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.

JL Belche, C. Duchesne, C. Darra, J. Van der Vennet, F. Monet, J.P. Unger, D. Geet. DSP IMT Antwerpen/DUMLG ULg

Context

Increasing demand for integration

• Ageding population and multimorbidity
• Financial pressure on hospital

Model: Local Health System

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

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

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 knowledge 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)

Conclusions

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

• Potentialization of BOTTOM-UP and TOP-DOWN
  Adapted to the local context

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)
  • participatory 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)

Contact: Jean Luc Belche, belche@ulg.ac.be
Département Médecine Générale - Université de Liège
Bât. B23 Tour 3 4000 Liège
Tel: (+32)4/366.40.50 Fax: (+32)4/366.42.77

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Antwerpen: clearer methodology

Sustainability

Incentives for action:
• Policy
• (weak) Financial investment