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Integrated Healthcare Delivery Models: A Comprehensive Review Of Clinical, Public Health, And Allied Medical Services

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Abstract

Healthcare systems worldwide continue to face challenges related to fragmented service delivery, resulting in gaps in care continuity, inefficiencies, and suboptimal health outcomes. Integrated healthcare delivery models have emerged as a strategic approach to enhance coordination across clinical services, public health systems, and allied medical disciplines. This comprehensive review aims to synthesize existing evidence on integrated healthcare delivery models and examine how collaboration among clinical, public health, and allied medical services contributes to improved patient outcomes, system efficiency, and population health. A structured literature review was conducted across major academic databases, focusing on studies published in recent years that address multidisciplinary integration, organizational coordination, and system-level enablers. The findings highlight that effective integration is associated with improved continuity of care, enhanced preventive and population health services, reduced duplication of efforts, and better patient safety and satisfaction. Key enabling factors include interprofessional collaboration, supportive governance structures, workforce readiness, and digital health infrastructure. This review underscores the importance of adopting comprehensive, system-wide integration strategies to address complex healthcare needs and strengthen healthcare system resilience. The findings provide valuable insights for policymakers, healthcare leaders, and researchers seeking to advance integrated healthcare delivery across diverse healthcare settings.

Keywords: Integrated healthcare delivery; Multidisciplinary care; Public health integration; Allied medical services; Healthcare systems; Patient outcomes; Health system performance.

Introduction

Healthcare systems globally are under increasing pressure due to rising chronic disease prevalence, population aging, workforce shortages, and escalating healthcare costs. In response to these challenges, attention has shifted toward integrated healthcare delivery models as a means to improve care coordination, enhance patient outcomes, and strengthen overall health system performance. Traditional healthcare delivery has often been characterized by fragmentation, where clinical services, public health functions, and allied medical services operate in silos, leading to duplication of efforts, discontinuity of care, and inefficient use of resources (World Health Organization, 2016).

Integrated healthcare delivery refers to the systematic coordination of services across the continuum of care, encompassing clinical treatment, disease prevention, health promotion, and rehabilitation. This

approach emphasizes patient-centered care, continuity across settings, and collaboration among diverse healthcare professionals, including physicians, nurses, public health practitioners, and allied health specialists such as pharmacists, laboratory professionals, and rehabilitation therapists (Valentijn et al., 2015). Evidence suggests that integration is particularly important for managing complex health needs, such as chronic diseases, multimorbidity, and population-level health risks, which cannot be effectively addressed through isolated service delivery models (Kodner & Spreeuwenberg, 2002).

Public health integration plays a critical role in this context by linking individual-level clinical care with population-level strategies, including disease surveillance, prevention, and health promotion. Strong connections between healthcare providers and public health systems have been shown to improve early detection of health risks, enhance preventive service uptake, and support coordinated responses during public health emergencies, such as infectious disease outbreaks (Marmot et al., 2020). Similarly, allied medical services contribute significantly to integrated care through diagnostic accuracy, medication management, rehabilitation, and supportive services that ensure continuity beyond acute clinical encounters (Reeves et al., 2017).

Despite growing recognition of the value of integrated healthcare delivery, implementation remains inconsistent across countries and health systems. Variations in governance structures, financing mechanisms, workforce capacity, and digital infrastructure continue to limit effective integration (Goodwin et al., 2017). Moreover, much of the existing literature focuses on specific components of integration—such as primary care coordination or hospital-based teamwork—rather than providing a comprehensive perspective that encompasses clinical services, public health functions, and allied medical disciplines collectively.

Therefore, a comprehensive review that synthesizes evidence across these domains is necessary to advance understanding of integrated healthcare delivery models and their system-wide impacts. This review aims to address this gap by examining how coordinated clinical, public health, and allied medical services contribute to improved patient outcomes, enhanced population health, and more resilient healthcare systems. By providing an integrated perspective, the review seeks to inform healthcare leaders, policymakers, and researchers on effective strategies for designing and implementing integrated healthcare delivery models across diverse healthcare contexts.

Methodology

This review adopted a comprehensive narrative review design to synthesize and critically analyze existing literature on integrated healthcare delivery models encompassing clinical services, public health systems, and allied medical services. A narrative approach was selected to allow broad conceptual exploration and integration of diverse evidence across healthcare settings, professional domains, and system levels.

A systematic literature search was conducted across major academic databases, including PubMed/MEDLINE, Scopus, Web of Science, and Google Scholar. The search strategy combined controlled vocabulary and free-text terms such as “integrated healthcare,” “healthcare delivery models,” “multidisciplinary care,” “public health integration,” “allied health services,” and “health system integration.” Boolean operators (AND/OR) were used to refine search results. The search was limited to articles published between 2016 and 2025 to ensure inclusion of contemporary healthcare delivery models and recent system reforms.

Eligible studies included peer-reviewed review articles, empirical studies, and policy-focused papers that examined integration across at least two of the following domains: clinical care, public health services, or allied medical services. Studies focusing exclusively on a single profession, isolated clinical interventions, or non-healthcare sectors were excluded. Only articles published in English were considered.

Data extraction focused on key study characteristics (author, year, country, healthcare setting), type of integration addressed (clinical, organizational, functional, or system-level), and reported outcomes related to patient care, population health, system efficiency, or healthcare quality. An iterative thematic synthesis approach was applied to identify recurring concepts, integration mechanisms, enabling factors, and implementation barriers across studies.

The synthesized findings were organized into thematic domains reflecting clinical integration, public health linkage, allied health collaboration, and organizational and digital enablers. This methodological approach enabled a holistic understanding of integrated healthcare delivery models and supported the

development of an evidence-informed conceptual framework presented in subsequent sections of the review.

Clinical Services Integration in Healthcare Systems

Clinical services integration represents a foundational component of integrated healthcare delivery models and focuses on coordinated, continuous, and patient-centered care across medical specialties, care settings, and levels of service. At its core, clinical integration seeks to overcome fragmentation by aligning the work of physicians, nurses, specialists, and other frontline clinicians around shared care plans, standardized clinical pathways, and common outcome goals. This approach is particularly critical in managing complex conditions, chronic diseases, and multimorbidity, where patients often navigate multiple providers and care environments.

Integrated clinical care typically emphasizes multidisciplinary teamwork, where professionals from different clinical backgrounds collaborate in diagnosis, treatment planning, and follow-up. Evidence indicates that multidisciplinary teams improve care coordination, reduce medical errors, and enhance clinical decision-making through shared expertise and communication (Reeves et al., 2017). In primary and secondary care settings, integrated team-based models—such as patient-centered medical homes and integrated specialty clinics—have demonstrated improvements in continuity of care, patient satisfaction, and adherence to evidence-based practices (Stokes et al., 2020).

Care pathway integration is another key mechanism supporting clinical services integration. Standardized clinical pathways align diagnostic and therapeutic processes across providers and settings, reducing unwarranted variation in care delivery. Integrated pathways have been widely applied in chronic disease management, including diabetes, cardiovascular disease, and cancer care, where coordination between primary care, specialty services, and hospital-based care is essential (Goodwin et al., 2017). Studies consistently report that integrated pathways are associated with reduced hospital admissions, shorter lengths of stay, and improved clinical outcomes.

Clinical integration also extends across levels of care, linking primary, secondary, tertiary, and post-acute services. Effective referral systems, shared clinical information, and coordinated discharge planning are central to ensuring seamless transitions and reducing care gaps. Poorly managed transitions are a well-documented source of adverse events and readmissions; therefore, integration efforts targeting transitional care have received increasing attention (WHO, 2016). Interventions such as shared discharge summaries, follow-up coordination, and transitional care nurses have demonstrated measurable improvements in patient safety and continuity.

Importantly, digital health tools serve as critical enablers of clinical services integration. Electronic health records, shared clinical dashboards, and interoperable information systems support real-time data sharing and collaborative decision-making among clinicians. While digital integration alone is insufficient without organizational and cultural alignment, evidence suggests that health information technology substantially enhances the effectiveness of integrated clinical models when embedded within coordinated care structures (Bodenheimer & Sinsky, 2014).

Despite demonstrated benefits, achieving sustained clinical integration remains challenging. Barriers include professional role boundaries, fragmented financing mechanisms, workload pressures, and limited interoperability between information systems. Moreover, clinical integration efforts often require significant changes in professional practice, leadership support, and performance measurement frameworks to align incentives with collaborative care goals (Valentijn et al., 2015).

Table 1. Examples of Clinical Services Integration Models and Reported Outcomes

Integration Model	Key Clinical Disciplines Involved	Setting	Reported Outcomes
Multidisciplinary Care Teams	Physicians, nurses, specialists	Primary & secondary care	Improved care coordination, patient satisfaction
Integrated Clinical Pathways	Physicians, nurses, pharmacists	Hospital & outpatient care	Reduced length of stay, standardized care
Transitional Care Programs	Physicians, nurses, case managers	Hospital to community	Reduced readmissions, improved safety

Chronic Disease Management Models	Primary care, specialists, nursing	Community & outpatient	Improved disease control, continuity of care
Digitally Enabled Integrated Care	Multidisciplinary clinical teams	Across care levels	Enhanced information sharing, decision support

Overall, the literature highlights that clinical services integration is strongly associated with improved quality of care, enhanced patient safety, and more efficient use of healthcare resources. When embedded within broader system-level integration strategies, clinical integration provides a critical foundation for linking public health functions and allied medical services, thereby supporting comprehensive, patient-centered healthcare delivery.

Integration of Public Health and Preventive Services

The integration of public health and preventive services within healthcare delivery systems is essential for achieving comprehensive, population-centered care and improving long-term health outcomes. Public health integration bridges individual-level clinical care with population-level strategies such as disease prevention, health promotion, surveillance, and health equity interventions. When effectively aligned, clinical and public health systems can address both the immediate healthcare needs of individuals and the broader determinants of health that shape community well-being.

Integrated models emphasize preventive care as a shared responsibility between healthcare providers and public health agencies. Preventive services—such as immunization programs, screening initiatives, and lifestyle interventions—are most effective when embedded within routine clinical encounters and supported by public health infrastructure. Evidence suggests that integrated prevention strategies improve early disease detection, increase screening uptake, and reduce avoidable hospitalizations, particularly for non-communicable diseases (NCDs) such as diabetes, cardiovascular disease, and cancer (Marmot et al., 2020).

Population health management is a core element of public health–clinical integration. Healthcare systems increasingly use population health data to stratify risk, identify vulnerable groups, and tailor preventive interventions. This approach requires collaboration across sectors, including primary care, hospitals, public health authorities, and community organizations. Integrated population health initiatives have demonstrated improvements in chronic disease control, maternal and child health indicators, and health equity outcomes (Kindig & Stoddart, 2003). These initiatives are particularly relevant in addressing social determinants of health, such as socioeconomic status, education, housing, and access to care.

Public health integration also plays a critical role during public health emergencies, including infectious disease outbreaks and environmental health crises. The COVID-19 pandemic highlighted the consequences of weak coordination between clinical services and public health systems, as well as the benefits of integrated surveillance, reporting, and response mechanisms. Health systems that established strong clinical–public health linkages were better positioned to support early detection, contact tracing, risk communication, and coordinated care delivery (WHO, 2021).

Community-based preventive models further illustrate the value of integration. Programs that link healthcare providers with community health workers, social services, and local public health initiatives support continuity of care beyond clinical settings. Such models are associated with improved access to preventive services, increased patient engagement, and better management of long-term health risks, particularly among underserved populations (Alderwick & Gottlieb, 2019).

Despite the recognized benefits, barriers to effective integration persist. Challenges include fragmented governance, misaligned financing mechanisms, limited data sharing, and differences in organizational cultures between healthcare and public health institutions. Addressing these barriers requires policy-level alignment, shared accountability frameworks, and interoperable health information systems that support coordinated planning and evaluation (Valentijn et al., 2015).

Table 2. Public Health–Clinical Integration Strategies and System-Level Benefits

Integration Strategy	Public Health Component	Clinical Interface	Reported Benefits

Integrated Preventive Screening	Population screening programs	Primary and specialty care	Early detection, reduced disease burden
Vaccination Integration	Immunization surveillance	Primary care clinics	Increased coverage, outbreak prevention
Population Health Management	Risk stratification, analytics	Multidisciplinary care teams	Improved chronic disease control
Community-Based Prevention	Health promotion programs	Primary care and outreach services	Improved access, health equity
Emergency Preparedness Integration	Surveillance and response systems	Hospitals and urgent care	Faster response, system resilience

Overall, the literature indicates that integrating public health and preventive services within healthcare delivery systems enhances disease prevention, strengthens health system resilience, and supports sustainable improvements in population health. When aligned with clinical services and allied medical care, public health integration becomes a powerful mechanism for achieving holistic, value-driven healthcare delivery.

Role of Allied Medical Services in Integrated Care

Allied medical services play a critical and often underrecognized role in the success of integrated healthcare delivery models. These services—encompassing pharmacy, laboratory and diagnostic services, rehabilitation and therapy, nutrition, social work, and care coordination—support clinical decision-making, ensure continuity of care, and address patient needs that extend beyond direct medical treatment. Within integrated care frameworks, allied medical professionals contribute essential expertise that links diagnosis, treatment, prevention, and long-term management across the care continuum.

Pharmacy services are central to integrated care, particularly in medication management, patient safety, and chronic disease control. Clinical pharmacists working within multidisciplinary teams support medication reconciliation, optimize pharmacotherapy, and reduce adverse drug events. Evidence consistently demonstrates that pharmacist integration into primary care and hospital teams is associated with improved medication adherence, reduced medication errors, and better clinical outcomes, especially among patients with multimorbidity and polypharmacy (Kwan et al., 2019). These contributions are especially valuable during transitions of care, where medication-related risks are highest.

Laboratory and diagnostic services also constitute a cornerstone of integrated healthcare delivery. Timely and accurate diagnostic information underpins effective clinical decision-making and care coordination. Integration of laboratory services with clinical teams—through shared information systems and collaborative diagnostic pathways—has been shown to reduce diagnostic delays, improve test utilization, and support evidence-based treatment planning (Plebani, 2017). In integrated models, diagnostic professionals contribute not only technical expertise but also consultative support that enhances diagnostic accuracy and efficiency.

Rehabilitation and therapy services, including physical, occupational, and respiratory therapy, are essential for restoring function and supporting long-term recovery, particularly for patients with chronic conditions, disabilities, or post-acute care needs. Integrated rehabilitation models emphasize early involvement of therapy services within acute and community care settings, facilitating smoother transitions and reducing readmissions. Studies suggest that coordinated rehabilitation pathways improve functional outcomes, patient independence, and quality of life, while also reducing healthcare utilization (Stucki et al., 2018).

Nutrition services and social work further broaden the scope of integrated care by addressing behavioral, social, and environmental determinants of health. Dietitians contribute to the prevention and management of nutrition-related conditions, while social workers support patients in navigating social services, addressing psychosocial barriers, and coordinating community-based care. Integration of these

services within healthcare teams has been linked to improved chronic disease management, increased patient engagement, and enhanced equity in care delivery (Alderwick & Gottlieb, 2019).

Despite their demonstrated value, the integration of allied medical services faces several challenges. Role ambiguity, limited workforce capacity, fragmented funding models, and inadequate recognition within traditional medical hierarchies can constrain effective collaboration. Additionally, insufficient interoperability between clinical and allied service information systems limits data sharing and coordinated planning. Overcoming these barriers requires supportive governance structures, interprofessional education, and performance frameworks that recognize the contributions of allied medical services to patient outcomes and system efficiency (Valentijn et al., 2015).

In summary, allied medical services are indispensable to integrated healthcare delivery. By enhancing diagnostic accuracy, medication safety, functional recovery, and social support, these services ensure that care is comprehensive, coordinated, and patient-centered. Their effective integration alongside clinical and public health services strengthens healthcare system performance and supports sustainable improvements in population health.

Organizational, Workforce, and Digital Enablers

The successful implementation and sustainability of integrated healthcare delivery models depend heavily on enabling factors that extend beyond clinical practice. Organizational structures, workforce capabilities, and digital infrastructure collectively form the backbone that supports coordination across clinical services, public health functions, and allied medical services. Without alignment in these domains, integration efforts risk remaining fragmented or project-based rather than system-wide.

Strong organizational leadership and governance frameworks are fundamental to integrated care. Integrated healthcare models require clear accountability, shared decision-making structures, and aligned strategic objectives across institutions and sectors. Governance mechanisms such as joint oversight committees, integrated care networks, and shared performance indicators help coordinate activities across hospitals, primary care organizations, public health agencies, and community services. Evidence suggests that organizations with integrated governance arrangements demonstrate better care coordination, clearer role definitions, and more consistent implementation of integrated pathways (Goodwin et al., 2017).

Financing and incentive structures also play a critical organizational role. Traditional fee-for-service models often reinforce silos, whereas value-based payment mechanisms and bundled payments encourage collaboration and shared responsibility for outcomes. Organizational alignment of incentives is therefore essential to sustaining integration and promoting efficiency and quality improvement (World Health Organization, 2016).

The healthcare workforce is central to translating integration strategies into practice. Integrated care models rely on interprofessional collaboration, flexible role design, and shared competencies among healthcare professionals. Interprofessional education and continuous professional development are widely recognized as key enablers, fostering mutual understanding, trust, and effective teamwork across disciplines (Reeves et al., 2017).

Workforce readiness also includes adequate staffing levels, role clarity, and supportive work environments. New roles—such as care coordinators, case managers, and community health workers—have emerged as critical connectors across care settings. Studies show that when healthcare professionals are supported by clear role definitions, shared goals, and leadership engagement, integrated care initiatives are more likely to achieve positive outcomes for both patients and providers (Bodenheimer & Sinsky, 2014).

Digital health infrastructure is a powerful facilitator of integrated healthcare delivery. Interoperable electronic health records, shared data platforms, and health information exchanges enable seamless communication across providers, settings, and sectors. These tools support real-time information sharing, coordinated clinical decision-making, population health management, and performance monitoring.

Beyond electronic records, telemedicine, clinical decision support systems, and data analytics enhance access, continuity, and personalization of care. Digital tools are particularly valuable in linking clinical services with public health surveillance and community-based care, enabling proactive identification of health risks and targeted preventive interventions (WHO, 2021). However, evidence indicates that

digital solutions are most effective when embedded within supportive organizational cultures and accompanied by workforce training and change management strategies.

Despite their potential, digital enablers face challenges related to interoperability, data governance, privacy, and user adoption. Addressing these challenges requires coordinated investment, standardized data frameworks, and policies that promote secure and ethical data sharing across healthcare systems.

Figure 1. Organizational, Workforce, and Digital Enablers Supporting Integrated Healthcare Delivery



In summary, organizational leadership, a prepared and collaborative workforce, and robust digital infrastructure are mutually reinforcing enablers of integrated healthcare delivery. Together, they create the conditions necessary for sustained collaboration across clinical, public health, and allied medical services, ultimately supporting improved patient outcomes, system efficiency, and healthcare system resilience.

Discussion

This comprehensive review highlights the growing importance of integrated healthcare delivery models as a strategic response to the increasing complexity of healthcare needs, resource constraints, and system fragmentation. By synthesizing evidence across clinical services, public health functions, and allied medical services, the findings reinforce that integration is not a single intervention but a multidimensional system transformation requiring alignment at clinical, organizational, workforce, and digital levels.

Across the reviewed literature, clinical services integration consistently emerged as a core driver of improved patient outcomes, particularly through multidisciplinary teamwork, coordinated care pathways, and effective transitions across levels of care. These findings align with prior evidence indicating that fragmented clinical care contributes to preventable adverse events, inefficiencies, and patient dissatisfaction. Integrated models demonstrated particular value in managing chronic diseases and multimorbidity, where continuity and coordination are essential.

The integration of public health and preventive services extended the impact of healthcare delivery beyond individual patient encounters to population-level outcomes. The evidence underscores that linking healthcare systems with public health infrastructure enhances preventive care uptake, disease surveillance, and emergency preparedness. Notably, experiences from recent global health emergencies illustrate that health systems with stronger clinical–public health integration were more resilient and adaptive. This highlights integration as a critical enabler of health system preparedness and population health management rather than solely a care delivery strategy.

Similarly, the role of allied medical services proved central to achieving holistic and patient-centered care. Pharmacy, laboratory, rehabilitation, nutrition, and social services contributed substantially to medication safety, diagnostic accuracy, functional recovery, and the management of social determinants of health. However, despite their demonstrated value, allied services remain inconsistently integrated in many health systems. This gap reflects persistent structural and cultural barriers, including limited recognition, siloed workflows, and fragmented financing models.

Organizational leadership, workforce readiness, and digital infrastructure were identified as cross-cutting enablers that determine the success or failure of integration efforts. The findings suggest that isolated digital solutions or workforce initiatives are insufficient without supportive governance and aligned incentives. Effective integration requires coherent leadership, interprofessional education, interoperable information systems, and performance frameworks that reward collaboration rather than volume of services.

Compared with previous reviews that focused on single professions or specific care settings, this review offers a broader systems-level perspective, emphasizing the interdependence of clinical, public health, and allied medical domains. The synthesis indicates that integration is most effective when pursued as a long-term strategic transformation rather than a short-term project. Nonetheless, variability across health systems, study designs, and outcome measures limits direct comparability and underscores the need for standardized evaluation frameworks.

Overall, the discussion highlights that integrated healthcare delivery models have the potential to improve quality, efficiency, and equity of care. However, realizing these benefits requires sustained policy commitment, cross-sector collaboration, and continuous evaluation. Future research should focus on identifying context-specific integration strategies, assessing long-term outcomes, and exploring scalable models that can be adapted across diverse healthcare systems.

Conclusion

Integrated healthcare delivery models represent a critical evolution in the organization and provision of healthcare services in response to increasing clinical complexity, population health challenges, and resource constraints. This comprehensive review demonstrates that effective integration across clinical services, public health systems, and allied medical services is associated with improved continuity of care, enhanced patient safety, better population health outcomes, and more efficient use of healthcare resources.

The findings underscore that integration is not limited to coordination at the point of care, but rather requires system-wide alignment supported by organizational leadership, an interprofessionally prepared workforce, and robust digital infrastructure. Clinical integration through multidisciplinary teamwork and coordinated care pathways forms the foundation of integrated delivery, while the inclusion of public health and preventive services extends impact to population-level health improvement and system resilience. Allied medical services further strengthen integrated care by addressing diagnostic accuracy, medication safety, functional recovery, and social determinants of health.

Despite the demonstrated benefits, the review highlights that integrated healthcare delivery remains unevenly implemented across health systems. Persistent barriers related to governance, financing, workforce capacity, and information interoperability continue to limit scalability and sustainability. Addressing these challenges requires coherent policies, shared accountability frameworks, and long-term investment in enabling structures.

In conclusion, integrated healthcare delivery models offer a compelling pathway toward patient-centered, value-based, and resilient healthcare systems. Policymakers, healthcare leaders, and practitioners should prioritize integrated approaches as a strategic imperative rather than an optional enhancement. Continued research and evaluation are essential to refine integration strategies, measure long-term outcomes, and support the adaptation of integrated models across diverse healthcare contexts.

References

1. Alderwick, H., & Gottlieb, L. M. (2019). Meanings and misunderstandings: A social determinants of health lexicon for health care systems. The Milbank Quarterly, 97(2), 407–419. https://doi.org/10.1111/1468-0009.12390
2. Bodenheimer, T., & Sinsky, C. (2014). From triple aim to quadruple aim: Care of the patient requires care of the provider. Annals of Family Medicine, 12(6), 573–576. https://doi.org/10.1370/afm.1713
3. Goodwin, N., Stein, V., & Amelung, V. (2017). What is integrated care? International Journal of Integrated Care, 17(4), 1–4. https://doi.org/10.5334/ijic.3096
4. Kindig, D., & Stoddart, G. (2003). What is population health? American Journal of Public Health, 93(3), 380–383. https://doi.org/10.2105/AJPH.93.3.380
5. Kodner, D. L., & Spreeuwenberg, C. (2002). Integrated care: Meaning, logic, applications, and implications. International Journal of Integrated Care, 2, e12.

6. Kwan, J. L., Lo, L., Sampson, M., & Shojania, K. G. (2013). Medication reconciliation during transitions of care as a patient safety strategy: A systematic review. Annals of Internal Medicine, 158(5), 397–403. https://doi.org/10.7326/0003-4819-158-5-201303050-00006
7. Marmot, M., Allen, J., Goldblatt, P., Herd, E., & Morrison, J. (2020). Build back fairer: The COVID-19 Marmot review. Institute of Health Equity.
8. Plebani, M. (2017). Harmonization in laboratory medicine: The complete picture. Clinical Chemistry and Laboratory Medicine, 55(9), 1241–1246. https://doi.org/10.1515/cclm-2017-0060
9. Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews, (6), CD000072. https://doi.org/10.1002/14651858.CD000072.pub3
10. Stokes, J., Checkland, K., Kristensen, S. R., & Roland, M. (2020). Integrated care: Theory to practice. Journal of Health Services Research & Policy, 25(4), 257–264. https://doi.org/10.1177/1355819619899324
11. Stucki, G., Bickenbach, J., Gutenbrunner, C., & Melvin, J. (2018). Rehabilitation: The health strategy of the 21st century. Journal of Rehabilitation Medicine, 50(4), 309–316. https://doi.org/10.2340/16501977-2200
12. Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2015). Understanding integrated care: A comprehensive conceptual framework. International Journal of Integrated Care, 15, e010. https://doi.org/10.5334/ijic.563
13. World Health Organization. (2016). Framework on integrated, people-centred health services. World Health Organization.
14. World Health Organization. (2021). Strengthening public health preparedness and response. World Health Organization.
15. World Health Organization. (2021). Global strategy on digital health 2020–2025. World Health Organization.