

POSTER ABSTRACT

What's integration got to do with it? Observations and lessons from the Franciscus Gasthuis & Vlietland Study Trip to North-West London

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Introduction and description: In line with global developments, Franciscus Gasthuis & Vlietland works on concepts as triple aim, integrated care, person-centered care etc..

To achieve a more common approach in the area, Franciscus Gasthuis & Vlietland organized an exploratory study trip to London with medical specialists and general practitioners. The theme was 'Crossing borders', literally from The Netherlands to the United Kingdom and figuratively move forward in integrated care.

To create a joint starting point, participants were asked to prepare properly by exploring the theory of Integrated Care and identify their own activities and competencies in this context.

The study trip was arranged in cooperation with the IFIC. We learned more about the competencies, cultures and values for integrated care and went on an inspiring site visit. We discussed what was needed to move forward; who do we need to get on board? What are the next steps: this week, in 3, 6 and 12 months?

Aim and theory of change: The connection and collaboration 'hospital – GP' and 'GP-community' works well. However, the triangle 'hospital, GP and community' is missing. We need an 'integrator'[1] with a mission to connect this triangle.

Targeted population and stakeholders

Organizational links are our first focus. Next, we need to involve other care partners, patients, local municipalities and the community.

Timeline: In order to take the next steps discussed in London, we worked with two focus groups on the theme of integrated care. The focus group consisted of a representation of the "London group". We now have to decide how to move forward in 2018 and integrate the ongoing initiatives.

Highlights: The most important outcomes for our situation, on the short term, are:

- building trust and commitment;
- better coordination of the already existing initiatives;
- create a regional vision;

- start with a subregional agenda about cooperation and care at the right place;
- create a structure through which we keep on encouraging each other.

Comments on sustainability and transferability: First, we have to put this theme on all relevant agenda's and make links between the existing groups and networks, to create a strong fundament. Next, we want to develop a regional vision and framework from which existing initiatives can be given a boost and new initiatives can be started.

Bring people together around these themes, in an informal setting, is working out well. A hospital is a large and important player in the region, and able to organize this kind of things for a region with many individual health professionals.

Discussions: How can we influence administrative agenda's in our region to achieve the right goals with the right partners? Which party can be the big dynamic of change?

Lessons learned: We are dealing with different regions and individual stakeholders. We have to involve each of them. We have to exceed our individual interests and build a common ambition if we really want to change the way we work. And it takes time, be patient.

References:

1- Schrijvers G, Gerritsen HJ. Integrated Care. Better and Cheaper. Amsterdam: Reed Business Information; 2016.

Keywords: building networks; developing regional vision; cross-organizational change
