
CONFERENCE ABSTRACT

Different organizational and financial outcomes in middle sized primary care practise in Poland after basic care coordination model implementation.

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Artur Prusaczyk¹, Agnieszka Gaczkowska², Anna Koziel², Paweł Żuk¹, Marika Guzek¹, Małgorzata Kalisz¹, Anna Kordowska¹, Małgorzata Michalczyk¹, Sylwia Szafraniec-Buryło¹, Tomasz Włodarczyk¹

1: Centrum Medyczno-Diagnostyczne sp. z o.o., Siedlce, Poland;

2: The World Bank, Poland;

Introduction: CMD Clinic is a primary care facility based in Siedlce, Poland. It has around 70,000 patients under its care. In 2006 basic elements of care coordination were implemented eg. planned preventive visits, team work. Since then, different organisational and financial outcomes were observed in 3 GPs practises taking care of the population, mostly due to different doctors behaviours (1. full implementation of care coordination guidelines, 2. partial implementation and 3. total negligence). Observations are based on analysis of data from years 2006-2016.

Description of policy context and objective: One of most effective interventions to support quality improvement is to directly relate a proportion of the remuneration of providers to the achieved result on quality indicators. In CMD Clinic in 2006 after implementation of basic care coordination model, few measures were presented eg.: number of patient's visits per GP, number of patient's visit per whole facility practise, visit time and visit reimbursement.

Population targeted is around 70 000 people, patients of CMD Clinic in Siedlce.

Observations: were based on 9,5 year period (between years 2006-2016 - fist half). Three different GP offices were taken under the observation. Three doctors had different approach to implement rules of the care coordination. One who was engaged and fully cooperative had much better results than doctors who were working with guidelines partially or not at all. After almost 10 year period, GP who cooperated had decreasing number of patient's visits per GP per year (from 12648 to 4450 per year together with longer time of work from 120 starting in 2006 to 160 hours per month in 2016), number of patient's visit per whole facility practise (from 5.0 to 1.8 in 2016), visit time (starting with 6.83 minutes in 2006 to 12.94 in 2016) and visit reimbursement (5.88 PLN in 2006 to 12.94 in 2016). In the same time the GP who didn't apply to the rules had much more worse.

Results: number of patient's visits per GP per year (from 2784 to 2589 per year), visit time (starting with 8.60 minutes in 2006 to 6.82 in 2016) and visit reimbursement (15.20 PLN in 2006 to 12.48 in 2016). Hence, much more better organizational results were achieved in the GP office that fully implemented care coordination model - less patient's visits per GP, longer visit time, and higher visit reimbursement. The present literature review shows that we do not currently possess much evidence of the influence of the determinants on collaboration.

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However, our study shows that efficient doctors can have a positive impact on a implementation of coordinated care and have better and faster organisational and financial outcomes. Also better and more effective financial management is related to more engaged doctors. We also observed that implementation of basic cared coordination model is associated with increased responsibilities of personnel especially in beginning of the process. Additionally, positive attitude to change and patient cope results in faster and more visible change.

Keywords: Poland; integrated care; primary care; case study
