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## POSTER ABSTRACT

### **Informal coordination of care in Praktyka Lekarza Rodzinnego (PHC facility)- the auto-ethnographic study on building the theoretical model of integrated care based on grassroots initiative**

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Since the adoption of the 2017 bill on primary health care (PHC) introducing a model of integrated care in PHC in Poland, family doctors have been obliged to coordinate the care and to manage the PHC teams. Till now only a small number of PHC facilities decided to conclude contracts on coordinated care with National Health Fund (NHF). There are serious reservations over rural and remote PHC facilities' capabilities to meet all the NHF's criteria regarding coordinated care. This auto-ethnographic study presenting the case of a family doctor in remote area in lubuskie voivodeship shows that mechanisms and models of integrated care are rooted in the primal idea of family medicine and may be successfully adopted and developed aside legally imposed solutions. These mechanisms create a specific grass-rooted system of organising the process of delivering care which is called informal coordination. The study presents the theoretical framework of informal model of integrated care based on 5 principles guaranteeing achieving the two most important goals of coordinated care: its complexity and continuity. It has been conducted as a participatory observation in PHC facility with active involvement of PHC facility's staff members. As long as there is still enough space in healthcare systems for new initiatives regarding coordination of care and new solutions are being developed, this perspective may be valuable for international audiences. The results will serve to develop alternative theoretical model of coordinated care which may be found useful in small, individual, self-sufficient facilities.