

POSTER ABSTRACT

Substituting hospital care with primary care: The evaluation of a cardiology Primary Care Plus intervention

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Tessa C.C. Quanjel¹, Marieke D. Spreeuwenberg^{1,2}, Jeroen N. Struijs^{3,4}, Caroline A. Baan^{3,5}, Dirk Ruwaard¹

1: Department of Health Services Research, Care and Public Health Research Institute CAPHRI, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands;

2: Research Centre for Technology in Care, Zuyd University of Applied Sciences, Heerlen, The Netherlands;

3: Department for Quality of Care and Health Economics, Centre for Nutrition, Prevention and Health Services, National Institute for Public Health and the Environment, Bilthoven, The Netherlands;

4: Department for Public Health and Primary Care, Leiden University Medical Centre, Leiden, The Netherlands;

5: Scientific Centre for Transformation in Care and Welfare Tranzo, University of Tilburg, Tilburg, The Netherlands

Introduction: To deal with the pressures on the healthcare system, the healthcare system should focus on high-value health care by pursuing the three aims: improving the health of the population, improving the quality of care as experienced by patients and reducing the increase of healthcare costs. In the Netherlands, several initiatives focus on strengthening the primary care and substituting hospital care with primary care in order to keep the health care system sustainable. This study is concentrated on a cardiology primary care plus PC+ centre where cardiologists provide specialist consultations in a primary care setting. This PC+ intervention aims to improve the health of the population and patients' experience of care while reducing the healthcare costs by decreasing the number of unnecessary referrals to specialist care in the hospital setting.

Methods: This is a practice-based study with a longitudinal observational design. The study population consisted of adult patients with non-acute and low-complexity cardiology-related health complaints, who will be referred to the cardiology PC+ centre intervention group or hospital-based outpatient cardiology care control group. Data of the PC+ centre and the hospital were used to investigate the referral and follow-up patterns of intervention group patients compared to the control group. Furthermore, patients were asked to complete questionnaires at three different time points before consultation, directly after consultation, three months after consultation consisting of items about their demographics, health status SF-12, EQ-5D-5L and EQ-VAS and experience of care.

Results: The data of the PC+ centre and the hospital consists of 1838 intervention patients and 2155 control patients. Preliminary results show that 27.9 % n= 513 of the intervention group was referred to hospital care after a consultation at the PC+ centre. Moreover, 437 intervention patients and 328 control patients were included in the questionnaire study. In 25

out of 27 items PC+ results in significantly higher levels of patient satisfaction compared to hospital-based outpatient care. The results of the EQ5D-5L indicate no differences in health status between the groups, taking into account the follow-up period of three months $F=0.133$; $P=0.865$.

Discussion: PC+ is a new concept in the Dutch healthcare system and evidence about its effects is scarce. The findings of this study will fill a gap in knowledge about the effects of PC+ and in particular whether PC+ is able to pursue the Triple Aim outcomes.

Conclusion: While this study showed no effects on the health status of the patients, there are promising results looking at the patients' experience of care and healthcare utilization.

Lessons learned: The implementation, as well as the evaluation, of PC+ initiatives is a dynamic process which requires time and continuous interaction with the stakeholders.

Limitations: This study does not yet provide insight in the actual effects of PC+ on healthcare costs.

Suggestions for future research: Future research, concentrated on PC+, should continue focusing on the Triple Aim outcomes, with a particular focus on healthcare costs.

Keywords: primary care plus; substitution; primary care; triple aim
