

Would you care for some INTEGRATED CARE in your FRAGMENTED health system?

A participatory action research

to improve integration between levels of care in a Belgian urban setting

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Context

Increasing demand for integration

Ageing population and multimorbidity
Financial pressure on hospital

Weak integration between levels of care

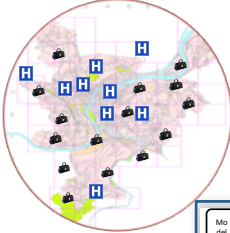
- No gatekeeping
- Few integrated care pathways
- Weak functional & normative integration
- No territorial planification

Primary health care:

Self-employed GP mainly in solo practice

Urban setting

Several hospitals; = 300 GP's



Method: Participatory Action Research

Research through Action

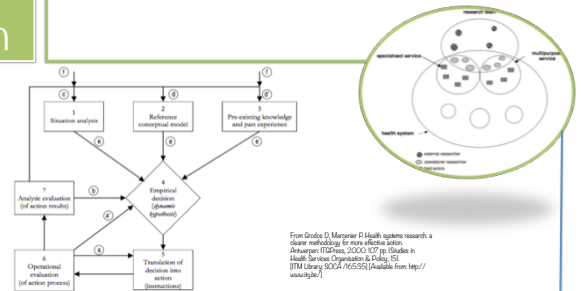
Deming's Spiral: plan/do/check/act
Participative at all stages

Justified for

- comprehensive approach in complex situation
- implementation

Model: Local Health System

Integration between levels of care for a defined population supported by a coordination team



Results

Choices for action: local secondary care hospital and local GP representatives

Professional and organizational interests for integrated care:

- Internal improvement: information flow
- Increased interprofessional and interorganizational knowledges and relationships

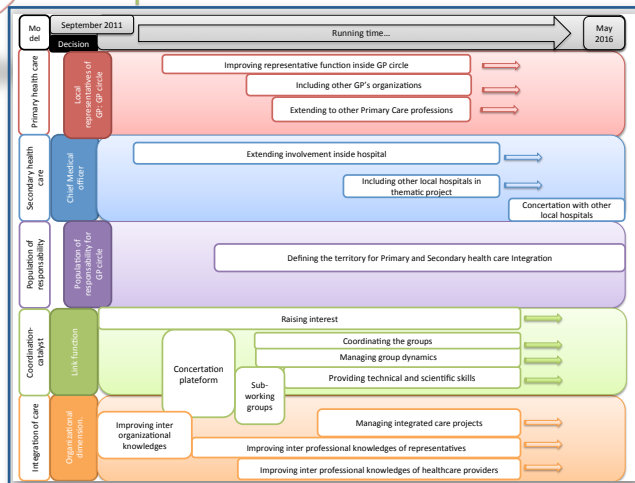
Supported by concertation platform of organizational representatives

- No financial incentive
- Extension of process to other hospitals and other primary health care organizations

Coordination mechanisms implemented locally

- Information flows between levels of care
- Direct contact between professionals
- Integrated care pathways for complex situations (a specified stage of one disease)

Highlights



Concertation platform of organizational representatives from the 2 levels of care = necessary link in a fragmented health system (like Belgium)

Bottom-Up approach built on:

- immaterial incentives (e.g. mutual recognition)
- participative approach
- self-defined territory

Time consuming: to gain voluntary adhesion

Difficulty to represent weakly structured Primary Health Care

Input of researchers:

- raising local representative's awareness,
- supporting boundary spanner's activities
- bringing technical competencies (primary care, public health)

Limited scope: doctor-centered

single disease approach

difficulty to gather several hospitals

(marked-based organization of secondary care)

Conclusions

- Increased integration of care

From normative (cultural framework) to functional (support) dimensions
Between levels of care and inside each levels (vertical/horizontal)
From organizational to professional level

- Potentialization of

BOTTOM-UP and TOP-DOWN



Sustainability



Incentives for action
• Policy
• (weak) Financial investment

Adapted to the local context