Defining ecosystems in person-centred integrated long-term care: a scoping review

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Build
Building collaborative person-centred integrated care

Background/ Research question

This review aims to develop a comprehensive understanding of an ecosystem in long-term care (LTC), with a primary emphasis on person-centred integrated care (PC-IC). In order to represent the ecosystem in terms of person-centredness, the care triad (1) was chosen as the central element. As a result, the ecosystem can be described from a micro-based perspective. This leads to the following research question: What factors and attributes can be ascribed to such an ecosystem?

Literature

(1) Talley, Ronda C.; Crews, John E. (2007): Framing the public health of caregiving.
In: American journal of public health 97 (2), S. 224–228. DOI: 10.2105/AJPH.2004.059337.

(2) Munn, Z., Peters, M, Stern, C., et al. (2018): Systematic review or scoping review?
Guidance for authors when choosing between a systematic or scoping review approach, 18:143, Medical Research Methodology.

(3) Moher D, Liberati A, Tetzlaff J, et al. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med 2009;6(7):e1000097.
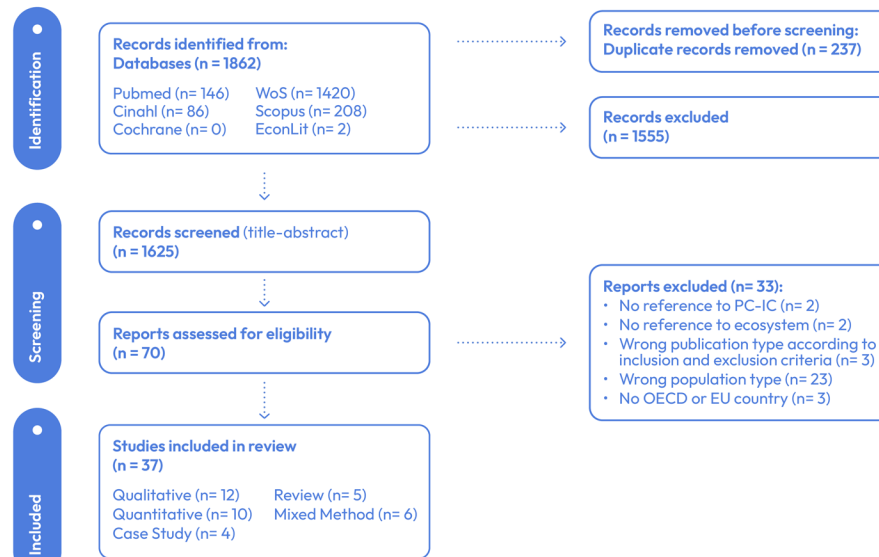Doi: 10.1371/journal.pmed.1000097 (published Online First: 21 July 2009).

(4) Damschroder, Laura J.; Reardon, Caitlin M.; Widerquist, Marilla A. Opra; Lowery, Julie (2022): The updated Consolidated Framework for Implementation Research based on user feedback. In: Implementation science : IS 17 (1), S. 75.
Doi: 10.1186/s13012-022-01245-0.

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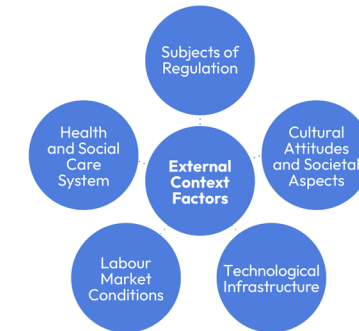
Design and Methods

- Scoping review (2) conducted in alignment with PRISMA-ScR guidelines (3)
- Aim: Identify evidence to define an ecosystem in the context of person-centred integrated long-term care (PC-I-LTC)

- Search strategy: defined search strings based on PCC scheme (2) and the CFIR (4)
  ◦ Period: May – August 2024
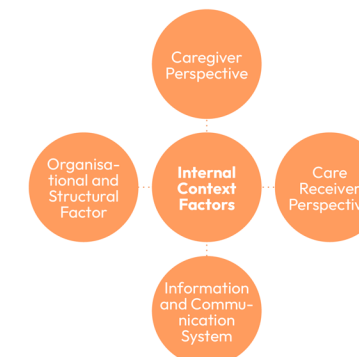 ◦ Databases: Medline via PubMed, CINAHL, Cochrane Library, Web of Science, Scopus, Econlit

Identification

Records identified from:
Databases (n = 1862)

Pubmed (n= 146)   WoS (n= 1420)
Cinahl (n= 86)   Scopus (n= 208)
Cochrane (n= 0)   EconLit (n= 2)

Records removed before screening:
Duplicate records removed (n = 237)

Records excluded
(n = 1555)

Screening

Records screened (title-abstract)
(n = 1625)

Reports assessed for eligibility
(n = 70)

Reports excluded (n= 33):
- No reference to PC-IC (n= 2)
- No reference to ecosystem (n= 2)
- Wrong publication type according to inclusion and exclusion criteria (n= 3)
- Wrong population type (n= 23)
- No OECD or EU country (n= 3)

Included

Studies included in review
(n = 37)

Qualitative (n= 12)   Review (n= 5)
Quantitative (n= 10) Mixed Method (n= 6)
Case Study (n= 4)

| **FIGURE 1:** ScR Flowchart

Results

- The ecosystem was divided into an Internal and External Context according to the CFIR [4]. The analysis of the publications revealed the following factors (Figure 2 and 3).
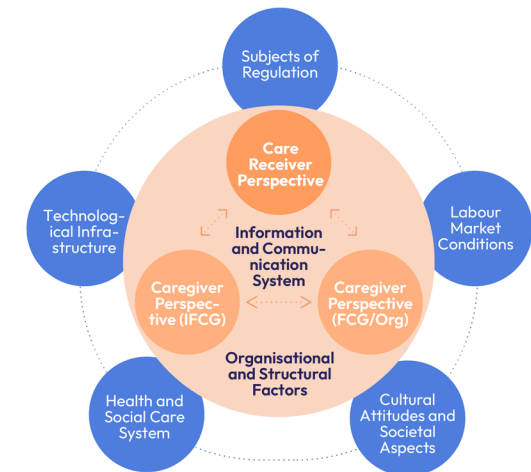- By combining the factors and linking them to the care triad, the following picture emerges (Figure 4).

| **FIGURE 2:** The external context factors (own illustration)

| **FIGURE 3:** The internal context factors (own illustration)

In order to describe the factors in more detail, we elaborated associated attributes as far as found in the literature. The attributes most frequently mentioned in the literature in relation to the Internal Context were Collaboration, Coordination, Information Exchange System and Education and Training System for caregivers. The External Context is primarily characterised by political framework conditions.

| **FIGURE 4:** The CareTriad (own illustration)

Conclusion

The analysis of contextual factors demonstrates that person-centred integrated long- term care is shaped by the interplay of adequate internal and external factors. The combined influence of internal structures and external requirements is crucial to ensuring person-centred integrated care in LTC.