

Practice facilitation for chronic diseases in primary care practices in Belgium, mixed-methods results of three different delivery models.

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Background

Belgian primary care practitioners want to improve their chronic care organisation, towards a more proactive and integrated system, but they lack the knowledge and skills on how to change. A change program was created and delivered in 3 different models: an intensive coaching program in the primary care practice, an interactive study day in 4 different cities and a hands-on 3-day in-service training.

Methods

Evaluation of the practice facilitation change program was performed. Post-intervention surveys for all participants evaluated the perceived quality of the intervention and the implementation of changes to the primary care practice organisation. In-depth interviews deepened the knowledge on what aspects of the different interventions were most effective and in which context they thrive best.

Results

The coaching program was effective due to its intensity and the triggers the coaches provided, but time-intensive. The study-day was less effective, but inspired a larger amount of participants. The hands-on in-service training also triggered the participants, provided exchange, but did not come at the right time for some participants.

Discussion

While each of the three delivery models presents its own set of advantages and disadvantages, also substantial variations among primary care practices exist. Consequently, it can be inferred that a successful delivery model must align with the specific characteristics of the practice in question, necessitating a high degree of flexibility.

Conclusion

As the wave of chronic disease patients approaches, primary care practices must adapt their care organisation. Understanding how to support them ensures smoother sailing ahead.