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Conference Abstract

Shaping integrated team based home care services in Lithuania

Mrs. Lina Danuseviciene, Lithuanian University of Health Sciences, Lithuania

Correspondence to: *Mrs. Lina Danuseviciene, Lithuanian University of Health Sciences, Phone: , E-mail: linadanus@gmail.com*

Abstract

Introduction: Lithuanian society is one of the rapidly aging societies in Europe. The rise of aging population challenges to rethink policies and to develop new forms and strategies of long term care for chronically ill and dependent elderly. In Lithuania Social welfare and Health care systems are functioning separately and lack patient centered approach to service provision. Assurance sustainability for shifting society forces for intensive transformation of systems. The questions raise how to shape long term home care services for elderly persons based on patient centered approach and how to develop co-ordinated assistance between social and health care providers. The first step of health and social care systems transformation to integrated long term home care is seen the development of mobile teams of health and social care providers. Recently in twenty municipalities departments of social care started experimental integrated home care projects with mobile teams assembled of social and health care providers.

Aims: to evaluate the development of new organizational form “mobile teams” in providing integrated home care and interaction of this new form with existing health and social care structures.

Methods/settings/participants: conducted qualitative study based on social constructivist strategy. Five semi structured interviews with 5 administrators of mobile teams and focus groups with 5 mobile teams of care providers from five municipalities.

Results: In the departments social care provision one part of day social care providers were restructured into mobile teams: next to social worker were employed nurses. The understanding of integrated care provision distinguished between health and social care providers. The social care and health care providers differed in approach to care provision. In the mobile team social care provider sought empowerment of client in self care activities, the nurses assisted clients without encouraging them to be active in the care process. The nurses tended to take passive role in care planning and see their role to follow physician's prescription. The health care providers were used to subordinated professional interaction, where the physician is responsible for treatment process. The social worker took responsibility for case management, but nurses ignored or did not react to social worker's requests related to persons health care. The health care providers were reluctant to discuss issues as they are not used to dialog culture. The mobile teams' service providers seeking to overcome challenges of integrated care provision initiated round tables discussions with health care service providers and administrators of other municipalities. Challenges in working together provoked new communication models.

Conclusions: The health and social care providers in mobile teams used different health care models: social care providers used psychosocial and health care providers (nurses) applied biomedical model in integrated care provision. The professional status unequalities caused tension between care providers in the mobile teams. The new model of mobile teams provoked turn of care towards patient centered approach and integration processes between existing social and health care structures.

Keywords

integrated team, home care, social innovation, Lithuania

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/integrated-care-practice-integrated-care-older-people>
