

HOW DOES A GOOD PROJECT TRICKLES DOWN THROUGH A HEALTH SYSTEM?

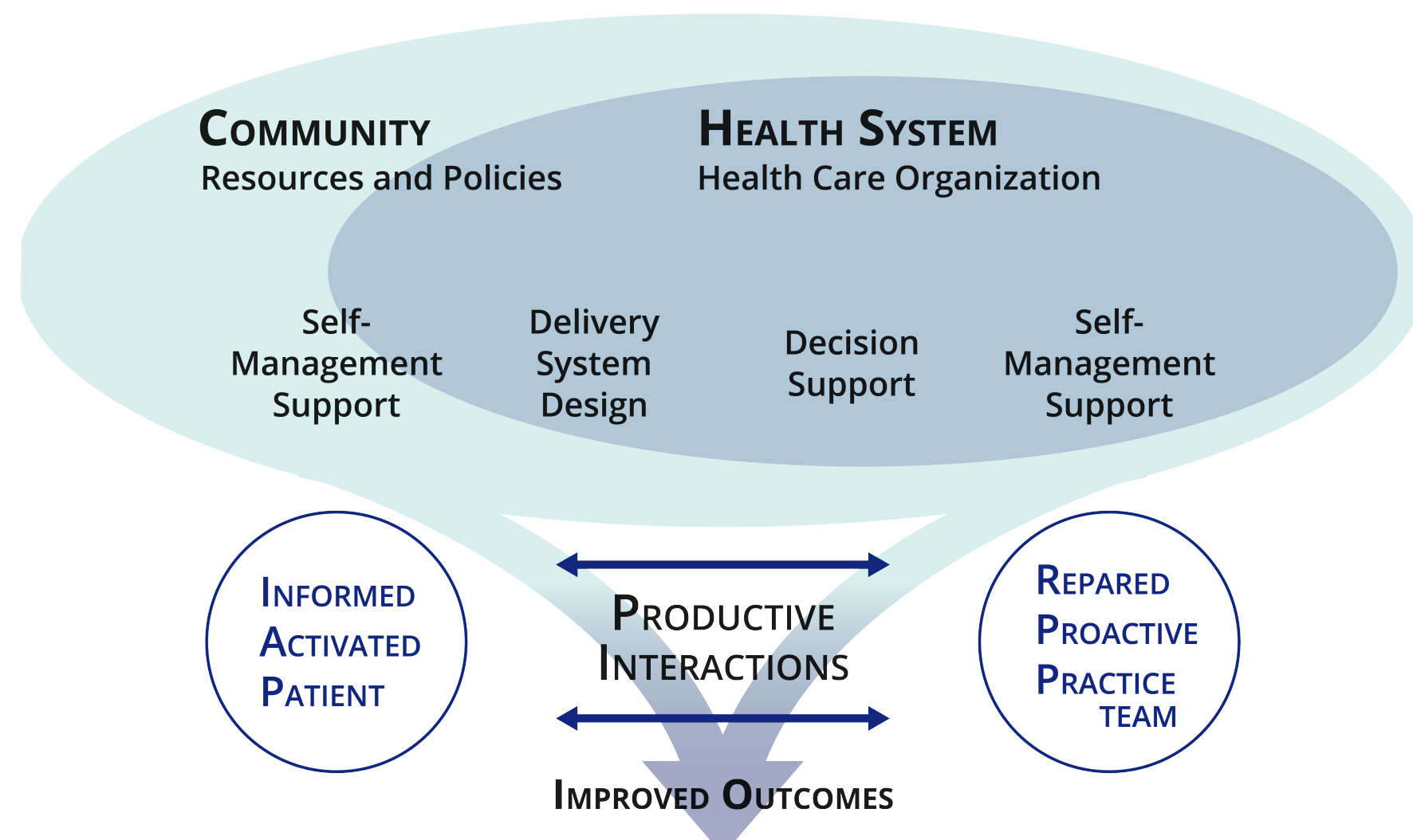
SCALE-UP OF INTEGRATED CARE FOR DIABETES

THE PROBLEM

Diabetes is on the rise.

Implementation of basic care is lacking: in Belgium, only 27% of patients get 3 times a year an HbA1c measurement.

Many pilot projects are based on the Chronic care model:



These projects are successful, but research often stops at evaluation.

How do we scale up?

METHODOLOGY

Instrument: Assessment of Chronic Illness Care

Structured interviews with GP's, nurses and dieticians

2 researchers scoring independently, reaching consensus after

DISCUSSION

The scale-up and implementation of integrated care for diabetes in Belgium depends on the organisational structure of the primary care practice.

Monodisciplinary practices did not implement integrated care. Why not?

BELGIUM

From 2003 to 2007 a pilot project based on the chronic care model was running: "Diabetes project Aalst". It was a success and scaled up in 2009.

In Belgium we have different models of care in primary care:

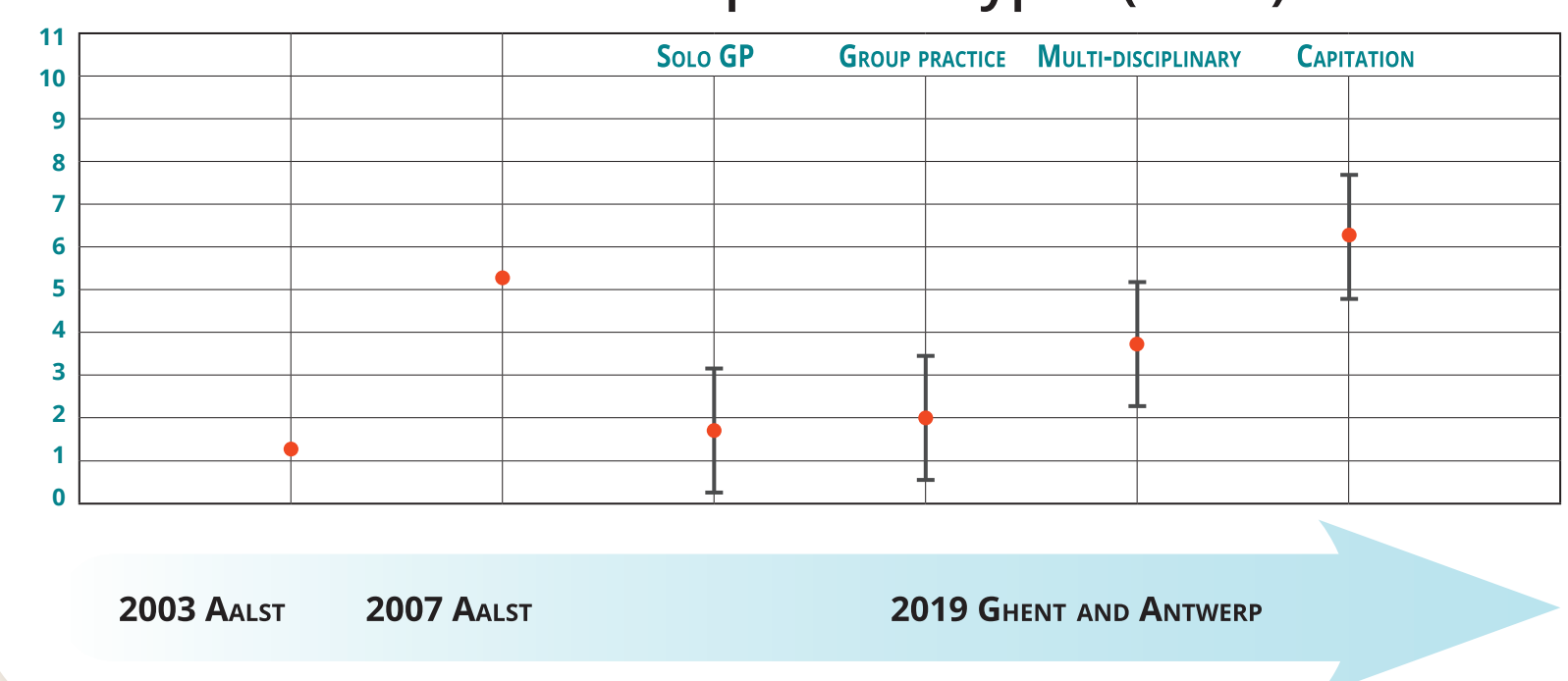
- monodisciplinary practices in a fee for service system
- multidisciplinary practices in a fee for service system
- multidisciplinary practices in a capitation system

RESEARCH QUESTIONS

1. What is the difference of implementation of integrated care for T2D in relation to practice organisation?
2. Does implementation of integrated care for T2D differ from the state before and after the pilot project from 2003 to 2007?

RESULTS

ACIC scores in different practice types (n=32)



FURTHER RESEARCH planned within Scuby

How do we explain the scores?

→ Add qualitative data from field notes.

Variation between geographic areas?

→ Add a rural region.

What does it say about health outcomes?

→ Link these scores with clinical data, from laboratories.

What does it mean for scale-up?

→ Discuss results with stakeholders in policy dialogues.



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