



Stakeholders' perspectives on innovative models of interprofessional collaboration in community-based care

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Background

Health care systems in Europe and beyond face three major, interrelated challenges: an ageing population, an increasing prevalence of chronic illness and multimorbidity, and an increasing shortage of health care professionals. Innovative models of interprofessional collaboration in the community-based care of older people may offer new approaches towards these challenges.

Research Question / Aim

This qualitative study aims to explore the perspectives of different stakeholders on current challenges in the community-based care of older people. Furthermore, it explores the feasibility and acceptance of innovative models of interprofessional collaboration in community-based care in a Swiss context.

Method / Procedure

Focus groups with senior citizens (n = 5), physio- and occupational therapists (n=4), community nurses (n=6) and other stakeholders from the fields of community health and social care (n=6) were held. Additionally, semi-structured interviews with general practitioners (n=2) and stakeholders from politics (n=1) and experts involved in the development and implementation of innovative models of interprofessional collaboration in community-based care (n=2) were conducted. The data was analysed using qualitative methods.

Results

The results show a general awareness of challenges in the health care system, an openness towards innovative models and a basic willingness for change and increased collaboration in health and social care. Senior citizens feel that health care providers often do not have sufficient time for them. Professionals cite a lack of care coordination, including coordination between health care, informal care and social care sectors.

Discussion

As barriers to innovations, professionals name conflicts of interest and competition between different organizations and professions, a lack of appropriate reimbursement for care coordination, and a lack of information about available services among professionals and clients alike. As facilitating factors, professionals name their personal and professional networks. Senior citizens are more sceptic towards innovations, especially if these might restrict their freedom of choice. Neither health and social care professionals nor political stakeholders feel that they are in charge of or have the resources to initiate innovations. However, experiences from other local Swiss projects suggest that additional personal and financial resources are needed for the development of innovative models of interprofessional collaboration in community-based health care. Furthermore, a professionally guided bottom-up approach that builds on existing local needs and structures can facilitate this development.

Conclusion

The study shows that in Swiss community-based health care, there is a need for better care coordination, including coordination across health, social and informal care. To address this, additional financial and



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personal resources are needed during an initial phase. New models of interprofessional collaboration, if they build on local needs and existing structures and are developed using a professionally guided bottom-up approach, have the potential to improve community-based health care delivery.