
CONFERENCE ABSTRACT

What do patients want? Implementing new models of care in hard to serve regions

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Introduction: In times of a demographic change many Western countries experience a scarcity of general practitioners in rural and remote areas. These hard to serve regions show a high proportion of older people and, hence, a higher morbidity, while at the same time general practitioners are of higher age and plan on retiring in the near future. While integrated care is primarily applied in a regular care setting, it can even develop a higher potential in hard to serve regions. New models of care, such as an enhanced delegation of service provision to non-medical professionals, can help to ensure the availability of primary healthcare services. In order to guarantee the people-centeredness of these approaches and to improve the people's acceptance of these new models of care, their preferences for the specific design of these models and their willingness to take use of the models should be known. Thus, the people's preferences can be taken into account when designing and introducing the new models of care.

Methods: A discrete choice experiment (DCE) and a survey were designed in order to evaluate the preferences for and ratings of a variety of new models of care: delegation of services to advanced nurses or to pharmacists, remote treatment by a physician via telemedicine, a mobile practice and a bus taking patients from their villages to a practice. These models of care have not been introduced into the regular care setting in Germany yet. The attributes for the DCE and the aspects for the survey were derived from focus group interviews and, additionally, from the literature. The two postal elicitation instruments were sent to 2,000 people each between June and August 2015 in Germany.

Results: The response rates were 46.1% (n = 904) for the DCE and 51% (n = 996) for the survey. The DCE showed that the attributes "opening hours", "home visit", "practice facilities", "distance to GP's practice" and "treatment by one single doctor" had all significant impact on choosing a supply situation. The survey showed that people are willing to take use of these new models of care. Among the new models of care, the delegation of medical tasks to advanced nurses, followed by the treatment in a mobile practice are the ones which are most highly accepted. Out of all respondents, 60.3% and 56.5% would make use of these models of care in the primary healthcare setting, respectively. On the other hand, only 32.3% of the respondents would accept to be treated by a remote doctor via telemedicine. Furthermore, the survey showed that there are conditions connected to the use of these models. For example, it is important to people that the nurses' qualification is guaranteed or

that the telemedical doctor is already known to them from previous treatments. If people were able to decide on which of the presented new models of care should be introduced in their regions, they would prefer the mobile practice followed by delegation to an advanced nurse.

Discussion and Conclusion: Even though these models are not widely implemented in Germany until now, they will gain in importance in the near future in order to guarantee a sufficient provision of healthcare services to the rural population. If tailored to the needs and preferences of the population, they have the potential to overcome physician shortages and satisfy the patients' needs. Overall, the two studies show that a large part of the population is willing to take use of new models of care. The results indicate which aspects are of significance to the population and which of the models are the preferred ones. Thus, the results of the DCE and the survey can inform policy makers how new models of care should be designed to guarantee a wide acceptance among the population.

Keywords: rural health; primary healthcare; discrete choice experiment; survey; new models of care
