

CONFERENCE ABSTRACT

The influence of quality of primary care on productive interactions among community-living frail older persons and their general practitioners and practice nurses

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Introduction: The Chronic Care Model CCM identifies important elements of primary healthcare systems that promote high-quality care, foster productive patient-professional interactions and improve patient outcomes. We lack evidence regarding the influence of quality of care on productivity of patient-professional interactions in a population of community-dwelling frail older adults. Exactly these productive interactions are at the heart of patient-centered care and considered essential in improving patient outcomes. The aim of our study was to investigate whether community-living frail older persons' perspectives on quality of primary care delivery according to elements of the CCM are associated with perceived productivity of interactions with general practitioners GPs and practice nurses.

Methods: A longitudinal study was conducted in the Netherlands between 2014 and 2017. The study included 4 GP practices providing usual primary care and 11 GP practices that implemented the proactive, integrated care approach 'Finding and Follow-up of Frail older persons' FFF. Interrelated components of the FFF approach e.g. multidisciplinary consultations, proactive case finding are presumed to promote high-quality care delivery and foster productive patient-professional interactions. Our study included 464 independently living frail older adults ≥ 75 years. Perceptions of quality of primary care Patient Assessment of Chronic Illness Care Short version; PACIC-S and productive interactions with the GP and practice nurse relational coproduction instrument were assessed at baseline and 12 months after. Data were analyzed using chi-square tests, t-tests, and multilevel methods.

Results: Perceived quality of primary care, productive interaction with the GP and productive interaction with the practice nurse improved over time in both the intervention group and control group. Productive interactions with the GP and practice nurse were significantly influenced by the perceived productive interaction at baseline, the perceived quality of primary care at baseline, and the change in perceived quality of primary care over time. We found no significant differences between the intervention group and control group.

Discussion and conclusion: Our study showed that perceived productive patient-professional interactions are associated with the perceived quality of primary care delivery in a sample of frail independently living older persons. Based on the relatively robust and comprehensive

primary healthcare system in the Netherlands, the contrast between the FFF approach and care as usual may be too small to detect substantial differences between the groups.

Lessons learned: Our study stresses the need to invest in high-quality primary care and interactions among frail older persons and their healthcare professionals. Especially in the care for older persons with often long-term complex healthcare needs and multimorbidity, productive patient-professional interactions seem to be important.

Limitations: We limited the selection of professionals to GPs and practice nurses. These professionals are most frequently contacted in general practice in the Netherlands. Moreover, we did not examine whether improvements in quality of care and productive patient-professional interactions resulted in improved patient outcomes, like well-being.

Suggestions for future research: Research to examine productive interactions with other professionals, like elderly care physicians, is necessary. Furthermore, the influence of improvements in quality of care and productive patient-professional interactions on patient outcomes should be investigated.

Keywords: quality of primary care; productive patient-professional interactions; chronic care model; elderly; frailty
