Parallel sessions round 1 (Tuesday 29/9), 9:15 – 10:45		
	Session 1	**Session 2**
Room		
Chair	Tino Marti	Sally Kendall
Theme	Organisation of Primary Care	Patient/Community involvement
Abstracts	Abstract number: 202013 Building and Changing Physiotherapy Business Models. A Qualitative Study among Dutch Physiotherapy Primary Healthcare Organizations Mr. Rutger IJntema University of Applied Sciences Utrecht, Netherlands additional authors: Purpose: To get insight in which types of business model-building and -changing makes physiotherapy primary healthcare organizations (PTPHOs) attain and sustain superior performance in a dynamic environment. Theory: The change from a regulated market to a neo-liberal healthcare market has challenged PTPHOs to attain and sustain superior performance with a focus on multiple outcomes like overall technical quality (for example, professional guidelines), patient perceived quality, and financial metrics. In such a market, business principles have been introduced. Superior performance requires that organizations continuously seek alignment between their external environment and internal organization. The business model literature suggests that building and changing business models support this process. Methods: Guided by the business model literature, semi-structured interviews were conducted with Dutch physiotherapy primary healthcare organization (PTPHO) managers. The transcribed texts were analysed using a qualitative content analysis. Findings: This qualitative study verbally and graphically presents what makes PTPHOs offer superior performance in a dynamic environment, according to their managers. The	Abstract number: 202017 Patients´s thoughts on the better health care and ways in which the healthcare workers can empower them Mrs Miriam Cerar Zdravstveni dom Ljubljana, Slovenia Purpose: To explore patients' opinions and views on the healthcare and on what to be improved to better respond to their needs. And also to discover ways in which health professionals can empower them to better manage their illness. Theory: The number of over 65-year-olds with type2 diabetes (T2D) and/or hypertension in Slovenia is growing rapidly, and with it their need for self-empowerment - a process that enables them to take control of their own lives better. Methods: The data were collected by conducting 7 focus groups of 42 patients as a part of the Scuby project. The texts were transcribed verbatim. The data were coded in the Nvivo programme and analysed with a Qualitative method. Findings: Health services are difficult to access and doctors do not take the time to consult and empower patients. It is a financial challenge for patients to pay extra for medicines and equipment. Patients want more education about T2D and a healthy lifestyle. They suggest patients as teachers to be involved in the expert teams, and the experts to collaborate with the local community more. Discussion: The results provide a valuable insight into patients' opinions and experiences with the health care system and show that patients are not sufficiently empowered to deal with their disease. Initial training is inadequate, as is cooperation between them and the doctors, due to a lack of support and empowerment. Most of the care is provided by the patients themselves, which is why empowerment is so important.

business model building consists of strategy, business model configuration, and interfaces to exploit external environment and internal organization information. Business model changing can be achieved through three change cycles: business model change, short-term change, and long-term change.

Discussion
Based on the present study, knowledge about building and changing business models to attain and sustain superior performance potentially becomes manageable and relevant for PTPHOs.

Abstract number: 202015
Integrated care in Belgium: implementation in different primary care practices

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Purpose and theory
Type 2 diabetes is an increasingly dominant disease. Interventions are more effective if carried out by a prepared and proactive team within an organised system, called integrated care. The Chronic Care Model provides guidance for the implementation. In Belgium, the government has tried to improve care for T2D by launching a care pathway in 2009.
This study examines the implementation of integrated care 10 years after initiation, and an in depth analysis of the process and context of good practices.

Methods
Interviews were conducted with general practitioners, nurses and dieticians. 64 different types of practices were randomly selected. The Assesment of Chronic Illness Care (ACIC) was completed based on the interviews.

Findings
Multidisciplinary and capitation-based practices scored considerably higher than traditional monodisciplinary fee-for-service practices. The latter did not score higher than other similar practices scored before the implementation of the care pathway. Structured meetings, a template and planning section in the medical file and a fixed role for paramedics in diabetes monitoring are some good examples.

Discussion
The implementation of integrated care in Flanders appears to be very varied across

Abstract number: 202019

	practice types. In all types interesting good practices are found, which can stimulate mutual learnings.	
	Abstract number: 202018 Opinions of the primary healthcare team about the integrated care of patients with type 2 Diabetes and Hypertension in Slovenia Mrs Stojnić Nataša Community Health Centre Ljubljana, Slovenia additional authors: Purpose: To explore the views and opinions of primary healthcare teams about the integrated care of patients with type 2 diabetes and hypertension in primary care. Theory: Integrated care includes good coordination, networking, and communication within healthcare services and externally between providers and patients or informal caregivers. It affects the quality of services, is more cost-effective, and contributes to greater satisfaction of individuals and providers of integrated care. Methods: Data collection was done through 8 focus groups with the healthcare teams. A total of 48 health professionals were involved. The main integrated care package topics discussed were: identification of people with the disease, primary care treatment, health education, self-management support, and collaboration between caregivers, with a special focus on the obstacles and facilitators for scaling-up. The analysis was performed in the NVivo program, using a coding tree with 12 main themes and 52 first level sub-themes. Findings: Health care professionals expressed that the current system of integrated care had good accessibility and method of diagnostic screening incorporated in preventive examinations. They mentioned good cooperation within the team; they saw a special advantage in involvement of registered and community nurses. The obstacles were high workload and lack of workforce. They considered that patients did not take the disease seriously and that patients as teachers could be useful. Discussion: Opinions of health care providers offer valuable insight into the current situation and provide concrete suggestions on task-shifting solutions to transfer competencies and relieve the burden of healthcare professionals.	Abstract number: 202026 SMILE: patient empowerment in dental care in Leuven, Belgium Mrs Rebekka Schotte SMILE (WGC De Central), Belgium Purpose To improve the accessibility of dental care for patients through empowering strategies. Context Curative dental care is only partly reimbursed in Belgium. Citizens are stimulated to pay for an additional part of their dental care. SMILE is a collaborative project between 3 community health centers (CHC) on dental care in the city of Leuven in Belgium (= primary care zone). The project contains 3 main strategies to empower patients to take on the dental care for themselves and their children. It applies proportionate universalism in its approach (1) dental screenings with assessment for treatment or follow-up for all patients within the primary care zone, (2) monthly health education sessions for vulnerable groups in community centers and (130 p.) (3) volunteers whom coach patients in their dental care (ca. 40% of the patients). The project also aims to increase the knowledge in health care workers in the CHC on dental care. By uplifting the mutual knowledge of health care workers and patients alike they both gain a higher competence level in the treatment of their teeth and feel less overwhelmed by the dental therapy which is known to be invasive and unpleasant for many people. State of the art Deprived oral health is a major public health problem affecting 3.9 billion people worldwide. Oral health inequalities affect people’s general health, wellbeing and appearance, and have a substantial impact on health care budgets. Oral health-related quality of life (OHRQoL) was inversely associated with low educational level, low income, and belonging to ethnic minorities. Statements for debate • Dental care as a priority for vulnerable patients in primary health care? • Full reimbursement of dental care for everyone?