



Healthcare Providers' Perspective and Lessons Learned on a Multimorbidity Approach in the Public Health System of Chile

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1. Background

- Complex changes in healthcare involve health system structure, organization and culture affecting healthcare providers' performance.
- The multimorbidity approach implies an important challenge for healthcare teams. Therefore, their perspective on participatory approaches during the implementation process should be properly assessed and addressed.
- Between 2017 and 2020, the Centro de Innovación en Salud ANCORA UC implemented a Multimorbidity Patient-Centered Care Model (MPCM) to reorganize health services towards a multimorbidity comprehensive care based on primary care at the Servicio de Salud Metropolitano Sur Oriente (SSMSO), a Chilean health district.

OBJECTIVE To evaluate healthcare teams' satisfaction, lessons learned, and external support during the implementation of a Multimorbidity Patient-Centered Care Model in Chile.

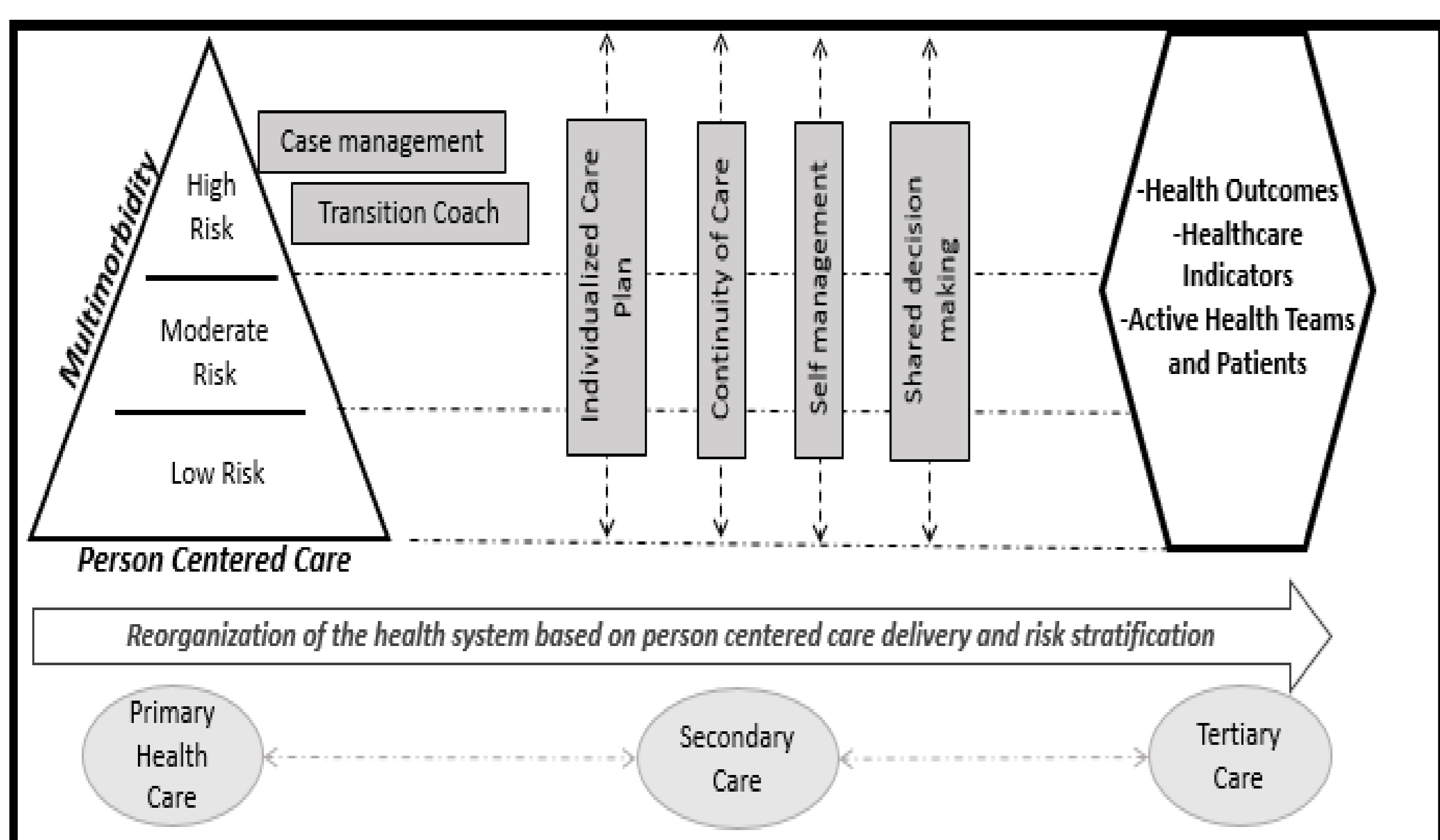
2. Methods

- A qualitative study was performed with 35 semi-structured interviews (both individual and group) between October and December 2020 to evaluate three areas (Figure 1).
- Inclusion criteria: decision-makers, healthcare providers, transition nurses, and members of the implementation and management teams from the Centro de Innovación en Salud ANCORA UC (CISAUC).
- A mixed codification system was used for data analysis: Deductive - according to research questions – and Inductive - according to differentiating characteristics.
- Data was codified, triangulated, and analyzed with the MAXQDA program.

Figure 1. Main assessed areas in the interviews.



Multimorbidity Patient-Centered Care Model (MPCM)



4. Results

A total of 67 persons were interviewed: 56 from PHC, four from the Servicio de Salud Metropolitano Sur Oriente (SSMSO), four from the CISAUC and three from Hospitals. The results are presented in three sections.



4.1 Lessons Learned

- Lessons learned indicated that the modification of organizational activities influenced the implementation process and commitment of directors, leaders, and decision-makers.

4.2 Implementation

- Implementation in stages such as pre-implementation-implementation-monitoring are core and must be opportunely communicated to all levels.
- It is relevant to establish agreements and respect time associated with other activities according to the different roles.
- Some key activities were critical for success in pandemic time: telework, telehealth, continuous telephone follow-up in medium and low risk to facilitate timely access, and others).

4.3 Healthcare providers satisfaction

- The vast majority of participants were very satisfied with the implementation and results of MPCM.
- Differences in satisfaction were found in the implementation related to high-risk intervention strategy and moderate-low risk.
- Local training was positively perceived when it was offered before starting the intervention.
- Internal and external context of each PHC facilitated or made it difficult the process of implementation.
- Continuous spaces for review, reflection and feedback on results used to guide the implementation process were mentioned as a key element.

5. Key Messages

- There was a positive overall perspective regarding implementing the multimorbidity patient-centered care model.
- The time of kick-off was crucial during the piloting.
- Differences were found if they were the first or the last CESFAM to start the implementation.
- Positive perceptions were found if the initial training was before starting clinical care.
- During the implementation process, a perception of frequent adjustments to the clinical intervention was found as a part of the pilot studies.
- The anticipation of changes and frequent co-creation participation meetings were essential.
- Expectations about the role of the CISAUC implementation team and its participation and subsequent assessment throughout the process were relevant to participants.

6. Conclusions

This study explored healthcare providers' perspective of a new care model implemented as a complex intervention in primary, secondary, and tertiary care. Multimorbidity approach is a challenge that countries are starting to address. Implementation lessons learned from the Chilean experience may contribute globally.