

## 3.G. Improving health services: Europe and beyond

### Using participatory action research to improve care coordination in Latin America healthcare networks

M Luisa Vázquez Navarrete

M Vitaloni<sup>1</sup>, I Vargas<sup>1</sup>, P Eguiguren<sup>2</sup>, A Mogollón<sup>3</sup>, I Samico<sup>4</sup>, J López<sup>5</sup>, D Amarilla<sup>6</sup>, F Bertolotto<sup>7</sup>, ML Vazquez<sup>1</sup>

<sup>1</sup>CSC, Barcelona, Spain

<sup>2</sup>UCH, Santiago, Chile

<sup>3</sup>UR, Bogotá, Colombia

<sup>4</sup>IMIP, Pernambuco, Brazil

<sup>5</sup>UV, Veracruz, Mexico

<sup>6</sup>UNR, Rosario, Argentina

<sup>7</sup>UDELAR, Montevideo, Uruguay

Contact: mlvazquez@consorcio.org

#### Background:

The improvement of care coordination across levels is a concern in Latin American health systems. It leads to efficient and higher quality services. Effective ways to improve it are bottom-up and training interventions using participatory action research (PAR). Active stakeholders' involvement ensures practice change. We analyze the intervention design to improve care coordination across levels in public health

networks of Argentina, Brazil, Chile, Colombia, Mexico and Uruguay using PAR approach.

#### Methods:

A qualitative study led by a local steering committee (LSC) of healthcare professionals, managers and researchers supported by training. A platform of professionals (PP) from different care levels, with leadership ability and keen to voluntarily participate carried on the project tasks: 1. Dissemination of mixed results of a care coordination study performed in the network 2. Problems identification 3. Interventions identification and prioritization based on numerical prioritization, group meeting, individual reflection 4. Interventions and action plan design 5. Evaluation of intervention design based on monitoring documents.

#### Results:

LST and PP (15-25 professionals/each country, the majority from primary care) collaborated throughout the study. Professionals targeted by interventions were involved in results dissemination and problems selection. Results were discussed in group meetings (up to 11-20). Discussions allowed a continuum process of problem prioritization highlighting

causes and consequences. Prioritized problems were: lack of communication, absence of coordination mechanisms, mistrust among doctors. Mostly, the interventions selected were joint meetings to improve communication. The monitoring included indicators and individual interviews.

**Conclusions:**

PAR approach allowed the identification of the most suitable solutions for coordination issues. Interventions reflect a need for regular communication among professionals to improve patient management.

**Key messages:**

- First study applying a PAR in the design of intervention of coordination of care in six middle income Latin-American countries.
- Health professionals were involved throughout the intervention design process to ensure the more effective results.