
CONFERENCE ABSTRACT

Implementation of change management in a large scale interdisciplinary primary care practice: experiences from Menen.

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Background: The ongoing process of Change Management Implementation in the Community Health Center of Menen leads to the provision of integrated care more in line with the quintuple aim model.

Abstract: This presentation describes the process of Change Management Implementation in the Community Health Center of Menen, an interdisciplinary primary care practice in a medium size city in the western part of Flanders funded by a needs based capitation model. In the first 5 years of its existence, the organization knew a vast growth, both in the number of patients (2200 to about 6000) as in the number of staff and different disciplines gathered within the center. This continually challenged the team to reorganize care in line with the Quintuple Aim Model.

Based on a diagnosis of the main health problems within the inscribed population, priorities for change management were identified. The team chose to first focus on both diabetes and shoulder/neck complaints, as they make up a big proportion of the provided care. Subsequently, the team implemented (1) a protocolled follow-up of diabetes patients by specialized nurses and (2) the implementation of a curative and preventative interprofessional approach for back problems ("rugschool") with a central role for high end training machines .

Concerning the first, all type 2 diabetes patients are proactively contacted twice a year to book a consultation with a specialized nurse. The necessary parameters are checked and necessary care is provided. If needed, the patients are referred to other professionals (dietician, physiotherapist, ...) within the team or outside the center. Concerning the latter, the center invested in high end training devices that allow for patients to individually follow a customized training program. Individual contact with the team of physiotherapists are additional to the automatized proportion of the training program.

At the microlevel, both change processes contributed to improvement towards more integrated and high level care and were deemed cost efficient. At the microlevel, improvements are observed in patients outcomes and experiences (compliance, motivation,...). At the mesolevel, the projects lead to a more efficient use of the available work force. At the macro level, the investments within primary care may lead to a societal cost saving (comparing rehabilitation of patient in the center to the regional hospital).