
CONFERENCE ABSTRACT**A Framework to Support the Progressive Implementation of Integrated Team-Based Care for the Management of COPD: A Collective Case Study**

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Background: In Canada, there is consensus about the need for integrated, team-based care in primary care settings to help manage chronic conditions such as chronic obstructive pulmonary disease (COPD). Currently, there is limited understanding on how to support the continued growth and spread of such models; this is coupled with the fact that there is limited empirical evidence to support this process within chronic disease management. There is a need to understand how to support the implementation and spread of integrated, team-based chronic disease management programs in primary care settings, a process that we call progressive implementation.

Methods: We studied the supporting and mitigating factors required to successfully implement and spread an integrated, team-based program for COPD management in primary care. We conducted a collective case study using an integrated knowledge translation approach involving key informants and our patient partner throughout the entire research process. Data collection included interviews, living documents, and a focus group. Our study explored an integrated, team-based model of care for COPD known as Best Care COPD (BCC). The BCC program has been implemented in primary care settings across Southwestern Ontario. BCC is a quality improvement initiative that was developed to enhance the quality of care for patients with COPD. Participants in our research included healthcare providers involved in the delivery of the BCC program.

Results: We identified mechanisms influencing the spread of BCC and categorized them as foundational (evidence-based program, readiness to implement and a peer-led implementation team), transformative (adaptive process, provider empowerment and embedded evaluation), and enabling mechanisms (provider training, administrative support, role clarity, and patient outcomes) across three different implementation phases. We developed a framework to inform the progressive implementation of integrated, team-based care for chronic disease management within primary care settings.

Conclusions: This study explores the implementation and spread of an integrated team-based COPD management program in primary care settings. Despite using COPD management program in Ontario, Canada as an exemplar, we believe the findings can be applied in other chronic disease contexts in primary care settings around the world. We provide a framework to support progressive implementation of integrated team-based care for chronic diseases with the potential to support patients and providers by understanding how to facilitate the continued growth of appropriate models of care.

Next Steps: The rapidly increasing prevalence of chronic diseases emphasizes the need to understand how to spread and sustain appropriate models of care to better support patients and providers. The next phase of this study will seek to understand how to support the sustainability of integrated, team-based chronic disease management programs in a primary care setting.

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