

**Abstract for the International Conference on Integrated Care: Building a Platform for  
Integrated Care**

**Title Abstract: Quality and Safety of Chronic Illness Care Through Patients' Eyes  
(CORTEXS)**

**Authors:**

Melissa Desmedt MSc - Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan Building D, 3590 Diepenbeek, Belgium, melissa.desmedt@uhasselt.be

Dominique Vandijck PhD - Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan Building D, 3590 Diepenbeek, Belgium, dominique.vandijck@uhasselt.be

Johan Hellings PhD - Faculty of Medicine and Life Sciences, Hasselt University, Agoralaan Building D, 3590 Diepenbeek, Belgium, johan.hellings@uhasselt.be

**Part of:** Special symposium session 'Organizing Integration of Care – Results from Project CORTEXS'

**Themes:**

Theme 3. 'Preventing and managing chronic disease: engaging and empowering people'

Theme 5. 'Implementing integrated care'

**Word count:** 484

**References:**

1. Glasgow RE, Wagner EH, Schaefer J, Mahoney LD, Reid RJ, Greene SM. Development and validation of the Patient Assessment of Chronic Illness Care (PACIC). Medical care. 2005 May;43(5):436-44.
2. Ricci-Cabello I, Goncalves DC, Rojas-Garcia A, Valderas JM. Measuring experiences and outcomes of patient safety in primary care: a systematic review of available instruments. Family Practice. 2014 ed. 2015 Feb;32(1):106-19.
3. Goodwin N, Smith J, Davies A, Perry C, Rosen R, Dixon A, et al. Report to the Department of Health and NHS Future Forum: integrated care for patients and populations: improving outcomes by working together. 2012.
4. Desmedt M, Vertriest S, Hellings J, Bergs J, Dessers E, Vankrunkelsven P, et al. Economic Impact of Integrated Care Models for Patients with Chronic Diseases: A Systematic Review. Value in Health. 19(6):892-902.

**Introduction** Healthcare systems over the world are all facing the challenge of the increasing incidence of patients suffering one or more chronic disease. Within this context, policy makers are constantly searching for structural alternatives to ensure qualitative and patient-centered care. As such, assessing patients' experience is a key component of any improvement strategy to ensure that both care and quality improvements align with their needs and expectations.

**Methods** An observational, cross-sectional online questionnaire study was performed using the Patient Assessment of Chronic Illness Care (PACIC) instrument<sup>(1)</sup> and questions about patients' experience of patient safety incidents in primary chronic care.

**Results** The mean PACIC overall score was 2.87 on a maximum score of 5. The highest subscale scores were found for 'Patient Activation' (3.26) and 'Delivery System Design/Decision Support' (3.23). Lowest subscale scores were found for 'Goal Setting/Tailoring' (2.70) and 'Follow-up/Coordination' (2.59). In addition, patients had positive perceptions on the safety of primary chronic care as they indicated to receive safe care at home and to be well supported in their home environment. Nevertheless, almost one quarter of chronic patients experienced a patient safety incident, mainly related to wrong/late diagnosis or treatments and/or adverse drug events. More than half of respondents indicated that - according to their perception - poor communication was the main cause of the incident.

**Discussion and conclusion** Improving the quality of (chronic) care is an important aim for healthcare professionals, policy makers and patients. There is growing consensus that patients can play a more active role in defining and reforming qualitative and safe healthcare<sup>(2)</sup>. Results on the PACIC survey suggest that chronic patients are generally active patients who are well supported by their healthcare professionals. Nevertheless, chronic patients experience a lack of regular follow-ups and setting specific goals in their care delivery. Moreover, incidents in primary chronic care do occur and are mainly caused by poor communication between healthcare professionals.

**Lessons learned** Comprehensive, integrated, and patient-centred strategies are crucial to improve the care for chronic patients<sup>(3,4)</sup>. It is noteworthy that communication and coordination among different healthcare professionals remain complex issues on which innovative and integrated strategies must pay explicit focus, as well as facilitating regular follow-ups in order to deliver change that matters to people.

**Limitations** The results of the current study must be appreciated while keeping some limitations in mind. For example, respondents consisted largely of members of patient organizations, who are dedicated and committed with a strong involvement in their care. This could possibly explain the high score on the PACIC subscale 'Patient Activation' and may result in a more critical attitude towards patient safety.

**Suggestions for future research** It is of great importance to assess both patients' and healthcare professionals' perspectives when evaluating quality of chronic illness care. In addition, mixed method approaches are needed to identify incidents in primary chronic care and to focus more on the impact of incidents on patients and their relatives.