
POSTER ABSTRACT

Linkages between health and community organizations for increasing long-term adherence to physical exercise: experiences of patients involved in the EfiKroniK Program

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Introduction: Long-term adherence decreases when patients finish their participation in physical exercise programs despite the benefits perceived during them.

On the one hand, EfiKroniK is a 12-week supervised exercise program, delivered by healthcare professionals, in 5 primary care centres of Integrated Organizations of the Basque Healthcare System. On the other hand, EfiKroniK is a hybrid –clinical and implementation- randomized trial evaluated with mixed methods. It aims at estimating the common effect of supervised program in patients diagnosed with different chronic diseases (solid and hematologic cancers, schizophrenia and COPD) in terms of functional capacity and quality of life.

The purposes of this qualitative study are: (i) to explore patients' perceptions about EfiKroniK and (ii) to detect barriers and facilitators that have an influence in their long-term adherence, in community settings, after the program.

Theory / Methods: We conducted 4 focus groups with chronic patients who had received the EfiKroniK program. We used the Consolidated Framework for Implementation Research to guide the discussion and to carry out the thematic analysis.

Results: Participants affirmed that their levels of physical exercise decreased when the program finished. Only patients who had previously been active exposed an exercise plan and/or described their use of community resources.

Several reasons were mentioned for explaining non-adherence: poor body image, feeling uncomfortable to cope with the disease in gym environments, lack of professional supervision, and, finally, inexistence of standardized referral schemas between health and community organizations. Ambiguous and/or negatives attitudes of professionals towards physical exercise also had an impact on patients' behaviours.

Some participants explained that they would have liked to continue doing exercise with other patients owing to the benefits of peer communication and emotional support.

Discussion: Evidence generated is essential to design linkage strategies between health and community organizations and to reinforce the Basque integrated healthcare system. Qualitative methods enhance patients' engagement in the design of citizen-centred services.

Conclusions: Linkage strategies are required to act over diverse barriers identified at multiple levels by EfiKroniK patients. They expressed preference for professional and group-based strategies to continue receiving social support from other stakeholders after the program.

Lessons learned: First, patients' active engagement is required to improve physical exercise programs. Focus groups allows to learn from patients' experiences and to take in consideration the needs and expectations that really matter for them.

Second, the EfiKroniK hypothesis is that the participation in a supervised exercise program helps to manage chronic diseases independently of the particularities of each disease. The participation of patients with different diseases in the same group has allowed to identify "the common barriers" and to normalize the experience of the disease.

Limitations: We have only analyzed the perceptions of patients exposed to supervised program. However, advancing towards health-community integration requires a multiple stakeholder analysis.

Suggestions for future research: We will conduct interviews to four groups of stakeholders involved in EfiKroniK: patients, community agents, healthcare professionals and managers. Qualitative data will be useful for designing an implementation strategy to use this program as a standard therapy.

Keywords: chronic diseases; physical exercise supervision; linkage strategies; health-community integration; qualitative methods
