

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Elements of integrated care approaches for older people: A review of reviews
AUTHORS	Briggs, Andrew; Valentijn, Pim; Jotheeswaran, AT; Araujo de Carvalho, Islene

VERSION 1 – REVIEW

REVIEWER	Aud Moe Nord University, NORWAY
REVIEW RETURNED	12-Jan-2018

GENERAL COMMENTS	<p>BMJ Open</p> <p>Reviewing manuscript TITLE: Elements of integrated care approaches for older people: A review of reviews</p> <p>Comments to the Author This manuscript is of relevance to the field of integrated care for older people. It has an important focus on different levels of the health and long-term care system.</p> <p>Background The study gives an overview of the research field and argues for this present study.</p> <p>Methods The chapter “Context for the evidence review” is proposed to be moved to Background. ICOPE is proposed to be more described under Methods. A more detailed description of what each of the authors contributed to is needed. “Characteristics of the included reviews” must be clarified so it is easily visible that the numbers are correct when summarizing.</p> <p>Discussion Can some sections of the discussion be moved to a method discussion? Strengths and limitations of the study have to be more discussed.</p>
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REVIEWER	Michelle L A Nelson Lunenfeld-Tanenbaum Research Institute Sinai Health System
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	Toronto, Canada
REVIEW RETURNED	29-Jan-2018

GENERAL COMMENTS	<p>Overall a clear and well written manuscript. On page 9 (line 29) the authors use the term caregivers to refer to care providers. Given the rise of literature on caregivers (family), perhaps the terms could be clarified.</p> <p>on page 9 (lines 39 and 41), a reference to review PPV is noted, while on page 10 (line 16), the reference is to PV. I assume this is the same person?</p> <p>ON page 11 (line 22) there is a transition from describing the reviews included to a discussion of the primary studies. Starting this discussion within a new paragraph would help with flow.</p> <p>There are a few minor grammatical and syntax errors that can be caught with another editorial review. For example, on page 13 (line8) the work 'if' should be 'of', and on line 13 'of largely moderate to high quality' is awkwardly worded.</p> <p>The discussion point on page 14 (lines 9 - 35) is a key point. The disconnect between the studies conducted and the need for system level evidence is (as noted) problematic, but given the types of studies conducted and included in the review it is not surprising. Can the authors provide additional detail to support readers' understanding of the issue?</p> <p>On page 14 (line 40), the authors note a 'reduced' emphasis on outcomes... would another term be a better reflection of the results? Perhaps 'less emphasis' ?</p> <p>On page 15 (lines 16 - 24) there is a discussion regarding multidisciplinary workforce capacity - noting four health disciplines most commonly identified. first, these four disciplines are not an overly diverse foci. Given the focus of integrated care to address health and social concerns, could this section be revised to comment on the needs of the workforce to adequately support capacity (social agency workforce, voluntary sector, community agencies)?</p>
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VERSION 1 – AUTHOR RESPONSE

Response to Reviewers' comments

Editor's Comments to Author

1. Reviewer Moe says that strengths and limitations of the study have to be more discussed, but I felt that the limitations were well addressed while the strengths not so much.

Thank you. We agree that the limitations of the study have been explicitly expressed in the Discussion. We have revised this paragraph of the Discussion to better highlight the strengths of this paper, as recommended by the Editor. We have also expanded the "Strengths and Limitations" dot point sub-section, following the Abstract. The expanded paragraph now reads:

“This review adopted a pragmatic approach to identify and synthesise recent overview evidence about the elements of integrated care models for older people, building on an existing taxonomy and Rainbow Model of Integrated Care (1, 2). The approach aligns with the principles of undertaking rapid reviews for strengthening health policy and systems (3). The strength of this approach to evidence synthesis is that it includes a broader web of evidence than would otherwise be available from a systematic review of primary studies within the same time period. Our review is also unique in the context that the focus of the review was to synthesise evidence for the elements of integrated care interventions, not the comparative effectiveness of the interventions themselves. An overview of elements for effective integrated care models is critical to informing implementation of integrated care approaches at scale. Although the search period was limited to recent reviews for non-Cochrane reviews and to two databases without grey literature searches, which may have resulted in some relevant reviews and recent primary studies not being included, a systematic search method was used to identify recent reviews and a quality appraisal undertaken (4). A single reviewer being responsible for screening and quality appraisal represents a possible rater bias, although in rapid reviews this practice is more common (3). Our review team was multidisciplinary, including content and methods experts. Given that non-systematic reviews were also included, the quality of these evidence sources was lower and important characterising data for the primary studies were often incompletely reported. Nonetheless, we did not exclude reviews on the basis of quality or design, since our aim was not to report comparative effectiveness. This a priori design decision provided an ‘all in’ approach to evidence synthesis, ensuring that the maximum breadth of evidence reported in the literature was included. This approach is important in providing data to inform implementation activities in health systems (5, 6). The majority of the evidence included was sourced from high-income countries and the transferability of the findings may not be relevant to low and middle-income settings.”

2. In the conclusions authors say this is the first review “to synthesise review evidence for integrated care interventions for older people” but authors should explain better in the discussion what and why this is adding.

The expanded commentary in Strengths and Limitations (refer to point 1) now provides this context.

3. Please complete and include a PRISMA checklist, ensuring that all points are included and state the page numbers where each item can be found.

A PRISMA checklist has been included as a Supplementary File (please refer to Supplementary file 1).

4. Please give the full study search date in the methods section. Was this from inception?

A clarifying sentence has been added to the Methods:

“MEDLINE was searched from 1 January 2015 to 1 June 2017 and Cochrane was searched from inception by PPV.”

5. Please provide another copy of your figures with better qualities and please ensure that figures are of better quality or not pixelated when zoom in. NOTE: They can be in TIFF or JPG format and make sure that they have a resolution of at least 300 dpi. Figures in PDF, DOCUMENT, EXCEL and POWER POINT format are not acceptable. *figures uploaded only 96dpi, should be at least 300dpi.

Higher-resolution images (≥ 300 dpi) have been included with the submission.

6. Please re-upload your supplementary files in PDF format.

The two Supplementary files have been converted to PDF format.

Reviewer: 1. Aud Moe, Nord University, NORWAY

1. This manuscript is of relevance to the field of integrated care for older people. It has an important focus on different levels of the health and long-term care system.

Thank you. No action taken

2. Background: The study gives an overview of the research field and argues for this present study.

Thank you. No action taken

3. Methods: The chapter "Context for the evidence review" is proposed to be moved to Background. ICOPE is proposed to be more described under Methods.

This section has been moved to the Background as suggested. We have elected to retain the description of ICOPE in the Background as we feel this contextual based information is essential for readers at this part of the manuscript in order to understand the purpose and scope of the review and how the context information (which now appears in the Background) links to the ICOPE approach.

4. A more detailed description of what each of the authors contributed to is needed.

Further clarification of which review member(s) performed specific tasks has been added to the Methods using the reviewers' initials as identifiers. Further, the section entitled "Authors' contributions" at the end of the manuscript provides further explicit information (p.29).

5. Results: "Characteristics of the included reviews" must be clarified so it is easily visible that the numbers are correct when summarizing.

We are uncertain what the reviewer is suggesting for this comment. We confirm that the data reported in this section are correct. To improve clarity, we have included sub-headings in this section so that the link between the text and the columns in Table 1 are clearer.

6. Discussion: Can some sections of the discussion be moved to a method discussion? Strengths and limitations of the study have to be more discussed.

The majority of the Discussion is focused on interpretation of results and their implications for implementation of the ICOPE approach. A specific section addresses methods issues and a sub-heading has now been included to identify that paragraph. While the following paragraph discusses some methods issues, these are in the context of recommended directions for future reviews, and as such, have been identified with the sub-heading "Future directions". The Strengths and Limitations section of the discussion, now also identified with a sub-heading, has been expanded as suggested by the reviewer, and also the Editor. In particular, we have emphasized the strengths of this review (refer to Editor comment 1).

Reviewer: 2. Michelle L A Nelson, Lunenfeld-Tanenbaum Research Institute, Sinai Health System, Toronto, Canada

1. Overall a clear and well-written manuscript.

Thank you. No action taken

2. On page 9 (line 29) the authors use the term caregivers to refer to care providers. Given the rise of literature on caregivers (family), perhaps the terms could be clarified.

We have changed the term to 'care providers' and included a defining statement:

"Here, we refer to 'care-providers' as any paid or unpaid (e.g. family) person who provides health or social care to an older person."

3. On page 9 (lines 39 and 41), a reference to review PPV is noted, while on page 10 (line 16), the reference is to PV. I assume this is the same person?

Yes, this is the same person and the initials have been made consistent to PPV.

4. On page 11 (line 22) there is a transition from describing the reviews included to a discussion of the primary studies. Starting this discussion within a new paragraph would help with flow.

We have re-structured this paragraph to include sub-headings that reflect the three discrete domains of characterizing results; i.e.:

- o Types of reviews
- o Samples in included reviews
- o Regions for primary studies

Please also refer to Reviewer 1, comment 5.

5. There are a few minor grammatical and syntax errors that can be caught with another editorial review. For example, on page 13 (line 8) the word 'if' should be 'of', and on line 13 'of largely moderate to high quality' is awkwardly worded.

Thank you. These typographic errors have been fixed and another proof read has been undertaken to check for any other grammatical or syntax errors.

6. The discussion point on page 14 (lines 9 - 35) is a key point. The disconnect between the studies conducted and the need for system level evidence is (as noted) problematic, but given the types of studies conducted and included in the review it is not surprising. Can the authors provide additional detail to support readers' understanding of the issue?

We have expanded this paragraph to provide additional contextual information. In doing so, we have attempted to achieve a necessary balance between an overly protracted commentary and a focused discussion on the interpretation of our data and the journal's specifications around Discussion length.

7. On page 14 (line 40), the authors note a 'reduced' emphasis on outcomes... would another term be a better reflection of the results? Perhaps 'less emphasis'?

Thank you, we have changed 'reduced' to 'less', as suggested.

8. On page 15 (lines 16 - 24) there is a discussion regarding multidisciplinary workforce capacity - noting four health disciplines most commonly identified. First, these four disciplines are not an overly diverse foci. Given the focus of integrated care to address health and social concerns, could this

section be revised to comment on the needs of the workforce to adequately support capacity (social agency workforce, voluntary sector, community agencies)?

We agree that the four disciplines most commonly involved in interventions are all health-focused, other than social workers. We have, therefore, removed the term 'diverse' from the sentence. We have also expanded the paragraph to comment on the requisite skills of the workforce and their likely development needs to support integrated care interventions. The paragraph now reads:

“Building multidisciplinary workforce capacity to better deliver integrated care models and meet the needs of older people is a key recommendation of the WHO World Report on Ageing and Health (7) and consistent with emerging evidence for delivering integrated care for older people with complex health needs (8). In this review, interventions were most commonly directed towards building capacity in nurses, physiotherapists, general practitioners and social workers to deliver integrated care. These discipline foci highlight the importance of addressing health and social care needs, dealing with whole-of-health and addressing multi-morbidity, and in particular maintaining a strong focus on enabling physical and mental capacity, which reflect key domains of intrinsic capacity (7). The breadth of the health and social care workforce disciplines included in integrated care interventions also points to the need for requisite knowledge and skills across a workforce to deliver integrated health and social care (9, 10) and a need to broaden the membership of care teams in some settings (11). In particular, a contemporary understanding of integrated care practices is needed, which supports communication and shared care and responsibility across health and social care providers as well as the knowledge and skills to work with, and refer to, community services which may include the non-government and unpaid sectors. Developing capacity in the workforce to meet these emerging knowledge and skills demands will require targeted interdisciplinary professional development for the current and emerging workforce, as well as systems to support integrated care practices (9, 12).”

References

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VERSION 2 – REVIEW

REVIEWER	Aud Moe Faculty of Health Science Nord University NORWAY
REVIEW RETURNED	05-Mar-2018
GENERAL COMMENTS	No further comments
REVIEWER	Michelle L A Nelson Lunenfeld-Tanebaum Research Institute; Sinai Health System. Canada
REVIEW RETURNED	12-Mar-2018
GENERAL COMMENTS	The authors have sufficiently addressed the reviewers comments and concerns. No further review comments forthcoming.