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POSTER ABSTRACT

Implementation of innovative integrated models of Community-based Primary Healthcare CBPHC in Denmark iCoachDK – a study protocol

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Introduction: In Denmark, a major reform of regions and municipalities in 2007 has triggered implementation of community-based acute care teams that collaborate closely with hospitals and GPs in providing home-based care primarily to frail elders. Our aim is to analyse existing innovative models to identify mechanisms of how contextual factors support implementation of CBPHC more generally.

Theory/Methods: In theory, models of integrated care can enhance both quality of care, system efficiency and reduce costs, but not only the design of models needs consideration. Factors promoting and inhibiting implementation are key to understanding how innovative models of CBPHC can be scaled up and expanded. Existing studies show that contextual factors at macro-, meso- and micro-levels affect implementation and give rise to different models of CBPHC. In order to spread innovative models of CBPHC we need to understand the specific ways these factors influence implementation. To get an in-depth understanding of the implementation process we will include four Danish models of CBPHC. We conducted a review of relevant international literature and grey literature at national level to identify criteria for selection. We will focus on models that demonstrate innovation and we will maximize variation concerning model design and contextual factors.

Results: Identifying successful models of CBPHC is complicated as outcome measures to determine effectiveness differ across stakeholders. Therefore, we will select models that demonstrate innovation and thus have potential to deliver optimal care. Criteria include: 1 collaboration with hospital providers, GPs and other community healthcare providers both at a clinical and organizational level; 2 a person- rather than disease-centered focus; 3 care provision to a geographically defined population or network of providers; 4 inclusion of older adults with complex/acute needs. Selection will also seek to maximise variation relating to model design and contextual factors; no typical case can be identified since models are highly context sensitive. Therefore, we aim to understand how a wide range of different contextual factors at macro-, meso- and micro-level affect implementation of innovative models of CBPHC.

Discussion: An important strength of the study design is that will allow highlighting the contingencies of innovative models by focusing on how contextual factors affect implementation. This will ultimately give an understanding of how models can be scaled up and expanded. In doing so, this study will strengthen knowledge on how context affects implementation of integrated care models and form the basis of tangible recommendations for practitioners, managers and policy makers.

Conclusions: Different contextual factors at macro-, meso- and micro-level were identified in the literature and the next step will be to identify contextual factors of innovative models of CBPHC in real life settings.

Lessons learned: CBPHC takes on a variety of forms and needs to be conceptualised and studied in real life settings

Limitations: A limitation concerns the decision to focus only on existing innovative models as this potentially excluding insights of central factors inhibiting implementation.

Suggestions for future research: The research design developed needs to be applied to a broader range of countries.

Keywords: community-based primary care; implementation; contexts