CONFERENCE ABSTRACT

First Use of a Population Health Management Strategy in Dutch Primary Health Care

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Introduction: Recently, in Dutch health care the focus is shifting from a disease oriented approach to a more population based approach. Since in The Netherlands every inhabitant is listed with one general practice, this offers a unique possibility to perform PHM analyses based on these practice lists. The Adjusted Clinical Groups ACG model is a worldwide used method for both concurrent and prospective population based analyses. However, the ACG system is developed with non-Dutch data. Consequently, for wider implementation in Dutch general practice the system needs to be validated in the Dutch setting. In this paper we show the results of the first use of the ACG system in Dutch general practice.

Methods: The population for this first analysis consists of 26 306 persons listed in five participating Dutch general practices. ACG analyses were performed based on primary care diagnosis and pharmaceutical historical data of 2014.

Results: Six different resource utilization bands RUBs were identified, resulting in 226 persons in the highest band. The RUB classification corresponded to the number of GP contacts per person. The distribution of all persons according to the ACG was made. In the population, next to minor and major symptoms, the main ACG categories were persons with 2-3 other ADGs, > 34 years and 6-9 other ADG Combinations, 0-1 major ADG , > 34 years. The general practitioners did not expect this second main group and wanted more detail information. Next, a more in-depth analyses of the heavy users more than 40 consultations per year showed that almost all persons in this group were diagnosed with a depression.

Conclusions and limitations: The results of this study show that the ACG model is a useful tool to stratify Dutch primary care populations. However, the available data were not fit to validate the risk functions of the ACG model. Further research to validate the model in a Dutch primary care setting is needed.

Future research: Based on this first analysis more primary care organisations and the largest Dutch health care insurance company are interested in using the ACG system. A more thorough validity study is in preparation in which we focus on face validity, convergent validity and predictive validity using data on the population listed in the participating practice and corresponding claims data. We plan to have the first results in April 2018.

Keywords: population based; stratification; primary care