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Poster Abstract

Implementation of integrated care organization in Poland: empirical validation of the model for integrated care

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Abstract

Introduction: To the main factors indispensable for achieving success in implementation of a new integrated healthcare delivery system according to Suter et al. belong: organizational culture and leadership, physician integration, governance structure, financial management, comprehensive services across the Continuum of Care, patient focus, geographic coverage and rostering, standardized care delivery through interprofessional teams, performance management [1][2]. Combining this elements allows to construct the model for integrated care that has the potential to serve as an assessment tool for health care professionals, managers and integrated care coordinators to support the implementation of improvement activities

Objectives: Empirical validation of the model in practice by assessing the implementation of the elements in integrated care service setting

Methods: Reviews conducted with members of governing body of Medical and Diagnostic Centre in Siedlce using the questionnaire concerning the elements of the model. The respondents were asked to rate whether each element was relevant to their specific integrated care practice (yes = 1, no = 0) and if so, whether and in which year this element was implemented. The element was also described. If elements were not implemented, there was an option by which to indicate that there were intentions to implement this element shortly (this year or the next).

Results: Ca. 68000 patients in mazowieckie and lubelskie woiwodships belong to Medical and Diagnostic Centre in Siedlce, Poland. This IC organization exists since 1998 and is still growing. First 6 years of ICO operation were problematic. After first 6 years, following factors were fully implemented: comprehensive services across the Continuum of Care, patient focus, standardized care delivery through interprofessional teams (ICO uses and controls application of standards of care and diagnostics for specialists and for primary care), information systems (ICO uses electronic health records and e-prescribing), organizational culture and leadership, physician integration, governance structure, financial management. Following factors are still insufficiently fulfilled: geographic coverage (only 8-20% of population is covered) and rostering (doesn't exist in this ICO and in Poland – patients have to enroll voluntarily), performance management (only financial performance of ICO and performance of employees in multiplying the number of medical procedures is monitored), but ICO wants to correct it.

Conclusions: filling in the questionnaire was a good exercise to reflect upon the current situation. Discussing the implementation of the elements gave new ideas for the improvement and further development of this integrated care practice.

Keywords

integrated care; key factors; implementation; Poland

References

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PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>