

CONFERENCE ABSTRACT

Analysis of initial barriers and facilitators to the implementation of a county wide integrated care project in Estonia: experience from the PAIK service

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Introduction

Estonia is an East-European country where healthcare is financed predominantly through the social health insurance and the main payment model for specialist medical care is fee-for-service. There are no value-based payment models in place resulting in a very fragmented health and social care system and integrated models for taking care of people with complex needs are lacking in Estonia. To change this several pilot projects have emerged in the last 2 years including the Viljandi PAIK service initiative.

Aim

To identify and prioritise the barriers and facilitators perceived by a multidisciplinary group of stakeholders that influence the implementation of integrated care models in Estonia.

Methods

Focus group meetings of service providers in Viljandi were organised to discuss the barriers and facilitators. Factors identified were weighted on a scale of 1-3 (1 - low significance, 2 – medium significance, 3 – critical) to determine their impact.

Results

10 barriers and 6 facilitators were identified. These were as follows (in no specific order; perceived impact in parentheses):

Barrier:

- Medical and social support records are not on the same IT platforms (2)
- Different terminology used by healthcare and social care providers (1)
- Different management of clients/patients between social and healthcare systems (2)
- Legal restrictions for data exchange between different providers (1)
- Family doctor resistance and lack of motivation (2)

- Fee-for-service payment model not suited for integrated care provision (3)
- Lack of necessary skills in the workforce (2)
- Doctors do not perceive value of healthcare and the social system co-operation (3)
- Limited social system capacity (3)
- Overburdened primary care system (2)

Facilitator:

- Motivated leadership in the hospital (3)
- Nurses and social workers perceive an opportunity to work on top of their license (2)
- Nurses more motivated than doctors to provide patient centred care (3)
- Decision maker support (3)
- Social service providers perceive value in co-operation (2)
- International support (IFIC and WHO) (2)

Conclusions

In the focus group discussions we identified 3 critical barriers and 3 critical facilitators to integrated care provision in Estonia. These included the need to change the payment system, change to doctor attitudes towards the social care system and its capacity. The key facilitators included highly motivated local leadership, decision maker support and the nurses willingness and motivation to change their roles in the healthcare system.

Limitations

Our results are most likely context specific and limited to the experience and opinions of the region. However, we expect similar barriers to be encountered by other pilots deciding to pursue a more integrated service provision in their region of Estonia.

Suggestions for future: The findings of this study could be compiled into a report and shared with other pilots in Estonia and beyond as well as in meetings with the decision makers.