
CONFERENCE ABSTRACT

Eliciting preferences of providers in primary care settings for post hospital discharge patient follow-up: a discrete choice experiment

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Xin Wang¹, Yixiang Huang

1: Sun Yat-sen University, China

Introduction

Post-hospital discharge follow-up has been a principal intervention in addressing gaps in the care process but evidence about the willingness of medical providers to deliver follow-up care is lacking. The aim of this study was to assess primary care providers' preferences for delivering post-charge follow-up care for patients with chronic diseases.

Methods

A discrete choice experiment was conducted in Yangxi Hospital Group, China. Using a cluster sampling design, all medical staff working in the eight township health centers of the hospital group were invited to participate in a survey of provider preferences in November 2020. A conditional logit model was used to analyze preferences of providers for providing follow-up care for discharged patients with chronic diseases. And willingness to pay, how much the providers would be willing to forgo in the payment they receive to have preferred follow-up care provided to the patients, was also analyzed. Subsequently, a covariate-adjusted analysis was conducted to identify socio-demographic and work-related characteristics related to preferences. Lastly, 16 participants were interviewed to explore reasons for their choices.

Results

721 health workers in the eight THCs of Yangxi Hospital Group were invited to participate in the study. Of the 623 participants who completed the survey (response rate 86.4%), there were 159 physicians, 243 nurses and 221 other providers. The mean age was 33 years and 69.5% were female. Composition of the follow-up team and adherence of patients were the attributes of greatest relative importance. Compared to a follow-up team with simple composition, health workers were willing to give up ¥1.673 or ¥2.282 of payment per follow-up visit to join a team with regular or advanced team composition, respectively. Compared to a team with low levels of patients' adherence, primary care providers were willing to give up ¥1.442 of payment per follow-up visit to join a team with high levels of patients' adherence. Workload and incentives were of less importance. Participants were indifferent to follow-up provided by home visit or outpatient visit.

Conclusions

Primary care providers placed the most importance on multidisciplinary follow-up team. To further improve follow-up care in the multidisciplinary teams, it is necessary to motivate all providers by personalized management, especially for those providers with relatively low educational attainment

and less work experience. Furthermore, future research and policies should work towards innovations to improve patients' engagement in primary care settings.

Limitations

First, the data were collected through online questionnaires. Participants completing the online questionnaire are likely to be younger, have more education and higher cognitive ability than the general primary care providers. Therefore, the web-survey might ignore preferences of the older providers. Second, the levels of the follow-up visit pattern were not highly differentiated.

Implications for practice

The most important feature of post discharge follow-up is to arrange multidisciplinary follow-up teams with GPs, nurses, public health physicians, pharmacists, health managers, nutritionists and other health providers. Second, managing follow-up teams is enhanced based on the preferences of different members. Last, to increase patients' awareness of multidisciplinary teams, integrated care and follow-up for chronic disease.