Implementation of integrated care package (ICP) for chronic patients with hypertension (HT) and diabetes type 2 (DT2): lessons from Slovenia

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BACKGROUND

The Integrated Care Package (ICP) model comprises of **6 elements**:

- Identification of patients;
- Treatment in primary care;
- Health education;
- Self-management support;
- Collaboration among health care workers, caregivers, community actors, patients and their caregivers;
- Organisation of care, delivery system and clinical information system.[1,2]

An optimal health outcome is a consequence of a good partnership within these 6 elements.[3,4]

MATERIAL AND METHODS

The data were collected by means of a questionnaire developed on the basis of two existing tools: Assessment of Chronic Illness Care form (ACIC)[5] and the Integrated Care for Chronic Disease assessment form (ICCC)[6] with a 6-point Likart scale and evaluated in the pilot.

The researchers used observations in the health facility, informal semi-structured interviews and review of medical documentation to gather information. Two researchers independently scored points and then reached a consensus.

Ten health care organisations were evaluated, scores were compared between urban (8 organisations) and rural (2) region.

ANALYSIS

Score was calculated as the mean of the items. Scores for the regions were calculated as the mean value of the scores for the corresponding health care organisations, while scores for the country were obtained as means of regions.

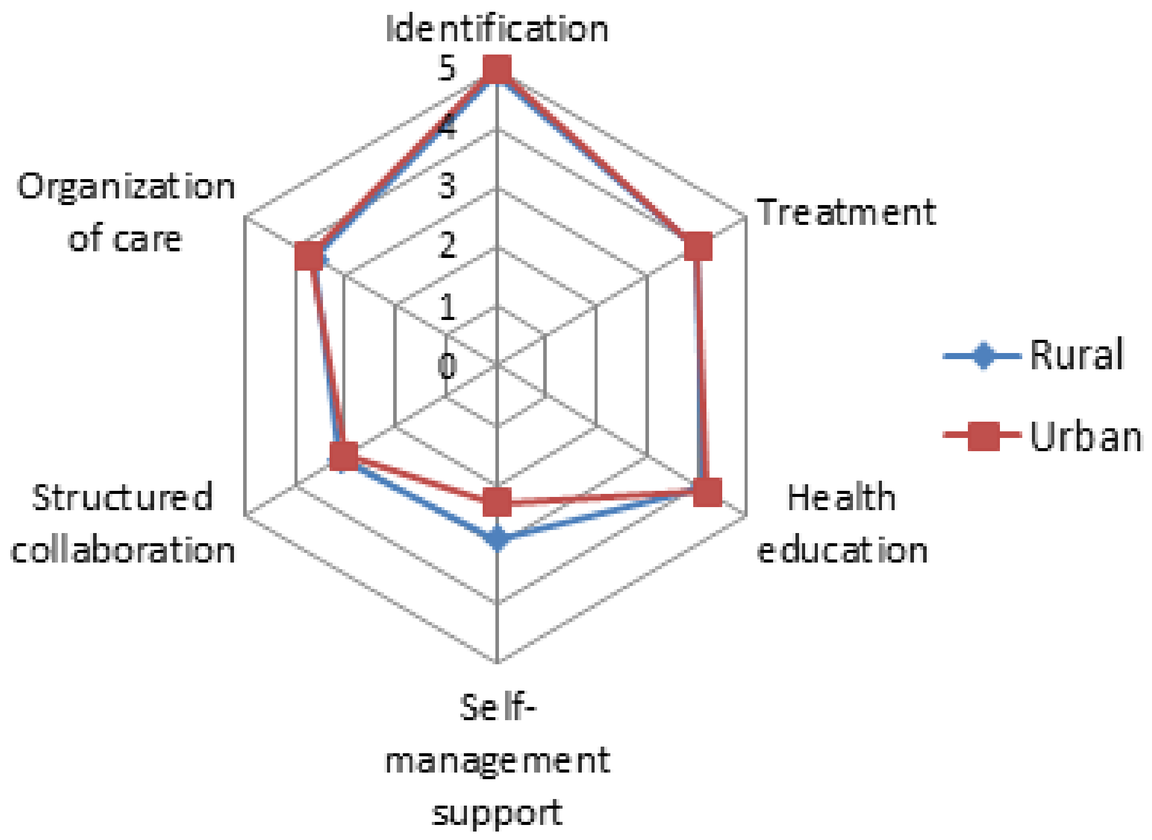
RESULTS

For the whole country:

Highest-rated: Identification (4.9)

Lowest-rated: Self-management support (2.6)

For each region:



CONCLUSION

Detection of patients with HT and DT2 is determined by the national screening program and is excellent. The results show the need to improve measures to self-management, monitoring of progress over time and to develop collaboration between professionals, caregivers, and the community. For all elements, the assessments were similar in rural and urban regions.

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