

POSTER ABSTRACT

Differing professional perspectives on the integration of care in Integrated Practice Units: a mixed-methods study

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Dorine Van Staalduinen¹², Petra van den Bekerom², Sandra Groeneveld², Arie Franx³, Anne Stiggelbout¹⁴, Elske van den Akker-van Marle¹

- 1: Leiden University Medical Center, Leiden, Netherlands
- 2: Leiden University, Institute of Public Administration, Leiden, Netherlands
- 3: Erasmus University Medical Center, Rotterdam, Netherlands
- 4: Erasmus School of Health Policy and Management, Rotterdam, Netherlands

Introduction: An important component of Value-Based Healthcare (VBHC) is providing the full cycle of care for a specific medical condition in an Integrated Practice Unit (IPU). Although this requires employees from diverse professional backgrounds to interact, there is limited knowledge on how professionals perceive such interprofessional collaboration.

Research shows that organising the delivery of integrated care can be challenging, in part due to confusion between professional groups regarding interests, tasks and responsibilities. Also, perceptions of team membership, team effectiveness and high-quality collaboration may vary between disciplines. Based on the above, we aimed to provide insight into how different professionals perceive IPU composition and what factors influence the quality of interprofessional collaboration within IPUs.

Methods: A mixed-method study was conducted in two Dutch academic hospitals, in which a survey was followed by semi-structured interviews. Study design and development took place in close collaboration with employees from VBHC steering committees. The survey was administered to a wide range of professional groups (medical specialists, nurses, allied health professionals and administrative employees) working in IPUs. To measure team perception, participants were asked to indicate the size of their IPU and which professional groups were part of their team. The survey also captured relational dynamics of coordinating work (Relational Coordination, RC), by which interprofessional collaboration within and between professional groups was measured. Next, semi-structured interviews were conducted with different professionals to gain deeper understanding of the perceived team perception and interprofessional collaboration in their IPUs.

Results: Medical specialists and nurses were most frequently considered to be part of an IPU and indicated that they have high quality interactions. Allied health professionals were less often considered part of the IPU by all other professional groups and all report low quality interaction with allied health professionals. The extent to which a professional group is perceived as an IPU member depends on their level of 1) visibility, 2) involvement in the treatment and 3) shared interest. Differences in the quality of interactions in IPUs are influenced by 1) supportive or

hindering organisational structures, 2) knowledge of each other's expertise, and 3) way of communication.

Conclusions/implications for practice: The findings suggest that, in VBHC, there is a lack of common perception of an IPU's composition and a failure to always achieve high quality interprofessional collaboration. The differing perceptions are likely to result in differences in the expectations of IPU members and their associated collaborative actions. Consequently, we emphasise the need for training programmes for IPU members in which the focus is on learning about and clarifying the expertise of the various IPU members and their role in the IPU, since this would likely improve interprofessional collaboration among IPU members. To enhance the impact of these training programmes they should be expanded with discussions between IPU members on collaboration preferences and needs. Finally, more research on the collaborative practices of IPU members would provide further guidance for IPU members and managers responsible for VBHC implementation on how to achieve effective VBHC delivery within an IPU environment.