

DG2: Care delivery models

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QUESTIONS

- Why setting up an integrated care scheme is not an easy journey?
- What are the barriers?
- How can we cross organizational boundaries?

COMMENTS AND SUGGESTIONS

- We need a clear and shared definition of integrated care model, chronic care model, their scope, and their core components
- The definitions is often too simplified and each of the component (multidisciplinary team, decision support tools, information technology, patient empowerment, training for professionals) is too theoretical

Do we really have the evidence?

Barriers

- Lack of clarity on the scope (primary prevention, high risk population, persons with chronic diseases,...)
- Difficulty to apply the model in the real life
- Conflict of interest in the real life: among actors, among care settings (primary-secondary care), financial organization, and among persons wishes and the care providers
- Each of the component of the model requires hard work and dedicated funding

NEXT STEPS

- Work on Countries experiences
- Look at the successful strategies and the drivers for the success
- Integrate “Integrated care model” in an overall strategy for health

Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-Chrodis)*



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