

## **OP30.1**

### **Call center – an integrated healthcare system in the middle of Denmark**

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**Background & Aim:** Patients recover fastest and best at home or in municipality-care-facility under care of general-practitioners(GPs). They risk fewer complications and some admissions can be avoided. Acute-care-initiatives in municipalities seem to be scarcely used. There is a need for investigations into why municipality-initiatives are not used, how they could be used more in collaboration with other stakeholders in the healthcare-system and the influence on healthcare-utilization. Thus, our aim was to reduce societal-healthcare-utilization while enhancing GPs' knowledge and use of municipalities' initiatives.

**Methods:** To provide GPs up-to-date information of the initiatives in Viborg, Silkeborg, and Skive municipalities and discuss which care-pathway would benefit patients most a Callcenter was established in the Emergency-Department's pre-evaluation-unit. To speed up collaborative care "practice-packages" were developed by emergency-medicine specialists, enhanced by GP-advisor and adjusted by the municipalities' GPs and staff to fit with offers available in each municipality. GPs prescribe a "practice-package" when patients present with well-defined symptoms, care and treatment is provided by municipalities' healthcare-staff with emergency-medicine-consultants as backup. If the patients worsen when the GP-office is closed they can get admitted without use of out-of-hours services. The implementation starts March-2016. Healthcare-utilization-data will be collected on use of services at the GP and the hospital as well as data on use of home-help or/and community-nurse and patient-attribution. Data will be collected for similar patients in the year preceding Callcenter-start. The Assessment-of-Chronic-Illness-Care-tool will be translated to Danish enabling assessment of "practice-packages".

**Results:** Successes and barriers of "practice-packages" will be evaluated after a year. We hope to improve the collaborative-culture and expect "practice-packages" to increase knowledge and use of municipality-initiatives thereby improving population-health with more use of GP-services and fewer admissions and readmissions within three and 30 days.

**Conclusions:** The experiences can be implemented across Denmark and in similar healthcare-systems with care provided from different sectors.