

# Investigating Integration of Formal and Informal Care in Primary and Community Care

## Background

- **Long-Term Care (LTC) services** are becoming increasingly crucial given the population aging;
- **Primary and Community Care** settings provide **comprehensive and continuous medical and social care** to patients considering the characteristics of the specific context.
- **Informal care** plays a role of support for formal care
- **Patient and voluntary associations** are a fundamental pillar of informal care, but their **support and how they influence integration is still unclear**;

## Research Questions

Case study analysis of the **Primary care model of the Italian Case della Salute (CdS)**, focusing on **Piacenza** in the Emilia Romagna region.

- 01 What is the **role of associations in providing care**?
- 02 How is their role **valued and devalued within the formal care system**?

## Method

### A. Data Collection

- 06 Semi-structured interviews addressing **head nurses** (formal care) of the Italian CdS;
- 12 Semi-structured interviews and a focus group addressing **patients and voluntary associations** (informal care) that interface with the CdS and assist patients.

### B. Data Analysis

Mapping the current critical areas of integration with formal care in this primary care model;  
**Interviews** were **coded** based on the **SELFIE framework** for integrated care for multi-morbidity (Leijten et al., 2018). The model was **reinterpreted** on **existent** and **expected integration** activities to create a mapping on critical areas.

Leijten, F. R. M., Struckmann, V., van Ginneken, E., Czipionka, T., Kraus, M., Reiss, M., Tsiachristas, A., Boland, M., de Bont, A., Bal, R., Busse, R., & Rutten-van Molken, M. (2018). The selfie framework for Integrated Care for multi-morbidity: Development and description. *Health Policy*, 122(1), 12-22. <https://doi.org/10.1016/j.healthpol.2017.06.002>

## Preliminary Results

### Technologies & Medical Products

- Provision of health devices for use in the community setting (blood glucose meter, etc.)
- Loss of data sharing and interoperability due to the inadequacy of information systems

### Financing

- Self-financing and substitute role by foundations in financing association projects
- Regeneration and reallocation of public spaces for services run by associations

### Information & Research

- Screening programmes run by the associations independently to map the population at risk and take preventive actions
- Unuse of data collected by associations with health authorities due to privacy issues

### Workforce

- Training of volunteers in health promotion and light assistance in the community
- Lack of multidisciplinary teamwork approaches including associations on social aspects
- The lack of recruitment of new volunteers is linked to low motivation in the absence of a chronic illness or family member

### Leadership & Governance

- Coordination of patient care for "light" activities (logistics, access)
- Planning community building activities to increase awareness and sense of community
- Absence of association offices within primary health care buildings for the promotion of service provision
- Lack of involvement of associations in development of territorial social and health planning
- Lack of a systemic vision of the priorities and demands of the associations

### Service Delivery

- Information and prevention activities
- Clinical care and social support activities
- Involvement of associations for engaging and monitoring the most fragile people
- Shared educational programs with local schools
- Support to caregivers (family and other carers)
- Lack of spaces for the association within the primary health care buildings



Assessing the role of associations in the formal care system

Value created

Value lost