

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117004](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117004)

Copyright: 

---

Conference Abstract

## Intersectoral pathways of vulnerable patient groups in Southern Denmark

*Stine Lundstroem Kamionka, University of Southern Denmark, Odense University Hospital, Denmark*

*Niels Buus, University of Southern Denmark, Denmark*

*Morten Sodemann, University of Southern Denmark, Odense University Hospital, Denmark*

*Peer Noehr-Jensen, Psychiatry in the North Denmark Region, Denmark*

*Kim Juul Larsen, Child and Adolescent Mental Health Odense, Denmark*

Correspondence to: **Stine Lundstroem Kamionka**, University of Southern Denmark, Denmark, E-mail: [stine\\_lundstroem@hotmail.com](mailto:stine_lundstroem@hotmail.com)

---

## Abstract

**Introduction:** Vulnerable patients often deal with multifaceted social disadvantaged, chronic and mental illness. In Denmark this means that these patients often have intersectional pathways involving many different health care and social work staff members. Those patients rarely have resources to manage their own course and without professional coordination, these patients are in danger of not receiving the treatment they need. Consequently there seems to be a need for interdisciplinary and intersectional collaboration to avoid further stigmatization of these patients.

**Theory/Methods:** The study is designed as a qualitative, explorative case study. The cases are pathways of vulnerable patients from the Centre for Suicide Prevention - Child and Adolescent Psychiatry Odense, Denmark (N=5) and from the Migrant Health Clinic, Department of Infectious Diseases, Odense University Hospital, Denmark (N=5). The empirical data are generated through triangulation and are collected through pathway logs, interviews of professionals and interview of patients. The analysis focuses on identifying themes in the collected data. The themes will be analysed according to the processes of ensuring the pathways direction, alignment and commitment.

**Results and Discussions:** This on-going study will present the results and insight in the actual process of making of integrated care for vulnerable patients in the Region of Southern Denmark. The project will be finished January 2015.

**Conclusions:** The preliminary results show, that it is possible to track the pathway of vulnerable patients through the systems. However, the tracks reveal some big holes in the pathways that needs to be addressed to ensure equal access to health and social care services.

**Lessons learned:** It is revealed that a coherent pathway of vulnerable patients is an organizational, political and a clinical job.

**Limitations:** 1) This is a small qualitative study, 2) This is just one approach - other approaches might show different results. 3) This method is resource demanding, when generating time accurate data.

**Suggestions for future research:** The many organizational obstacles identified suggest that it is an area that needs further investigation.

## **Keywords**

**community-based integrated care; organisational structure; integrated care pathway; coordination; vulnerabel patients**

---

## **PowerPoint presentation**

<http://integratedcarefoundation.org/resource/icic15-presentations>