Does integrated care work? The international evidence

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Professor Judit Simon

Department of Health Economics, Center for Public Health, Medical University of Vienna

Department of Psychiatry and Nuffield Department of Population Health, University of Oxford

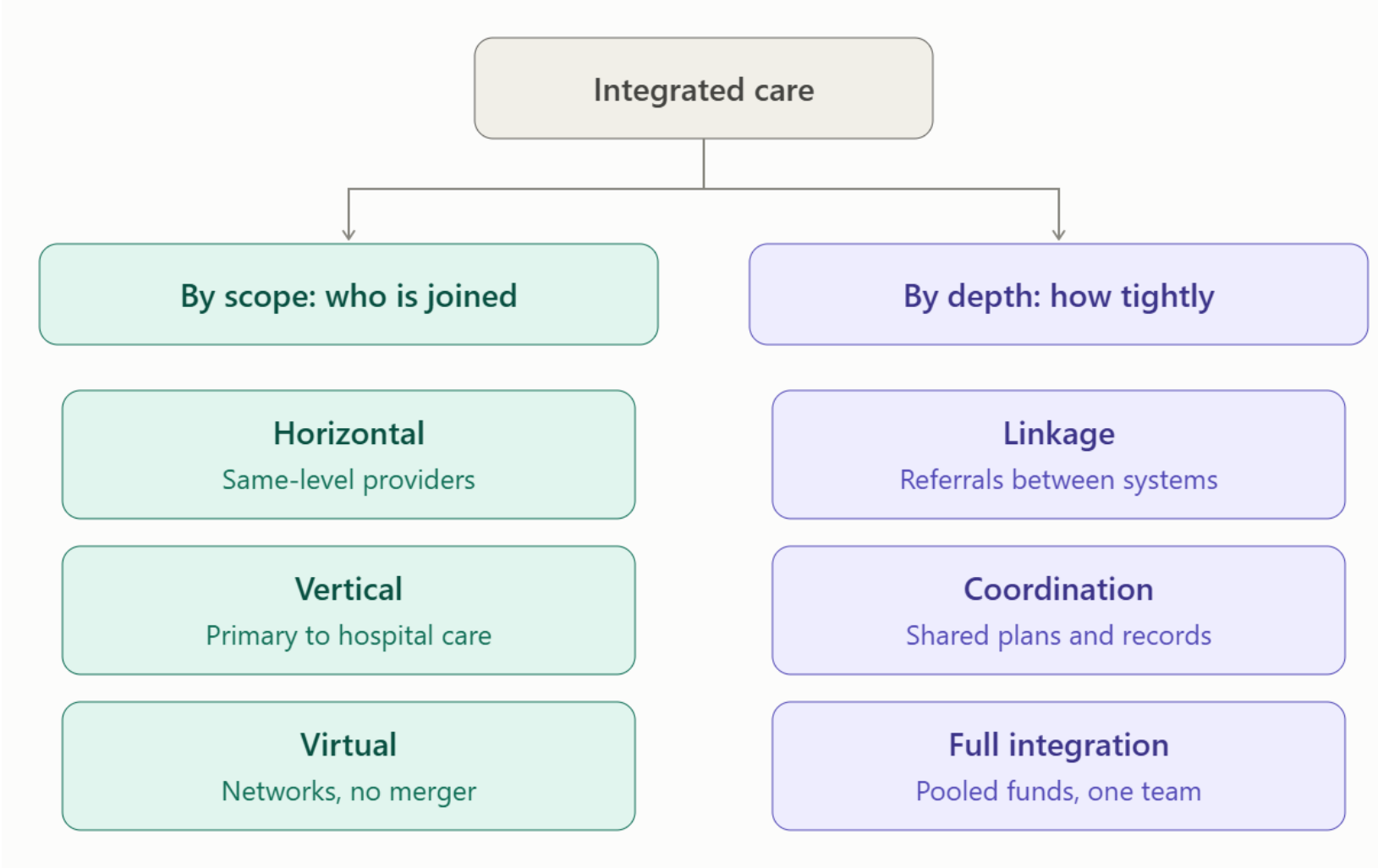
"Die internationale Evidenz zeigt: integrierte Versorgung wirkt, ökonomisch wie qualitativ"

Kick-off statement

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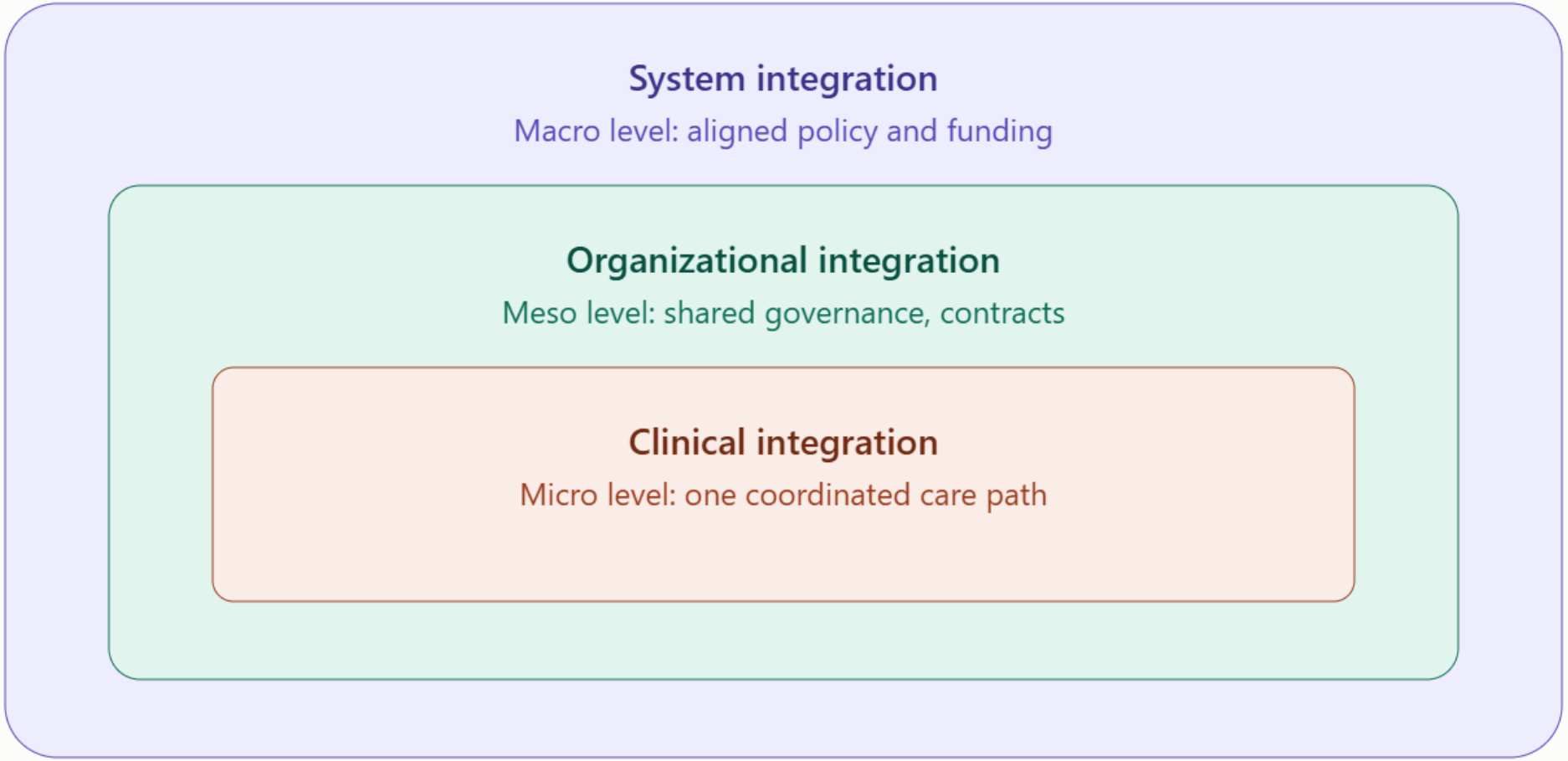
What is integrated care (IC)?

- Premise: Higher quality services while containing costs
- Conceptual ambiguity: lack of clear definition
- Models: different by scope and depth



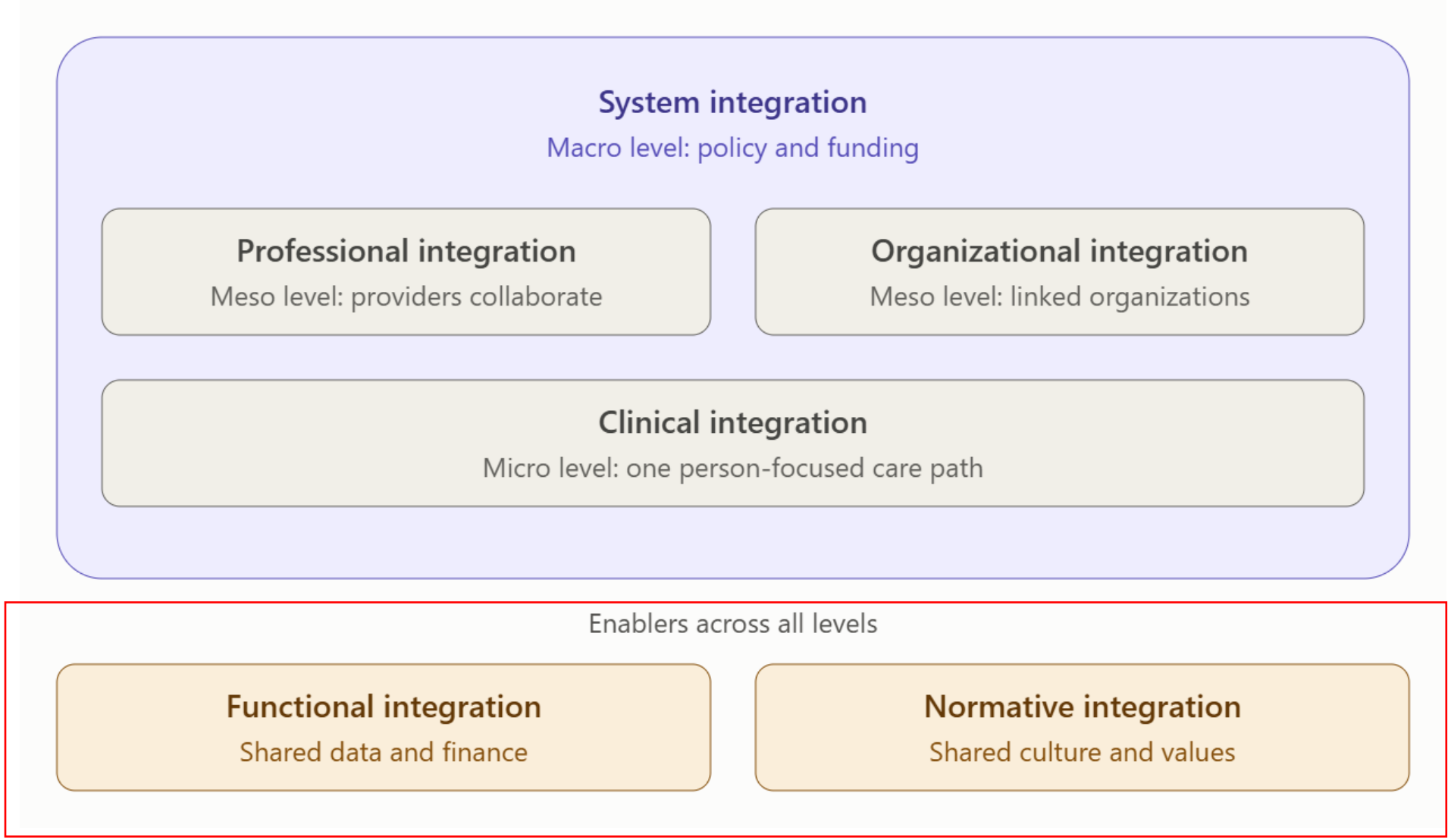
Own illustration

Levels of integration: micro, meso, macro



Own illustration based on Rainbow Model of IC by Valentijn et al. 2013 IJIC.

Enablers: functional, normative intergation at all levels



Own illustration based on Rainbow Model of IC by Valentijn et al. 2013 IJIC.

Value of IC

International evidence

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US Collaborative Care Model (CoCM) evidence

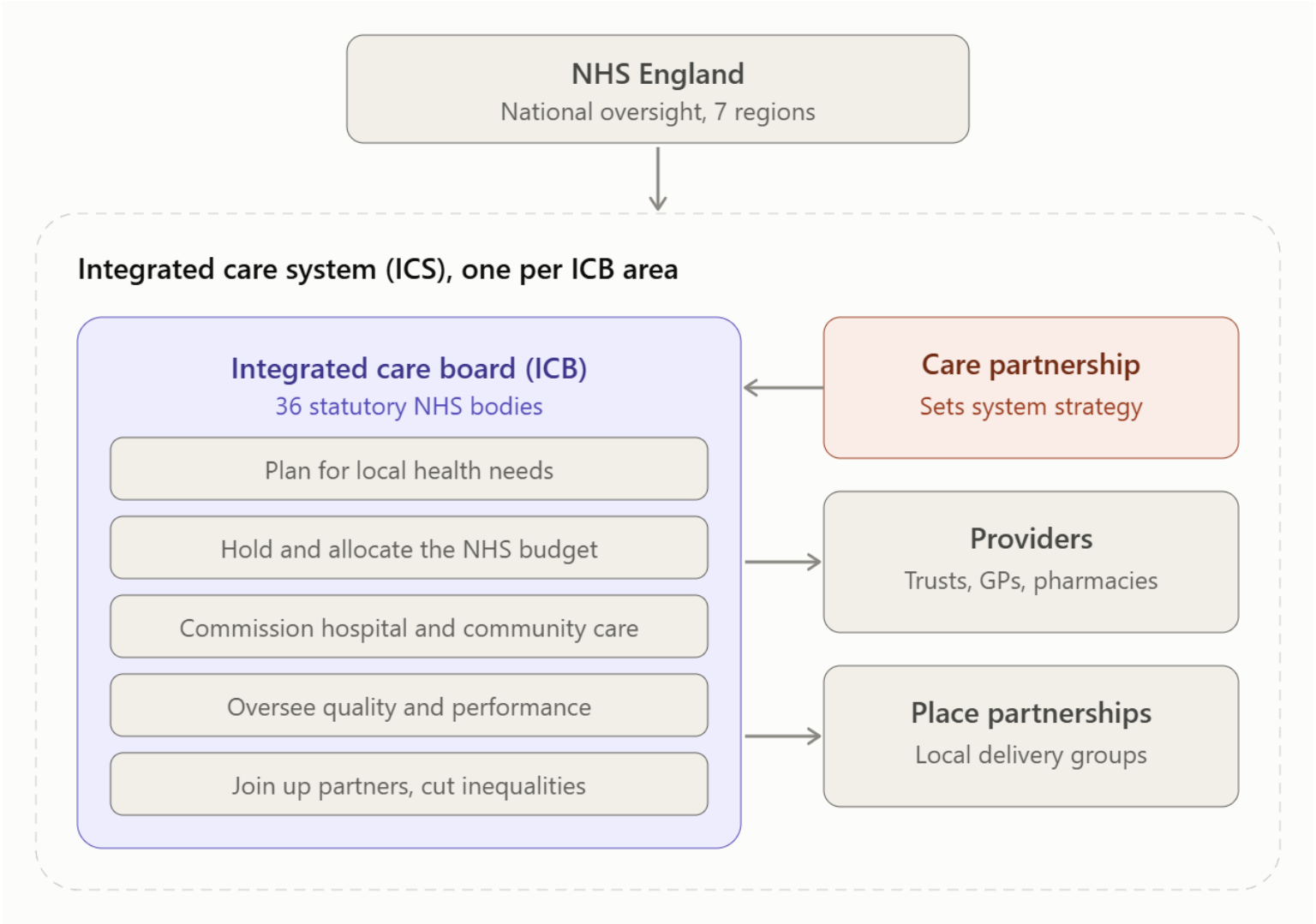
- Strongest for depression, anxiety and other behavioural problems
- IMPACT trial (Unützer et al. 2002 JAMA) for CoCM of late-life depression in primary care
  - CoCM more effective than usual care
  - **Return on Investment was 6:1**
- AIMS Center, University of Washington resources:
  - Evidence Base for Collaborative Care (CoCM) - AIMS Center

International RCT and observational evidence

- 34 studies meta-analysed (-2019)
- Heterogenous IC models: IC team, IC pathways, service coordination, disease management programmes
- Moderate study qualities
- Results:
  - **6% improvement in outcomes, 6% decrease in costs**
  - Significant associations only if study **longer than 12 months** (-13% cost, +15% outcomes)
  - Positive results driven by studies from Europe and Australia/Asia

Rocks et al. 2020 EJHE

Integrated Care Boards (ICBs) in England (2022-)



Own illustration

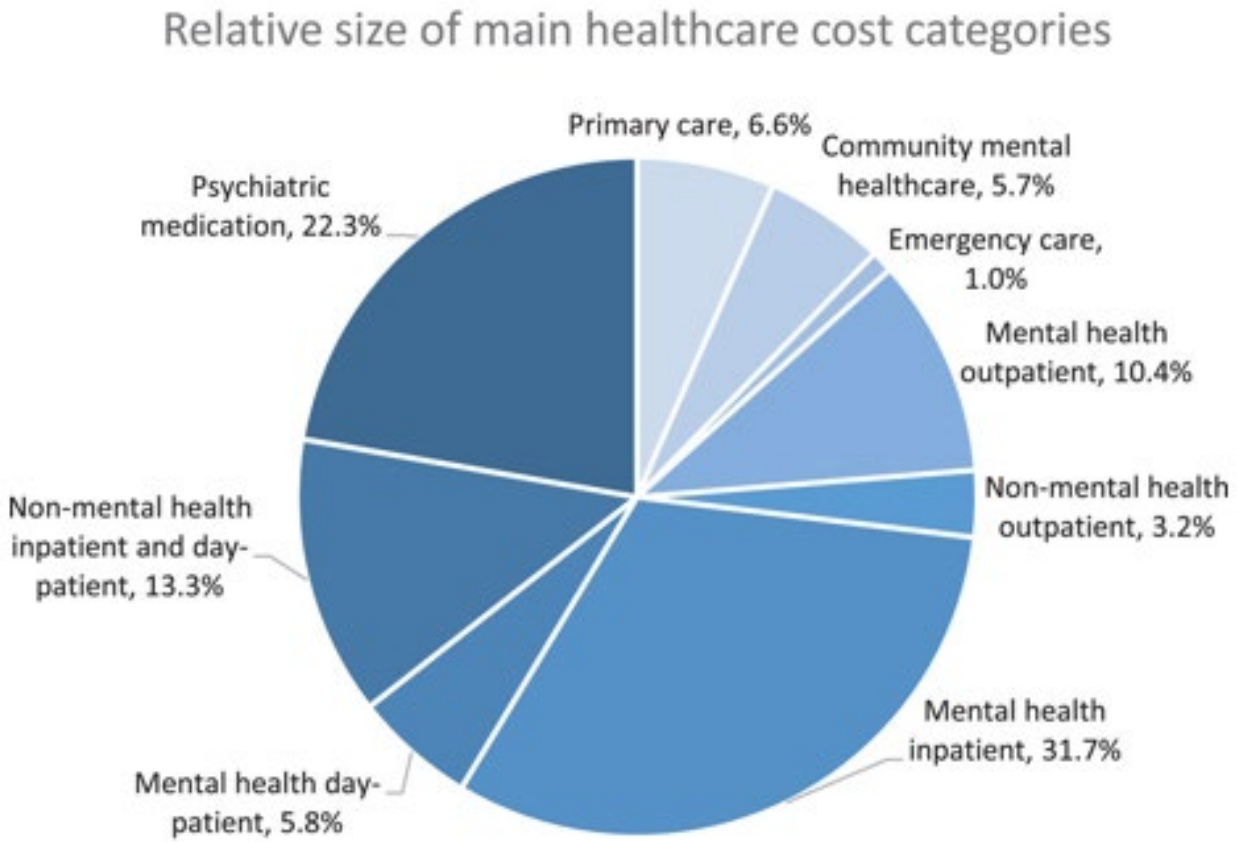
Value of ICBs

- Example of macro level IC models
- Considerable variations in size and structure:
  - 90-1578 FTE staff
  - 0.14-0.76 FTE per 1000 population
  - Executive Board members: 5-14
  - running cost per FTE employee is GBP 8320 to GBP 32,000 per 1000 population
- Shift from competition between organisations towards collaboration and partnership
- Well-managed ICBs improve patient experience, quality of care and outcomes, as well as increase access to care
- Too early to draw conclusions about value (untested)

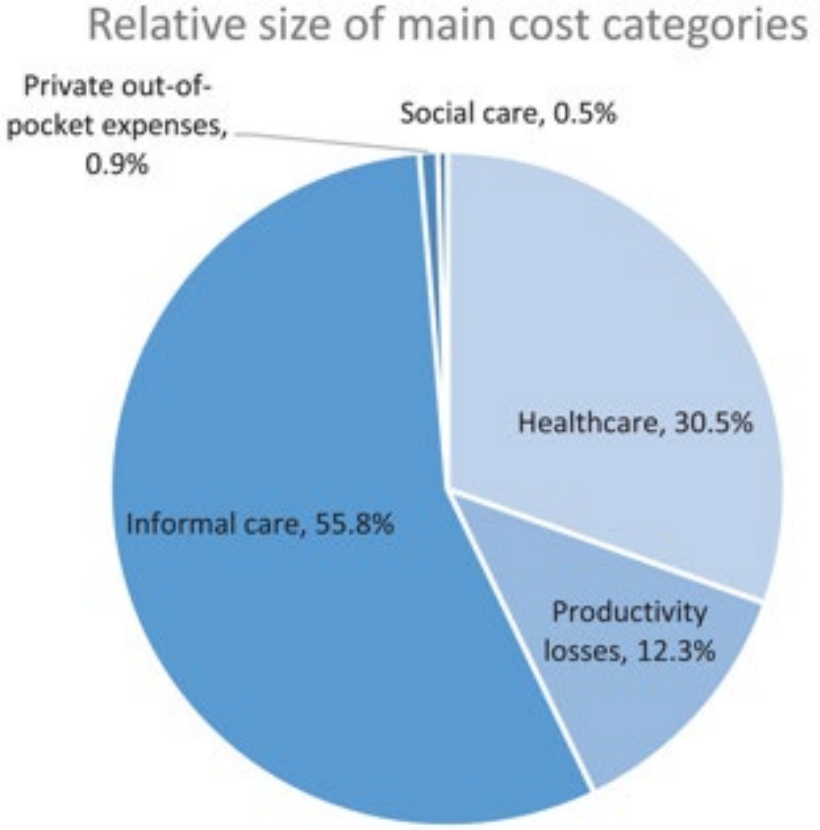
Potential value of IC

Focus on mental health

Costs of bipolar disorder in the United Kingdom



25% non-mental healthcare costs



30% healthcare costs

Simon et al. (2021) *Brain and Behavior*

Potential savings in non-mental health hospital care costs: Europe

- **Excess non-mental health hospital care costs** associated **4 mental health disorders**: alcohol use disorders, bipolar disorders, depressive disorders, schizophrenia
- Modelling study for 32 European countries for year 2019
- **1% risk reduction** in excess physical comorbidities through better IC could result in up to **€190 million savings per year** in non-mental health hospital costs in Europe

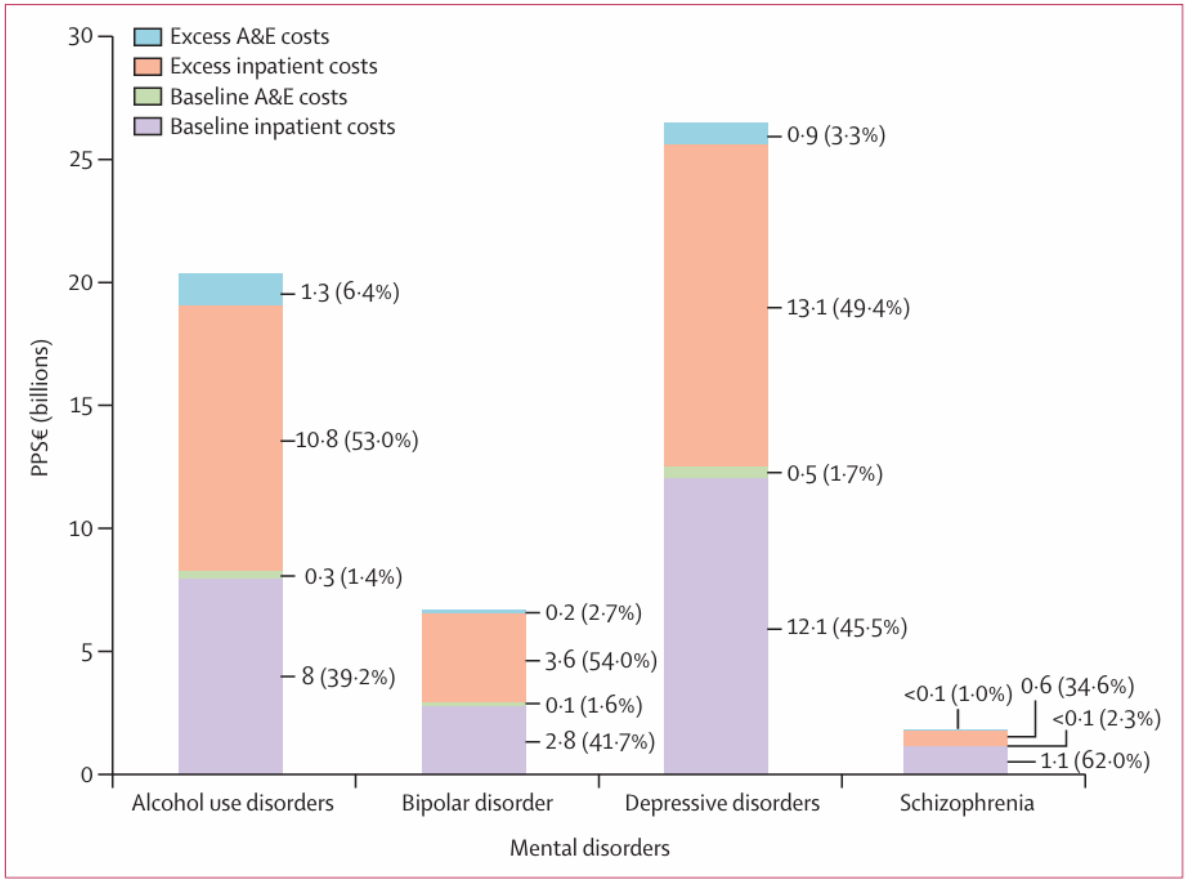


Figure 1: **Baseline, excess, and total non-mental health hospital costs for 32 European countries**
All costs are in billion PPS€ for 2019. A&E=accident and emergency. PPS€=purchasing power standard Euros.

Wienand; Goodwin, Simon (2025) *Lancet Psychiatry*

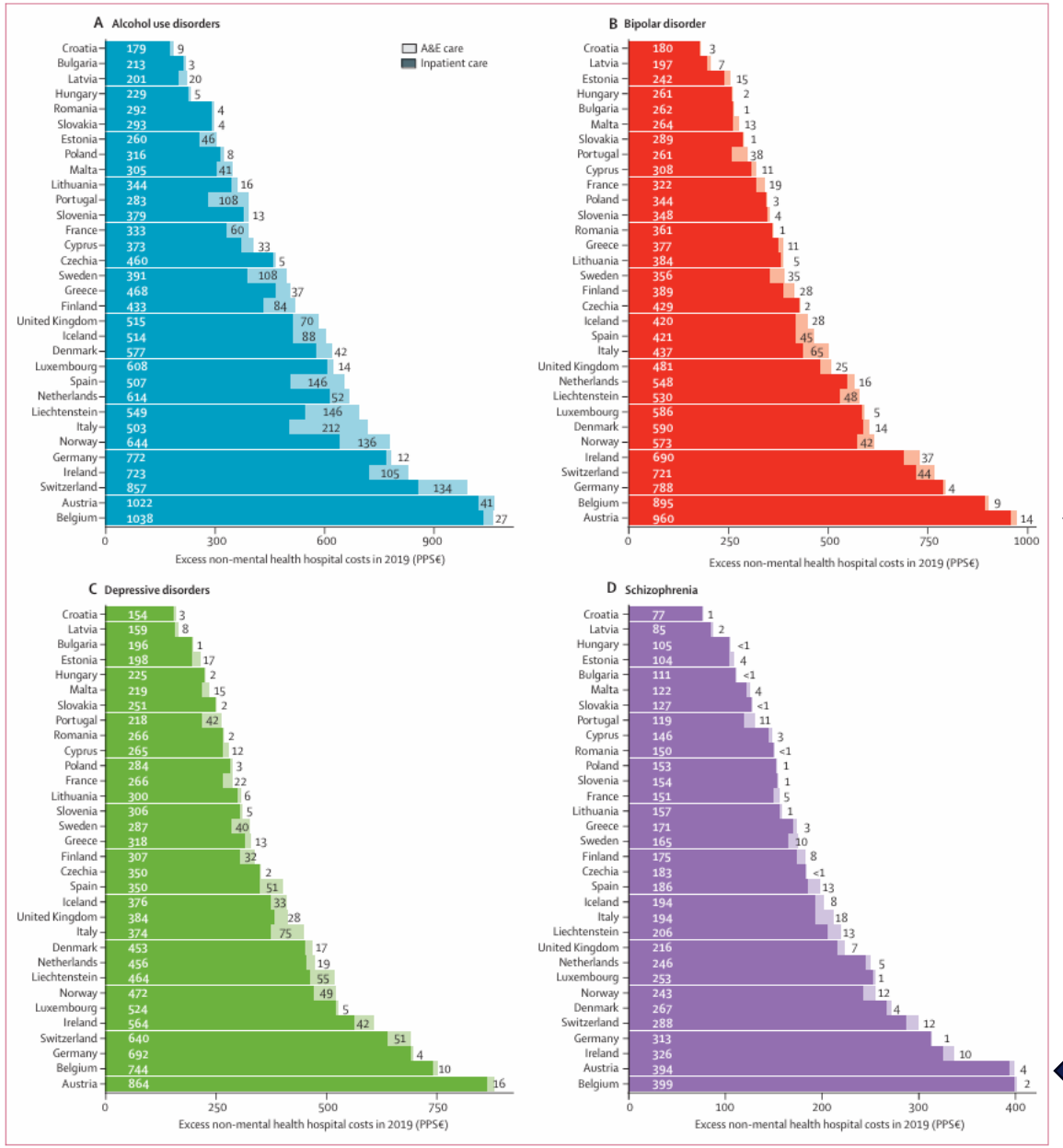
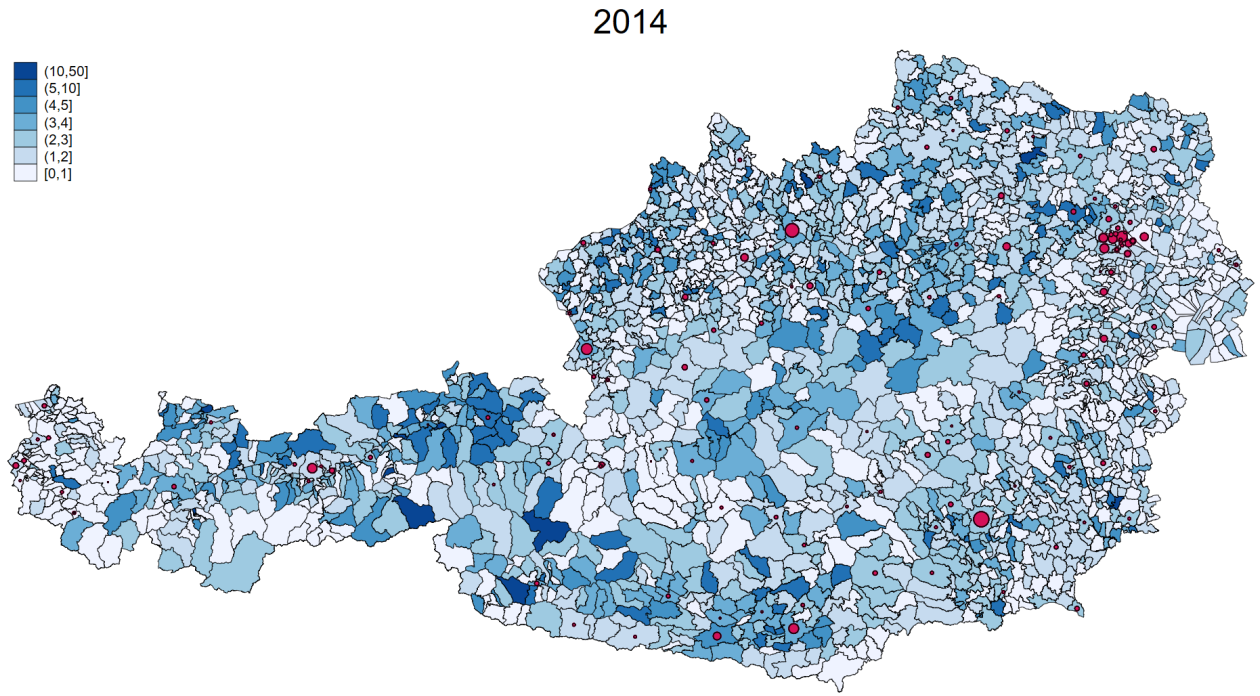


Figure 3: **Mean excess non-mental health hospital costs for alcohol use disorders, bipolar disorder, depressive disorders, and schizophrenia across 32 European countries in 2019**
A&E=accident and emergency. PPS€=purchasing power standards Euro.

Wienand; Goodwin, Simon (2025) *Lancet Psychiatry*

Potential savings in hospital care: Austria

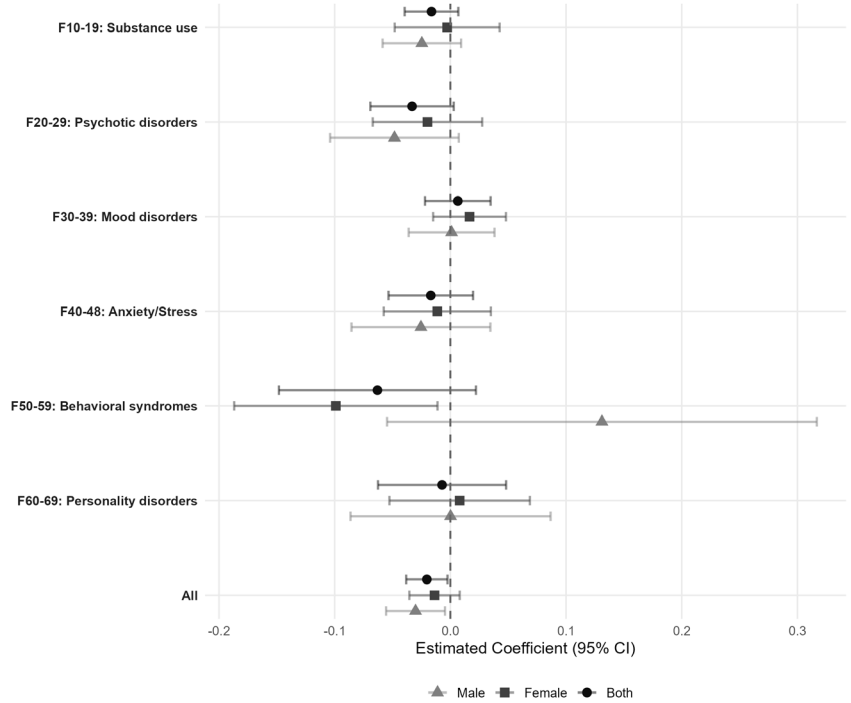
Adult hospital admissions for depression per 1000 (2014)



+7-12% admission rates in municipalities with hospital care

Berger, Zuba, Simon (2025) *Health Policy*

Impact of specialist density on adult MH hospital ALoS (2018-23)



-2% in ALoS per extra specialist per 100,000

Boersig-McPhillips et al. *(unpublished)* https//streamline-project.at/

Conclusions

- IC can improve outcomes and has the potential to be cost-effective, especially for high cost, multimorbid patients
- Evidence is mixed, especially about cost-effectiveness (value):
  - Varying IC models
  - IC may not be cost saving, especially not in the short-term
  - Cost-effectiveness requires efficient organisation and management models
  - Costs may shift between care sectors, while additional health and care costs may reflect previous unmet need
  - Value is often underestimated because broader societal benefits and cost savings are rarely measured

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Final statement

Univ. Prof. DDr. Judit Simon
Department of Health Economics

Vielen Dank/Thank you!

Email: judit.simon@meduniwien.ac.at

Web: Department of Health Economics (DHE) | MedUni Vienna