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117 - INTEGRATED CARE POLICY INSTRUMENTS FROM A PRIMARY CARE PERSPECTIVE: A SCOPING REVIEW OF EFFECTS ON CARE OUTPUTS AND HEALTH OUTCOMES, WITH LESSONS FOR SPAIN

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Resumen

Background/Objectives: Integrated care is widely promoted as a pathway to person-centred and coordinated care across settings. Despite policy consensus, whether integrated care policy instruments deliver measurable improvements in care outputs and health outcomes remains uncertain.

Methods: We conducted a scoping review of reviews. PubMed was searched (April-May 2025). Eligible reviews addressed disease-agnostic integrated care instruments relevant to primary care or across care settings. A conceptual map guided data charting across different domains. The framework was refined inductively during screening. Three reviewers screened studies.

Results: The review included 18 reviews (1,037 individual studies) that mostly assessed partial components and used designs limited to analyse effects on health outcomes. More consistent relevance emerged for: Multidisciplinary coordination and teamwork, including improved information exchange. Case management/personalised care planning, showing small improvements in intermediate indicators and self-management capacity. Bundled-based payments and shared-savings approaches, where evaluations suggested potential reductions in costs and selected utilisation indicators, although evidence quality and generalisability were limited By contrast, no consistent evidence was found for: Resource availability/distribution (with a notable

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evidence gap, despite plausible mechanisms via workforce shortages and “medical deserts”). ICT interventions as standalone instruments, where effects on hospitalisations, clinical parameters and quality of life were often null, requiring broader organisational change for its implementation. Professional training and patient engagement, where implementation complexity and weak evaluation designs constrained conclusions. For Spain, complementary evidence suggested that strong regulatory instruments can enable implementation but do not ensure a sustainable transition to integrated care.

Conclusions/Recommendations: Current review does not confirm that integrated care policy instruments improve health outcomes, although selected instruments appear more likely to produce modest improvements in care outputs and patient experience. To inform decisions, future research should align outcomes with the mechanisms targeted by each instrument, and strengthen quasi-experimental evaluations at system and regional levels.

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