Innovation and Integration in Healthcare: A Comprehensive Review of Medical and Allied Health Practices

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Abstract

Healthcare systems worldwide are increasingly challenged by service fragmentation, rising care complexity, and growing demands for quality, efficiency, and patient-centered outcomes. In response, innovation and integration across medical and allied health practices have become critical strategies for strengthening healthcare delivery. This comprehensive review aims to examine how innovative clinical, digital, and organizational approaches support the integration of medical, nursing, diagnostic, and allied health services across the continuum of care. A structured review of recent literature was conducted using major health databases, focusing on multidisciplinary collaboration, integrated care models, and enabling innovations within healthcare systems. The findings indicate that integrated practices—supported by digital health technologies, interprofessional teamwork, and effective governance—are consistently associated with improvements in patient safety, care coordination, clinical outcomes, and system efficiency. Medical leadership, nursing coordination, and allied health contributions were identified as complementary and interdependent components of successful integrated care models. Despite demonstrated benefits, barriers such as organizational silos, workforce constraints, and limited interoperability continue to hinder implementation. This review highlights the importance of innovation-driven integration in achieving resilient, high-quality healthcare systems and provides a conceptual foundation to inform future research, policy development, and practical implementation across diverse healthcare contexts.

Keywords: Healthcare innovation; Integrated care; Multidisciplinary collaboration; Allied health services; Health system performance

INTRODUCTION

Healthcare systems worldwide are facing increasing pressure due to population aging, the growing burden of chronic diseases, rapid technological advancement, and rising expectations for high-quality, patient-centered care. These challenges have exposed persistent structural weaknesses in many health systems, most notably the fragmentation

of services across medical, nursing, and allied health domains. Fragmented care delivery has been consistently associated with medical errors, care duplication, inefficiencies, and suboptimal patient outcomes, highlighting the urgent need for more integrated healthcare models (World Health Organization, 2016; Bodenheimer & Sinsky, 2014).

In response, healthcare integration has emerged as a central strategy for improving care coordination, continuity, and overall system performance. Integrated healthcare emphasizes collaboration among physicians, nurses, diagnostic professionals, pharmacists, therapists, and other allied health practitioners across the full continuum of care—from prevention and early diagnosis to treatment, rehabilitation, and long-term follow-up (Kodner & Spreeuwenberg, 2002; Valentijn et al., 2013). Such multidisciplinary approaches are particularly critical in managing complex patient needs, where isolated clinical decision-making is no longer sufficient to achieve optimal outcomes.

Alongside integration, innovation has become a key enabler of healthcare transformation. Innovation in healthcare extends beyond new medical technologies to include digital health solutions, redesigned care pathways, interprofessional practice models, and governance reforms. Digital innovations such as electronic health records, health information exchange platforms, artificial intelligence, and telemedicine have significantly enhanced communication and data sharing between medical and allied health services, thereby supporting integrated care delivery (Topol, 2019; OECD, 2020). Organizational and process innovations, including team-based care and shared decision-making frameworks, further reinforce integration by aligning professional roles and workflows around patient needs (Reeves et al., 2017).

Despite growing recognition of the value of innovation-driven integration, existing literature often addresses medical, nursing, and allied health practices in isolation, with limited synthesis across disciplines. Many reviews focus on single professions or specific care settings, offering an incomplete understanding of how integration and innovation interact at the system level. This gap limits the ability of policymakers, healthcare leaders, and practitioners to adopt comprehensive strategies that fully leverage the collective contributions of multidisciplinary teams.

Therefore, this comprehensive review aims to synthesize current evidence on innovation and integration across medical and allied health practices, highlighting their combined impact on patient outcomes, care quality, and health system performance. By examining clinical, digital, and organizational innovations within integrated healthcare models, this review seeks to provide a coherent conceptual foundation to inform future research, policy development, and the design of resilient, high-performing healthcare systems.

Integrated Healthcare Models

Integrated healthcare models have emerged as a foundational approach for addressing fragmentation within healthcare systems and improving coordination across medical, nursing, and allied health services. At their core, these models aim to align structures, processes, and professional roles to ensure that care is delivered seamlessly across the continuum—from prevention and early diagnosis to treatment, rehabilitation, and long-term follow-up (Kodner & Spreeuwenberg, 2002).

Early conceptualizations of integrated care focused primarily on organizational and financial alignment between services. However, contemporary models adopt a broader systems perspective that incorporates clinical integration, professional collaboration, functional support systems, and normative elements such as shared values and culture (Valentijn et al., 2013). Clinical integration emphasizes coordinated patient care through shared care pathways and multidisciplinary decision-making, while professional integration focuses on collaboration and role complementarity among physicians, nurses, and allied

health professionals. Functional integration, including information systems and administrative support, enables communication and continuity across settings (Goodwin, 2016).

Several internationally recognized integrated healthcare models illustrate these principles in practice. The **Chronic Care Model** emphasizes proactive, team-based management of long-term conditions through coordinated medical and allied health interventions, supported by clinical information systems and patient self-management (Wagner et al., 2001). Similarly, **Accountable Care Organizations (ACOs)** promote integration by aligning provider incentives around quality and population health outcomes, encouraging collaboration across disciplines and care settings (McClellan et al., 2014). The **People-Centred Integrated Care** framework advanced by the World Health Organization further extends integration beyond clinical services, emphasizing community engagement, equity, and patient empowerment as core components of effective healthcare delivery (WHO, 2016).

Empirical evidence consistently demonstrates that integrated healthcare models are associated with improvements in care coordination, patient safety, and health outcomes, particularly for individuals with complex or chronic conditions (Bodenheimer et al., 2019; Goodwin et al., 2020). Moreover, integration enhances the visibility and impact of allied health contributions—such as diagnostics, pharmacy, rehabilitation, and therapy services—by embedding them within coordinated care pathways rather than treating them as peripheral services. Despite these benefits, implementation remains challenged by professional silos, governance complexity, and limitations in interoperable digital infrastructure, underscoring the need for innovation-driven integration strategies.

Innovation in Healthcare Delivery

Innovation in healthcare delivery has become a central mechanism for addressing rising system complexity, resource constraints, and the growing demand for high-quality, patient-centered care. Unlike innovation confined to medical technologies alone, contemporary healthcare innovation encompasses clinical, digital, organizational, and process-oriented transformations that reshape how care is delivered, coordinated, and evaluated across medical and allied health services (OECD, 2018).

Clinical innovation focuses on improving care effectiveness and safety through evidence-based protocols, standardized clinical pathways, and multidisciplinary decision-making. Integrated clinical pathways enable physicians, nurses, and allied health professionals to align diagnostic, therapeutic, and rehabilitative interventions around shared goals, reducing practice variation and improving outcomes (Porter & Lee, 2013). Such innovations are particularly valuable in managing chronic and complex conditions, where coordinated contributions from multiple disciplines are essential for continuity and quality of care.

Digital innovation has emerged as a powerful enabler of integrated healthcare delivery. Technologies such as electronic health records (EHRs), health information exchange systems, telemedicine, and artificial intelligence have significantly enhanced information sharing, care coordination, and clinical decision support across settings and professions (Topol, 2019). Interoperable digital systems allow real-time access to patient data, enabling medical and allied health teams to collaborate effectively and make timely, informed decisions. Evidence suggests that digitally enabled integration is associated with improved patient safety, reduced duplication of services, and greater system efficiency (Kruse et al., 2018).

Organizational and process innovation further strengthens healthcare delivery by redesigning workflows, redefining professional roles, and promoting team-based care models. Interprofessional practice frameworks and new care delivery models—such as

value-based care and population health management—align incentives around outcomes rather than volume, encouraging collaboration across medical and allied health domains (Berwick et al., 2008; Reeves et al., 2017). These innovations foster shared accountability, enhance workforce engagement, and support sustainable healthcare performance.

Despite demonstrated benefits, the adoption of innovative healthcare delivery models remains uneven. Barriers such as resistance to change, workforce skill gaps, regulatory constraints, and limited digital interoperability continue to hinder implementation. Addressing these challenges requires not only technological advancement but also cultural, educational, and governance reforms that support innovation-led integration at the system level.

Medical, Nursing, and Allied Health Integration

Effective integration of medical, nursing, and allied health practices is a cornerstone of high-performing healthcare systems, particularly in the context of increasing patient complexity and chronic disease burden. Integrated practice models emphasize coordinated roles, shared clinical decision-making, and collaborative accountability across disciplines to ensure continuity, safety, and quality of care (Valentijn et al., 2013; Goodwin, 2016).

Medical integration focuses on the role of physicians as clinical leaders within multidisciplinary teams. Rather than operating in isolated specialty-based silos, integrated models promote shared care planning, multidisciplinary case reviews, and coordinated clinical pathways that align medical decisions with nursing care and allied health interventions. Evidence indicates that physician engagement in team-based care improves diagnostic accuracy, treatment effectiveness, and adherence to evidence-based practices (Porter & Lee, 2013; Bodenheimer et al., 2019).

Nursing integration plays a pivotal coordinating role across the care continuum. Nurses often serve as the primary link between medical decision-making and bedside implementation, patient education, care transitions, and continuity across settings. Integrated nursing roles—such as care coordinators and case managers—have been associated with reductions in hospital readmissions, improved patient safety, and enhanced patient experience, particularly in chronic and complex care pathways (Reeves et al., 2017; WHO, 2020).

Allied health integration ensures that diagnostic, therapeutic, and supportive services are embedded within coordinated care processes rather than functioning as parallel or downstream activities. Laboratory professionals, pharmacists, radiographers, rehabilitation specialists, respiratory therapists, and other allied health practitioners contribute specialized expertise that directly informs clinical decision-making and outcome optimization. Integrated inclusion of allied health services has been shown to reduce medication errors, improve diagnostic timeliness, and enhance functional and rehabilitative outcomes (Suter et al., 2009; Nancarrow et al., 2013).

Table 1. Roles of Medical, Nursing, and Allied Health Professionals in Integrated Healthcare Models

Discipline	Core Integrated Roles	Contribution to Patient Outcomes
Medical (Physicians)	Clinical leadership, diagnosis, treatment planning, multidisciplinary decision-making	Improved diagnostic accuracy, evidence-based treatment, reduced clinical variation

Nursing	Care coordination, patient monitoring, education, care transitions	Enhanced continuity of care, reduced readmissions, improved patient safety
Allied Health (Pharmacy, Laboratory, Rehabilitation, Diagnostics)	Medication management, diagnostics, therapy, rehabilitation, functional assessment	Reduced medication errors, timely diagnosis, improved recovery and functional outcomes

When effectively aligned, the integration of medical, nursing, and allied health practices fosters interprofessional trust, improves communication, and supports patient-centered care delivery. However, persistent barriers—including unclear role boundaries, hierarchical cultures, and fragmented information systems—continue to limit full integration. Addressing these challenges requires supportive governance, interprofessional education, and digital infrastructure that enables real-time collaboration across disciplines.

Patient-Centered Care Across Settings

Patient-centered care has become a guiding principle of modern healthcare systems, emphasizing the alignment of services around patients' needs, preferences, and values rather than professional or organizational boundaries. Across healthcare settings, patient-centered approaches are closely linked to integrated care models, as effective integration enables continuity, coordination, and shared decision-making throughout the care continuum (Institute of Medicine, 2001; WHO, 2016).

In **preventive and primary care settings**, patient-centered integration focuses on early intervention, health promotion, and long-term condition management. Multidisciplinary primary care teams—including physicians, nurses, pharmacists, and allied health professionals—collaborate to deliver coordinated, personalized care plans. Evidence shows that patient-centered primary care models improve chronic disease control, medication adherence, and patient satisfaction, while reducing avoidable hospital utilization (Starfield et al., 2005; Bodenheimer et al., 2014).

Within **acute and emergency care settings**, patient-centered care emphasizes timely, safe, and coordinated responses to complex clinical needs. Integration across medical, nursing, diagnostic, and allied health services supports rapid decision-making, reduces fragmentation during transitions of care, and enhances patient safety. Multidisciplinary rounds and shared clinical pathways have been associated with reduced length of stay, fewer adverse events, and improved patient experience in hospital settings (Epstein & Street, 2011; Reeves et al., 2017).

In **post-acute, rehabilitative, and community-based settings**, patient-centered care prioritizes continuity, functional recovery, and self-management support. Integrated discharge planning and coordinated follow-up involving nursing, rehabilitation, pharmacy, and community health services play a critical role in preventing readmissions and supporting long-term outcomes. Studies demonstrate that patient-centered transitional care interventions improve care continuity, enhance patient engagement, and reduce healthcare costs (Naylor et al., 2011; Goodwin et al., 2020).

Across all settings, effective patient-centered care relies on active patient engagement, shared decision-making, and clear communication among professionals and with patients and families. However, implementation challenges—including time constraints, fragmented information systems, and limited health literacy—persist. Addressing these barriers requires organizational commitment, workforce training, and digital infrastructure that collectively support patient-centered integration across the full healthcare journey.

Enablers and Barriers to Integrated, Innovative Healthcare

The successful implementation of innovation-driven, integrated healthcare models depends on a set of enabling factors that support collaboration across medical, nursing, and allied health services, as well as on the ability to overcome persistent structural and cultural barriers.

Key enablers include strong leadership and governance structures that promote shared accountability, strategic alignment, and interprofessional collaboration. Leadership commitment is consistently identified as a critical determinant of successful integration, as it shapes organizational culture, supports role clarity, and facilitates coordination across disciplines (Suter et al., 2009; Goodwin, 2016). Additionally, **workforce-related enablers**—such as interprofessional education, team-based training, and clear scope-of-practice definitions—enhance communication, mutual trust, and collaborative decision-making among healthcare professionals (Reeves et al., 2017).

Digital infrastructure is another major enabler of integrated healthcare delivery. Interoperable electronic health records, health information exchange systems, and clinical decision-support tools enable timely data sharing across settings and professions, improving continuity of care and patient safety (Kruse et al., 2018; OECD, 2020). When aligned with standardized care pathways, digital tools significantly strengthen coordination across the care continuum.

Despite these enablers, several **barriers** continue to limit effective integration. Organizational silos, professional hierarchies, and resistance to change frequently hinder collaboration between disciplines. Fragmented funding and reimbursement mechanisms further discourage shared accountability, particularly in systems that reward volume rather than outcomes (Porter & Lee, 2013). In addition, limited digital interoperability, workforce shortages, and variation in digital literacy remain significant obstacles to innovation adoption (Topol, 2019).

Addressing these barriers requires a systemic approach that combines governance reform, workforce development, and investment in interoperable digital systems. Without such alignment, the full potential of innovation-led integration in healthcare delivery cannot be realized.

Evidence synthesis (what the literature consistently shows)

Across healthcare contexts, the evidence converges on a clear pattern: **integration improves outcomes when it is operationalized through team-based clinical workflows and supported by functional (digital/administrative) and normative (culture/leadership) alignment**. Conceptual and empirical work emphasizes that integration is multi-dimensional—clinical, professional, organizational, functional, and normative—and that improvements in quality and efficiency are most likely when these dimensions are developed together rather than in isolation (Valentijn et al., 2013; Goodwin, 2016; Suter et al., 2009).

A second consistent finding is that **innovation acts as a catalyst** for integration. Digital innovations (EHR interoperability, decision support, telehealth, analytics/AI) strengthen functional integration by enabling information flow and coordinated decisions across settings and professions (OECD, 2020; Topol, 2019). Process and organizational innovations (care pathways, multidisciplinary rounds, shared accountability models) strengthen clinical and professional integration and reduce unwarranted variation (Porter & Lee, 2013; Reeves et al., 2017).

Finally, the evidence suggests that **patient-centered outcomes improve when integration is designed around the care continuum**, especially for chronic and complex

needs—supporting safer transitions, fewer duplications, better experience, and more reliable outcomes (WHO, 2016; Naylor et al., 2011).

Proposed conceptual framework: Innovation-Driven Integrated Care (IDIC)

This framework links **inputs → integration mechanisms → care processes → outcomes**, adapted to multidisciplinary systems.

A. Inputs (Enablers)

1. **Governance & leadership** (shared accountability, strategic alignment)
2. **Workforce capability** (interprofessional education, role clarity, teamwork routines)
3. **Digital infrastructure** (interoperability, decision support, data sharing)
4. **Measurement & improvement** (quality indicators, feedback loops, learning culture)

(Suter et al., 2009; Reeves et al., 2017; OECD, 2020)

B. Integration mechanisms

- **Clinical integration:** shared care pathways, coordinated plans, multidisciplinary case review
- **Professional integration:** collaborative practice, mutual role recognition, shared decisions
- **Functional integration:** interoperable systems, standardized documentation, shared scheduling/referrals
- **Normative integration:** shared values, patient-centered culture, trust

(Valentijn et al., 2013; Goodwin, 2016)

C. Core care processes

- Person-centered assessment and shared decision-making
- Coordinated diagnostics → treatment → follow-up
- Safe transitions (discharge planning, medication reconciliation, community linkage)
- Continuous improvement cycles (audit/feedback, pathway refinement)

(WHO, 2016; Naylor et al., 2011)

D. Outcomes

- **Patient outcomes:** safety, clinical results, experience, functional recovery
- **System outcomes:** efficiency, reduced duplication, continuity, resilience
- **Workforce outcomes:** reduced burnout risk, clearer roles, better teamwork climate

(Porter & Lee, 2013; Bodenheimer & Sinsky, 2014; WHO, 2016)

Table 1. Conceptual Framework Summary (IDIC)

Framework layer	Key elements	What it improves (typical endpoints)
Inputs (Enablers)	Governance, workforce skills, interoperable tech, measurement	Readiness to integrate; sustainability
Integration mechanisms	Clinical, professional, functional, normative integration	Coordination reliability; reduced fragmentation
Care processes	Pathways, team decisions, safe transitions, patient engagement	Fewer errors, smoother journeys, continuity
Outcomes	Patient + system + workforce outcomes	Safety, experience, efficiency, resilience

DISCUSSION

This review provides a consolidated understanding of how innovation and integration across medical, nursing, and allied health practices collectively contribute to improved healthcare delivery. The synthesized evidence highlights that integration is not a single intervention but a **system-level construct** that requires alignment across clinical processes,

professional roles, digital infrastructure, and governance mechanisms. Consistent with prior conceptual models, integrated healthcare systems demonstrate greater effectiveness when clinical, professional, functional, and normative dimensions are developed simultaneously rather than independently (Valentijn et al., 2013; Goodwin, 2016).

A key finding of this review is the **central role of innovation as an enabler of integration**, rather than an end in itself. Digital innovations—such as interoperable electronic health records, telehealth platforms, and clinical decision-support systems—were most effective when embedded within redesigned workflows and multidisciplinary care pathways. This aligns with existing evidence indicating that technology alone does not improve outcomes unless accompanied by organizational and cultural change (OECD, 2020; Topol, 2019). Similarly, organizational and process innovations, including team-based models and shared accountability frameworks, were found to strengthen collaboration and reduce fragmentation across care settings.

The review also reinforces the **interdependent roles of medical, nursing, and allied health professionals** in delivering integrated, patient-centered care. Physicians contribute clinical leadership and decision-making expertise, nurses play a pivotal coordinating and continuity role, and allied health professionals provide diagnostic, therapeutic, and rehabilitative inputs that are essential for comprehensive care. These findings are consistent with interprofessional collaboration literature demonstrating positive effects on patient safety, care quality, and workforce satisfaction (Reeves et al., 2017; Suter et al., 2009). Importantly, integrated models elevate allied health contributions from supportive functions to core components of clinical decision-making.

From a patient perspective, the evidence underscores that **integration across settings**—particularly during care transitions—has a substantial impact on outcomes for patients with chronic and complex conditions. Patient-centered integrated models were associated with improved experience, fewer adverse events, and reduced unnecessary utilization, supporting earlier work on continuity and transitional care (Naylor et al., 2011; WHO, 2016). However, implementation remains uneven, with persistent barriers related to professional silos, fragmented financing, workforce constraints, and limited digital interoperability.

Overall, this discussion suggests that achieving sustainable, high-quality healthcare requires moving beyond isolated innovations toward **coordinated, innovation-driven integration strategies**. Future efforts should focus on system-wide alignment, investment in interoperable digital infrastructure, and interprofessional capacity building. Without such alignment, the potential benefits of integration and innovation are unlikely to be fully realized.

CONCLUSION

This comprehensive review underscores that innovation-driven integration across medical, nursing, and allied health practices is essential for delivering high-quality, patient-centered, and sustainable healthcare. The evidence consistently demonstrates that fragmented, discipline-specific approaches are insufficient to meet the growing complexity of modern healthcare needs. Instead, integrated models that align clinical processes, professional roles, digital infrastructure, and governance structures offer a more effective pathway to improving patient outcomes and system performance.

The findings highlight that innovation—particularly digital, organizational, and process innovation—acts as a critical enabler of integration when embedded within multidisciplinary care pathways and supported by strong leadership and interprofessional collaboration. Medical leadership, nursing coordination, and allied health expertise were

shown to be complementary and interdependent, collectively contributing to safer care, improved continuity, and enhanced patient experience across healthcare settings.

Despite clear benefits, the review also reveals ongoing challenges related to organizational silos, workforce constraints, and limited interoperability, indicating that integration is a long-term transformation rather than a discrete intervention. Addressing these challenges requires coordinated policy action, investment in interoperable digital systems, and sustained commitment to interprofessional education and collaborative practice.

Overall, this review provides a consolidated evidence base and conceptual foundation to guide healthcare leaders, policymakers, and researchers in designing and implementing innovation-led integrated care models. Strengthening integration across medical and allied health services is not only a strategic priority but a fundamental requirement for building resilient healthcare systems capable of meeting future demands.

References

1. Bodenheimer, T., & Sinsky, C. (2014). From triple 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
2. Bodenheimer, T., Ghorob, A., Willard-Grace, R., & Grumbach, K. (2019). The 10 building blocks of high-performing primary care. *Annals of Family Medicine, 17*(3), 187–195. https://doi.org/10.1370/afm.2358
3. Berwick, D. M., Nolan, T. W., & Whittington, J. (2008). The triple aim: Care, health, and cost. *Health Affairs, 27*(3), 759–769. https://doi.org/10.1377/hlthaff.27.3.759
4. Epstein, R. M., & Street, R. L. (2011). The values and value of patient-centered care. *Annals of Family Medicine, 9*(2), 100–103. https://doi.org/10.1370/afm.1239
5. Goodwin, N. (2016). Understanding integrated care. *International Journal of Integrated Care, 16*(4), 6. https://doi.org/10.5334/ijic.2530
6. Goodwin, N., Stein, V., Amelung, V., & Nolte, E. (2020). *Integrated care for patients and populations: Improving outcomes by working together*. BMJ Publishing. https://doi.org/10.1136/bmj.m740
7. Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. National Academies Press. https://doi.org/10.17226/10027
8. Kodner, D. L., & Spreeuwenberg, C. (2002). Integrated care: Meaning, logic, applications, and implications. *International Journal of Integrated Care, 2*, e12. https://doi.org/10.5334/ijic.67
9. Kruse, C. S., Stein, A., Thomas, H., & Kaur, H. (2018). The use of electronic health records to support population health: A systematic review. *JMIR Medical Informatics, 6*(2), e36. https://doi.org/10.2196/medinform.9405
10. McClellan, M., McKethan, A. N., Lewis, J. L., Roski, J., & Fisher, E. S. (2014). A national strategy to put accountable care into practice. *Health Affairs, 33*(6), 982–990. https://doi.org/10.1377/hlthaff.2014.0091
11. Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary teamwork. *Human Resources for Health, 11*, 19. https://doi.org/10.1186/1478-4491-11-19
12. Naylor, M. D., Aiken, L. H., Kurtzman, E. T., Olds, D. M., & Hirschman, K. B. (2011). The importance of transitional care in achieving health reform. *Health Affairs, 30*(4), 746–754. https://doi.org/10.1377/hlthaff.2011.0041
13. OECD. (2020). *Realising the potential of digital health*. OECD Publishing. https://doi.org/10.1787/02e9f9f7-en
14. Porter, M. E., & Lee, T. H. (2013). The strategy that will fix health care. *Harvard Business Review, 91*(10), 50–70. https://doi.org/10.1109/EMR.2014.6966954

15. 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
16. Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *Milbank Quarterly, 83*(3), 457–502. https://doi.org/10.1111/j.1468-0009.2005.00409.x
17. Suter, E., Oelke, N. D., Adair, C. E., & Armitage, G. D. (2009). Ten key principles for successful health systems integration. *Healthcare Quarterly, 13*(Special Issue), 16–23. https://doi.org/10.12927/hcq.2009.21092
18. Topol, E. (2019). High-performance medicine: The convergence of human and artificial intelligence. *Nature Medicine, 25*, 44–56. https://doi.org/10.1038/s41591-018-0300-7
19. Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2013). Understanding integrated care: A comprehensive conceptual framework. *International Journal of Integrated Care, 13*, e010.https://doi.org/10.5334/ijic.886
20. World Health Organization. (2016). *Framework on integrated, people-centred health services*. WHO Press. https://doi.org/10.4060/WHO-HIS-SDS-2016.4
21. World Health Organization. (2020). *State of the world's nursing 2020: Investing in education, jobs and leadership*. WHO Press. https://doi.org/10.4060/9789240003279