Primary care professionals' experiences with care delivery to high-need, high-cost patients: a qualitative study

Rowan Smeets
MSc
rowan.smeets@maastrichtuniversity.nl

#EHMA2020

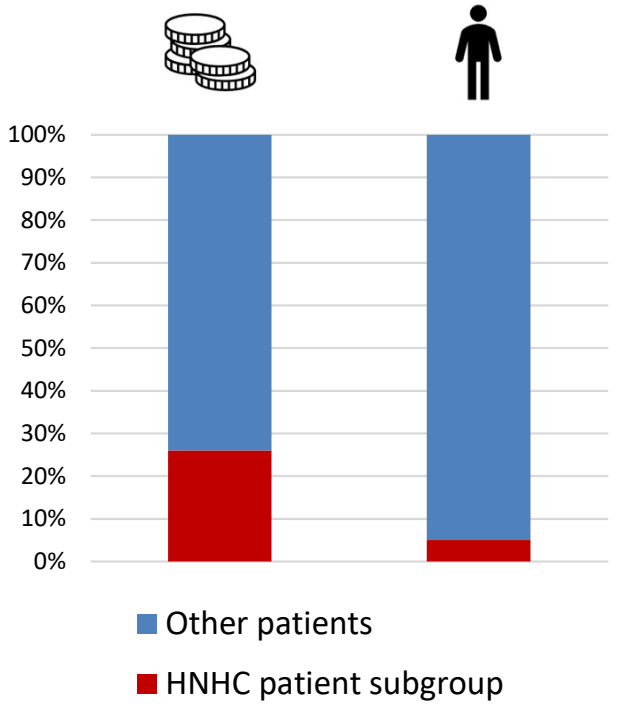
CONTEXT

Burnout rates amongst primary care professionals grow

Quadruple Aim: underlines increasing attention for provider experience

Promising and emerging strategy: focusing on (chronically ill) patient subgroup with ‘high-need, high-cost’ (HNHC) status

HNHC patient subgroup: small percentage of population (5%), large percentage of healthcare expenditures (26%)



Wammes, et al., 2017.

STUDY AIM

To create insight into the experienced barriers and possible solutions with regards to person-centred, efficient care delivery to the HNHC patient population.

METHODS

Qualitative study: five focus groups with 42 primary care professionals

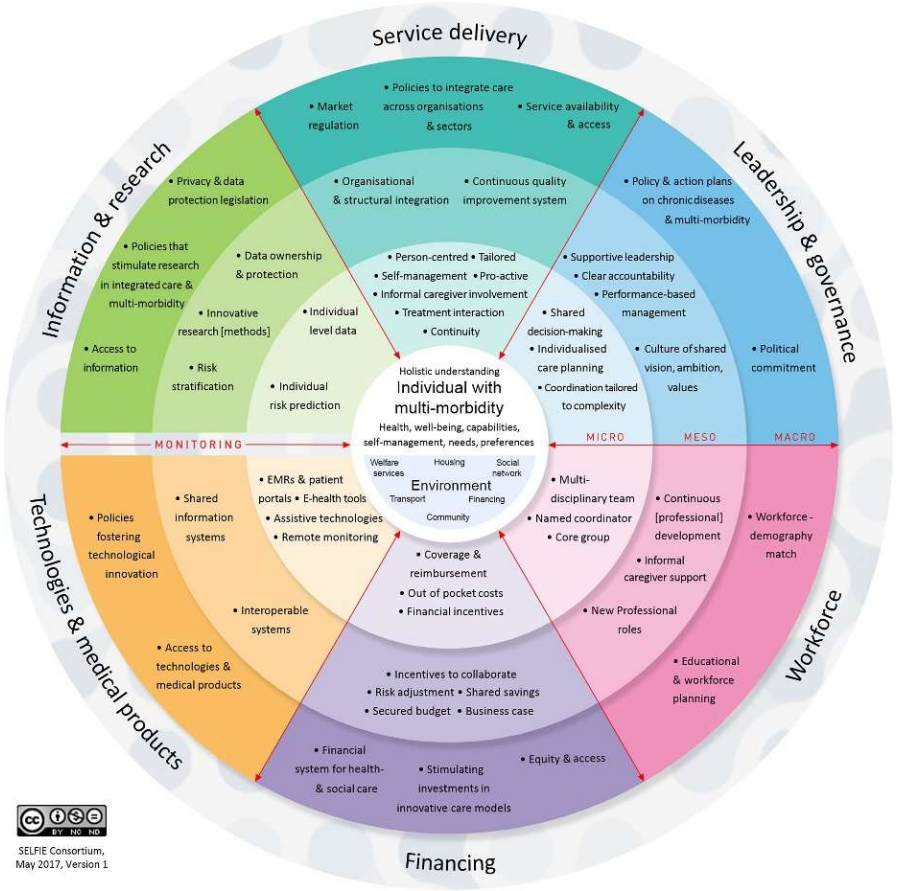
- convenience sampling
- setting: Dutch primary care group

Semi-structured interview guide with two main topics: (1) experienced barriers; (2) experienced solutions concerning person-centred, efficient care delivery to HNHC patients

Qualitative (deductive) content analysis

- categorization matrix with 20 codes derived from SELFIE framework for integrated care for multi-morbidity

METHODS – SELFIE framework



EHMA
European Health Management Association

#EHMA2020

RESULTS – heart of framework

Individual HNHC patient

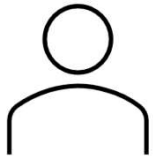
High burden of complex problems affected by the biopsychosocial situation of the patient (e.g. loneliness) → complicates care delivery

Environment

Environments of HNHC patients can further complicate care delivery, for example:

- poor social network, mainly in urban areas
- highly demanding (informal) care tasks

individual HNHC patient
"…Of those 35% of patient population who visits the GP every single day, 80% has to deal with psychosocial problems"



Environment
"I see a difference between the villages and the more urban population. I live in a village with strongly connected communities where people look after each other…"

RESULTS – four out of six main reported components of HC system

Service delivery

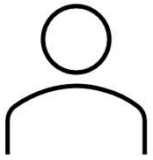
Organization of services not optimally accommodating complex needs of HNHC patient, for instance insufficient consultation time

Leadership & governance

Policy efforts, amongst others stimulation of task referral to primary care, have increased workload

Service delivery
"I have scheduled five instead of six consultations in one hour, which means that my consultations are substantially different…"

Leadership & governance
"…The older aged people who used to be institutionalized, are the people who say: "Well, I will visit the GP to check if everything is okay"



#EHMA2020

RESULTS – four out of six main reported components of HC system

Workforce

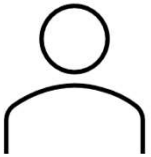
- Inadequate inter-disciplinary communication and cooperation
- Need for professionals adequately equipped for dealing with the biopsychosocial demands of HNHC patients

Technologies & medical products

Growing administrative burden, inadequate (shared) information systems

Technologies & medical products
"We would like those ICT systems to be connected to each other. The community nurse works with her own ICT system and the GPs work with the EHR… "

Workforce
"Sometimes I think that someone like this (patient receiving social welfare benefits) should just have a coach, who helps to get their life together…"



#EHMA2020

DISCUSSION

Discussed barriers and solutions, mostly relate to:

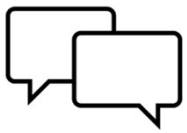
- Center of framework: individual complex problems further complicated by environment
- Four out of six HC system components:
    1. service delivery
    2. leadership & governance
    3. workforce
    4. technologies & medical products
- A micro or meso level of the system

Need to invest in a comprehensive set of interacting health system components:

- Combination of strengthening primary care internally, as well as relation with network

IMPLICATIONS – What needs to be changed in the organization of care?

A starting point can be…



Expanded consultations to get insight into the biopsychosocial complexity of patients, led by PCP trained in assessing complex needs.

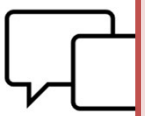
Tool to systematically assess the complex needs of HNHC patients, for instance the 'Patient Centered Assessment Method' (PCAM) → determining what next steps need to be taken.

Prerequisites:

- sufficient insight into involved disciplines and the network of available health services outside primary care
- network of care and social services should be 'strong' enough → accommodating policy is needed

IMPLICATIONS – What needs to be changed in the organization of care?

A start



The implications and lessons retrieved from this study informed the **TARGET integrated care program**, which will be (small-scale) implemented in a northern, Dutch region soon.

More information about TARGET (in Dutch), see : https://www.de-eerstelijns.nl/2020/06/chronische-zorg-over-een-andere-boeg/

ices

- network of care and social services should be ‘strong’ enough → accommodating policy is needed

Thank you for listening!

Are there any questions?

Publication of this study:
Smeets RGM, Kroese MEAL, Ruwaard D, Hameleers N, Elissen AMJ. Person-centred and efficient care delivery for high-need, high-cost patients: primary care professionals' experiences. *BMC Family Practice.* 2020;21(1):106.

#EHMA2020