
CONFERENCE ABSTRACT

Building integrated Care in a community: MAPPING HEALTH RESOURCES.

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ANA MIQUEL GOMEZ^{1,2}

1: Mar Báltico Primary Care Centre, Madrid, Spain

2: Rey Juan Carlos University, Madrid, Spain

Introduction:

Community based initiatives are a need in the “Mar Baltico” Primary Care centre “territory of influence”. The unique coordination structure with other health and social organizations is called “the Health table”. Around 10 institutions (including the municipality and the Mental Health Center) participate, but they all work independently, and initiatives are not shared within them and the community. All the institutions considered the development of this project a priority.

Description of practice change implemented:

We explored and selected a Project called “Mapping Carabanchel” (An active shared Web including a Map of health and social resources) as a reference for designing our project. We used two standardized methods: Benchmarking (selecting best practices and identifying activities to be copied), and the Evidence Integration Triangle (with the three components: based on scientific evidence, measures for the implementation process, and consensus and participation). An implementation plan was designed and implemented.

Aim and theory of change:

MAIN GOAL: Identify and make visible the health assets of the district with the ultimate goal of contributing to the improvement of the population’s wellbeing.

SPECIFIC OBJECTIVES:

>>Improve coordination between social, community and health resources.

>>Promote empowerment and self-care capability of the population.

Targeted population and stakeholders:

The project is being carried out with the reference population of the health center, a total of 56754 people, and later will be extended to the rest of the district with 189592 people. All the institutions that work to improve wellbeing in the territory are invited to participate.

Timeline:

The project starts in June 2019 and will be totally implemented by 2020. Activities and Timeline:

1. A first approach to Map resources. Done in 2019

2. Approval of the plan by October 2019
3. Constitution of the coordination Team by October 2019
4. Creation of a data base by November 2019
5. Invitation to participate to all the resources by March 2020
6. Dissemination activities by March 2020
7. Active website-Map by June 2020
8. Complete active project by December 2020

Highlights:

The project is allowing the agreement, consensus and participation of all the institutions involved. All of them now share their initiatives and are closer to creating an integrated care community-based structure and organization.

Comments on sustainability:

The existence of a reference success project, the interest of all the members of the Health Table, the support of the Directors, the interest of the Municipality and the motivation of the Primary Care professionals are elements that facilitate sustainability.

Comments on transferability:

Our project is considered a reference.

Conclusions:

The use of implementation methods has allowed a systematic and participative implementation process contributing to the motivation and implication of all the participants.

Discussions:

Standardized implementation methods can improve final results. Adapting the projects to the specific context helps ensure it is coherent with Implementation Science.

Lessons learned:

>>To select a successful Project as a reference and to study it “on the ground” is relevant.

>>Consensus and participation are key elements.

>>Use of standardized methods facilitates successful implementation.