

# Implementation of an integrated care package: Cross country lessons from Cambodia, Belgium and Slovenia



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## ABSTRACT

**Background:** Type 2 Diabetes (T2D) and Hypertension (HT) are increasingly dominant in the global burden of disease. Effective interventions for prevention and control of both conditions are available in an Integrated Care Package (ICP) which comprises of: (a) identification of people with T2D and/or HT; (b) treatment in primary care, (c) health education and (d) self-management support, and (e) collaboration among caregivers. Evidence on how to scale-up the ICP is limited. Knowledge on how health care organisation relates to implementation of ICP in different countries is unclear. This study examines the implementation of the ICP in different types of health care organisations in a three different countries, namely Cambodia, Belgium and Slovenia.

**Methods:** In each country, a minimum of two sites (i.e. a primary care health care structure with its target population) are purposively selected, based upon difference in context and/or organisational structure for assessment of the ICP implementation. The developed quantitative assessment framework is based on the Innovative Care of Chronic Conditions framework situation assessment (ICCC) and the Assessment of Chronic Illness Care (ACIC), and contextualised for each country. Optimal outcomes, especially for chronic disease management, are in line with the integration of patients and families, health care teams and community partners.

Data collection comprises multi-method approach through observations at the health facility; informal semi-structured interviews with key informants or health facility managers; and through inspection of documentation at the health facility, when needed.

**Results and analysis:** The implementation of the five elements of the ICP will be scored for each site in each country. The quantitative score will provide an indicator for the depth and width of ICP implementation and the qualitative analysis will provide understanding of the organisational context.

**Conclusion:** This study illustrates the variation in implementation of integrated care for diabetes and hypertension within countries and the lessons that could be learned through different countries' approaches. The ICP framework is unique as it measures both structure and process elements. The results can inform the development of scale-up strategies in those and similar countries.

**Key words:** *observation research, qualitative research, cross country comparison, integrated care package, diabetes, hypertension*