

## Forskningsbaseret abstract

Oral præsentation ønskes

**Titel: Continuity of Care: Can the Danish healthcare system learn from the Veterans Health**

**Administration in the US?**

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## Background

Healthcare systems are increasingly under pressure to transform to deliver sustainable and better patient care due to an ageing population, more patients with chronic diseases and scarce resources. Simultaneously, concerns of fragmentation of care have been raised in Denmark and other Western countries since modern medicine implies professional specialization. Veterans Health Administration (VA) has been highlighted as a successful model of integrated and cost-effective care with high quality services. To improve care delivery in the Danish healthcare system (DHS), especially among vulnerable groups who

have fewer resources themselves for coping with insufficient coordination of care, this study investigated the organizational frames for care paths for medication in VA and DHS.

### **Material and Methods**

In 2013 and 2014, we conducted 11 interviews with managers and 12 interviews with providers in VA and DHS with different educations, functions and responsibilities. Interviews were conducted face-to-face and were of 42-82 minutes of duration. All interviews were taped and subsequently transcribed. Content analysis was used for contextualized interpretations.

### **Results and conclusions**

Settings and tools that contributed to coordination of medication in VA included an integrated medical record system with the availability of updated information on medications and a built-in control for drug interactions as well as computerized reminders and specialized templates. The requirement of systematic medication reconciliation and that the responsibility for this is clearly placed at one provider was also likely to support the quality of care in VA. Performance measures are important for providers for whom peer-recognition is the driver. Yet, performance measures should aim to look at patients holistically. Patient outreach might be a central tool to grasp the patients who are likely to fall between two stools or who need the care the most.

### **Implications**

To secure a well-functioning healthcare system with high quality and continuity in care, the GP's role should be strengthened and modernized. It seems relevant to transfer approaches with documented effect from other healthcare systems; however, merely transferring prosperous programs embedded in organizational frames and cultures in other healthcare systems may not be successful if they are not adjusted to the local contexts.