



Local coordination between levels of care Opportunities and threats EGPRN 2012, Antwerp



SYLOS Project 2012

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Groupement Pluraliste Liégeois
des Services et Soins à Domicile

SYLOS project 2012

- Collaboration between 2 institutions
 - General Practice Department; University of Liège
 - Public Health Department; Institute for Tropical Medicine Antwerp
- Funding: local ISHC (Integrated Service for Home care)-public funding
- Work in progress
- Conflict of interest:
 - GP in Multidisciplinary Health Care Center in Liège



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A common story...Mr A.FromBe



A common story Mr A.FromBe



GP

No list/GP

Supportive
Psychotherapy

Regimen /dietetician

Follow-up

Anxiety

High BP

Obesity

Knee pain

Diabetes 2

Microalbuminuria

Multimorbidity

A common story Mr A.FromBe



A common story Mr A.FromBe



GP
No list/GP

sb

Anxiety

High BP

Obesity

Knee pain

Diabetes 2

Acute renal failure

Cardiologist
New treatment
Follow up
Local care pathway

Endocrinologist
Follow up
Dietetician
Care pathway

Free Access
every level

No com
medica

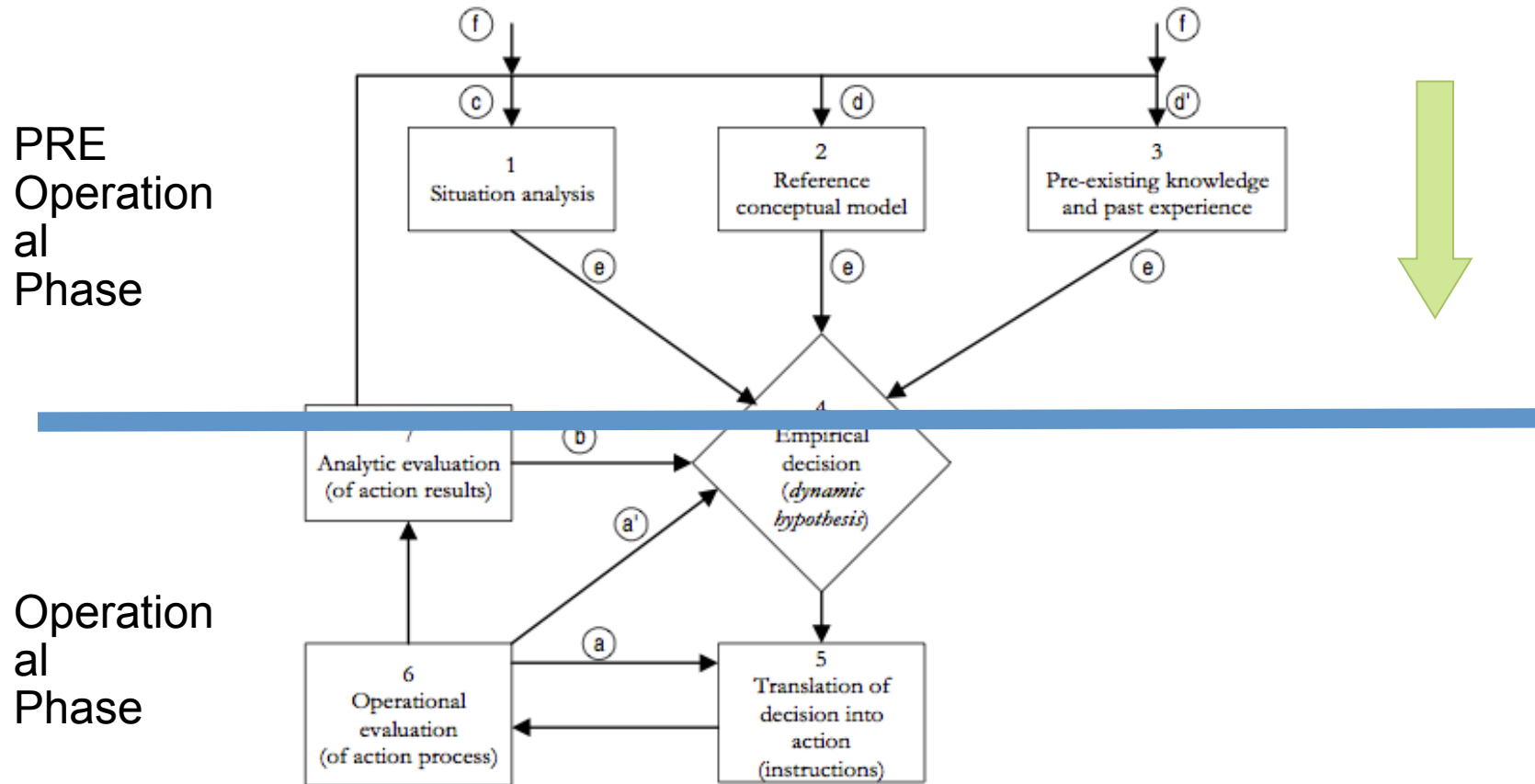
Friday evening...
New treatment-no pills

Disease-
oriented
approach

Research question

What are the opportunities and threats for coordination between 1st and 2nd level of care at the local scale?

Methodology: Action Research (AR)



Source : Nitayarumphong S and Mercenier P, 1992

Health Systems research: A clearer methodology for more effective action.

Grodos & Mercenier 2000



Step 1: Conceptual model Local Health System

- Integration of care between 1st and 2nd level of care
 - No gap, no overlap
 - Direct access to the suitable level of care
 - Information is available
 - Health district
 - Coordination team GP/specialist for each hospital (SYLOS-SYLOG in Belgium)
- Concept/Genotype** **Into practice/Phenotype**

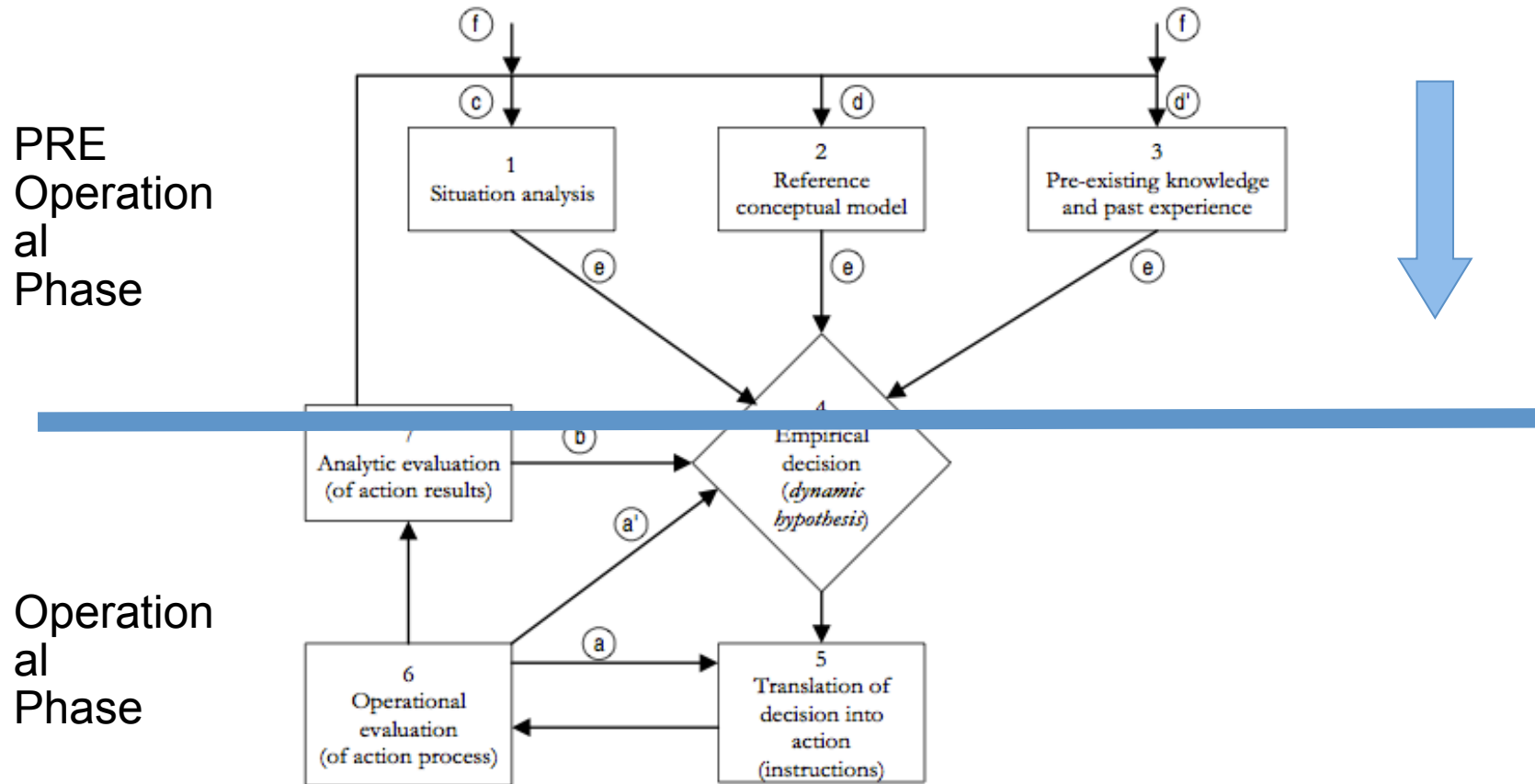
Step 2: Past experiences of LHS

- *1st hypothesis of AR-ITM:*
“Small teams of experimented health professionals, working at different level of a define geographical area, can give a boost to the local health system and coordinate health care delivery.”
- Modification after AR
 - Profesional representatives needed: medical
- Some questions remain:
 - Wich network in a urban area (with high density of GP's and Hospital?
 - How motivate people with no explicit will?
 - How to extend to other Healt Care professional of the 1st level?
 - Is the actual context more/less favorable to such collaboration?

Step 3: Situation analysis

- Collecting data at the local level
- Identifying existing local coordination and local network of GP/hospital
- With the stakeholders of the 2 levels of care
 - Conducting Separated Sensitization
 - Gathering expectations/perceptions about local coordination
- Materials
 - Formal and Informal contact-field notes
 - Reports
 - Semi-structured interviews

Methodology: Action Research



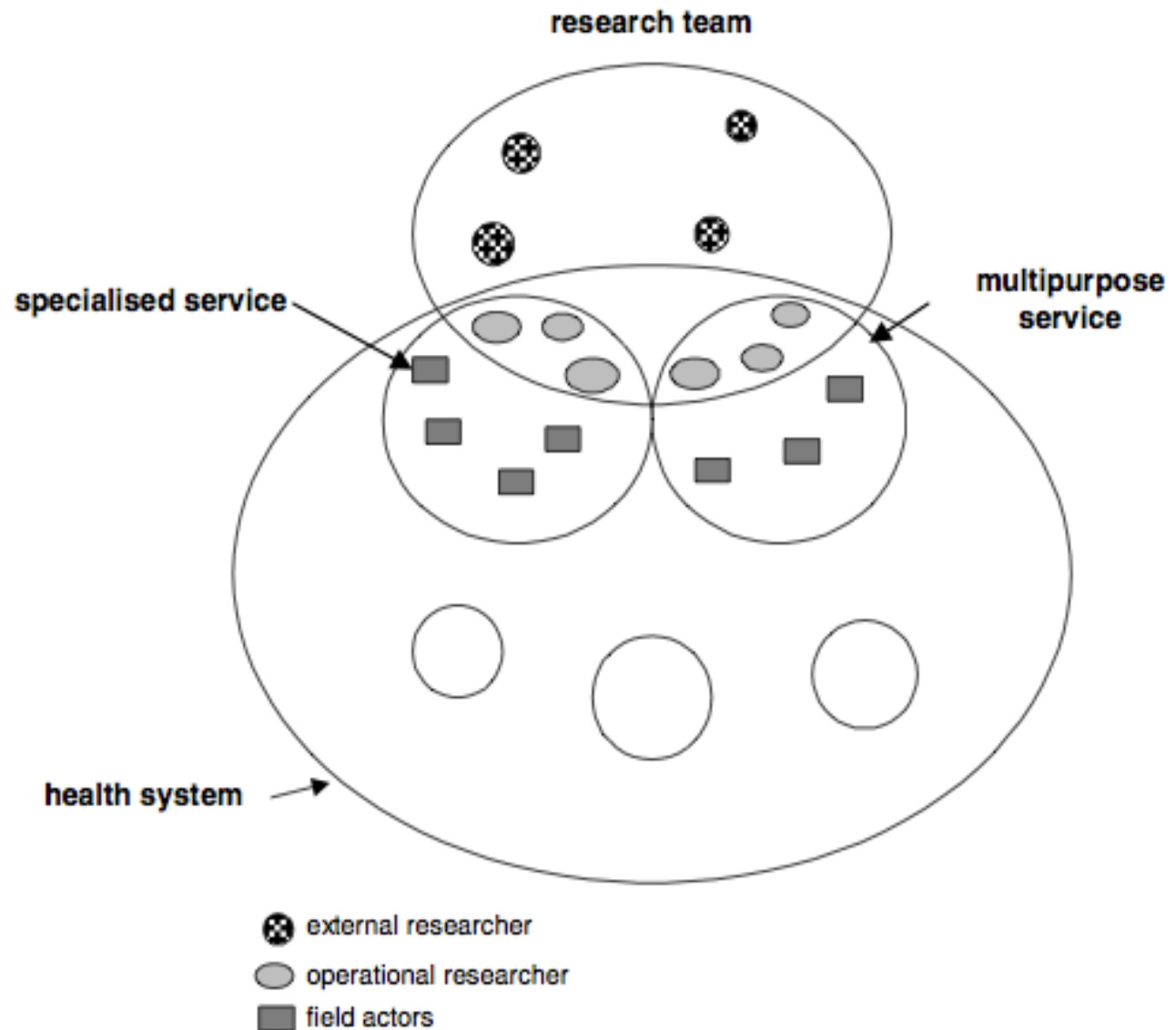
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Action research Operative

Action-research team
Quality circle



Source : Mercenier P and Prévost M, 1983

First results

- 1st contact: acknowledgment of the problems
 - Operational phase should occur
- Analysis of local context=>3 different approaches
 - The investigation fields seem to be appropriate
- Process spent over several monthes
 - Gain confidence and knowledge
 - < overloaded stakeholders
 - Compatibility with the granting rules?

Conclusion

The patient is always the King!



Thanks for your kind attention

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Projet Sylos 2012 research team

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Prof. JP Unger

Prof D. Giet

Aknowledgment:

To the local health professionals already in
the process

To my personnal team (ABJI)