

CONFERENCE ABSTRACT

Creating client support systems

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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Introduction: The Master of Science Integrated Care Design was developed in 2006 and started for the first time in 2007. The students have been required to develop the methodical answer to a question concerning the care or care trajectories of people they are concerned with. Now, ten years after the first students started we are evaluating the outcomes of the projects of the cohorts 2010-2014.

Questions: Which of the criteria as mentioned as mentioned by Schrijvers (2016) can be applied to these projects (what are discrepancies)

Which methodical patterns were found?

Is there a reason to make changes in our Master Degree program?

Method: Thirty-eight professionals with different backgrounds in nursing, physiotherapy, social work, speech therapy, skin therapy, pharmacology, health care planning, occupational therapy, teaching and dental hygiene participated and earned their degree. They interviewed people, searched the literature, researched the context of the problem, designed strategies for implementation and knowledge management, and wrote business plans and financial evaluations of their proposal.

Based on Schrijvers (2016)¹ we used the six dimensions of integrated care to analyse the 38 theses: type, patient as partner, quality of care, payment, e-health, change management.

All the alumni were interviewed (questionnaire) concerning the outcomes of their thesis. Were their proposals sustainable and successful? Topics: follow up after getting their degree; adaptations (content, range [local, regional, national, international], level [micro, meso, macro], time schedule and participants); patient (client) outcomes; process outcomes; role / role change.

Findings: The most noticeable finding was that students had to create new client support systems. In order to integrate, improve or innovate the care which is aimed at triple aim: the quality of life and to contribute to quality of care and cost-effectiveness, it is insufficient to just integrate existing services. Integration of services and person-centered care will not happen on the basis of ideals and societal demands. Integration of services and patient-centered care need actual solutions for specific problems as the basis for different types of collaboration and structures.

References:

1- Schrijvers, G. Integrated Care better and cheaper. 1th Edition; Amsterdam: Reed Business Information, 2016

Keywords: master integrated care design; student projects; evaluation
