Integration of Services Report
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Introduction

Integrated services are the delivery of both curative and preventative health care to provide good quality and comprehensive care.[1] Some reasons for adopting integrated services are that they take advantage of limited resources, can tackle health problems together and provide care for a person as a whole.[1] On the other hand, some points of concern about integrated services are the fear of sacrificing specialist functions and losing high quality narrow programs when services are integrated.[1]

Although there are reasons supporting and against integrated services, there is not a final consensus on the appropriateness of integrated services due to a lack of research and evaluation on integrated programs. There are a variety of reasons for the lack of research on integrated services, such as the fact that evaluating integrated services require a change in the objectives and evaluation of a health program when it transitions to providing integrated services.[2] In addition, large-scale evaluations are expensive. Although evaluations of integrated services are lacking, they are commonly used.[3]

Integrated services are particularly interesting to consider in the context of Vietnam. In Vietnam, there are many narrow clinics that only offer specific services like reproductive health or HIV/AIDS care. One reason for this is that the departments responsible for providing different services are different and have separate funding.[4] Since many other countries use integrated services, it is a form of service delivery that Vietnam may consider in the future. To investigate integrated services in Vietnam, demand and perception of integrated services as well as linkages between different health clinics in the existing service delivery system were examined.

Methods

Before conducting interviews, a qualitative interview guideline was drafted. Three interviews with providers and center heads were conducted at three locations: the Department of Population and Family Planning, the Phu Hoi Commune Health Center and The Centre for Reproductive Health Care. The interviews lasted between one and two hours. The interviews were conducted on the 11th and 12th of July 2013. The interviews were carried out with translation assistance from researchers of the International Collaborative Centre for Community Health Research.

Results

The explorative study consisted of three participants who each had a minimum of 4 years of experience at their current position. The study participants occupied either the head position or a high-ranking position at their clinic or center. The three locations varied in the level of service delivery from the lowest level to the provincial level. The locations varied in size from a total of six to thirty-six staff members. The government was the primary funder at all three locations.

When the participants were asked about the current situation at the clinics and centers, the common problems cited were lack of funding and human resources. While lack of funding and human resources were the major problems at the clinics and centers, a commonly cited challenge to improving the health of their clients was difficulty changing people's behavior. When the two centers who dealt with reproductive health were asked about major health problem they face, they both stated abortion.

While there are recognized challenges with the current situations at all the locations, there is a demand for additional services at all locations. All locations mentioned the need for more diagnostic tests for their clients. The availability of additional tests is understood to help providers identify more diseases among their patients. To implement more tests, it is acknowledged by the participants that additional machines and training will be necessary. In addition to diagnostic tests, both of the locations that deal with reproductive health highlighted the need for a greater supply of contraceptive implants. Both of these interviewees explained that there is more demand than supply for implants. When assessing the overall perception of integrated services, the common narrative is that there is a desire for additional services to diagnose disease but not necessarily to treat disease.

In addition to the integration of additional services, linkages between clinics are another way to provide services and information in the health care system. When asked about the communication between the clinics and centers, the desire for more communication was highest among the lowest level clinic, medium for the mid level center and lowest for the highest level center. The highest level center stated that the current communication was enough while the lowest community health center discussed at length the need for more communication. In particular, the lowest level center wanted feedback from the referral locations about the accuracy of the initial diagnosis.

In addition to providing information between clinics and centers, linkages can help provide care for patients. Both of the locations that delivered services to patients shared a common narrative that creating linkages to other centers and clinics is a viable way to outsource treatment for clients. A key aspect to consider when establishing linkages is that convenience of care is important for the patient. In addition to public clinic connections, connections with private clinics were also mentioned. There were a variety of perceived barriers to establishing stronger and new linkages between clinics and centers. Some of these barriers were a lack of policy to reinforce linkages, lack of human resources to establish and maintain the linkages, and lack of funding for linkage activities.

Conclusion and Recommendations

In conclusion, the interviews highlighted two key points about integrations of services and linkages between clinics and centers. In terms of integration of services, all the interviewees highlighted a demand for additional diagnostic tests to diagnose disease, but did not necessarily want to treat the disease. Linkages are understood as a way to outsource treatment as long as they are convenient for the patient. A key limitation to this research is the small sample size. Due to the small sample size, this research should be used as exploratory research to inform future research. More research is necessary to understand the perceptions of integrated services. In addition, the interviews highlighted

a need for more research on the desire for improved communication between clinics. This includes communication between clinics on the same level of service delivery, between low level clinics and referral hospitals and between the public and private sector.

References

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