
CONFERENCE ABSTRACT

Extend the ContSys standard to support the continuity of care across health and social care contexts

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Introduction

A critical aspect in the provision of integrated care services in the community is their fragmentation that would benefit from an improvement of the coordination and cooperation among primary, secondary and social care providers. One of the issues to be tackled to improve the communication among stakeholders is the definition of a shared conceptual model. Among the standards developed in healthcare ContSys (A system of concepts for the continuity of care, formally ISO 13940:2015) represents a suitable starting point to accomplish this task. Aim of this paper is to describe the methodology adopted by the working group launched at the UNINFO, the branch of the Italian National Unification (UNI) Standardization body, to extend the ContSys standard with social care concepts.

Methods

The conceptual model that integrates health and social contexts is based on the following steps: 1) analysis of the ContSys concepts to define the social care model. This step captures terms that overlap between the two models and those that are specifically devoted to describe the social care perspective; 2) identification and definition of the integrated model that describes services delivered in a professional collaboration and integration perspective. This is mainly applied considering the assessment and planning activities that can be carried out by a multidisciplinary team composed of health and social care providers.

Results

The paper presents the first results of the UNINFO working group paying particular attention on the section of the model where health and social care contexts can be integrated. The majority of the concepts already refer in their definition to social care and basically need to be revised in terms of examples. A set of concepts that instead specifically describe the clinical process require the creation of new concepts targeted to the social care to specify its counterpart within the social context. Finally, some concepts of the ContSys model have not been considered within the social one.

Conclusions

The adoption of the methodology proposed in this paper allowed us to identify a common shared conceptual model that integrates health and social care contexts also identifying a portion where integrated services can be planned and delivered in a continuity of care perspective.

Discussion

At the moment the UNINFO team has defined the social care model identifying an extension of the ContSys standard as well as capturing the part of the healthcare process where a health and social professionals can collaborate in an integrated view and need to be modeled.

Lesson learned

The debate stimulated by the interdisciplinary team, that comprises researchers and professionals belonging to health and social care, can be a starting point to provide suggestions to the established ISO working group for the future revision of the ContSys standard.

Limitations

The absence of a standardized shared conceptual model within the social care context.

Suggestions for future research

The completeness of the extended model should be assessed through the collection and application of a set of scenarios that describe the planning and provision of health and social services.