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## POSTER ABSTRACT

# First steps towards a shared care model for spinal cord injury in rural Switzerland

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**Background:** Persons with spinal cord injury regularly consult primary and secondary care physicians for their holistic needs. However, in remote areas of Switzerland general practitioners (GPs) compensate for a potential undersupply of specialized services. Building collaboration and distributing roles between GPs and specialists is needed to improve the continuity of care for persons with spinal cord injury living in rural Switzerland. This intervention study aims to develop, implement and evaluate an integrated care model as a case in point.

**Intervention:** As part of the study, physicians from specialized spinal cord injury centers, specialized mobile nurses and GPs collaborate to improve patients' outcomes and providers' experience with delivery of care. Measures to enhance collaboration include joint continuous medical education, training in the primary care practices and support for complex patients. Medical education topics cover the most prevalent secondary health conditions, as well as physicians' priorities and interests for shared care. During the design of the intervention, persons with spinal cord injury and their families were engaged in a sounding board, where they expressed their wishes and concerns.

**First results:** Seven primary care practices were successfully recruited to expand competences in spinal cord injury care. Persons with spinal cord injury, living in the practices' catchment area were invited to the practice. Mixed methods evaluate patient and health provider outcomes at specific time points. Baseline results on the collaboration between GPs and specialists, show high physician satisfaction ratings. Challenges in collaboration seem to be related to unclear roles and responsibilities due to different expectations among physicians. Between baseline and 1-year follow-up, significant differences were found in the average number of patients' GP visits.

**Next steps:** As a second study phase, more primary care practices will be recruited. Healthcare professionals will discuss and negotiate their roles and responsibilities in round tables. To support a common understanding, a toolkit for primary care will be developed. Lastly, more components that enhance shared care should be introduced such as joint patient consultations or information exchange platforms.