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Conference abstract

A development model for integrated care

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Abstract

Purpose: The objective of the study was to identify the elements and clusters of a quality management model for integrated care. An element was defined as an activity focusing on the development (realization, improvement, innovation or sustainability) of integrated care. Also the developmental process of integrated care was researched resulting in the description of four development phases of integrated care [1].

Context: After the development of the quality management model for integrated care, the model was tested in integrated care practice in The Netherlands. Eighty-four integrated care services for stroke, acute myocardial infarct and dementia patients tested the model in practice, to assess its generic character and use in practise.

Methods: The development model for integrated care (DMIC) was developed by combining a structured literature study, a three round Delphi study with 31 experts and a concept mapping study [2]. This systematic approach resulted in 89 elements of integrated care, which were grouped in nine clusters. For the grouping procedure concept mapping was used. By using a questionnaire research an empirical test in three different integrated care setting in The Netherlands: patients with stroke, acute myocardial infarction (AMI), and dementia was executed.

Results and discussion: The development model for integrated care consists of nine clusters and four development phases. The clusters are named 'patient-centeredness', 'delivery system', 'performance management', 'quality of care', 'result-focused learning', 'inter-professional teamwork', 'roles and tasks', 'commitment' and 'transparent entrepreneurship'. The development phases are the 'initiative and design phase'; the 'experimental and execution phase'; the 'expansion and monitoring phase' and the 'consolidation and transformation phase'. The results confirm that although the characteristics of the 84 participating integrated care services differed on numerous aspects, the DMIC was highly recognized in practice. There was a strong relation between the number of implemented elements and the phase of development. The model can serve as a quality management tool for integrated care. Integrated care coordinators stated that the DMIC helps them to assess their integrated care development and that it provides suggestions for further development and implementation of integrated care practice.

Further information: In an oral presentation or workshop there is a lot of information about the DMIC that can be presented. Also the use of the model in 84 practices in The Netherlands gives a lot of information which cannot be presented in a short abstract. Because the research showed that the model is a useful tool for a large number of integrated care settings, the information will be relevant for all project leaders, researchers and policy makers in integrated care, also for an international audience.

Keywords

development model for integrated care, development phase, model for integrated care

References

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PowerPoint presentation available from: <http://www.integratedcare.org/Portals/0/congresses/Minkman%20Integrated%20Care%20Odense%20DEF.pdf>