

Integrated care in practice

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.

Introduction

Integration between levels of care is not facilitated by the Belgian health system. Indeed, patients have uninhibited access to every level of care, there is no gatekeeping system, and no structural coordination between levels of care. Meanwhile, on one hand, the occurrence of more complex care situations in the ambulatory setting is enhancing the need for coordination while on the other hand, hospitals face financial constraints to provide care in the community.

Implementation

The aim of the research was to organize coordination between levels of care at the local level, in an urban setting. We used the “Local Health System” model (LHS) that aims at integrating hospital and primary care activities for a defined population at the local level. We chose the participatory action research (PAR) methodology and its spiral plan-do-study-act cycles, to ensure the participation and implementation of results by the targeted actors (hospital and local general practitioners (GP) organizations).

Key findings

This article presents the activities and outputs of the 4-year PAR still in process.

The first step of the research highlighted the interest that representatives of professionals (GP and specialists) have for coordination between levels of care. It also revealed a lack of awareness regarding the role of respective work organizations and the difficulties to act as representatives. A coordination platform between one hospital and local GP organizations was built with technical and organizational support of researchers. Regular meetings of representatives were organized, without financial incentive or policy constraint.

The first and main activities were oriented toward explanations of the specific tasks and competencies of each levels of care. Practical improvements concerning coordination mechanisms were recorded such as information system between levels of care, direct contact between GP and specialists and definition of each other’s scope of action in routines for complex situations.

After 4 years of PAR, the coordination platform does not include representatives of other professionals or patients.

Improved integration between organizations also improved representation mechanisms and information flow within organizations themselves.

Interest from neighboring hospitals grew and led to the emergence of other coordination platforms between levels of care in the same area, some centered on one hospital and others involving several hospitals around one disease.

Highlights

Our interventions filled an operational gap and as such, were supported by local actors, hospital and GP organizations. Some recent health policies were also identified as action-levers.

Our PAR suggests that immaterial incentives and appropriate bottom-up organization may significantly improve care integration in the context of fragmented health system.

Currently the coordination platforms revolve around one hospital, according to specific organizational constraints of each institution and market-based organization of secondary care.

The coordination process remains doctor-centered and single-disease oriented, reproducing the organization of care within the primary care and the hospital and also the prevailing approach of chronic disease.

The inputs of researchers in the process emphasize the importance of raising participants' awareness of organizational integration of care and supporting boundary spanners' competences in integrating levels of care.

Conclusion

Our bottom-up approach proved multi-functional, sustainable and cheap. Although time-consuming, it ensured adoption and sustainability of the process by the actors.

If policy support may help sustainability and transferability of LHS within health systems with weak integration between levels of care by fostering functional integration, the importance of voluntary adhesion and strategies design adapted to local characteristics proved indispensable.