

CONFERENCE ABSTRACT

Callcenter – an Integrated Healthcare System in the Middle of Denmark

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

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Introduction: Patients recover fastest and best at home or in a municipality care facility in the care of general-practitioners(GPs). They risk fewer complications and the Emergency Department find that many admissions could be avoided and thus leaving the beds free for those patients who do need the specialist treatment. Acute care initiatives in municipalities seem to be scarcely used.

Short description of practice change implemented: To provide GPs up-to-date information of the initiatives in Viborg, Silkeborg, and Skive municipalities and discuss which care-pathway would benefit patients most a Callcenter was established in the Emergency Department's pre-evaluation unit. Together with the Emergency Medicine specialists, the GP-advisor and the municipalities staff a pathway for GPs was developed to provide GPs with the security of access to the Emergency Departments specialist when needed for discussing the patient whom would be looked after of healthcare-staff from the municipality at home or at a municipality-facility.

Aim and theory of change: Our aim was to reduce societal healthcare utilization while enhancing GPs' knowledge and use of municipalities' initiatives.

Targeted population and stakeholders: The population who is admitted to hospital for very short time upsetting their life even more than the actual problems they are admitted for. The GPs and the municipalities' healthcare staff together with the Emergency Physicians were all part of the project.

Timeline: Project-start 1st February 2015 and project-finish 31st January 2016.

Highlights: (innovation, Impact and outcomes) The Callcenter has developed with collecting even more information of municipality offers and changes in the offers. It has also been used by different hospital-wards when they have patients who do not need to be in direct contact with a specialist anymore and therefore are ready to go home with the supervision of the acute-care-team in the municipality. Half a year into the project an implementation plan was set to work to implement the thinking of the integrated care with the GPs and each practice was offered a visit.

Comments on sustainability: The development project will go into operational day-to-day running when the project time is up.

Comments on transferability: The experiences can be implemented across Denmark and in similar healthcare systems with care provided from different sectors.

Conclusions: (comprising key findings) Improvement of the collaborative-culture and expectations of increased knowledge and use of municipality initiatives thereby improving population-health with more use of GP-services and fewer admissions and readmissions within three and 30 days to the Emergency Department. Data is being evaluated and will be ready for presentation in Dublin.

Discussions: The preliminary results suggests that a relative small intervention with two nurses can introduce a change in the healthcare utilization benefitting the patients and the healthcare system.

Lessons learned: It takes longer than anticipated to implement change even all stakeholders were consulted and helped develop the Callcenter and its services; the aggressive implementation strategy should have started earlier in the project. Patients appreciate being able to be cared for in their own home with the security of their own GP looking after them.

Keywords: integrated care; shared care; implementation
