

CONFERENCE ABSTRACT

Local practice facilitation: supporting proactive and integrated chronic care in primary care practices in Antwerp, Belgium

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Introduction: Primary care practices are pressured by the increased prevalence of chronic diseases and multimorbidity. Due to this increased workload, answering the needs of patients with complex chronic diseases is particularly challenging. Patients with vulnerabilities experience problems in multiple life domains. As a result, their chronic disease often does not get the attention needed. These patients would profit from a more proactive and integrated care organisation. Today, Belgian general practitioners can still make big steps towards integrated care. They often want to improve their care organisation, but lack the knowledge and skills on how to change.

Aim, Theory and Methods: We aim to develop and implement a program supporting general practitioners in their efforts to improve their organisation of care for patients with chronic diseases.

Practice facilitation is an effective method to increase evidence-based behaviour by practitioners. We incorporated the chronic care model in the facilitation. This model explicates the different elements of integrated care and provides guidance on how to organise this in primary care.

The program will be designed and tested out as a pilot in 5 different primary care practices in the city of Antwerp. Afterwards the program will be evaluated by different stakeholders such as practitioners and patients before it will be spread.

Evaluation will contain implementation outcomes such as acceptability, feasibility and adoption.

Highlights: The program will follow the ADKAR change model and consists of 5 sessions guided by two skilled coaches. In the first session Awareness on potential improvement is created using the ACIC-S, an assessment tool based on the chronic care model. In the second session participants' Desire to change is stimulated by reflecting on the ACIC-S results and defining goals by means of the appreciative inquiry method. Knowledge is central in the third session as participants will develop an improvement plan inspired by a personalised overview of existing tools and guidelines issued by the coaches. The Activation of the plan is followed up in the fourth session. In the last session the plan and process is evaluated by a second measurement with the ACIC-S and arrangements are made on how to Reinforce improvements in practice. This session will also contain an evaluation of the program from the view of the participants.

Conclusion: This practice improvement project will identify the challenges experienced by primary care practices of organizing chronic care in an integrated manner, and support them to come across

those challenges. To optimise and potentially spread to program throughout Belgium, acceptability, feasibility and adoption of the program will be measured.

Implications for applicability and sustainability: This program is unique as it is cocreated with Domus Medica, the scientific professional organisation of family doctors in Flanders and the municipality of Antwerp, but also local patients and practitioners will be involved. The local embeddedness of the projects increases its relevance and durability and reflects the true experiences of primary care practitioners and needs of the patients. Based on the outcomes and evaluation, the program will be adapted and scaled up to other municipalities.