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Conference Abstract

Towards community-based integrated care: A qualitative multiple case-study of Dutch primary care centres

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Abstract

Introduction: Due to the increasing specialization of health services and the increasing complexity of healthcare demands, collaboration of different professionals becomes vital to tackle nowadays healthcare challenges. Specifically, alliances between health and social care should receive more attention because health problems mostly not only relate to a medical condition, but also to social and/or physical environmental factors. By means of a qualitative multiple case-study we investigated the facilitating and hindering factors for community-based integrated care within Dutch primary care centers.

Methods: Semi-structured in-depth interviews with primary and social municipal care providers (n = +/- 55) from 6 Dutch primary care centers will be analysed, using axial coding within a deductive coding scheme in which text sections of transcripts will be assigned towards organisational, cultural, financial, physical, and care content-related factors of collaboration between primary health and municipal social care.

Results: Preliminary results of the first primary care center showed that time to attend structural multi-disciplinary meetings (e.g., once a week) serves as a precondition for direct information

exchange between professionals and providing continuous, comprehensive and coordinated care. Furthermore, providing primary health and social municipal care in one building stimulates ad-hoc and informal health content-related information exchange between professionals. Although differences in organisational culture between the municipality and primary care center seem to affect collaboration, these differences do not necessarily disrupt collaboration at the operational level. Openness to collaboration at the personal level and knowledge how to address the organisational and cultural differences in order to reach mutual goals is important. Furthermore, knowledge about the operational discretionary flexibility of other professionals is essential for professionals to understand to what extent collaboration can take place. Results of the remaining primary care centers will be presented at the conference as far as data collection and analyses have been completed until then.

Discussion and Conclusion: First results indicate that collaboration of primary health care and municipal social care within primary care centers (community-based integrated care) seems to be a promising structure that facilitates continuous, comprehensive and coordinated care.

Keywords

community-based integrated care, primary care, qualitative case-study, collaboration

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/thinking-differently-community-engagement-and-integrated-care>
