Coordination of care: theory and experiences in Europe

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Personal introduction
- General practitioner
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- domains
Psychogeriatry,
Psychiatry, Palliative care
Primary care in Belgium
‘Districts’ -> ‘Zorgregio n=60’
Why is care coordination important and a problem?

• Complex care → Fragmentation
  – Care coordination
  – Quality of care
• Many coordination strategies
  – Quality?
  – Lack clarity key concepts
• Stille (2005) \( \frac{n^2 - n}{2} \)
• Practice experiences

  – Breast cancer patients
    • After dismission from the hospital

  • Complex terminal care

  using the methodology of care pathways
Coordination: problems

- Lack of clarity about coordination
- Many strategies
  - Case management
  - Disease 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
Definition coordination

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
2.5 Relational Coordination Framework

Two theoretical frameworks were the most comprehensive:

- **Relational coordination theory**

  Organisational mechanisms ➔ Relational coordination ➔ Outcome


- **Multilevel framework**

  ![Diagram showing inter-organizational coordination mechanisms and networks leading to outcomes such as quality and efficiency performance.](Diagram.png)

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.

- **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

“External factors”
Our current healthcare system, existing or missing financial resources, legislation about patient rights, …

“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

“Task characteristics”
Working with many caregivers who are interdependent to deliver quality

“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

“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 professionals’ perceived care coordination

(Inter)organizational mechanisms

**“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

**“Need for coordination”**
Perceived or evaluated need

**“Task characteristics”**
Uncertainty, complexity, interdependency

**“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

Relational coordination

**“Goals”**
Setting and sharing of common goals

Outcome

**“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]
Patients experiences

• 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)
• 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 accompany 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)
Health Care professional experiences

• 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 partnerships in primary care
Model 3: Problem-solving Web (e.g., Geriatrics) coordination by open discussion
Conclusion

• 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)