POSTER ABSTRACT

Shared care for patients with type 2 diabetes across general practice, hospital and municipality

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**Introduction:** Care pathways for patients with type 2 diabetes (T2D) are complex and involve both general practice, hospital and municipality. Insufficient collaboration between the involved actors due to poor communication and weak relations leads to suboptimal treatment and rehabilitation in this patient group.

**Theory/Methods:** The pilot project aimed to enhance care pathways for patients with T2D by developing and testing an interdisciplinary and intersectoral organizational framework for knowledge sharing. Throughout a year, eight knowledge sharing meetings provided a space for strengthening relations and communication between 25 physicians and nurses from general practice, a diabetes outpatient clinic and a municipal diabetes rehabilitation center.

Based on the theory of relational coordination the hypothesis was that shared goals, shared knowledge and mutual respect as well as good communication between health professionals improve their collaboration on and continuity of care for their common population of patients with T2D.

During the first meeting a driver diagram was produced to identify and describe a set of anticipated (organizational, patient oriented and other) effects of the meetings and their putative causes. The driver diagram guided the content of the subsequent meetings.

A performance evaluation assessed whether the hypothesis could be proven true and which elements were most important to reach the desired results, as well as how different elements worked, for whom and under which circumstances. Methods included analysis of documents regarding development, implementation and adjustment of the model; observation and registration regarding form and content of knowledge sharing meetings; interviews with project group and participants; and a survey measuring relational coordination between participants. Preliminary insights provided input to subsequent meetings, and thus, continuous adjustment of the model.

**Results:** Relations and communication between the participating physicians and nurses were strengthened, which led to increased intersectoral collaboration, e.g. more referrals to the rehabilitation center and more phone calls regarding guidance on medical treatment.

**Discussions:** The relation between intersectoral collaboration and continuity of care is not clear. Impact on continuity of care and care pathways for patients with T2D could not be assessed in the pilot project.

**Conclusions:** Conducting knowledge sharing meetings for physicians and nurses from general practice, hospital and municipality is a feasible means to improve collaboration across sectors.
Lessons learned: Considering the small percentage that patients with T2D comprise of the total patient population in general practice, the time spent in the project was too much for general practitioners.

It is crucial to involve nurses, as they to a large extent handle communication across sectors.

Limitations: General practitioners were paid to participate in the project. Continuation of the meetings in a similar form outside of the project context would require alternative funding or a change in the remuneration model for general practice.

Suggestions for future research: Testing the model in other groups of general practices, hospitals and municipal rehabilitation centers and in other patient groups is appropriate. Including other medical specialties, e.g. cardiology and psychiatry, would allow for embracing the proportion of patients with both T2D and concomitant chronic disease.

Keywords: type 2 diabetes; intersectoral knowledge sharing; relational coordination; feasibility study; performance evaluation