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CONFERENCE ABSTRACT

How can building design support integrated care in a "one-stop shop" model?

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Introduction

Building new models for integrating social and health services for a public with cultural and social diversity" is the aim of a European Regional Development Fund-funded project launched in Brussels in 2016 by Doctors of the World (DoW) and partner organisations. Located in a deprived urban area, the project intends to achieve this goal through co-location of multiple services. However, little is known so far on how architecture can support integrated care in one-stop service delivery in order to make the most of co-location. This is why DoW solicited Metrolab, a transdisciplinary urban research laboratory, to capture the best practices and expectations of professionals and patients regarding co-located integrated services. The results were included in the architectural specifications of the building.

Method

An innovative participatory co-design methodology gathered 26 participants including nurses, general practitioners, social workers, patient representatives, receptionists, psychiatrists, intercultural mediators and managers, some of them specialised in drug use or early childhood. Three successive workshops were held. They included field visits to existing multi-service structures, imagining the trajectories taken by both beneficiaries and professionals through the imagined space, and exploring various combinations of rooms, taking in to account equipment needs and the type of atmosphere that would be generated as a result of the building layout. Individual and collective sketching and modelling helped participants figure out and express how spatial organisation impacts professional collaborations and public accessibility.

Results

Participants identified the needed rooms and their possible layouts. For each room, they pointed out a range of often paradoxical objectives and some design solutions.

Discussions

Multiple social and health care services settings tend to evolve towards more participatory governance in line with changes in professional/beneficiary relationships, a stronger patient-centred approach, a broader definition of health comprising social and environmental determinants, and the redefinition of professional positions and boundaries with the rise of new functions. Architectural design is in the process of adapting to these trends.

Conclusions

The results pointed out the need for strengthening the role of the receptionists as essential parts of care, including through the design of dedicated areas within the reception area. The waiting room was identified as the central hub. A separate community room acts as a bond between the centre and its neighbourhood.

Lessons learned

In a deprived area, integration of multiple services and provision of care to a diverse public are tightly intertwined. Space design actively shapes both.

Limitations

The project was at a design stage. It is yet uncertain whether the architects will manage to balance the identified competing objectives. Including people from vulnerable groups in such a co-design process remains challenging.

Suggestions for future research

The actual impact of space design on professional practices will need to be assessed once the centre has been built. An additional workshop explored how the physical location of coordination activities in various services could foster or hinder integrated care pathways in the future building. The outcomes of this research could contribute to develop indicators for primary health care design appraisal.