of integrated care.

Integrated models of care: ways to streamline services and provide holistic, person-centered care for multiple conditions in one location, as opposed to fragmented care for individual conditions provided in vertical silos.

PRIORITY ACTIONS

- 1 As the evidence related to effectiveness of integrated care is very uncertain, the Department of Health should consult with experts and health managers to make contextualised decisions on implementing integrated care.
- 2 The Department of Health should commission rigorous research on the effectiveness of integrated care, the experiences and preferences of patients, and health-system factors that influence implementation of integrated care.
- 3 The Department of Health needs to address challenges experienced at primary health care level such as staff shortages, drug stock-outs and malfunctioning equipment, to ensure sustainability of integrated care.
- 4 The Department of Health should take an evidence-based approach in designing and implementing new programs for integrated care.



Photo by Hush Naidoo Jade Photography on Unsplash

Implications of integrating care

We do not know whether integrated models of care lead to better or worse health outcomes or make no difference at all among people with multimorbidity, and which components of integrated care are most effective. However, there is a need to provide holistic, patient-centered care for people with multiple chronic conditions living in South Africa. Integrated models of care can provide a solution to costly and fragmented care.

Programs and policies on integrated care need to take into consideration context-specific factors related to the health system and the targeted population, as well as available evidence on effectiveness and components. This will guide decision-making and resource allocation to maximize the potential benefits of integrated care. Ultimately this will strengthen the health system and enable achieving universal health coverage in South Africa.

KEY FINDINGS

- 1 We conducted a comprehensive systematic review and included five studies, of which three were conducted in South Africa.
- 2 It is uncertain whether integrated models of care impact clinical outcomes such as death, blood pressure, depression or HIV due to the very low quality of evidence.
- 3 Studies reported poorly on adherence, access to and retention in care, quality, continuity, and cost of care.
- 4 Problems related to provision of integrated care, such as staff shortages, drug stock-outs and malfunctioning equipment, affected patient outcomes.
- 5 We found key components of integrated models of care in 22 systematic reviews including location of services, type of services provided, healthcare professionals involved in delivery and coordination of care, and patient involvement.

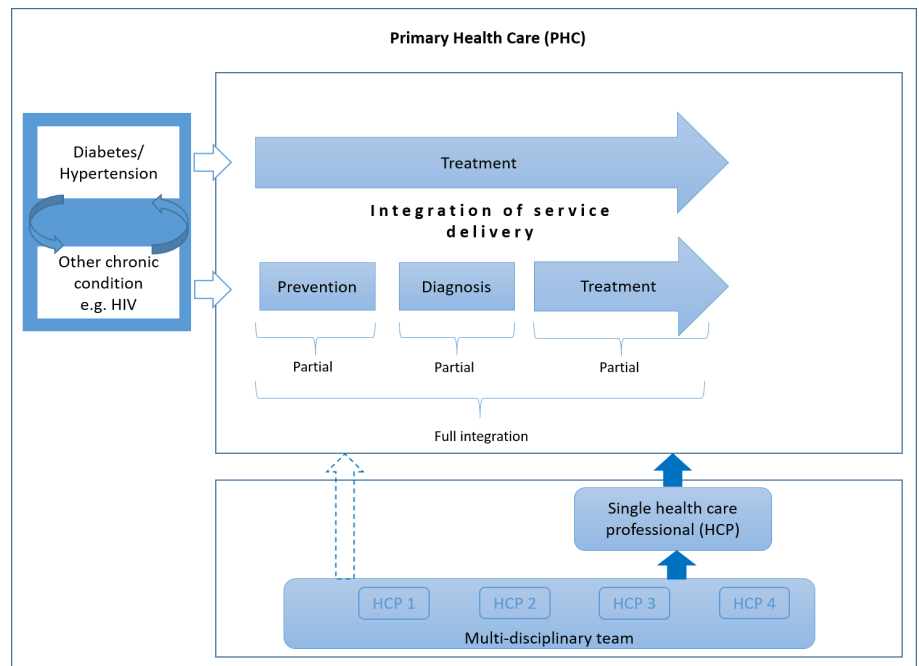


Diagram explaining integrated models of care

References:

Rohwer A, Uwimana-Nicol J, Toews I, Young T, Bavuma CM, Meerpohl JJ. Effects of integrated models of care for diabetes and hypertension in low-income and middle-income countries: a systematic review and meta-analysis. *BMJ Open* 2021;11:e043705. doi:10.1136/bmjopen-2020-043705

Rohwer A, Uwimana-Nicol J, Toews I, Nyirenda J, Meerpohl JJ, Bavuma CM, Niyibizi JB, Kredo T, Akiteng A, Young T. Describing models of integrated care for multi-morbidity assessed in systematic reviews: a scoping review. 2022 (Manuscript in preparation)