
CONFERENCE ABSTRACT

Financial barriers decrease the benefits of interprofessional collaboration within integrated care programs: Results of a nationwide survey

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Introduction: For more than two decades, integrated care initiatives have been considered and implemented throughout Europe and North America to overcome challenges linked to chronic disease care in communities [1, 2]. These initiatives aim at reorganizing healthcare systems and services to foster care continuity, coordination and integration. Amongst other authors, Suter and collaborators state that the involvement of “interprofessional teams [3]” is a key element to such models of care. Nevertheless, the benefits of interprofessional collaboration (IPC) remain unclear in published literature, and results arising from IPC in integrated care initiatives are scarce [4].

Our study had two aims: First, to explore whether IPC in integrated care initiatives was associated with reported improvements at the organizational level and at patient care level. Second, to assess whether existing barriers to the implementation of integrated care initiatives moderated those associations.

Methods: We used self-reported data from the Swiss Integrated Care Survey [5], a cross-sectional study that identified and described all Swiss integrated care initiatives meeting four eligibility criteria (i.e. using some type of formalization, considering >2 different groups of healthcare professionals, integrating >2 healthcare levels, and was ongoing at data collection time). Moderated mediation analyses were conducted by using perceived care improvement as outcome, IPC implementation as independent variable, perceived organizational improvement as mediator, and professional, patient and financial barriers (i.e. inadequate initiative funding and inadequate patient reimbursement) as moderators.

Results: 153 representatives of the initiatives identified in the Swiss Integrated Care Survey returned a valid questionnaire (response rate 92.7%). Analyses showed that IPC implementation was associated with perceived improvements at the organizational level, which in turn was associated with perceived improvements in patient care. However, the positive association between IPC implementation and perceived improvements at the organizational level no longer existed when financial barriers to funding initiatives or to patients’ reimbursement were reported. Discussion. According to the representatives of integrated care initiatives, financial barriers were the most deleterious ones influencing the positive impact of IPC on integrated care functioning.

Conclusion:

Lessons learned: To our knowledge, this study is the first to investigate the role of financial barriers in IPC implementation within integrated care initiatives. The implementation of IPC in practice, which may reduce long-term costs of integrated care initiatives [6], requires initial financial resources. This forefront investment is crucial since the success of integrated care initiatives including IPC depend on it [3].

Limitations: The cross-sectional design of the study limits causal inferences; and only representatives of initiatives were contacted.

Suggestion for future research: Future research should include a follow-up of integrated care initiatives to assess longer-term effects of IPC and financial barriers on the effectiveness of these initiatives.

Keywords: interprofessional collaboration; integrated care initiatives; nationwide survey; financial barriers
