

Performance and quality of primary care: research at the gateway of the health care system

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Gert Westert

Tranzo, Tilburg University, the Netherlands

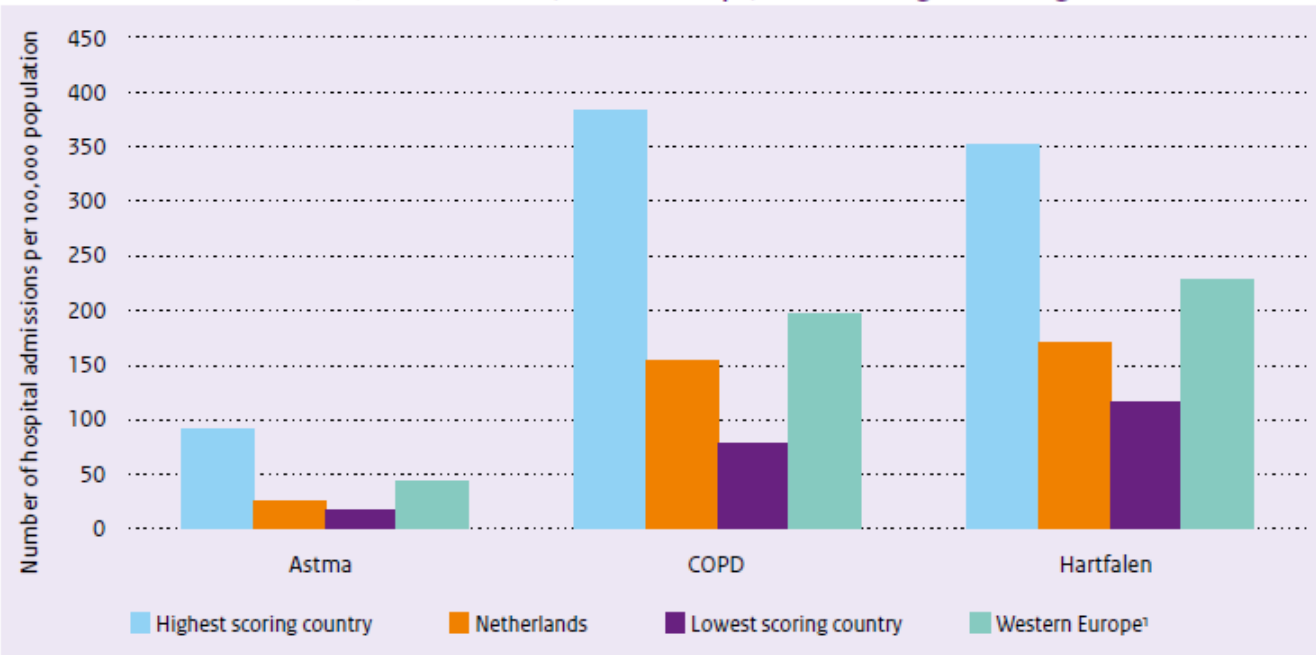
General Practice in NL: Basic Characteristics

- 8,400 general practitioners (GPs), 7,500 private business
- 35% of GPs female, 91% of them work parttime (vs 43% of male)
- 100% has practice assistance, 70% nurse
- 99% has electronic healthcare record system
- 90% is member of Dutch Association of GPs
- Income of GP is appr. 100.000 euro (NZ\$185.000)
- 60% of income is capitation fee, 30% fee-for-service, 10% special services (1-2% P4P)

Dutch GPs and Their Patients

- 99% of Dutch citizens has a GP ('regular doctor')
- GP is family physician covering whole population (0-120 yr)
- Fulltime GP has on average 2,350 enrolled patients
- No co-payment for GP visit at regular hours
- GPs offers out-of-office service at 127 locations
- GP is gatekeeper and addresses 96% of medical and non-medical problems; 4% referred
- 80% of enrollees has at least one contact with GP per year
- On average 6.7 contacts, of which 2.6 visits at practice
- Satisfaction with GP and medical specialist is the same (7.7 on scale from 0-10)

Figuur 2.3.7: Avoidable hospital admissions for asthma, COPD or heart failure, 2005 for the Netherlands and 2006-2007 for other countries; the Netherlands, Western Europe, lowest and highest scoring countries



(Source: OECD, 2009)

Asthma: Finland highest, Italy lowest; COPD: Ireland highest, France lowest; Heart failure: Germany highest, United Kingdom lowest

¹ EU-15, Norway and Switzerland

Table 4.3.6: Avoidable hospital admissions per 100,000 population, index numbers, 2005/2006

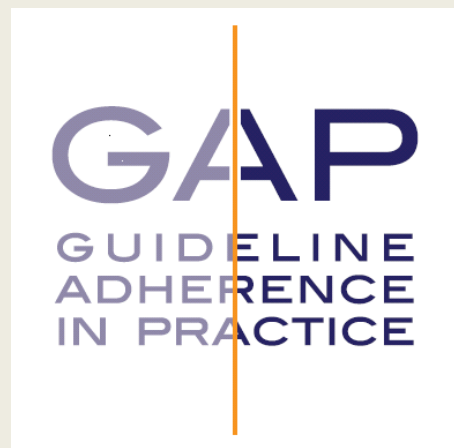
	Asthma	COPD	Diabetes acute complications	Diabetes amputations	Heart failure	Hypertension
Austria	109	161	98	44	142	523
Belgium	105	94	100	143	73	28
Canada	37	95	105	76	63	19
Denmark	87	160	91	141	71	112
Finland	188	85	142	75	132	142
France	88	40	-	85	119	-
Germany	43	92	65	-	152	281
Ireland	106	192	197	69	83	55
Italy	34	74	49	71	133	78
Japan	118	17	-	-	58	72
Netherlands	53	77	35	77	74	25
New Zealand	148	154	6	80	89	21
Norway	85	122	91	73	81	92
Spain	89	70	82	178	101	18
Sweden	50	96	86	81	125	81
Switzerland	64	50	52	106	67	73
United Kingdom	153	118	142	61	50	15
United States	243	102	259	240	190	64
Average	100	100	100	100	100	100

(Source: OECD, 2009)

Adherence to NHG guidelines

Different studies measuring adherence to clinical guidelines, average over many specific recommendations:

- 1980 (24 regional guidelines, 57 GPs) 44%
- 1983 (24 regional guidelines, 43 GPs after local group improvement programme) 51%
- 1987 (24 regional guidelines, 75 GPs) 55%
- 1991 (12 national guidelines, 62 GPs) 66%
- 2000 (35 national guidelines, 200 GPs) 69%
- 2002 (57 indicators derived from 70 national guidelines, 190 GPs) 74%



- *Aim:* to identify specific barriers for designing tailored implementation strategies
- *Focus:* on individual recommendations rather than on guideline as a whole
- *Methods:* 6 focus group discussions, 12 guidelines, 54 key recommendations
- *Data analysis:* using framework Cabana & qualitative research analysis techniques

Conclusions

- Large number of barriers identified, very specific
- Good base to design tailored strategies
- GPs were very positive about educational aspect of focus group meeting

**Lugtenberg M, et al,
Implementation Science, 2009**

Dutch Primary Care?

Key Factors for Success

- National government supports primary healthcare
- Strong, well-accepted national professional organization
- Payment system supports regular doctor and integrated patient care
- Longstanding evidence-based guideline program
- Collaboration and local peer support are essential

The Dutch National Surveys of General Practice

Background

- National Information System of General Practice since 1992: LINH
- Consultation of relevant stakeholders
- Project plan submitted to MoH
- Data collection:
 - 1987: DNSGP-1
 - 2002: DNSGP-2
 - 2012: DNSGP-3

Major topics

- Frequency and type of health problems in general practice
- Type of care provided, including its quality
- Factors determining the presentation of health problems, the care and its quality
- Changes in these topics over time

Data collection: participating practices

- 104 practices, 195 GPs (165 fte)
- (Fixed) Practice population: N=399,068
- Representativeness: solo practices underrepresented

Lokatie NSII huisartspraktijken

situatie januari 2001

grootte van de praktijk in FTE's



stedelijkheid
sterk stedelijk



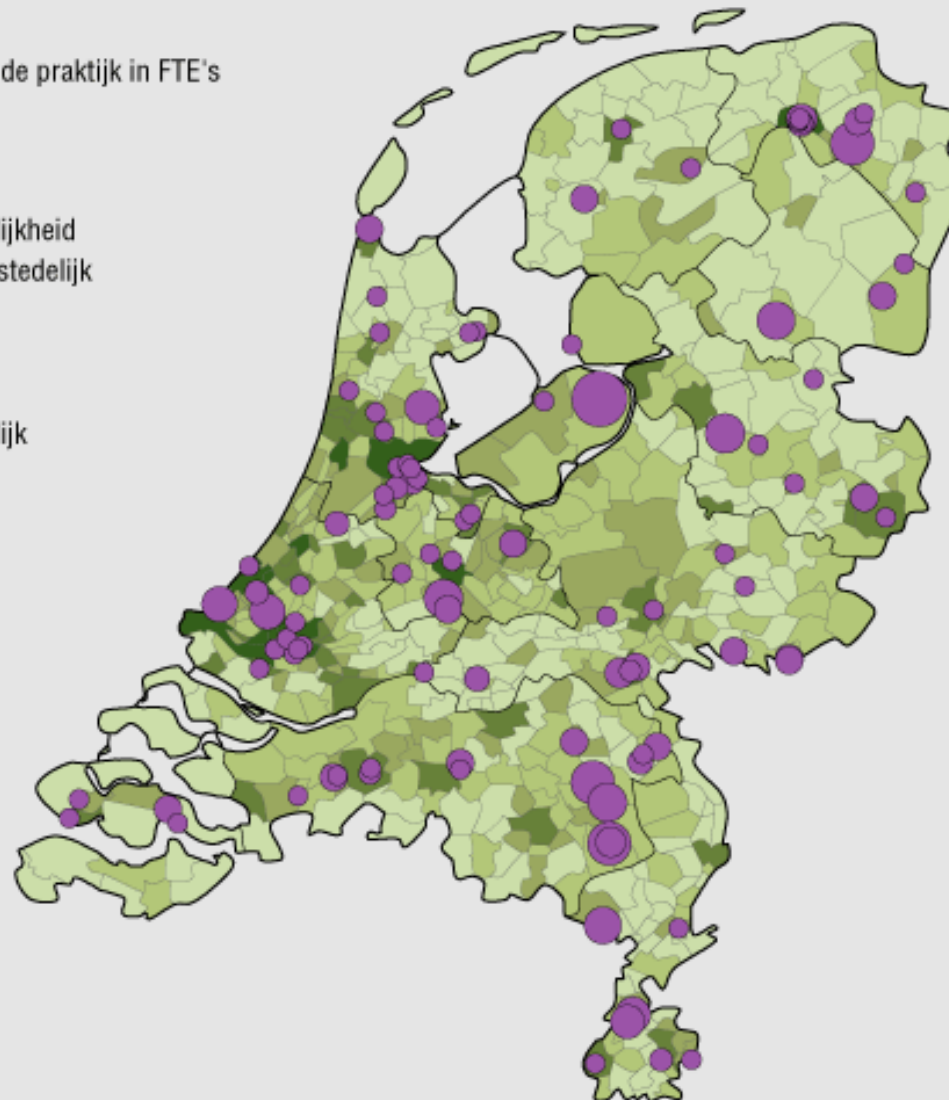
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landelijk



Data collection: design



Data collection: population characteristics

- Socio-demographic data (marital status, education, occupation, ethnic origin, ...)
- Postal questionnaire (N=385,461)
- Response 76.5%
- Representativeness: non-western minority groups underrepresented

**Population
character-
istics**

**Health
Interview
Survey**

**Registration
in the
practices**

**Practice
information**



Data collection: health interview survey

- Random 5% sample of practice population (N=19,685)
- Computer assisted interview 90 minutes
- Validated instruments: health status, health care use, health determinants, opinions
- Equal distribution over calendar year
- Response 64.5%
- Representativeness: Dutch language

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Data collection: registration in the practice

Extraction from practice computer

- Contact diagnosis (n=1,524,470)
- Prescription (n=2,143,558)
- (New) referral (n=116,080)
- Contact type
- Diagnostic and therapeutic interventions

Video tape

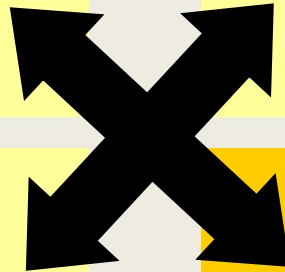
- Consultations (n=2,784)

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Data collection: practice information

Questionnaires

- Practice (n=104)
- GPs (N=195)
- Assisting personnel (N=271)

Practice visits

Major findings

6 reports ----> 6 parallel sessions



1. Health of the Dutch
2. Utilisation of care
3. Inequalities
4. Quality GP care
5. Communication GP-patient
6. Organisation and workload

Utilisation of care

- Demand for care by the GP has risen by comparison with 1987
- Most contacts take place in the GPs' office
- GP's deal with 96 percent of all contacts themselves

Inequalities

- People with lower SES have comparatively poorer health and unhealthier behaviour
- Older people reported better health in 2001 than in 1987, whereas younger people reported poorer health in 2001
- Immigrants report poorer health, but after adjusting for that have comparable healthcare use

Quality of care

- In three-quarter of the cases GPs adhere to national guidelines
- Nine out of ten patients say they receive the content of care they actually expect
- Contact frequencies vary substantially from one General Practice to another

Organisation and workload

- GPs do more in less time
- Task delegation (practice nurse)
- Fewer home visits, more telephone contacts
- Job satisfaction decreased from 88 to 74 percent

Conclusion:

the performance of GP' s

- still gatekeeper of the health system
- accessible and community oriented
- take quality serious
- efficient
- show transparency

NSGP: what is our profit? (MoH speaking)

- Income formula for GPs based on patient population differences in “less attractive parts of the country”
- GP morbidity give a better description of the health of the population than surveys and hospital registers
- “The one that knows what’s going on at the gate is in charge” (referral based systems)

FRAMEWORK, VARIABLES, ACTIVITIES



OBJECTIVES

General:

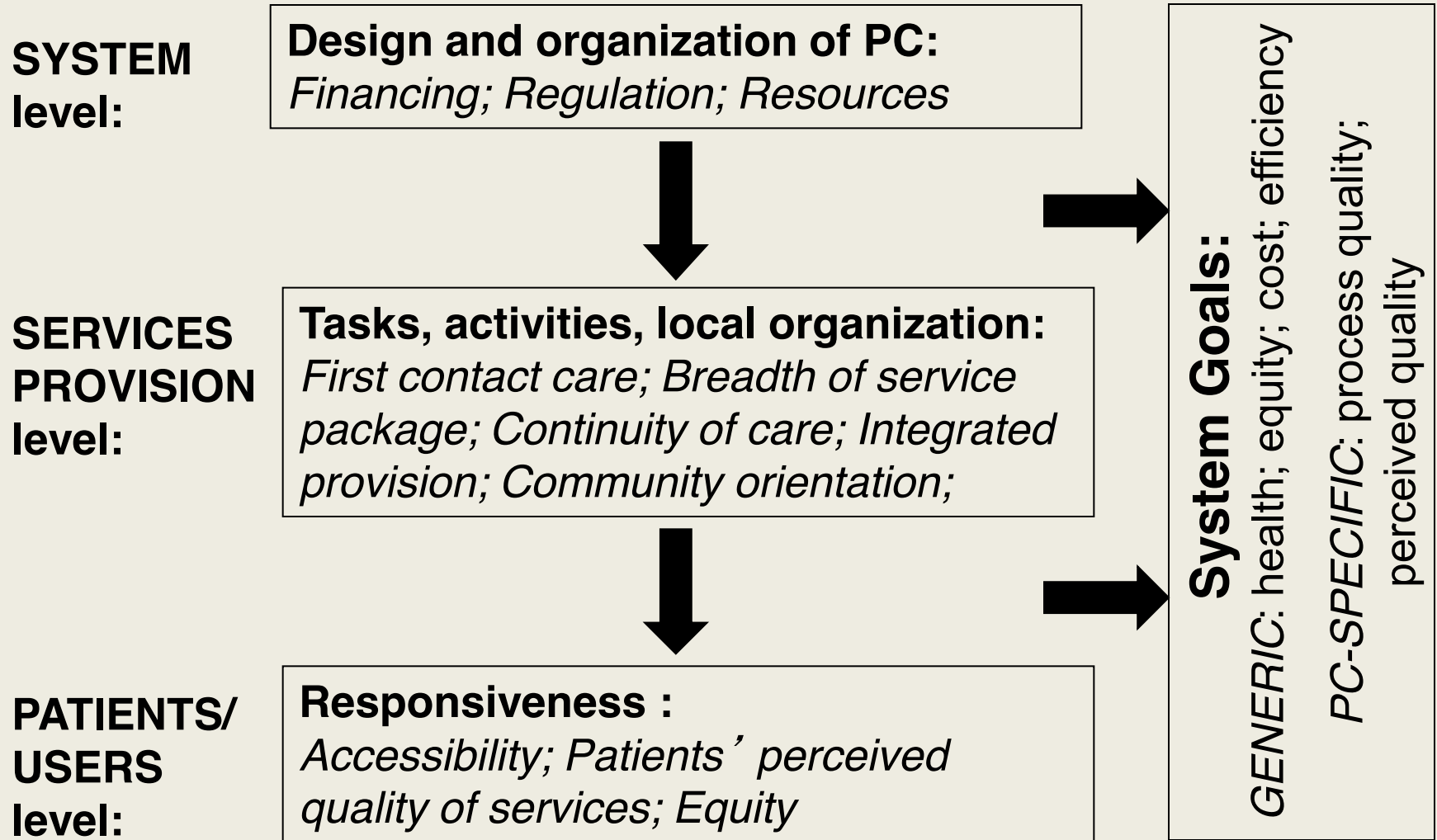
To evaluate PC systems in Europe against criteria of quality, equity and costs

Specific:

Relating PC settings and strategies to:

- Generic health care system goals
- Indicators of process quality of PC services
- Indicators of quality of care as seen by patients

Framework QUALICOPC



DATA SOURCES

EXISTING:

- OECD HCQI (*avoidable hospitalisation*)
- OECD Health Equity Project (*equity*)
- System of Health Accounts (*costs*)
- PHAMEU Database (*national PC structure*)

NEW:

- GP survey (*local PC organisation + process quality*)
- Patients survey (*responsiveness; patient-perceived outcomes*)

31 COUNTRIES



WORK PACKAGES

- WP 1: Consortium management and evaluation
- WP 2: Local organisation of PC (GPs survey)
- WP 3: Patient evaluation of PC (Patient survey)
- WP 4: PC structures/outc. → Avoid.hospitalisation
- WP 5: PC structures → Quality of services provision
- WP 6: PC structures+process → Patients' perc.outcomes
- WP 7: PC structures+process quality → Costs
- WP 8: PC structures → Access and equity
- WP 9: Good practices in integrated PC in Europe
- WP 10: Dissemination

