

## BACKGROUND

- Coordination across care levels is a policy priority in Latin America
- PAR proved to be effective to bridge the gap between evidence and practice. However, its application in care integration is rare
- Little is known on key success factors of its use in healthcare organizations.

## OBJECTIVE

To analyze factors influencing the implementation of PAR interventions to improve clinical coordination in public health services networks of Brazil, Chile, Colombia, Mexico and Uruguay

## METHODS

**Study settings:** A public healthcare network in each country

**PAR process** led by a Local Steering Committee (LSC): return of baseline results, selection, design, implementation and adjustment of interventions (with Professional Platform, PP)

**Interventions:** joint meetings between PC and SC doctors (Br, Ch, Col, Mx); offline virtual consultation (Br, Mx), shared care guidelines (Br); referral form (Uy); induction program (Ch)

**Study design:** Qualitative, descriptive-interpretative study

**Sample** Criterion sample (contact with intervention): LSC, PP, other managers, health professionals. Size by saturation

**Data collection:** Focus groups and individual interviews

**Data analysis:** Thematic analysis segmented by country and themes

## CONCLUSIONS

PAR processes can become a factor of motivation and cohesion crucial to the adoption of care coordination interventions, when contextual factors converge

## RESULTS

### 1. Factors influencing the implementation of the intervention related to the context

Type of factor		Brazil	Chile	Colombia	Mexico	Uruguay
Policy and politics	Alignment with policies	Mental health network policy (+)	National network policies (+)	Network policies (+)	Maternal-perinatal care plan (+)	No implementation PC based model (-)
	Interference political cycle	Interruption of implementation (-)		Turnover managers and LSC members(-), Interruption (-)	Interruption of implementation (-)	
Health services network	Structural	Shortfall in technological resources (-)	Work overload (-) Shortfall in technological resources (-)	Work overload (-) financial sustainability (-)	Work overload (-) Technological resources (-)	Work overload (-)
	Organizational	Institutional support (+)	Institutional support (+)	Support diminished 2nd administration Inadequate working conditions (-)	Support increased 2nd administration	Limited institutional support (-)
Individual (professionals)		Interest in training, quality(+)	Interest in training, improving quality(+)	Interest in training, improving quality(+)	Interest in training (+)	
		No adherence to PC model (-)	Limited adherence to PC model (-)	Shyness, fear to express doubts (-)	Fear to express doubts (-)	No adherence to PC model (-)

### 2. Factors influencing the implementation of the intervention related to the participatory process and the content

Type of factor		Brazil	Chile	Colombia	Mexico	Uruguay
PAR process	Participation in design and implementation	Design adequate to needs (+)	Motivation, empowerment; Awareness of problems; intervention adequate to needs(+)	Motivation, empowerment; Awareness of problems; intervention adequate to needs (+)	Awareness of problems; intervention adequate to needs (+) vs influence of researchers (-)	Awareness of problems (+) Low level of participation of doctors (-)
	method features (flexible, horizontal)		Motivation, communication, trust (+)	Motivation, communication, trust (+)	Motivation, communication, trust(+)	
	LSC's role		Managing institutional support (+)	Managing institutional support (+)		
	RT's role	Support (+)	Support (+)	Support (+)	Support (+)	Support (+)
Characteristics of intervention (content, method)			Appropriate, based on personal contact and participative (+)	Appropriate, based on personal contact and participative (+)	Appropriate, based on personal contact and participative (+)	Limited usefulness (-)