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Effectiveness of care integration strategies in health systems of Latin America: EQUITY-LA II study Ingrid Vargas Lorenzo

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Introduction

Although fragmentation in the provision of health care is considered an important obstacle to effective care, evidence on best practices in care coordination in Latin America is scant. The aim of the FP7 funded Equity-LA project is to evaluate the effectiveness of different care integration strategies in improving coordination across care levels and related care quality in six healthcare systems: Argentina, Brazil, Chile, Colombia, México and Uruguay.

Methods and analysis: A controlled before and after quasiexperimental study taking a participatory action research approach. In each country, two comparable healthcare networks (intervention and control) were selected. The study consists of four phases: 1) Base-line study to establish network performance in care coordination and continuity, using a) qualitative methods - semi-structured interviews and focus groups of health managers, professionals and users; and b) quantitative methods - two questionnaire surveys with samples of 173 primary and secondary care physicians and 392 users with chronic conditions per network; sample size calculated to detect a proportion difference of 15% and 10%, before and after intervention (α =0.05; β =0.2 in a two-sided test); 2) Bottom-up participatory selection, design and implementation of shared care strategies, a process led by the local steering committee; 3) Evaluation of the effectiveness of interventions applying the same design as in the base-line study and associated factors; 4) Cross-country comparative analysis.

Results and relevance

The project will generate evidence to inform policy making on best practices of integration between primary and secondary care in different types of health systems in Latin America, with particular reference to chronic diseases, and on the effect of new organisational approaches on quality of care, in different health care contexts also relevant for European healthcare systems.

Key messages

- There is scant evidence on best practices in care coordination in Latin America
- Results on care coordination might depend on contextual and process factor