Coordination of care: theory and experiences in Europe

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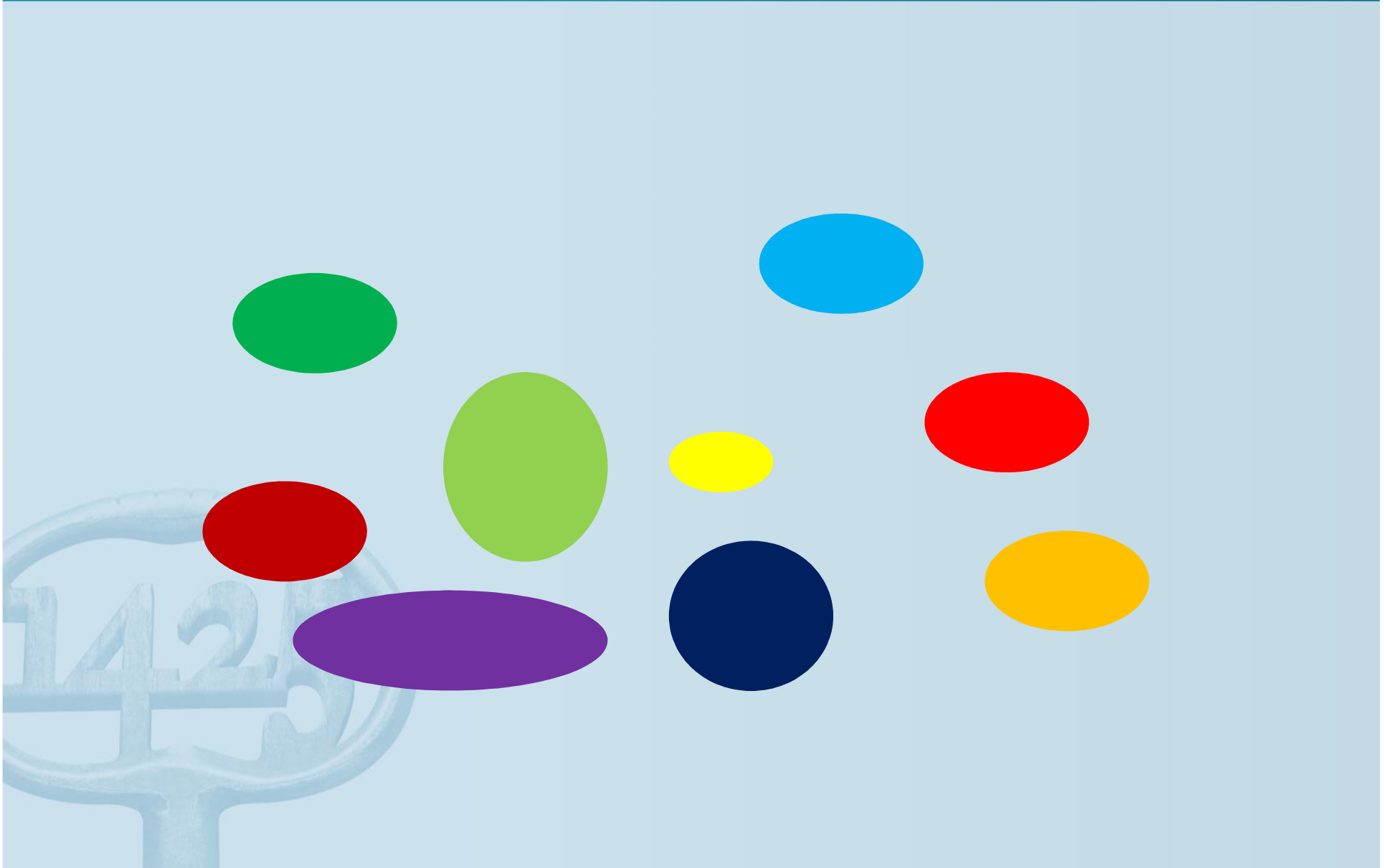University Leuven, Department of Public Health and Primary Care

J De Lepeleire
Personal introduction
- General practitioner
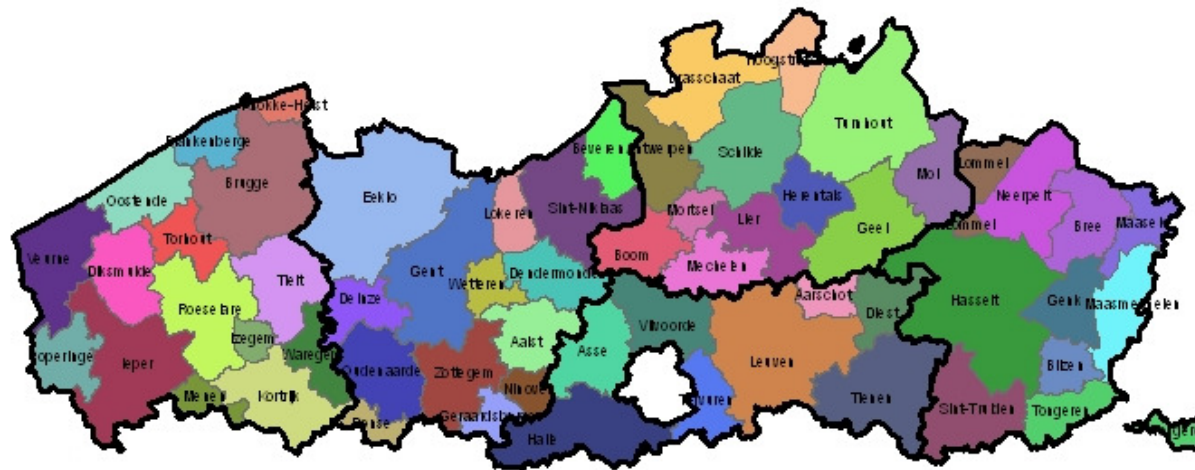- Parttime Professor
- domains
Psychogeriatry,
Psychiatry, Palliative care

Primary care in Belgium

'Districts' -> 'Zorgregio n=60'

- Complex care-→ Fragmentation
  - Care coordination
  - Quality of care
- Many coordination strategies
  - Quality?
  - Lack clarity key concepts
- Stille (2005) $(n^2 - n)/2$
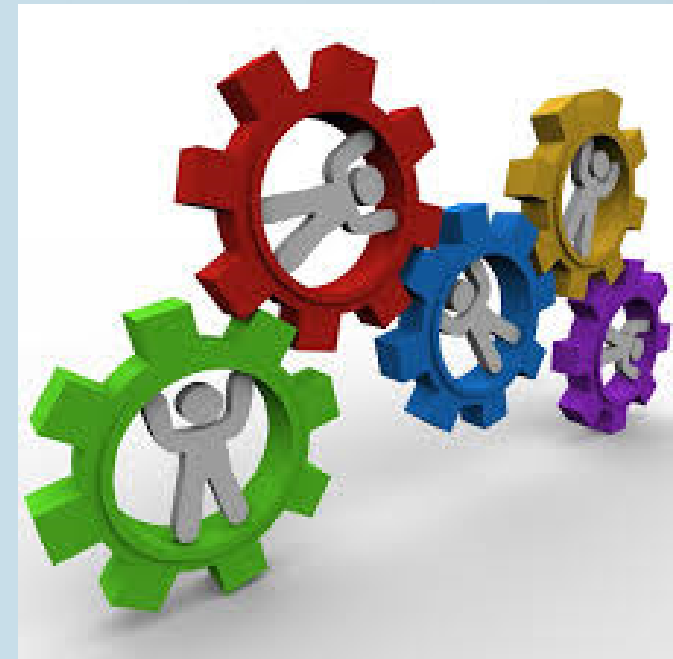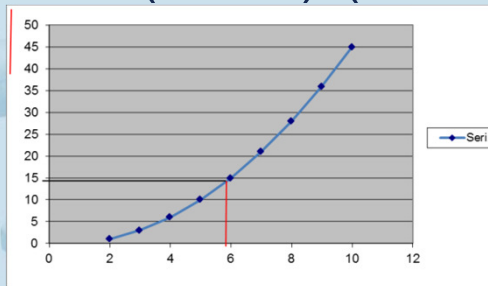
Coordination: problems

- Lack of clarity about coordination
- Many strategies
  - Case management
  - Disase management
  - Guided care
  - Medical home
  - Care pathways
  - …

=> Effect?
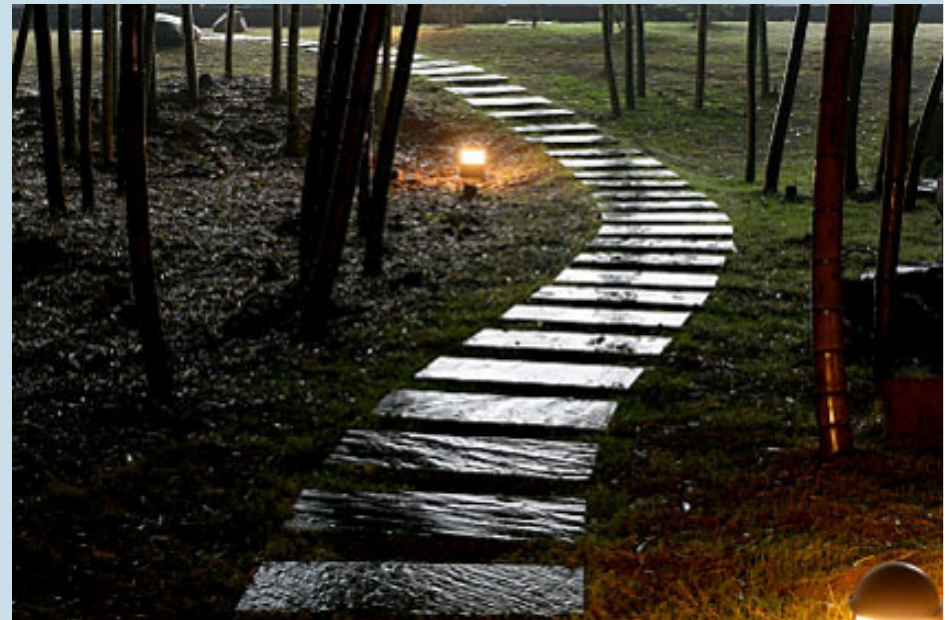
Coordination: dimensions

- ⊙ Types (Leutz, 1999)
  - Linkage
  - Coordination
  - Integration
- ⊙ Level (Mc Adam, 2008; Powell Davies, 2006)
  - Micro / clinical
  - Meso / organisation
  - Macro / system
- ⊙ Forms (Mc Adam 2008)
  - Vertical
  - Horizontal
- ⊙ Two approaches (Kodner, 2002)
  - Bottom-up
  - Top-down
=> Concept has many dimensions

◉ Review McDonald (2007)

- 40 heterogeneous definitions
- 5 key- elements:
  - ○ Numerous participants are involved
  - ○ Coordination is needed when participants are dependent upon each other
  - ○ Each participant needs adequate knowledge about their own and others' roles and available resources
  - ○ Participants rely on exchange of information
  - ○ Goal = facilitating appropriate delivery of health care services.

Definition coordination

The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.

Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different care aspects.

(Mc Donald, 2007)

- What existing theoretical frameworks are used to increase our understanding of coordination of care?

- **Frameworks**
  - Micro
  - Meso
  - Macro
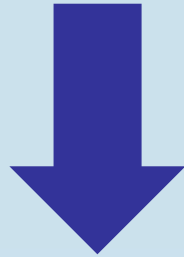
  - CONCEPTS
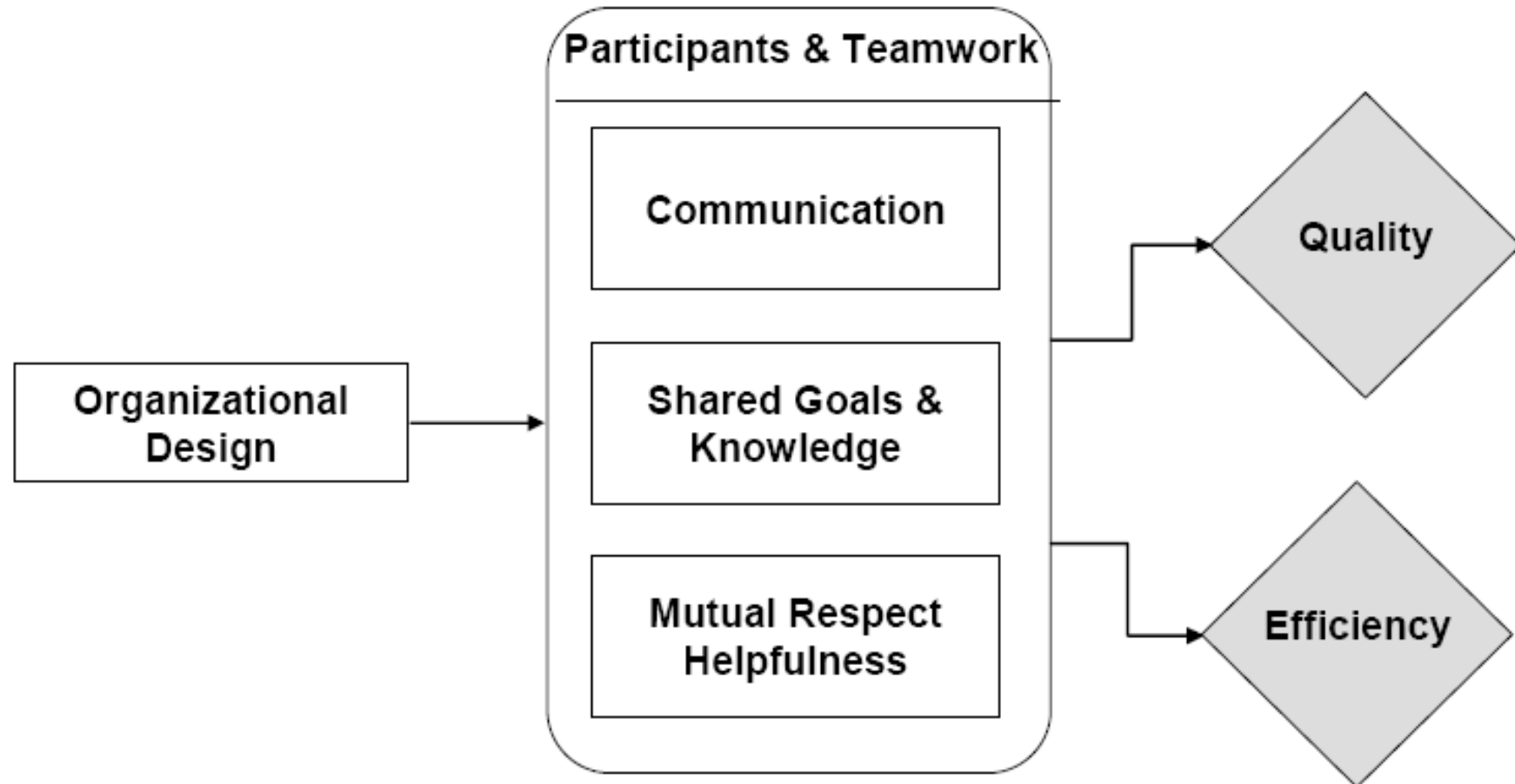
Gittell JH. Coordinating Mechanisms in Care Provider Groups: Relational Coordination as a Mediator and Input Uncertainty as a Moderator of Performance Effects. Management Science 2002; 48(11):1408-1426.

- **Relational coordination theory**

| Organisational mechanisms | → | Relational coordination | → | Outcome |
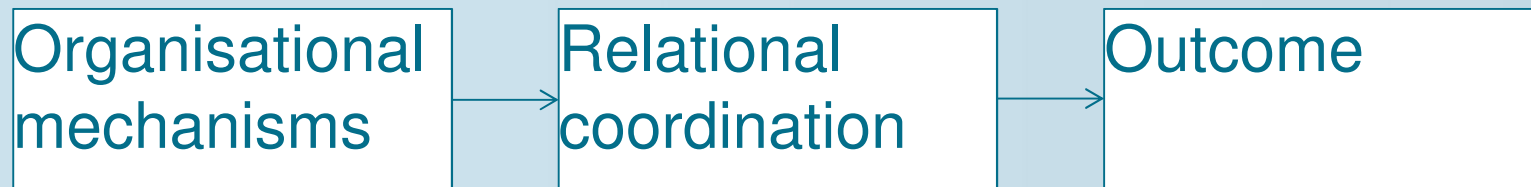
Gittell JH. Organizing work to support relational co-ordination. International Journal of Human Resource Management 2000;11(3): 517-539.

- **Multilevel framework**
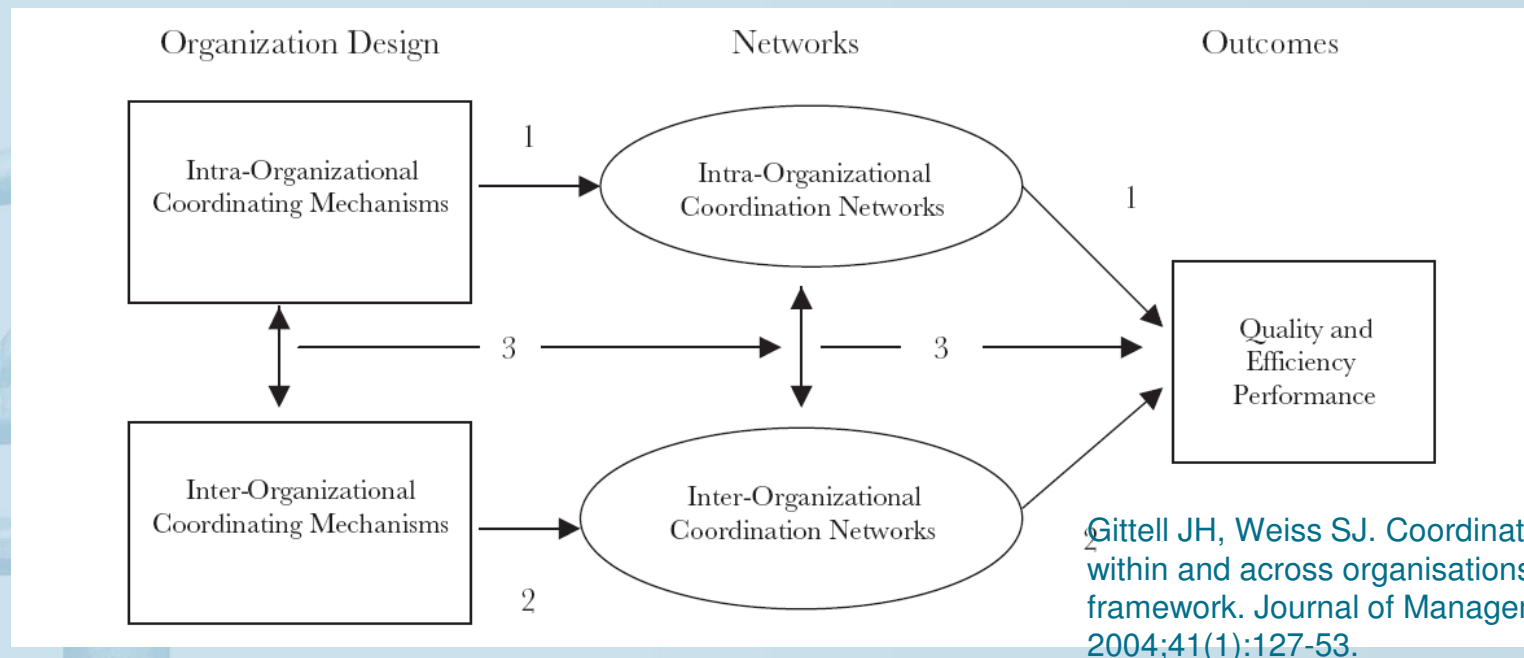
Gittell JH, Weiss SJ. Coordination Networks within and across organisations: a multilevel framework. Journal of Management Studies. 2004;41(1):127-53.

Methods   (care pathways)

Key concepts in existing theoretical frameworks

Literature review and in-depth analysis

Patient perceived care coordination

Interviews with 22 patients

Healthcare professionals'perceived care coordination

6 focus groups

14 key concepts of care coordination were identified in existing theoretical frameworks

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"External factors"
national health policy, economic factors, dependency on regulations and existing resources

"Task characteristics"
Uncertainty, complexity, interdependency

"Structure"
Physical and organizational aspects that support and direct care provision

"Knowledge and technology"
Skills, expertise, training, information technology

"Administrative operational processes"
Standardization or adaptation of care processes

"Cultural factors"
Attitudes, norms, beliefs, values

"Need for coordination"
Perceived or evaluated need

"Roles"
Definition and awareness of roles

"Quality of relationship"
mutual respect, collaboration

"Exchange of information"
Transfer of information, ideas, opinions

"Goals"
Setting and sharing of common goals

"Patient Outcome"

Team Outcome

(Inter) organizational outcome

Van Houdt S, et.al. (2013). An in-depth analysis of theoretical frameworks for the study of care coordination. *International Journal of Integrated Care,* 13. [URN:NBN:NL:UI:10-1-114598]

The 14 identified key concepts illustrated

"External factors"

Our current healthcare system, existing or missing financial resources, legislation about patient rights, …

"Task characteristics"

Working with many caregivers who are interdependent to deliver quality

"Structure"

Belgian primary care consists of a number of geographically spread, small practices without structure without contact person

"Knowledge and technology"

Home nurse has expertise in wound care, physiotherapist in lymphatic drainage
Available IT support, common e-file

"Administrative operational processes"

Making agreements about who does what when and adaptation when unexpected events occur by telephone or meetings

"Cultural factors"

Attitudes towards other healthcare professionals, openness to collaborate

"Need for coordination"

Healthcare professionals perceive a need to coordinate care

"Roles"

Roles are clear and known by all involved

"Quality of relationship"

GP knows and respect primary and hospital caregivers with whom he collaborates

"Exchange of information"

Hospital exchanges info with GP timely and accurately

"Goals"

Healthcare professionals define common goals with patient in care plan

"Patient Outcome"

Physical: fluid accumulation in arm
Psychological: distress
Continuity: patient received and understood all info

Team Outcome

Conflict between healthcare professionals

(Inter) organizational outcome

All test follow each other rapidly without long waiting list or duplication of tests

Key concepts identified in patient and HC profesionals' perceived care coordination

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(Inter)organizational mechanisms

Relational coordination

Outcome

"Task characteristics"
Uncertainty, complexity, interdependency

"External factors"
national health policy, economic factors, dependency on regulations and existing resources

"Structure"
Physical and organizational aspects that support and direct care provision

"Knowledge and technology"
Skills, expertise, training, information technology

"Administrative operational processes"
Standardization or adaptation of care processes

"Cultural factors"
Attitudes, norms, beliefs, values

"PATIENT CHARACTERISTIC"
Coping strategy, social structure, family history

"Need for coordination"
Perceived or evaluated need

"Roles"
Definition and awareness of roles

"Quality of relationship"
- Between healthcare professionals: mutual respect, collaboration
- **WITH PATIENT** Bond and trust

"Exchange of information"
Transfer of information, ideas, opinions

"Goals"
Setting and sharing of common goals

"Patient Outcome"

Team Outcome

(Inter) organizational outcome

Van Houdt et.al. Patient-perceived care coordination: Towards a theoretical framework for the study of care coordination. [submitted]

- During the consultation in which my GP told me the diagnosis, he had 5 phone calls and he constantly had to open the door for other patients. I had quite a hard time. Maybe it would be better that he didn't pick up his phone. (patient nr 15, hospital nr 3)

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- I called my GP twice after surgery and consulted him once, but he didn't ask me how it went. He didn't ask me anything. I think he is not the person who will monitor me. […] Retrospectively, I had already understood that my GP would not follow me during my care process. When I asked him how it would be, he told me that those two specialists were my doctors now. (patient nr 15, hospital nr 3)

Patients experiences

- I have three lovely daughters. They bring me food, they clean my house, they accompagny me, they go shopping with me. I'm very well supported. (patient nr 19, hospital nr 3)

- I appreciated that my GP referred me directly to the hospital. I thought that was really kind. He said that it was urgent. I found the sequence of activities really good. (patient nr 16, hospital nr 3)

- I have family and friends with whom I could talk about it. I didn't really experience a need to talk about it with a psychologist. (patient nr 21, hospital nr 3)

- It is so complex, we need a more clear overview about who does what, when for who?

- A specialist you know: that works better: you can just phone him

- WHO resolution 62.12 (2009)

  - (3) to put people at the centre of health care by adopting, as appropriate, delivery models
  - focused on the local and district levels that provide comprehensive primary health care services,
  - including health promotion, disease prevention, curative care and palliative care, that are
  - integrated and coordinated according to needs, while ensuring effective referral system;

- Harare Declaration

We are convinced that effective intensification of primary health care depends on comprehensive action based in well-organized district health systems, as called for by the 1986 World Health Assembly. With increasing concern to ensure equity and the sustainability of the impact of accelerated programmes on primary health problems, we are convinced that the district provides the best opportunities for identifying the underserved and for integrating all health interventions needed to improve the health of the entire population.
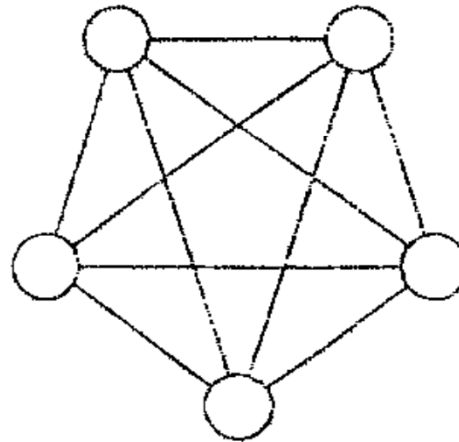
Conclusions

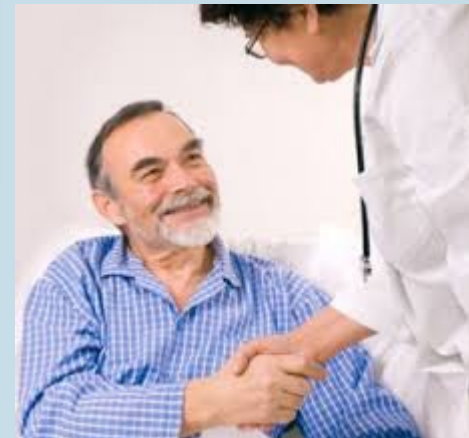- The framework helps to structure the development of partnerschips in primary care
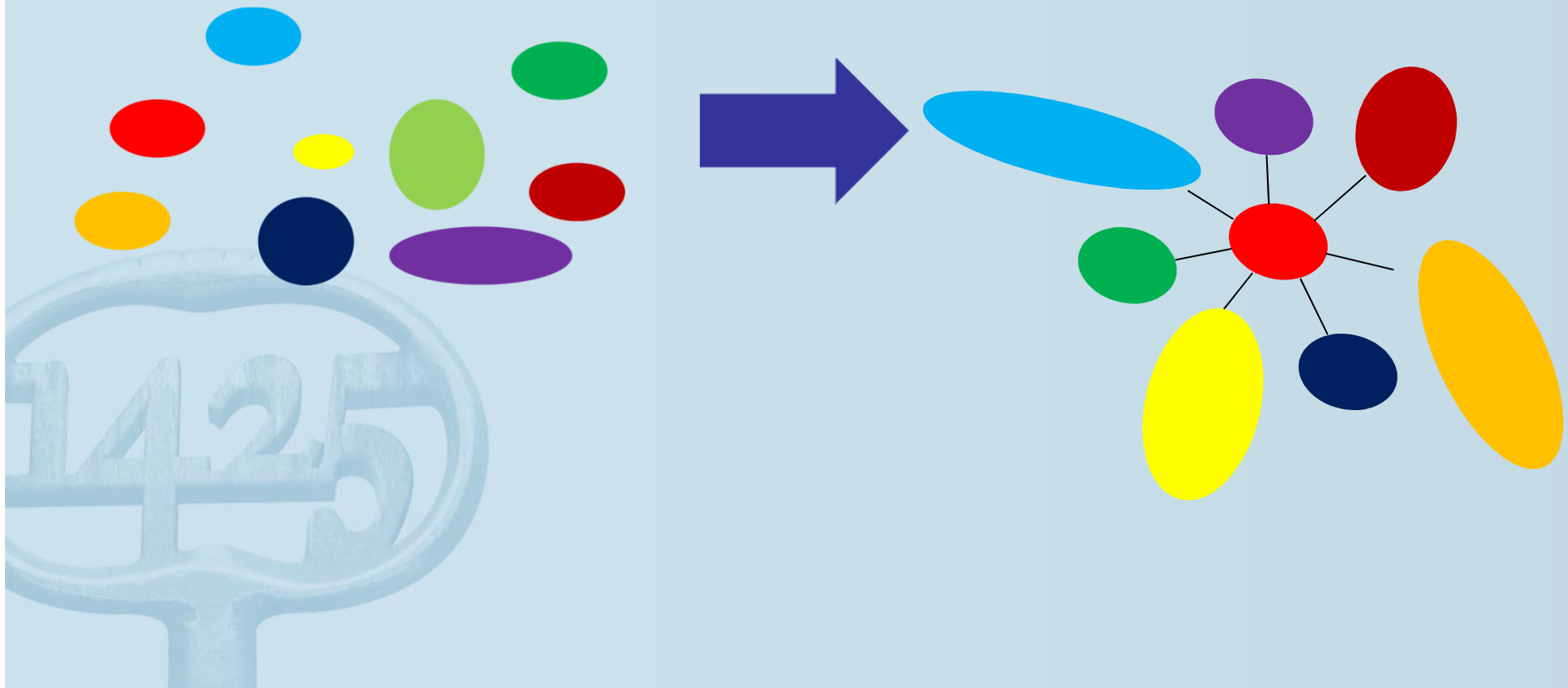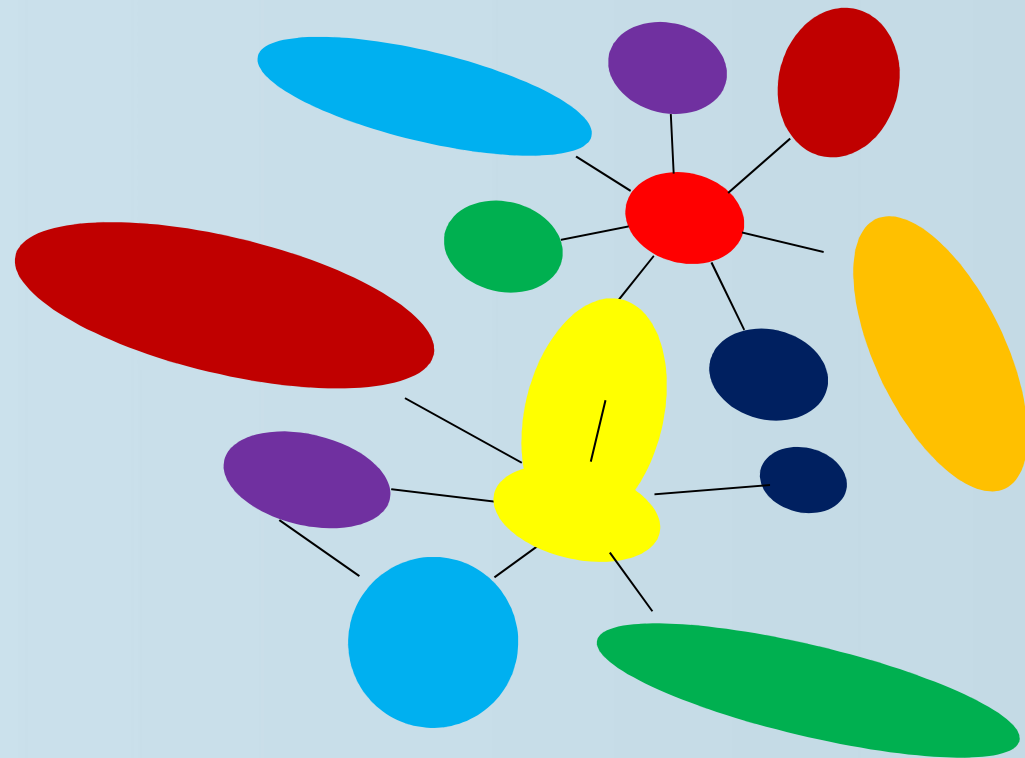
Model 3: Problem-solving Web (e.g., Geriatrics)
coordination by open discussion

- Newly identified key concepts: patient's input
  - Patient characteristics
  - Quality of relationship with patient

  ⇒ Patient empowerment
  ⇒ Patient rights

Conclusion

- Importance of relational coordination to ensure quality
  - Clear roles
  - Quality of relationship between healthcare professionals
  - Exchange of information
  - Goals

At three levels

- patient   health care professional (micro)
- Organisation   (meso)
- District   (macro)