
POSTER ABSTRACT

In what context does goal-oriented care thrive? A qualitative study investigating how contextual factors influence implementation efforts for goal-oriented care.

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

Sibyl Anthierens^{1,2,3}, Peter Raeymaeckers^{1,2}, Anja Declercq^{1,4}, Emily Verte^{1,2,3}

1: The Primary Care Academy, Flanders, Belgium

2: University of Antwerp, Antwerp, Belgium

3: Free University of Brussels, Brussels, Belgium

4: Catholic University of Leuven, Leuven, Belgium

This study aims to explore how the concept of goal-oriented care is being picked up and adopted in Flanders, Belgium. Looking at the meso- and macro-level context: what drives the implementation process of goal-oriented care forward and what might hinder its uptake? This research helps individuals and organizations who want to introduce an innovation such as goal-oriented care inside their organization or in the broader primary care landscape by offering insights into an implementation process, in particular on how contextual elements influence implementation efforts.

We conducted qualitative research, performing in-depth interviews with n=23 respondents who are involved with the implementation of goal-oriented care within their professional function, either on project level or strategic/policy level. This way, we learned about the perspectives and lived experiences of a wide range of actors working for governmental institutions, non profit organizations, provider organizations, patient organizations, health or social care organizations and care councils. Data were collected using a semi-structured interview guide, audio recorded, and analyzed first inductively and then deductively using a categorization of constructs into structural, organizational, provider, patient, and innovation level factors, as described by Chaudoir et al. (2013).

Our preliminary findings suggest that facilitators for the implementation of goal-oriented care are mainly found on an organizational, provider and innovation level. Active commitment, overall recognition of goal-oriented care as quality of care and setting up a form of coordination are key. Most prominent barriers are found on a structural level, which shows that for goal-oriented care to be actually embedded in primary care the meso- and macro context structures and preconditions should be further shaped.

Our findings can contribute to further translate the concept of goal-oriented care into a practice-based intervention. It gives insight in how to perform a context scan for a primary care intervention and highlights the dynamics between contextual factors and implementation efforts. The next step is to define implementation strategies for goal-oriented care that come forward out of the identified barriers and facilitators.