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Title **Cross-Sectorial Cooperation Between General Practice and Hospital – Shared Care Elucidated Using Anticoagulant Therapy (AC) as an Example**

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Aim

To present the advantages of shared care and some of the problems that can arise when cooperation is initiated for shared care.

Conclusions and results

Shared care in general: Shared care is a means of organizing treatment whereby sub-elements of the treatment are performed in a relationship of mutual interdependence between various organizations (eg, in general practice and at a hospital). Shared care is not a solution to all cooperation problems between sectors of the health service. Shared care is an appropriate means of solving problems only in situations involving mutual interdependence between sectors and can realign patient pathways that run off course due to centralization. The benefits of a shared care scheme can be attained only if several preconditions are met (eg, general treatment guidelines, patient participation, direct and mutual contact between therapists and patients).

Shared care and AC therapy: An assessment of anticoagulant (AC) therapy in Denmark reveals that it is not performed satisfactorily from a medical standpoint. Hence, shared care is a possible organizational alternative to the existing organization of AC therapy. Shared care schemes can necessitate major reorganization of treatment practice. Compared with conventional AC therapy, shared care does not have any adverse effects on self-reported state of health. Economic analysis shows that given the current premises, shared care is not more economical than other organizational forms, rather to the contrary.

Recommendations

Decisions to introduce shared care should be based on thorough analysis of the relationships involved. If mutual interdependence between participants cannot be identified, it is appropriate to choose alternatives to shared care. It is important to draw up guidelines/instructions for cooperation when planning and implementing shared care, since it is primarily informal and requires open, utilized channels of communication between the patient, the general practitioner, and the hospital physician. Direct economic savings should not be expected from shared care – to the contrary, one should expect it to be more expensive. During the establishment phase one should ensure that the current trend toward larger hospitals will tend to reduce the possibilities for direct personal contact between the patient and the general practitioner on one side and the regular shared care contact person at the hospital on the other. Shared care schemes should be regularly evaluated, and more emphasis should be placed on the indirect effects of cooperation since this is where the greatest benefit probably lies.

Methods

The project is based on; data from a systematic review, our own data from a randomized controlled trial, a model-based economic analysis, statements from experts, and a theme day involving experts interested in the subject.

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