

# Implementation of an Integrated care package

**Cross country lessons: Cambodia, Belgium and Slovenia** 

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#### BACKGROUND

#### **T2D AND HT ARE INCREASINGLY DOMINANT** IN THE GLOBAL BURDEN OF DISEASE.





**Integrated care packages include:** 

- ✓ identification of people with T2D and/or HT
- ✓ treatment in primary care
- ✓ health education
- ✓ self-management support
- collaboration among caregivers.

**RESEARCH QUESTION:** How is the integrated care package currently implemented in health care organisations in different countries?

# **METHODS**

#### TWO SITES IN EACH COUNTRY FOR ASSESSMENT OF THE ICP IMPLEMENTATION

 $\rightarrow$  an adapted framework based upon the implementation of Chronic Illness Care Assessment for quantitative and qualitative data collection

No or little

Moderate

Almost complete or full

No implementation	Little implementation	Some implementation	Moderate implementation	Almost complete implementation	Full implementation
0	1	2	3	4	5

# **DATA COLLECTION -> MULTI-METHOD APPROACH THROUGH:**

- observations at the health facility;
- informal semi-structured interviews with key informants or health facility managers; or —
- inspection of documentation at the health facility.

#### ANALYSIS

# Implementation of the ICP variation scored for each site in each country.



### RESULTS

**QUANTITATIVE SCORE of two sites in Slovenia** 

-> the depth and width of qualitative analysis

-> understanding of the organisational context

#### Average grades of the ICP in urban and rural part of Slovenia



### The lessons that could be learned through different countries' approaches and qualitative analysis of the organisational context, barriers and facilitators.

The results can inform the development of scale-up strategies in those and similar countries.