Mapping Coordination & Integration of interdisciplinary primary care...

OVERVIEW

- Background
- Purpose of PHAMEU project
- A PC Monitoring Instrument
- Care coordination & interdisciplinary collaboration as part of the PC Monitor

Consortium
- NIVEL (consortium leader)
- University of Tartu
- IRDES
- Heinrich Heine University
- University Witten/Herdecke
- CERGAS
- University of Tromso
- Jagiellonian University
- University of Ljubljana
- IDIAP Jordi Gol
- ScHARR
- University of Leicester
- WHO Europe
- European Forum for PC
- EUPHA
- EGPRN
- European Commission

GENERAL OBJECTIVES

- Establish information and knowledge system on the state and development of PC in Europe
- Create an infrastructure for repeated application
- Support exchange of PC information and good practice

31 PHAMEU countries
- PC Monitoring Instrument
- Data collection in 31 countries

DATA SOURCES

- Int./Nat. statistical datasets
- Policy documents
- Published literature
- Expert enquiries
- Devoted network: National PC experts
  WHO-Euro
  EUPHA
  Eur. Forum PC
  EGPRN
METHOD
for Instrument Development

- Systematic literature review
  - key PC dimensions
  - relevance for health (system) outcomes
  - identification of PC indicators
  - expert consultation round

PC Governance
Defining the vision and direction of health policy, exerting influence through regulation and advocacy, and collecting and using information

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<td>Policy on equality in access</td>
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<td>(De)centralization of PC</td>
<td>PC within the Ministry of Health; PC policy development at regional or local level; Stakeholder involvement in PC policy development; (De)centralization of PC service delivery</td>
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PC Governance (ctd.)

**Features:**
- PC Quality Management Infrastructure
- Patient advocacy
- Multidisciplinary collaboration

**Indicators:**
- Coordination of quality management; Certification of providers; Licensing of facilities; Development of clinical guidelines
- Has a governmental policy on cooperation or integration of PC services been laid down in a law or policy paper?
- What is the core of this policy and which PC providers are targeted?

Economic conditions

Mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system.

**Features:**
- PC expenditure
- Health care coverage
- Employment status of PC workforce
- Remuneration system of PC workforce
- Income of PC workforce

**Indicators:**
- Total PC expenditure: Expenditure on prevention and public health
- Total PC coverage: Uninsured population; Out-patient medical care by social insurance
- Employment status of GP
- Remuneration system for salaried GPs; Remuneration system for self-employed GPs
- Income of GPs

PC workforce development

The position of the PC discipline depends on a combination of its formal recognition, responsibilities, training requirements, employment rate, workforce planning, and organisation of professional associations.

**Features:**
- Profile of PC workforce

**Indicators:**
- To which disciplines have people direct access:
  - GP/FM : Gynaecologist/obstetrician ; Paediatrician ; Specialist of Internal medicine ; Ophthalmologist ; ENT specialist ; Cardiologist ; Neurologist ; Surgeon ; PC/GP practice nurse ; Specialised nurse (eg. on diabetes) ; Home care nurse ; Physiotherapists (amb.) ; Midwife (amb.) ; Occupational therapist ; Speech therapist ; Dentist ; Other:

Work division PC/Secondary care

PC workforce development (ctd.)

**Features:**
- Profile of PC workforce (ctd.)
- Status & Responsibilities of PC disciplines
- PC Workforce supply and planning

**Indicators:**
- Type of PC professionals; Age distribution GPs; Workload GPs
- Recognition/responsibilities of GPs; Financial status of GPs compared to a specialist; Attractiveness of FM among medical students
- Development of workforce supply in 5 yrs time:
  - GP/FM : Gynaecologist/obstetrician ; Paediatrician ; Specialist of Internal medicine ; Ophthalmologist ; ENT specialist ; Cardiologist ; Neurologist ; Surgeon ; PC/GP practice nurse ; Specialised nurse (eg. on diabetes) ; Home care nurse ; Physiotherapists (amb.) ; Midwife (amb.) ; Occupational therapist ; Speech therapist ; Dentist ; Other;
PC workforce development (ctd.)

**Features:**
- PC Workforce supply & planning (ctd.)
- Academic status of PC
- Medical associations

**Indicators:**
- Data available from studies on PC workforce capacity needs and development in the future?
- For which disciplines?
- GP-Specialist ratio
- Academic status of FM/general practice; Training in FM general practice; Training of PC (community practice) nurses
- Professional association of GPs; Professional Journal on GP; Professional association of PC nurses; Professional Journal on PC nursing

Accessibility of PC services

The ease to which health care is reached.

**Features:**
- National Availability of PC services
- Geographic availability of PC services
- Accommodation of accessibility

**Indicators:**
- Density available PC disciplines (per 100,000 pop.)
- Availability of GPs by region; Urban-Rural availability of GPs; Shortage of GPs; shortage of community pharmacists
- To what extent do the following org. access arrangements exist in PC centres?
  1. Telephone consultations;
  2. E-mail consultations;
  3. Practices having a website;
  4. Offering special sessions or clinics for certain patient groups (e.g. diabetics, pregnant women, hypertensive patients etc.);
  5. Appointment systems for the majority of the patient contacts.

Accessibility of PC services (ctd.)

**Features:**
- Accommodation of accessibility (ctd.)
- Affordability of PC services
- Acceptability of PC services

**Indicators:**
- Appointment system; Opening hours; After-hours PC
- Cost-sharing for GP care; Patient dissatisfaction with PC prices
- Patient satisfaction with access of PC in general

Comprehensiveness of PC services

The extent to which services provided comprise of curative, rehabilitative and supportive care, as well as health promotion and disease prevention

**Features:**
- Medical equipment available
- First contact for common health problems
- Treatment and follow-up of diagnoses
- Medical technical procedures

**Indicators:**
- Range of medical equipment available
- Child with cough; Oral contraception; Pregnancy confirmation; Breast examination; Suicide inclination; etc.
- Chronic bronchitis; Congestive heart failure; Pneumonia; Diabetes; etc.
- Wound suturing; Excision of warts; joint injection; strapping an ankle etc.
Comprehensiveness of PC services

**Features:**
- Preventive care
- Mother and child & Reproductive health care
- Health promotion

**Indicators:**
- Allergy vaccination; testing for STDs; cervical cancer screening etc.
- Family planning; Routine antenatal care; Tetanus paediatric surveillance; Ahamf self-management education programmes for children etc.
- Obesity counselling; Physical activity counseling; Smoking cessation counseling; Alcohol use counselling; group wise health education

Continuity of PC

Ability of services to offer interventions that are either coherent over the short term both within and among teams or are an uninterrupted series of contacts over the long term

**Features:**
- Longitudinal continuity of care
- Relational continuity of care
- Informational continuity of care

**Indicators:**
- Patient list system; Stability of Patient-Provider relationship
- Physician choice; Patient satisfaction
- Medical recordkeeping ...

Coordinaton of PC

A service characteristic resulting in coherent treatment plans for individual patients. The coordination of information and services within an episode of care

**Features:**

**Indicators:**

**Informational continuity of care**

1. Electronic clinical support systems:
   - Computer in PC office?
   - For which purpose used?: e.g. communicating pat. info to specialists or prescriptions to pharmacists.
2. Referral system:
   - To what extent are GPs using referral letters when patient is referred to spec.?
3. Incoming clinical information procedures
   - Do PC practices receive info within 24 hours about contacts that patients have with out of hours services?
4. Specialist-GP communication
   - To what extent do specialists communicate back to referring GP after episode of treatment?

**Gatekeeping system**

Do patients need a referral to access:
- Gynaecologist/obstetrician ; Paediatrician ; Specialist of Internal medicine ; Ophthalmologist ; ENT specialist ; Cardiologist ; Neurologist ; Surgeon ; PC/GP practice nurse ; Specialised nurse (eg. on diabetes) ; Home care nurse ; Physiotherapist (amb.) ; Midwife (amb.) ; Occupational therapist ; Speech therapist ; Dentist

**Skill-mix of PC providers**

- % of PC practices that are solo / 2 or 3 GPs without med.spec. in same building / 4 GPs without med.spec. / mixed practice with GPs and med. spec.
Coordination of PC

Features:

Skill-mix of PC providers (ctd.)
2. Cooperation within PC
   Is it common that GPs have regular face-to-face meetings (min. 1 p/m) with:
   Other GPs; practice nurse; nurse practitioner; home care nurse; midwife/birth assistant;
   Community pharmacist; social worker; community mental health worker
3. Substitution
   How usual are the following modes of care by nurses in PC/GP?
   1. Nurse-led diabetes clinics in PC/GP
   2. Nurse-led health education (e.g. for pregnant women)

Integration of public health in PC
1. Epidemiological data set
   Are clinical patient records from GP/PC used at regional/local level to
   identify health need/priorities for health policy?
2. Community health surveys
   Are comm. Health surveys conducted to improve the quality and responsiveness
   of PC?

Coordination of PC—Secondary care

Features:

Collaboration of PC—Secondary care

Specialist outreach
   ➔ How common are the following forms of cooperation between GP/PC and
   med. specialist?
   - Med.spec. visiting a PC practice to provide specialist care normally
     provided in hospital
   2. Med.spec. visiting a PC practice to provide joint care with a GP
   3. Clinical lessons by a medical specialist for GPs
   ➔ How common is it that GPs ask (telephone) advice from the following
   med.specialists:
   Paediatricians; internists; gynaecologists; surgeons; neurologists; dermatologists; geriatricians.

Expected outcome

- PC activity database
- 31 country reports
- Fact sheets
- Book on the state of PC in Europe
- Policy briefs

www.phameu.eu

Dionne Sofia Kringos
d.kringos@nivel.nl

Thank You