
CONFERENCE ABSTRACT

Co-creating a novel practice model for connecting oral health- and home health care services – The importance of the users' experiences

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Introduction and aim: Our society is faced with an increased number of elderly patients living at home with poor oral health status. Internationally and in Norway, the home health care service (HHCS) and the dental health care service (DHCS) are disbanding, resulting in a lack of adequate and coordinated oral health services. In the development of the intervention “Connecting ORAL health- and home health care service for patients receiving home health care” (CORAL), we recognised that user involvement was essential in the design of a coherent practice model. However, it has been debated whether users are listened to or whether they act as tokens when participating in development of interventions. The aim was therefore to investigate how different users expressed their perspectives in the co-creation process of the CORAL intervention.

Methods: Three different user groups from which five patient representatives, three HHCS and five DHCS participated in two workshops. The workshops were based on innovation theories and led by researchers. To promote a creative and feasible dialogue among the users, a case was used as a boundary object in the discussions. All the user groups were encouraged to contribute with their knowledge and experiences in conversations about what they considered important in the development of a context-specific intervention to connect HHCS and DHCS. All conversations at the workshops were audio recorded and analysed using a thematic analysis approach.

Results: The analysis of the development process showed that the different user groups' perspectives varied. HHCS and DHCS were more active and had a stronger “voice” during the workshops than patient representatives. We did not find any distinct disagreement at the workshops. However, the various user groups had slightly different perspectives on what was highlighted as important in the development of a context-specific intervention. There are common elements among the users; for example, they all emphasised oral health knowledge as important. Patient representatives expressed that they need knowledge about oral health rights, HHCS expressed that they needed knowledge about oral health care and DHCS expressed that they could teach the requested knowledge to the other two groups. Furthermore, the users highlighted the current service organisation and contact between the services as challenging. The patient representatives expressed a need to ensure the continuity of care as they were the ones who provided contact between the services. HHCS and DHCS expressed that they needed patient information from each other, and both service representatives gave examples of how challenging it was to collaborate with each other.

Conclusion: Overall, the results showed that the three user groups have different perspectives, which highlight the importance of including all end users in the development process of an intervention. However, we acknowledge that the patient representatives' "voice" was somewhat unclear due to their relatively inactive participation in the conversations.

Implications: Designing an intervention together with the end users may lead to successful uptake among the user groups. However, inequality in user participation, may lead to diminished adaptation of the intervention to the user group whose opinions are least expressed.