

CONFERENCE ABSTRACT

Evaluating a cardiology Primary Care Plus intervention: a practice-based, mixed-methods research

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Introduction: Health care delivery models should change to keep health care affordable, accessible and of high quality (1). In the Netherlands, a considerable number of reforms and interventions are focused on limiting volume growth of expensive hospital care by stimulating substitution of care (2, 3). This study focuses on a cardiology primary care plus (PC+) centre where cardiologists provide specialist consultations in a primary care setting. PC+ interventions intend to support GPs in gatekeeping and treating patients by intensifying and strengthening collaboration and communication between GPs and specialists. Additionally, PC+ aims to improve the health of the population and patients' experience of care while reducing the health care costs by decreasing the number of (unnecessary) referrals to specialist care in the hospital setting (4).

Aims: The objective of the study is to evaluate the effects of the cardiology PC+ centre on population health, experience of care and health care costs.

Methods: The study is a practice-based, mixed-methods research involving a qualitative evaluation and a quantitative longitudinal observational study. The study population consists of adult patients with non-acute and low-complexity cardiology-related health complaints, who will be referred to the cardiology PC+ centre (intervention group) or hospital-based outpatient cardiology care (control group). All eligible patients will be asked to complete questionnaires at three different time points (before consultation, directly after consultation, three months after consultation) consisting of items about their demographics, health status (SF-12, EQ-5D-5L and EQ-VAS) and experience of care (based on the Consumer Quality Index). In addition, data will be collected about health care utilization and related medical spending.

Results: Preliminary results are available. At the moment, 437 intervention patients and 154 control patients are included. The results show no differences in health status between the groups on the EQ-VAS ($F = 1.372$; $P = 0.242$). In 25 out of 27 items the patient experience of care is rated significantly higher for PC+ compared to hospital care. The average grade for the patient experience on the provided care differs significantly between the groups (PC+ 9.04 ± 0.945 vs. hospital care 7.89 ± 1.025 ; $P < 0.001$). Patients with the indications 'Dyspnoea' or 'Stable Angina Pectoris', and patients with reason for referral 'Screening of unclear pathology' or 'To confirm disease' are more appropriate for direct referral to hospital care (instead of PC+). There is no insight yet into the health care utilization and health care costs.

Discussion: Results suggest a positive effect of PC+ on care experiences. Insight into the appropriate patients group is needed for an efficient continuation of PC+. In the coming years, more insight is collected on the effects on health care utilization. During the conference the background, objectives, design and methods, and (preliminary) results of the study will be discussed in detail.

References:

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