

CONFERENCE ABSTRACT

Perceived benefits of working in a collaborative model of social and health care in Catalonia: what do professionals involved experience?

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Background: In 2013 several regional pioneer projects were set up in Catalonia aiming to improve continuity and integration of care in people with health and social needs, to promote a patient-centred model of care and to forge stronger bonds between stakeholders involved. Within these collaborative models the principal connection was made between basic social services (depending on local town and/or county councils) and primary health services (depending on the Catalan Institute of Health or other providers). The Agency of Health Quality and Assessment of Catalonia (AQuAS for Catalan acronym, a public governmental institution) was commissioned to carry out an external assessment of 9 collaborative models of social and health care. In this paper we are presenting the results of this project and discussion of the challenge in measuring the benefits and outcomes perceived by professionals involved in these initiatives.

Methods: A qualitative case study was carried out in the first semester of 2014. Information was collected through semi-structured questionnaires sent to the leaders of the models and discussion groups with their professionals (2 groups in each model; with participants from the fields of management and health and social care). Additional material of each experience such as their functional plans, circuits and internal presentations was collected. All discussion groups were audio-taped and qualitative analysis was carried out implying a content and discourse analysis. Several steps were followed to assure the quality and validity of qualitative case reports and global results (definition of a research protocol, triangulation of information and analysts, and validation of results with all participants). Each model included multidisciplinary teams mainly from the fields of social work, social education, primary care medicine, nursing, internal medicine and psychiatric medicine among other, including management and care profiles.

Results: The 9 assessed collaborative models of social and health care differed in terms of the service providers involved, target population, phases of evolution of the models and professional profiles. Nevertheless, we found similar beliefs and experiences of the professionals involved in terms of what a “collaborative model” of social and healthcare model was. They considered it went beyond coordinated care (considered a more informal way for professionals to work together) and integrated care (involved sharing common goals and an overall view of users). The collaborative model, as a concept, involved not only teamwork, coordination and integrated care but also transforming informal processes and organization of social and health care, into more formal structures and functioning (preparing a functional plan, defining common aims and agreements between institutions and providers). Participants described perceived benefits of working in a collaborative model for different stakeholders such as for health and social care professionals, for managers and decision makers, for users and caregivers and for the system globally. Some of these perceived benefits were: an increase in sense of facilitating decision-making for professionals when identifying users’ needs and defining the most adequate care; an increased process agility and efficiency; or promoting the user’s sense of comfort along their process of care (“users are not so muddled and annoyed as us much”). A set of quantitative outcome indicators was proposed taking into account the qualitative perceived benefits expressed by professionals and also indicators used in the scorecards of these models.

Discussion and conclusions: The results of this project have allowed documenting and deepening in what a collaborative model of social and health care imply for multidisciplinary teams of professionals. A step forward has been made to transform perceived benefits and outcomes in a proposal of a common set of quantitative indicators for future comparative studies. As in other countries, there is still a challenge in measuring the outcomes and benefits in terms of how effective and efficient these kinds of experiences are at short, medium and long term. In this paper we will be comparing the results obtained in Catalonia with the evidence from similar published studies.

Keywords: perceived benefits; integrated care; qualitative study; health service research; evidence based policy making
