

CONFERENCE ABSTRACT

An investigation into the barriers and facilitators to acceptance, and use of Bay Navigator Pathways by general practitioners in the Western Bay of Plenty

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Introduction: The New Zealand Government introduced The Primary Health Care Strategy, putting primary health central in health care delivery.

Bay Navigator Pathways (BNP) was developed by multidisciplinary teams. Most care and investigations occur in general practice. When referral is indicated, BNP give clear guidelines to efficient acceptance and treatment in a timely manner.

The project aims to explore reasons for variable uptake of the BNP among General Practitioners (GP). The project will identify barriers and facilitators in the use of the BNP and come up with suggestions regarding improved utility of BNP by GP users.

Method: GPs were purposively sampled to include specific pre-determined criteria to cover a ranged of characteristics. GPs were interviewed using semi-structured qualitative interviews. Data saturation was reached after fifteen interviews. A Diffusion of innovation framework was used, as it addressed the research requirements well, and helped to thoroughly explore and address the nuances of the data collected.

Results: Diffusion of innovation is the process through which an individual, over time, move from knowledge about an innovation, towards forming an attitude towards the innovation - resulting in either adopting or rejecting the innovation. Analysis of data was done according to this framework.

Discussions: The meta-context of the New Zealand Health system and the information from the literature reviewed informed new insights obtained through research results. These aspects integrated distilled new knowledge and insights. New theory can inform practical application and health improvement activities.

Conclusion: An understanding of the barriers and facilitators that influenced the acceptance and use of the local GP population was achieved. Unmet and unrealistic expectations were identified. Low centrality hindered the use and acceptance of the BNP. Issues with technology and incompatibility of different practice management systems were identified as a universal issue. The trialability period may lead to improved acceptance and use. Lessons learned should be taken into account to improve outcome of reinvention of BNP.

Lessons learned: One of the most prominent realizations was the mountain of skills required by the GP within the changed practice milieu. Adequate support through ongoing education and development of skill should be high on the agenda for Health Workforce New Zealand.

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It is important to listen to the GP's views, to enable them with knowledge and technical support to implement BNP, to give adequate feedback and allow redevelopment of weaker points to strengthen the BNP.

Limitations: There were no obtainable data on the views of regional GPs regarding the BNP. This research study only focussed on the GP. Aspects not covered include the personality of the GP and how comfortable the GPs were with using technology.

Suggestions for future research: Research about an innovation development and implementation process is difficult to do in a single timeframe. As this process is not linear, but can have repetitive phases, it does however gives (at least) some introductory insights. Repeated phases of a similar research may inform about paradigm shifts and failures or successes through interventions.

The wider primary care health team should be included in future research.

Keywords: bay navigator pathways; diffusion of innovation; general practitioner; integration of healthcare delivery; barriers and facilitators to acceptance and use
