
POSTER ABSTRACT

Provider values in the adoption of goal-oriented care: an international comparative case study

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Background: Care coordination is central in models of integrated care. Goal-oriented care is one approach that supports care coordination for multimorbid and complex patients by tailoring shared care plans to patient-identified goals rather than disease-specific targets. However, providers struggle with the adoption of goal-oriented care. Personal values have been found to influence provider behaviour in care delivery. It is possible that personal values may be a mechanism to drive the adoption of goal-oriented care. This work aims to understand the personal values of providers in the adoption of goal-oriented care.

Methods: This is a sub-study of an international comparative case study of three primary healthcare sites that have implemented goal-oriented care in Ghent (Belgium), Ottawa, (Canada), and Vermont, (United States). A secondary analysis of 17 semi-structured interviews from the Vermont case site was conducted using inductive thematic analysis. The Vermont case study is situated within an integrated care setting. At this site, providers come from various disciplines and work in collaboration across organizations.

Findings: Preliminary findings demonstrated that providers delivering goal-oriented care valued 'putting the patient at the centre', providing care in a holistic manner to understand the 'whole person', which could best be supported through team-based care. These values were often linked to beliefs around the importance of addressing the social determinants of health to improve health outcomes of patients. While most providers shared these values, they told different stories regarding how they came to these beliefs, which related to their education and training experiences. Community-based providers including social workers and mental health providers were introduced to the concepts of social determinants early in their professional training and reported person-centredness to be a core value of their profession. Alternatively, physicians and providers trained in medical models reported a shift in their values from problem-oriented towards person-centredness. Specific team-based training supported the adoption of core values like person-centredness.

Discussion: Despite differences in disciplines and organizations, participants demonstrated similar values. These perceived difference in values appear to trace back to the model of training in post-secondary education that providers were trained under. However, with additional training on goal-

oriented care, shifts in values appear to be possible as participants were aligned in the values they held that support goal-oriented care. Another value that supported the adoption was a belief in team-based care for their patients. In practice, this was reinforced by working with interdisciplinary teams and an increasing presence of integration in their work environment.

Conclusion: Across different disciplines and organizations, participants strongly valued person-centeredness, understanding the whole person, and team-based care. There is an opportunity to utilize structured training in goal-oriented care for providers to have aligned values to support its adoption.

Lessons learned: Common values among interdisciplinary teams seem to support the adoption of goal-oriented care. Structured training in goal-oriented care appears to lead to providers having common values.

Future research: The analysis will expand to other case study sites to compare and contrast the provider values working in other primary healthcare settings in different contexts.

Keywords: provider values; goal-oriented care; care coordination; complex needs; case study
