
CONFERENCE ABSTRACT

Community diagnostic services @ proximity care units: The experience of a Portuguese hospital

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Background Summary: This co-design approach project was implemented focusing on the elder and vulnerable population of Cantanhede region. On a weekly basis, a team from Hospital Arcebispo João Crisóstomo (HAJC) provides Diagnostic Services (DS) to patients at primary health care units and third sector organizations (TSO), located on the outskirts of the region.

We pursued a strategy of integration between levels of care and articulation with the municipality and TSO. This person-centred project adapts the public response in an area with an ageing population, fragile socio-economic background, and scarce public transport.

Goals:

- Rapid diagnose - capacitate GP's to refer patients for the appropriate diagnostic test, diverting patients from hospital (reducing waiting times or allowing sooner referral of patients).
- Proximity - Moving diagnostic services into the community makes access for patients easier, reducing travel, improved parking options and physical access.

Methodology: A team of the hospital's professionals (radiologist, radiographers, lab, and EEG technicians) to perform DS (echographs, blood tests, electrocardiograms, etc), in a variety of community settings, and referral of patients for an ambulatory response.

Results: This collaboration runs in most of the primary care units and 11 nursing homes, allowing to improve access to health care to particularly vulnerable population (elder and people with mobility limitations).

A Day Hospital (DH) was created because of the need of an outpatient articulated treatment to chronic disease complications (e.g., patients over 65 y/o (60%) shown a higher percentage of co-morbidities, including hypertension (80%), dyslipidaemia (71%) or obesity (38%)).

We facilitated an agile communication between professionals of the various setting of care.

Efficiency improvement by increasing the number of exams performed - a total of 300 patients/year (efficiency gains to 53% increase in external exams, representing 35% of production in this area vs 26%, in 2020).

Conclusion: To reduce health inequalities, it is crucial to provide tailor-made solutions.

The satisfaction level of the patients' experience was high: classification of "Good" or "Very Good" by 97,7% of respondents.

We believe that we deliver a better diagnostic service and more personalised experience by providing multiple point of access to the citizens.

We increased productivity and were able to track several pathologies, separating acute diagnostic activity in hospital settings from outpatient requests by primary care clinicians and streamlining access in both settings by removing the need for diagnostic departments to triage requests and re-arrange appointments.

Future: HAJC intends to replicate this good practice as a community centred integrated model. There for, the hospital is planning to expand the diagnostic capacity to other settings in the region.

The hospital is working on engaging other relevant stakeholders as patient and caregivers' associations.

We intend to prove the impact on the streamlining of the local diagnostic pathways because of the greater access to diagnostic testing for GPs to speed up diagnoses and reduce the need for some outpatient appointments, or even extend the diagnostic interval for some patients, if they need a specialist referral.