
CONFERENCE ABSTRACT

Integrated care for the elderly in Utrecht Overvecht, the Netherlands

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Introduction

Utrecht Overvecht is a multicultural deprived neighbourhood in the Netherlands. Residents often have multiple problems, both in the field of health and wellbeing. More than 15% of the residents are above 65 years. Since older people live longer at home independently, they need increasingly complex care.

To address the care needs of these elderly, professionals from medical and social care work together in an integrated manner. Underlying idea is that non-medical aspects of a patient's life situation are essential to take into account in the risk analysis and guidance of health problems. Professionals use the 4-Domains model (4D-model) as a tool to display and analyse the problems of their patients in a structured manner. The 4D-model provides a mutual framework of analysis and language for professionals from different domains.

Aim

In this study we evaluate promoting and impeding factors for cooperation in the collaboration between professionals from medical and social care in Overvecht.

Method

Face to face interviews (25) and a focusgroup discussion with general practitioners, practice nurse for elderly, community nurses, and social workers.

Results

Promoting factors for collaboration are that professionals from medical and social care experience a shared vision on care for elderly in their neighbourhood, as well as large willingness to collaborate and share responsibility. Furthermore, professionals know each other personally, through formal and informal meetings and proactively seek collaboration. The 4D model provides a useful tool in joint patient discussions. The practice nurse is seen as a very important and accessible link in the collaboration between general practitioners and other health- and care providers.

There are also impeding factors for collaboration. Compliance with working agreements varies between professionals, and also due to the large number of home care organisations and the large turn over in professionals, collaboration is sometimes difficult.

Discussion

Although collaboration in the care for elderly in Overvecht generally goes well, it is difficult to equally involve all professionals in the neighbourhood. Personal factors as well as time and financial barriers play a role, but also the fact that a large number of professionals and organisations are involved in elderly care. It seems important to keep partnerships relatively small and well-arranged. It is better to have a few good 'key-persons' in the right place who can each reach their own network, so that necessary connections can be made through them.

Conclusions

Knowing each other personally is an important prerequisite for good collaboration. A central 'key-person' who coordinates collaboration between professionals from different domains is indispensable. A mutual framework of analysis and language for professionals from medical and social domain, can be very useful in collaboration.

Lessons learned

Collaboration is essential for good healthcare, but requires continuous investment.

Limitations

We interviewed a selective sample of professionals, who may be expected to be the most motivated persons. Their opinions may therefore not be entirely representative.

Suggestions for future research

In future research it is important to evaluate the experiences of elderly themselves with this type of integrated care.