

Coordination and Management of Chronic Conditions in Europe The Role of Primary Care

Position Paper for the European Forum for Primary Care

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Background

Chronic conditions pose an important challenge to European health care systems. New models to improve care for chronic conditions are as diverse as health care systems are different. The aim of this position paper is to analyze the experience of a number of health care systems (Austria, Belgium, Catalonia, England, Finland, Germany, Netherlands, and Wales) which are currently trying to reorganize the organization of health care delivery in order to make the management and coordination of chronic conditions more feasible. In particular, we discuss the role of primary care in this process.

Problem definition

Our review of problems identified by the literature and the expert opinions within our group our sample health care systems is not a representative one. However, it shows that inadequate coordination of care between health care services is an important problem in all countries which are represented by our group. This is an important finding from the view of primary care, since coordination between primary care and secondary care and coordination between professions within primary care seems to be ubiquitous problems. Our analysis also shows that other problems – bridging the evidence gap, lack of self-management, variation in quality of care, lack of preventive care, increasing costs for chronic care and inefficient use of resources – are not unique but concern at least half of the countries in our sample.

Components

We have categorized new approaches towards improving the management and coordination of chronic conditions these by referring them to Wagner's chronic care model. The six components of the model (see table 1) are closely intertwined. Again, it is important to note that this is not a full inventory of all approaches in the respective country but a collection of case studies.

Table 1: Components of the Chronic Care Model

Component	AUT	BEL	CAT	ENG	FIN	GER	NL	WAL
Community resources and policies	No systematic implementation of components of the chronic care model yet	No systematic implementation of components of the chronic care model yet (implementation scheduled to start after 2009)	(X)	X	-	-	X	X
Health Care Organization			X	X	X	(X)	X	X
Self-management Support			X	X	X	X	(X)	X
Delivery system design			X	X	X	-	X	X
Clinical information systems			(X)	X	X	X	(X)	X
Decision support			X	X	X	-	(X)	X

x: fully implemented; (x): partly implemented; (-) not implemented

Implementation

Two approaches towards implementation can be distinguished. The top-down approach is characterized by implementation on a national level, national regulation and national funding. The main problem of this approach is the fact that changed regulation on a national level is not equivalent to changed practice on a local or regional level. In contrast, the bottom-up approach is characterized by local or regional initiatives within the existing institutional and legislative framework. The main problem of this approach is sustainable funding, since these approaches are mostly financed by one-time grants or short-time contracts. The development of financial incentives for health care providers may provide the link between regional and national implementation. It is to be emphasized however, that all changes in practices are necessarily local, even if boosted by incentives.

Conclusion

Our analysis supports the notion that countries with a strong primary care system tend to develop more comprehensive models to manage and coordinate chronic conditions. In contrast, countries with a weak primary care system are still developing these models (Austria and Belgium) or – as in Germany – neglect changes in the design of delivery systems, particularly in primary care. Further research is warranted in order to make this finding more robust.

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