
CONFERENCE ABSTRACT

Which implementation strategies and behavioral changes are successfully creating dynamic networks in health care and welfare, an Integrated Personalised Care Approach.

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Introduction

Recipients of care and welfare in Western Europe are increasingly presenting themselves with complex needs due to chronic diseases which can have major consequences for how people live their lives. Multiple care demands require a new way of organizing care and welfare in an integrated manner, which meets those demands in a personalized way.

Policy context and objective

The reality is that care and welfare are still mainly offered in a standardized, specialized and fragmented way. This imbalance between the need of care and the supply of care not only leads to under-treatment and over-treatment and thus to less (experienced) quality, but also entails the risk of mis-treatment, which means that patient safety is at stake. It also leads to a decrease in the functioning of people and unnecessary (care) costs. To proceed in the same way in the Netherlands is financially untenable.

Targeted population

Elderly people with two or more chronic disorders

Highlights

Why is integration of health care and welfare so very difficult to achieve?

First, the starting point for integrated personalized care is that patients, professionals and informal caretakers work towards common goals, which in a person's care situation are not always compatible.

Second, for the arduous creation of integrated care is a lack of cooperation between organizations. When the interventions lead to a decrease in income of professionals or organizations, this negatively affects the willingness to collaborate.

Third, the number of interventions that can contribute to integrality is vast. And it is unclear what strategies and interventions work in which circumstances. The awareness that the context is important and influential to integrating personalized care is increasing. Yet, the local circumstances are yet not sufficiently taken into account in research into the (effects of) integrated care.

Forth, organizing this complexity and uncertainty is a major challenge to many professionals and managers. They have often learned to reduce complexity instead of integrating more complexity. Changes are frequently introduced on a process and systematic basis. In implementation repeatedly little attention is paid to the diversity of needs in reality. The risk of failing integrated care and welfare pathways increases as complexity increases. Knowledge of implementation strategies in complex change situations is needed to achieve successful integration of health care and welfare services.

Conclusions

Implementing innovations becomes more complex with application of integrated care. There are still many obstacles to remove before we can speak of personalized integrated care. We need to improve knowledge of and recommend strategies and interventions within specific contexts and conditions to increase integration of healthcare and welfare. Evaluation of the effectiveness of deliberately applied implementation strategies and interventions to integrate health care and welfare from single component to multicomponent. Third phase contingency models are very usefull in this context because they combine multiple movements and take into account dynamic interactions between change and a complex environment.