



Draw me a Community Health Center...

- Towards an ideal configuration of CHCs -

Hubert Jamart (1), Béatrice Scholtès (1), Thérèse Van Durme (3), Dionne Kringos (2), Jean-Luc Belche (1)

(1) Département de Médecine Générale – Université de Liège – Belgium & Fédération des Maisons Médicales

(2) Department of public health – Amsterdam UMC, University of Amsterdam – Amsterdam Public Health research institute – The Netherlands

(3) Institut Recherche Santé et Société – Université Catholique de Louvain - Belgium

International Federation of CHCs (IF-CHC) : « A “Community Health Centre (CHC)” is a model of primary health care that can take a variety of formal names depending on the region of the world in which it is located. CHCs deliver comprehensive primary health care, health promotion and community health programs through multidisciplinary teams. A special focus is made on non-medical determinants of health. Community and civic engagement including governance is strongly emphasized. CHCs work with defined populations on a territory with priorities such as equity and access to health care. »

CONTEXT

The organization of primary care (PC) in general, and in Belgium particularly is various.

Practice configurations range from solo practices, monodisciplinary groups to, more recently, multidisciplinary groups with various compositions, CHCs. CHC configurations differ for instance in size, number and type of disciplines, sorts of activities, population of responsibility. This diversity is found either between practices in Belgium, either between practices in the rest of Europe.



STATE OF THE ART

Different theoretical models and approaches look at specific outcomes considering organizational issues in primary care.

- d'Amour et al. model (a) which describes variables influencing collaboration;
- QUALICOPC study which analysed quality and costs in primary care throughout 34 European countries (b).
- There are also performance monitoring models such as the European Primary Health Care Activity Monitor distinguishing structure, process and outcome indicators of PC (c) or
- WHO's recently developed European Primary Health Care, Impact, Performance and Capacity Tool (PHC-IMPACT).

Some with broader perspectives than others, but all have in common a least analysing different aspects that influence the strength (or weakness) of primary care.

Finally the Quadruple aim is a general lens that is used to look at practices and assess performance.

PURPOSE

This project investigates conceptual frameworks that assess performances and capacity specifically in CHCs considering different contexts. The first phase of the PhD project aims to identify conceptual frameworks to understand the diversity of PC configurations in Europe.

METHODS

After an extensive literature research on parameters that drive to CHC configurations, a description of the shape in different European contexts will be proposed. Considering those results, different points of view will be crossed on some of the determinants to draw our dreamed CHC.

We invite you to participate in this first exercise by slipping into the shoes of : citizens, professionals and policy makers.

Through the eyes of ...

... patients/
community=PEOPLE

... professionals

... policy makers

What determines the configuration of a CHC?

. Personalized . Freedom of choice
 . Diversity of professionals
 . Continuity
 . Accessibility = ~ ease of access

. Relationships between people
 . Single electronic health record
 . task-sharing
 . Clinical supervision -> Who does it?
 . Governance
 . Management Coordination €?

Why this symbol?

Why a man (tie)?

. CHC go to real (legal) institutions

Contact
 hjamart@uliege.be
 MD-GP-PhD student
 Département Médecine Générale-Université de Liège
 Quartier Hôpital B23
 Avenue Hippocrate 13
 4000 Liège
 (+32) 43 664 050

(+32) 478 641 971