Integrated person-centred care for vulnerable groups through a realist lens

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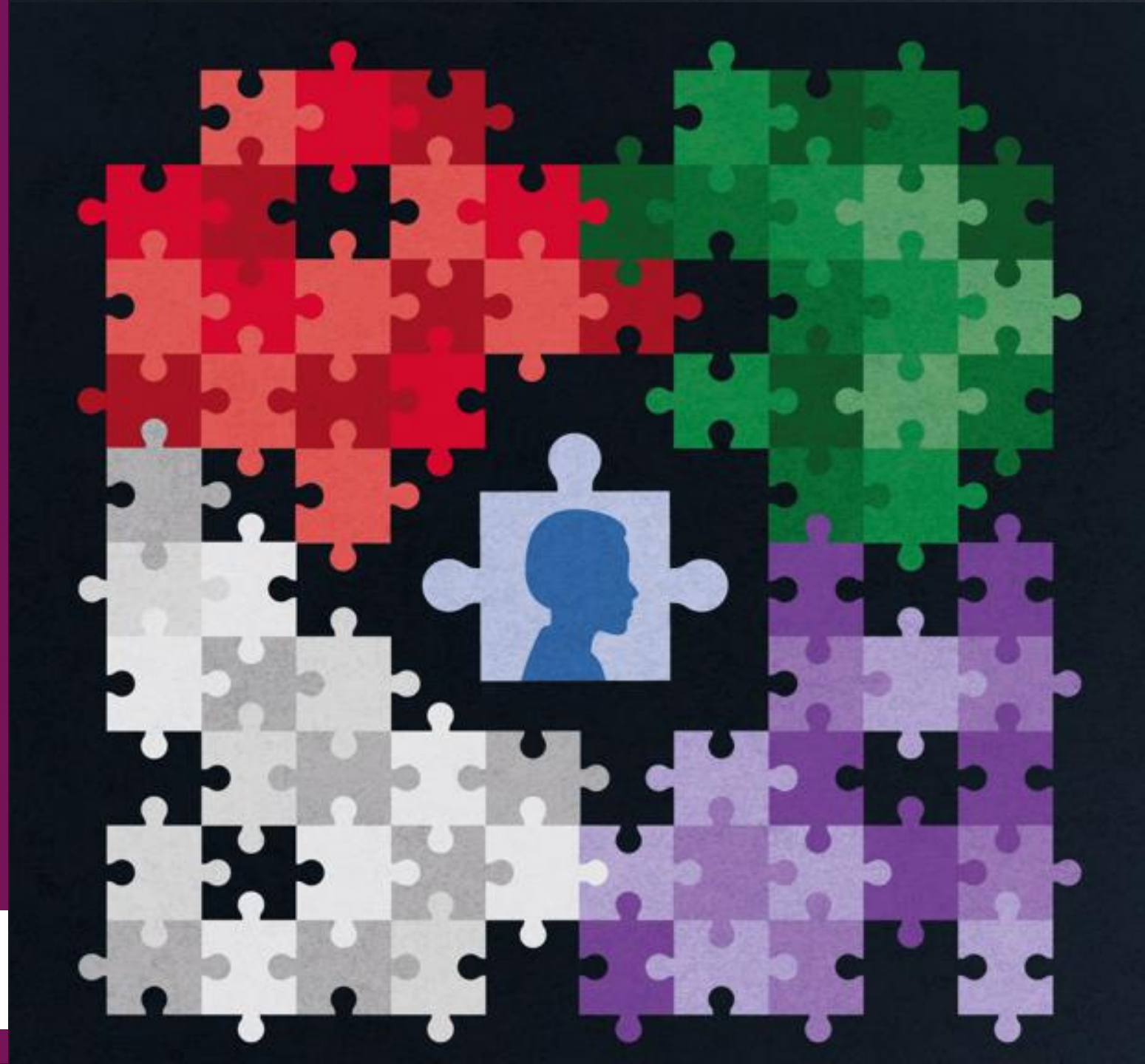
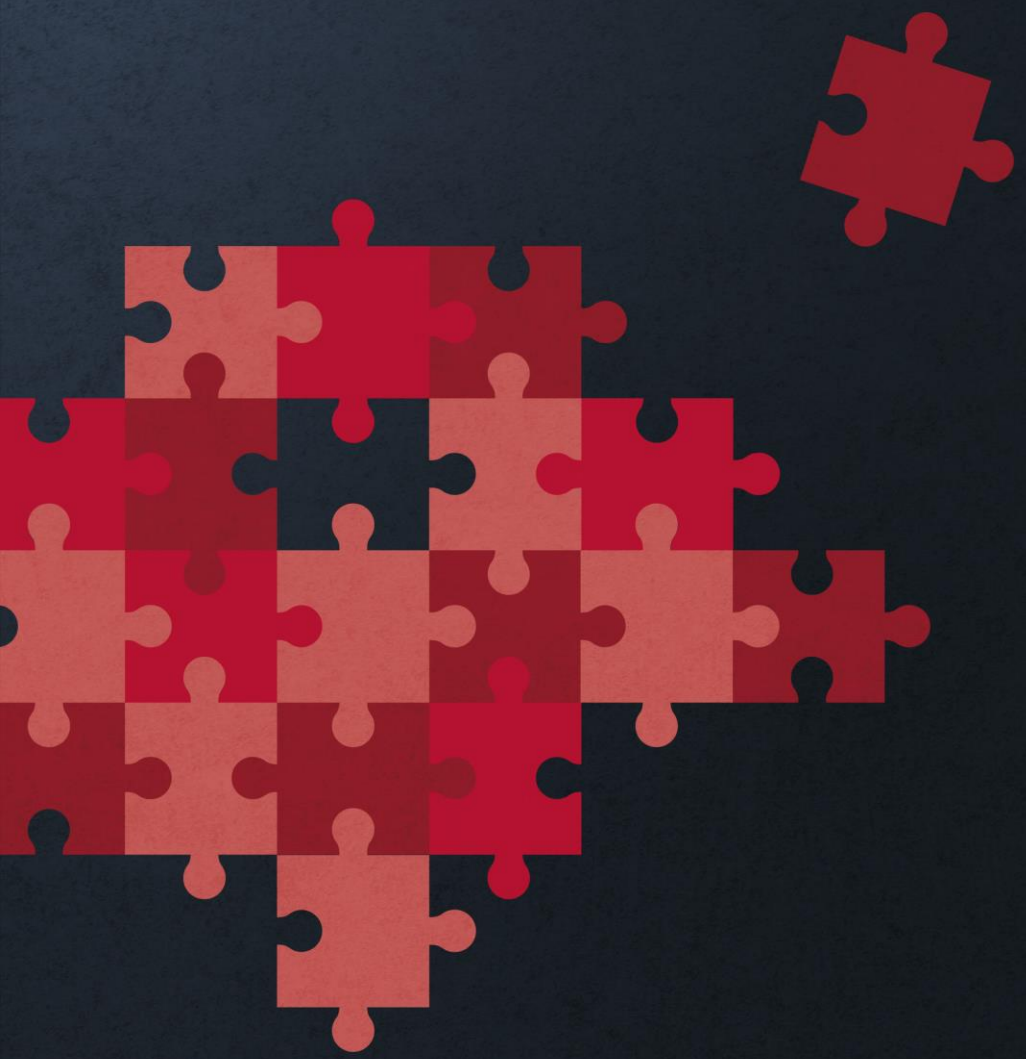




INTRODUCTION

Introduction

Integrated person-centred care

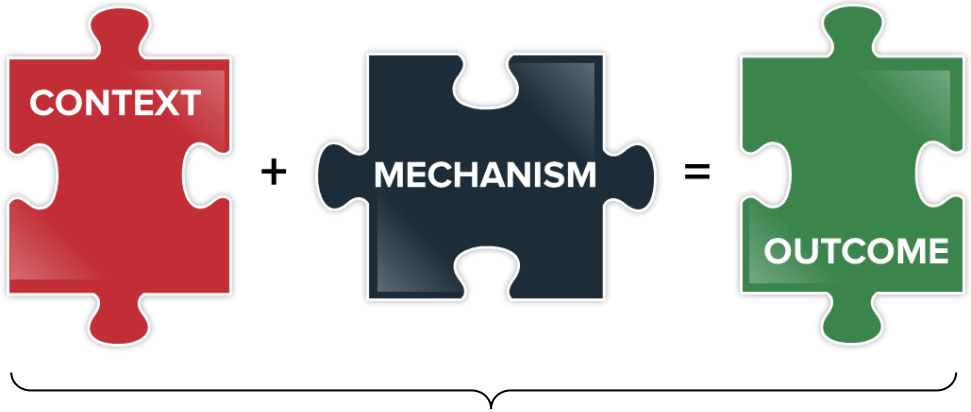
Current issues

- Integrated person-centred care (I-PCC): poorly understood and implemented in practice.
- Existing literature: heterogeneity in outcomes.
- Traditional research only indicates whether I-PCC is more effective or not.

Introduction

Realist research

- Theory-driven approach
- Explanatory focus
  - Focus on how and why complex programmes thrive or fail, in setting(s)
- Important constructs:



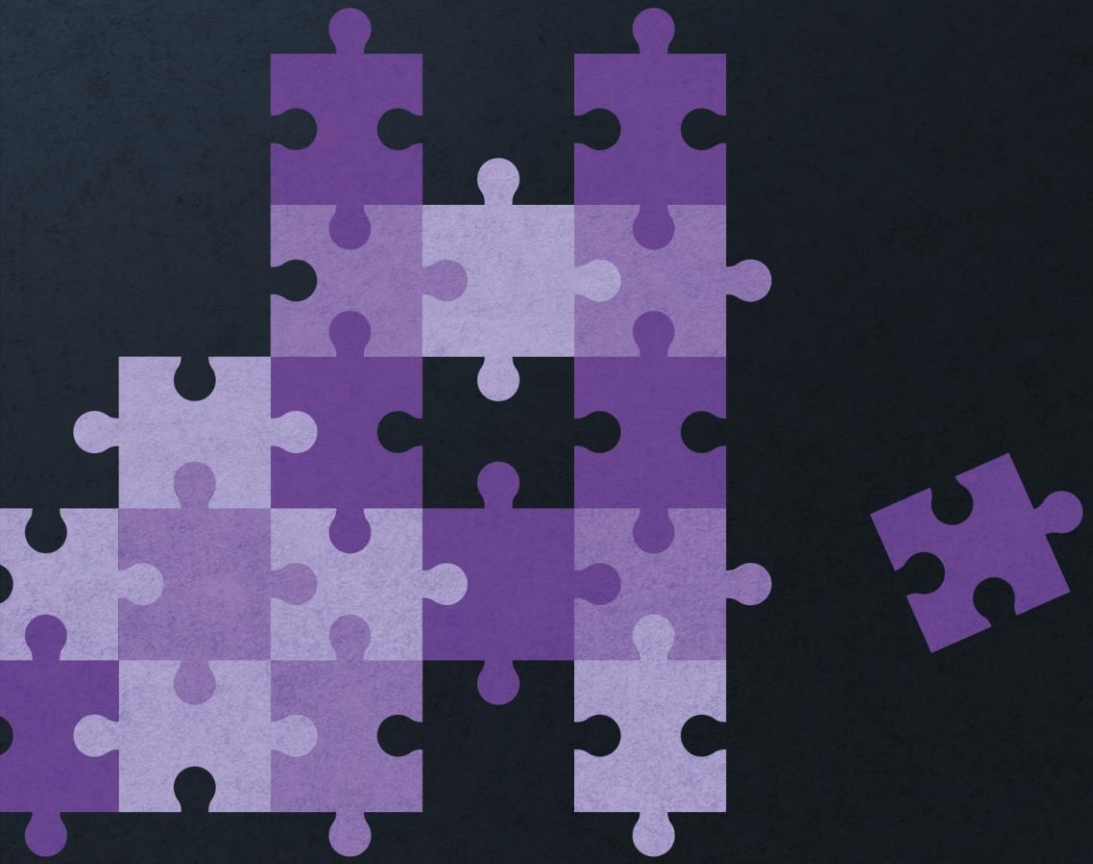
Context-mechanism-outcome (CMO) configuration

Programme theory

Introduction

Study objective

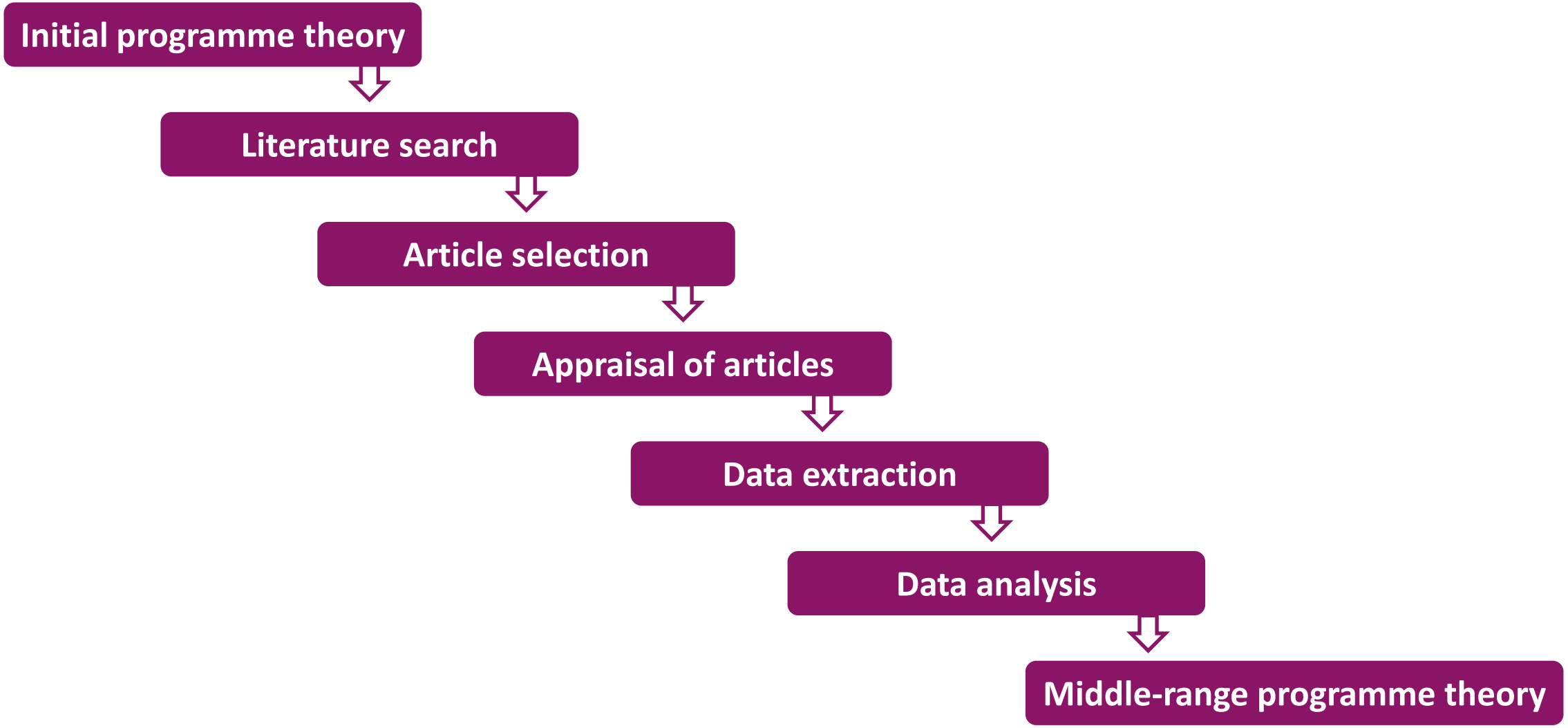
To explain how, why, and in what circumstances I-PCC works (or not) by establishing a programme theory

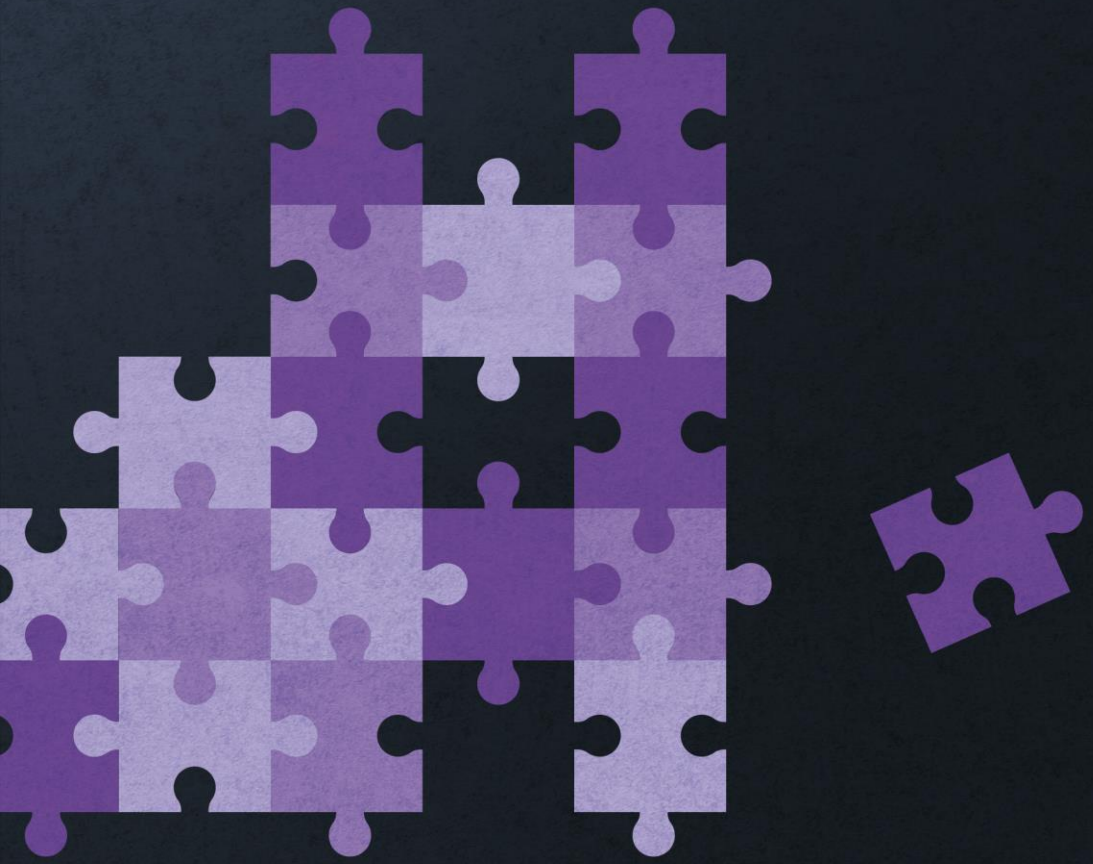


METHODS 1
RAPID REALIST REVIEW

Methods

Rapid realist review

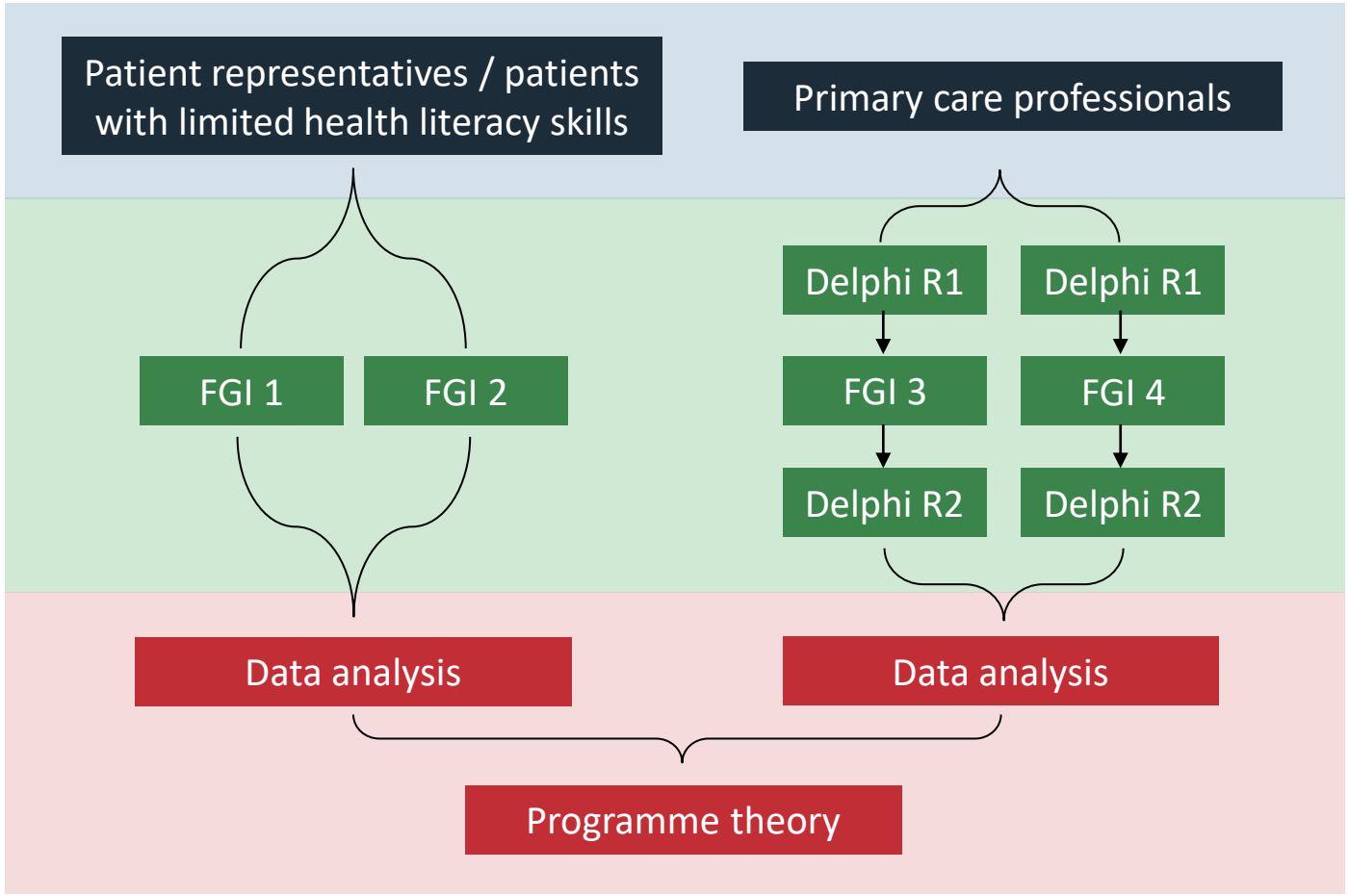


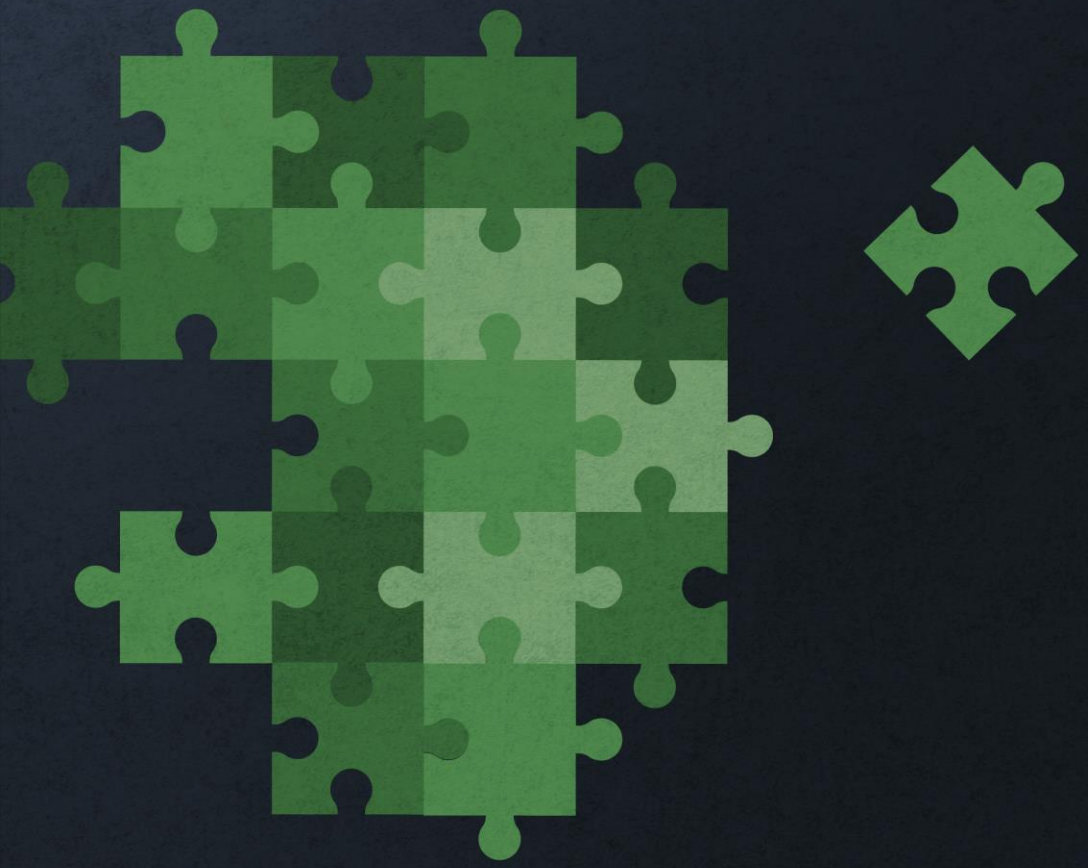


METHODS 2
FOCUS GROUP DISCUSSIONS

Methods

Focus group discussions





RESULTS

Methods

Refined programme theory

CONTEXT		MECHANISMS		OUTCOMES
Knowledge and skills training HCP	+	Holistic focus	=	(improved) person-centred approach
Tailored supporting material developed with target group	+	Communication Active role patient Shared decision-making	=	Patient involvement
Sufficient time consult Awareness social circumstances of patient	+	Communication Holistic focus	=	Satisfaction (improved) person-centred approach
Patient education	+	Self-management support	=	Self-efficacy patient Self-management skills patient Therapy concordance

HCP: healthcare provider

Items present in middle-range PT

Items added to refine PT

Methods

Refined programme theory

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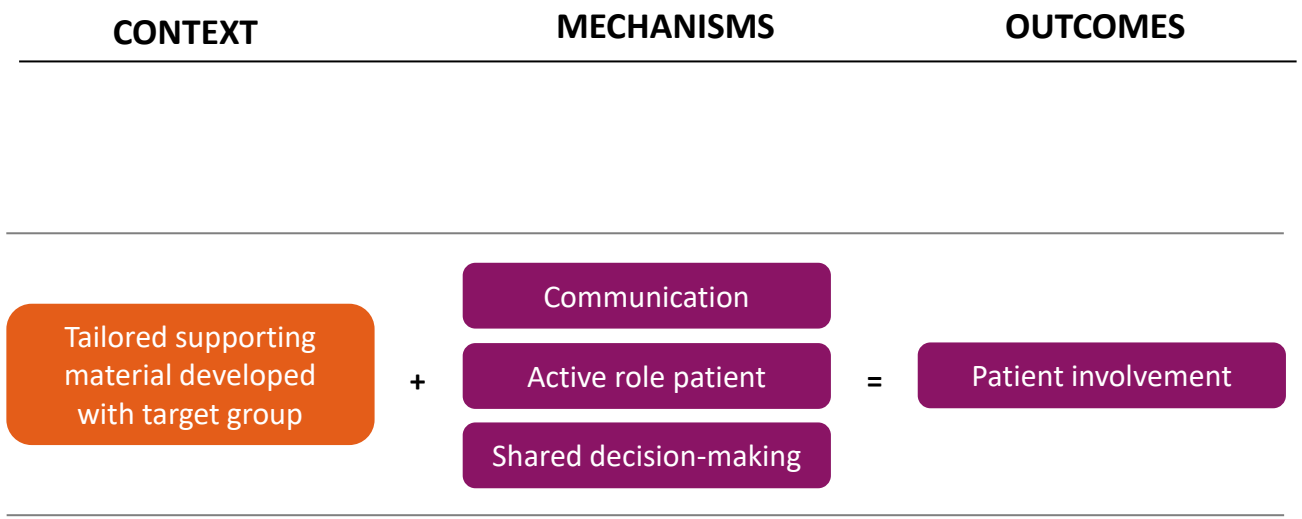
Refined programme theory



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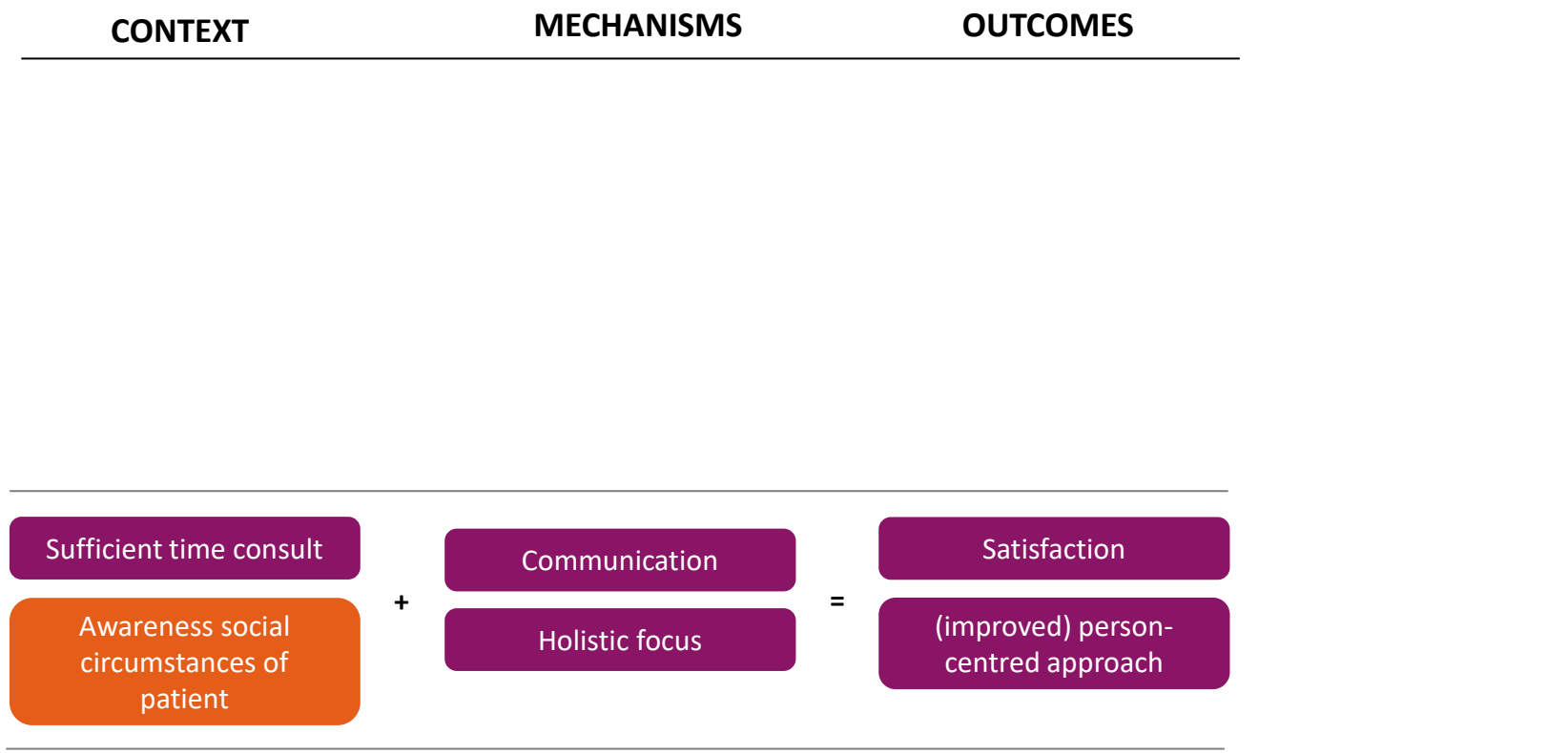
Methods

Refined programme theory



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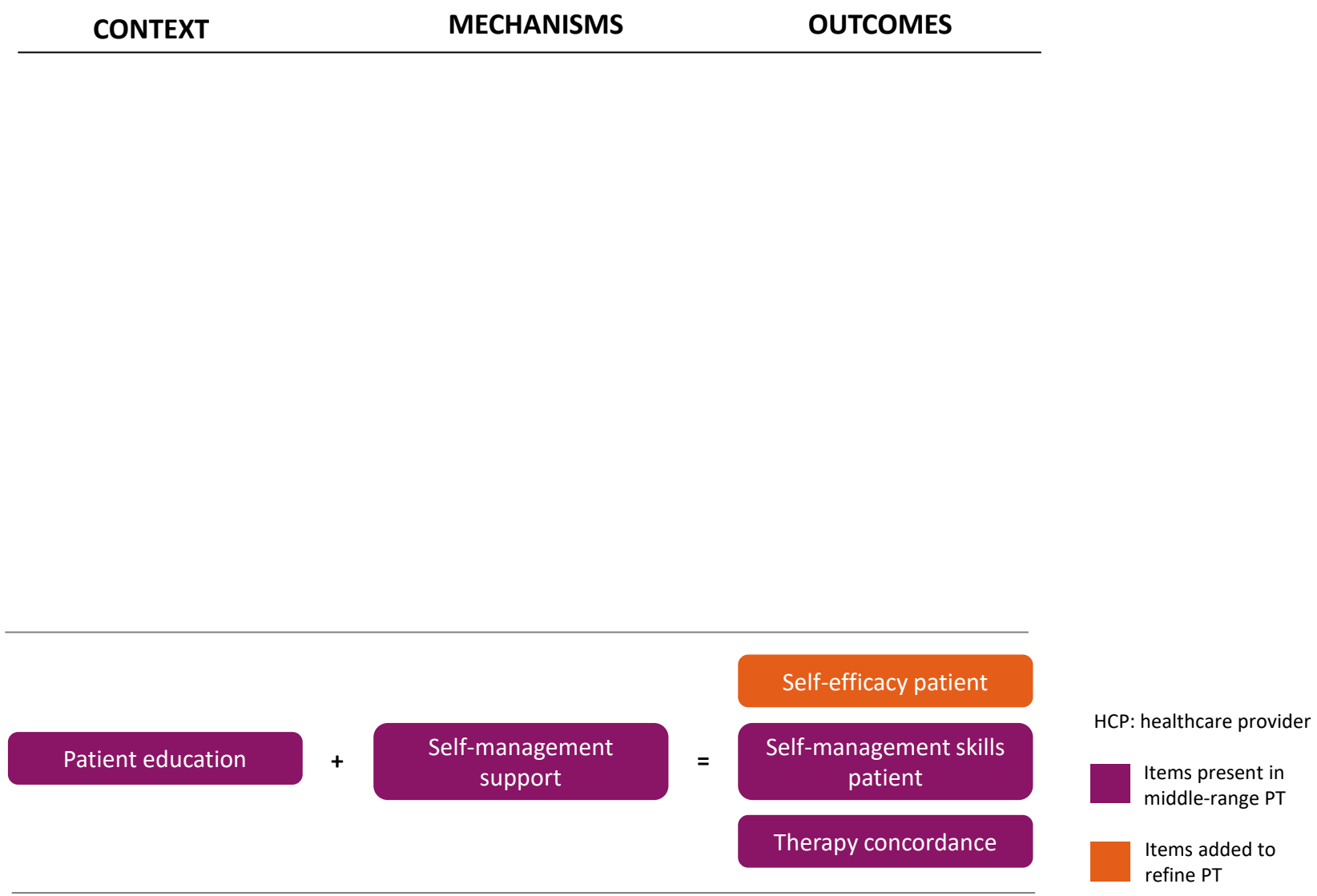
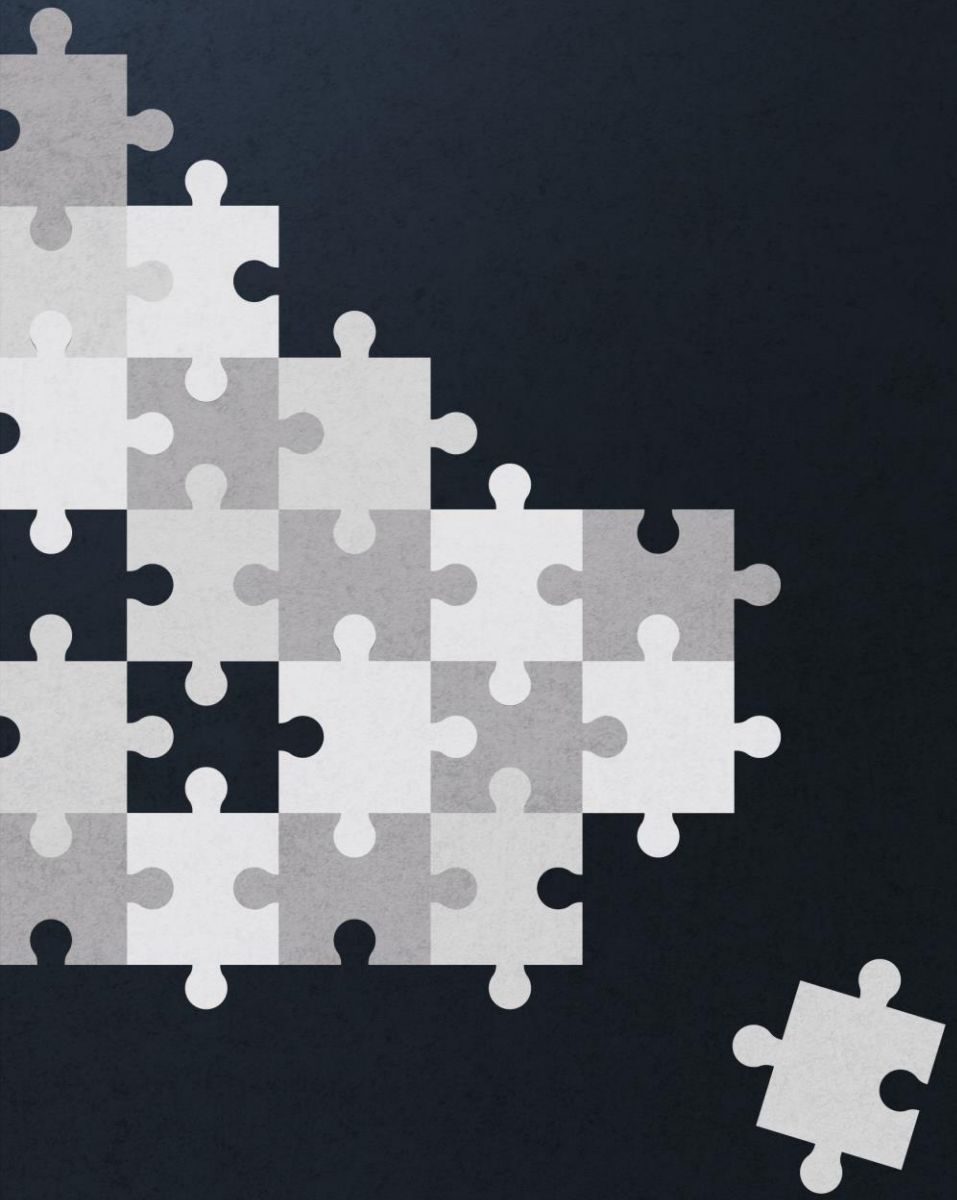
Methods

Refined programme theory





CONCLUSION AND DISCUSSION

Conclusion and Discussion

Conclusion

- Coherence of items need to be considered to understand effectiveness of PCC in primary care.
- Complex interplay of items relevant to a setting must be met.

Discussion

- Assigning items to constructs (C, M, or O).
- Included studies had incomplete data to construct CMO-configurations.

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