
CONFERENCE ABSTRACT

Digitally Connecting Health Care Providers to Integrate Chronic Care: developing and testing a shared and data driven IT-solution aimed at patients with diabetes

ICIC20 Virtual Conference – September 2020

Else-Marie Dalsgaard¹

1: Steno Diabetes Center Aarhus, Aarhus N, Denmark

Introduction

Delivering integrated care is difficult because patients and health providers lack an overview that in real-time visualizes patient data from each provider as a complete patient history. This project develops and pilot tests a shared and data driven IT-solution (named Samblik) with the aim of providing patients and health providers with a diabetes relevant overview of the patient history across sectors, thereby improving treatment, facilitating integrated care, and ensuring that patients are not the carrier of health information across sectors.

Practice change implemented

Samblik is integrated into existing local IT systems used by practitioners in GPs, hospitals and municipalities. Implementation-wise, Samblik requires that practitioners change their own and joint working routines, thereby potentially challenging Samblik's implementation and use in practice.

Aim and theory of change

Samblik is pilot tested in the Central Denmark Region within hospital clusters comprising a hospital, associated municipalities, and GPs. After introducing Samblik (t=0) and 12 weeks later (t=1), user data is collected using questionnaires: Technology Acceptance Model and Relational Coordination Model. At t=1, semi-structured interviews and observations are conducted to gain deep knowledge of implementation and care integration etc.

Targeted population and stakeholders

Population: Persons with diabetes. Practitioners: Hospital (doctors and nurses); General practice (GPs and health staff); Municipality (nurses and staff working health promotion or rehabilitation). Decision makers: Health ministry; Board of health-IT; Municipal and regional representatives; Professional associations, e.g., GPs' union.

Timeline

Feb 2019-Dec 2020 through seven phases: Rapid prototyping; Pre-analysis; Development package 1; Development package 2; Pilot testing; Evaluation; and Model for Implementation.

Highlights

Samblik: provides a diabetes relevant and complete overview of patient history across sectors; shares patient data and patient treatment goals across sectors; is module-based and thus easily expandable to other diseases, e.g., COPD; combines national and local data sources ensuring data completeness; integrates into existing local IT-systems; provides a data foundation for health providers to improve treatment and to improve communication across sectors.

Comments on sustainability

Samblik meets a real-life need among practitioners and decision makers, works alongside existing IT-systems, and builds on continuously maintained data sources.

Comments on transferability

Being a generic IT-solution premised on the idea of modularity allows Samblik to be scaled into other patient groups and to other administrative regions. The learning points from the pilot test and evaluation will further aid transferability.

Conclusions

Samblik provides a complete overview of diabetes relevant information to health care providers. It is a module-based IT solution combining data sources from the national and local infrastructure at a disease-specific level, which ensures data completeness and enables efficient, low-cost upscaling.

Discussions

Being in an early phase Samblik's promises require further empirical study: especially given the implementation challenges that IT-projects typically face.

Lessons learned

Address a need of high practical importance. Get key stakeholders engaged. Make data the driver. Integrate the IT-application into existing ones.