
CONFERENCE ABSTRACT**Primary care service innovation: The importance of measuring person-centred coordinated care**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018

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Introduction: Patient experiences of health care is becoming increasingly emphasised as a mechanism to measure, benchmark, and drive quality improvement within the UK National Health Service (1-3) and across Europe (4-6).

For person-centred care to be effective, care must be coordinated across services, particularly for patients with multiple long-term conditions (LTCs) who require integrated care from multiple agencies. Person centred coordinated care (P3C) is the conjunction of two closely related constructs; person centred care and care coordination (7).

Despite clear callings (4, 5, 8-11), no tool currently exists to measure P3C that is short enough for routine practice. This research aimed to develop a tool that can measure P3C and drive healthcare quality improvement - the P3C experience questionnaire (P3CEQ).

Methodology: An iterative patient-oriented design process was utilised to identify questions and ensure patient acceptability (12). The measure was subject to psychometric validation ensuring measure appropriateness. Testing of the P3CEQ took place across 72 general practice sites across the South-west of the UK.

The P3CEQ was subsequently used in a number of evaluations of new models of care, such as complex care hubs, to improve service integration and promote coordination between agencies.

Results: Data was collected from over 2500 patients with LTCs across the South-west,UK. Patterns of response emerged in relation to number of LTCS and services used, and poorer experiences of care. Lowest scores were often associated with poor levels of coordination and care-planning.

The P3CEQ was used to identify trends in experiences in P3C and identify which areas require the most improvement. This information was fed back to the complex care hubs and subsequently followed-up with further measurement. Findings indicate improvements in care areas related to care coordination.

Discussion: Measurement and feedback is important component in the continued improvement of P3C in patients with LTCs. The P3CEQ was designed to measure and promote improvements in care quality for this group. The P3CEQ has been successfully used to measure and improve P3C in new models of care focused on improving service integration. The P3CEQ is able to

detect differences between care models and over time. It is well received by both staff and patients and can be used to identify clear areas to drive service improvement a practice level. Having been translated into six languages it is currently being used to drive service innovation across two large-scale EU projects to improve care integration.

Conclusion: The P3CEQ is a valid measure of P3C that can be used to identify key areas of P3C requiring improvement. Evidence from this research indicates that the P3CEQ can be used to cross-agency coordination and drive care quality improvements. The P3CEQ highlights the pressing need for stronger service coordination and integration in adults with LTCs.

Limitations & Future research: Although the P3CEQ has a Flesch-kincaid grade level of 7.3, some users struggled to understand some of the items. Future research will focus on adapting P3CEQ to support this group, improve implementation and feedback mechanisms for wider use, and further developing the measure for international use.

Keywords: care-coordination; person-centred; integration; measurement; innovation
