

POSTER ABSTRACT

Patients' perceptions of Continuity of care between Primary Care Physicians and Emergency departments in Belgium: a cross-sectional survey.

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Introduction: The role played by primary care level in enhancing continuity of care for patients with complex health and social needs is crucial. In countries where policies favor primary care physicians as the entry point of healthcare services, they are well positioned to coordinating care within and across levels of care. When a patient's needs go beyond primary care practice's level of comprehensiveness, care coordination is required with the other members of the medical neighborhood, including emergency departments.

In Belgium, the utilization of emergency services has significantly risen during the past few years due to demographic, societal and organizational factors. This fact poses a significant challenge in terms of continuity of care for patients transiting between their primary care physician and the emergency department; especially in a healthcare system where the data and information exchange system remains poorly developed and few integration policies exist.

The aim of this survey is to assess patients' perceptions of continuity of care between their primary care physician and the emergency department in various contexts.

Methods: A cross sectional study was conducted in five emergency departments in Brussels and French speaking parts of Belgium between November 2016 and April 2017. A random sample of five hundred adult patients, referred by their primary care physician was surveyed. We used a questionnaire designed to assess informational, relational and managerial continuity of care, between two levels of care, from the patient's perspective. Hierarchical analysis was used to explore the influence of individual-level and context-level factors on patient's perceptions of continuity of care. A model without explanative variables null model was used to identify the interest of the hierarchical structure. When the context level was significant, explanative variables were introduced for both levels. When it was not, linear regression was used with only individual features.

Preliminary results: Null models of informational and relational continuity highlighted significant differences for the context level. These differences could be related to organizational factors such as use of shared medical record, primary physicians' density, emergency department's activity, and its geographical setting. On individual level, patients were overall satisfied with the three types of continuity of care; differences could be noted in relation to socioeconomic status, patient's condition and his perceived health status.

Discussion: Relational continuity between patients and emergency doctors is hard to achieve as it requires an ongoing interpersonal relationship. Emergency teams could however strengthen relational continuity between patients and primary care providers with means of referral to consistent personnel, and increasing patients' awareness about the central role played by primary care, which in turn would improve care plans and managerial continuity. On another hand, to improve informational continuity, efforts could be done to further promote the use of shared medical record.

Conclusions: Exploring patient perception of continuity of care is an essential step towards achieving patient-professional partnership and co-creating better integration in healthcare settings.

Limitations: Could be related to the relatively small sample of participants.

Future research: Could use mixed methods to better understand patients' perceptions about continuity of care.

Keywords: continuity of care; primary care; emergency departments; patients' perception
