

INTEGRATED CARE IN TACKLING CHRONIC DISEASES

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BACKGROUND

The policy dialogue fits into broader perspective of Slovenian national health resolution 2016-2025. On the basis of JA CHRODIS recommendations and set of criteria, representatives of General hospital Novo mesto and Health centre Novo mesto made a proposal for integration of care between primary and secondary level of healthcare for persons with multiple, complex needs, with particular emphasis on patient participation.

Barriers and facilitators for integration of care were analysed with use of focus groups, in-depth interviews, case studies and SWOT analysis. Facilitators include e.g. the existence of professional guidelines, well-developed medical activity of primary and secondary level and the impression of good collaboration among health professionals. Barriers present many recognizable features of current healthcare, e.g. lack of systematic communication (patient as the main transmitter of information among different healthcare professionals), the current organization of care supports the fragmentation of care, which focuses on individual diseases. Case studies provided important qualitative data. Among other things, people with the highest risk of poor health outcomes are those suffering major socioeconomic deprivation. An integrated model of care, besides including social welfare, involves proactively linking health service and social work centres.

OBJECTIVES

To propose the integration of care model, its implementation and sustainability. More specifically, this would include mapping of the key players including potential owners of the process, potential positions of power and potential sustainability drivers; as well as identification of smart steps forward to support policy process, proposed integrated care model implementation and sustainability in short, middle and long term.

CONCLUSIONS AND MAIN ACTION POINTS

Invited Policy dialogue participants were a heterogenic group with a strong patient orientated professional commitment. Thorough and comprehensive debate contributed to five action plan proposals:

- Identification of key chronic conditions;
- Creation of national streams and pathways for chronic conditions;
- Pilot project for facilitation of integrated care with method of bundle payment of healthcare services;
- Upgrade of e-consultation, and
- the commitment of members to hold ad hoc meetings regularly for next 2 years.