Strategies for implementation of integrated care in Estonia.

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Integrated care is one of the central keywords in today's care conceptions meaning "well organized set of services and care processes, which is aimed at solving the problems and meeting the needs of people with multiple problems or groups of people with similar needs/problems" by the definition of EU project CARMEN.
Background: Cooperation between nursing care and welfare service providers is weak and not regulated in Estonia.
Goal: To select the best possible model of integrated care and to plan core actions for implementing it in Estonia.
Methods: Systematic literature review, conducted interviews with experts, expert group discussions.
Results: At the current development level the most appropriate model of integrated care for Estonia is the model of coordinating network. Coordinating model implies that the people and institutions in the network have focused their activities clearly on co-operation, but their ties are not necessarily very strong and the partners may change. In case of such integration the relationships are formed based on actions and (repeated) agreements. Family physician is the key person in referring patients to nursing care services and in referring a local government's social worker to welfare services. Should a person's need exceed beyond just nursing care or welfare services, the organisation of services to the person is solved through case management principle. In this model case manager i.e. care coordinator takes the central position, whose aim is to guarantee the people in need a package of services that would be as suitable as possible and economic and see to it working smoothly. Welfare and nursing care services may be provided by institutions that hold an activity license pursuant to the current legislation. From the point of view of resource usage it is sensible to provide several services through common administration (institutional care and nursing care, ambulatory nursing care and other combinations). Integrated cooperation based on agreements is also possible between institutions under separate administrations. For successful implementation of integrated care different changes are needed: *in financing* - combined financing from health insurance fund, social welfare and personal resources; on *service organization level* – descriptions of minimum requirements and quality requirements for all the care services (both nursing and social care), development of resource usage groups for care clients most suitable for Estonia (based on the methodology of RAI); on *service coordination leve*l: creating care coordinator's (case manager's) service with the county/city governments; creating geriatric departments in acute hospitals for top level interdisciplinary assessment and geriatric care;
Conclusions: Optimal strategies for implementing integrated care in Estonia are developed by interdisciplinary working group but implemented into practice yet. For successful implementation next steps are required: consensus between different care sectors and legislative support from state organs.