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CONFERENCE ABSTRACT

Integrating care in Croatia: case studies in family medicine, mental health and palliative care

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Introduction

This research examines three distinct programs focused on integrating care in Croatia, seeking to understand how they were developed, implemented and sustained; and in particular what factors contributed to and challenged their implementation, impact, scale up and sustainability. To this purpose, it draws on detailed case studies of a) the Croatian national family medicine based primary care service, b) a community mental health center in Zagreb and c) the county (region) based program of palliative care provision.

Theory/Methods

The research uses an adapted analytical framework developed by Nolte et al. in 2016 . In March and April 2017, a total of 21 structured interviews were conducted face-to-face with a group of 6 policy makers and 15 providers (doctors, nurses, coordinators and a social care worker) working in primary care, palliative care and the Mental Health Centre hosted by the Zagreb-West Primary Care Centre. Questions focused on understanding the “process of care" in an integrative healthcare setting and the overall design of the integrated care programs. In addition, an anonymous online survey was carried out among family medicine doctors to develop better understanding of care integration across the system with the assistance of two Croatian primary care doctors’ associations Their members (a total of around 700 family medicine specialist/ general practitioners out of a total of 2,400 working in the health system) were asked to participate, and a total of 118 responded.

Results

The following issues were assessed in terms of results for all 3 programs: design features, financing arrangements, organisational structures/processes and implementation, governance and performance monitoring and provider behaviour and practices

Discussion

Based on the above analysis, we evaluated enabling factors and constraints

Conclusions (comprising key findings)

Good identified practices across the programs included: Strategic planning, creating ownership, working with patients, financial incentives and capacity building.

Lessons learned

The following practices were identified as having scope for improvement: Leadership and coordinating change, standardization, prioritizing planning, patient empowerment

investing in information systems and improving management

Limitations

Sampling in the family medicine internet survey and the fact that our research did not measure health outcomes as these are not recorded in the system.

Suggestions for future research

Focus on health outcomes