

CONFERENCE ABSTRACT

Integrated care in community health centers in Belgium. An exploratory study on the provision of care by general practitioners, nurses and social workers.

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Community health centers (CHCs) in Belgium distinguish from other primary care settings by factors known as facilitators for integrated care. First of all there is the interdisciplinary approach by at least 3 disciplines: a general practitioner, a nurse and a third discipline at the primary care level, for example a social worker. A second facilitating principle is the accessibility and the low financial threshold. Finally, the CHCs devote much attention to prevention, health promotion, detection of local health needs. Often these centers are situated in areas with a lot of welfare problems.

In this exploratory study, researchers examine the implementation of integrated care. The results are based on document analysis, participant observations and interviews in 3 CHCs in Ghent.

Based on a literature study and a study of relevant documents of the CHCs, preconditions and core principles specific for CHCs were extracted. As preconditions person-centered care and equity were recognized. Core principles were that care has to be co-produced, collaborative, accessible, continuous, and oriented towards both the individual and the community environment.

During the participatory observation, the researchers focused on the organisation and delivery of care towards patients. These findings were combined with results from document analysis. Following key principles were specific for care provided in CHCs : holistic care, person-centered care, co-production, parity, equity, qualitative care and taking in to account the context of people. These key principles are reflected in different dimensions: between professionals, primary care organisations, formal and informal caregivers and the community. The unique identity of each CHC, based on its history, location and size influenced integrated care.

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In order to validate the detected key principles, dimensions and influencing factors, 5 cases per CHC were selected. Patients, informal caregivers and professionals were interviewed. Based on the results of these interviews the key principles, dimensions and influencing factors will be adapted. Next, competences for (future) health and social workers will be defined.

Keywords: integrated care; community health centers; key principles of integrated care; dimensions of integrated care; influencing factors of integrate care
