
POSTER ABSTRACT

Experiences of information sharing between providers for patients aged 45 and over, 2016

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Introduction: Coordinated healthcare is achieved through ongoing relationships between patients and providers, the timely transfer of relevant patient information between different care providers, and the cooperation between these providers to provide connected healthcare. This research examines patient-reported experiences of information continuity between general practitioners (GPs) and other providers such as specialists, hospitals (including emergency departments) and allied health professionals.

Methods: Using the 2016 Survey of Health Care (SHC), we assessed patient-reported experiences with health professionals and the health system, including whether their usual GP had an understanding of the patient's healthcare history, whether their usual GP seemed informed about specialist or hospital care or whether their test results were available at the time of their appointment. These responses analysed were from a representative sample of the 8.8 million Australians aged 45 and over who had seen a GP in the previous 12 months.

Results: Of patients who:

- Were admitted to hospital, 14% reported that their GP was not informed of their follow-up needs.
- Required services after their admission, 20% reported that arrangements were not made by the hospital.
- Visited an emergency department, 23% reported inadequate information sharing back to their GP.

Patients with no usual GP were 2–3 times as likely to report poor sharing of information as those with a usual GP.

Compared with patients in Major cities, patients in Remote/Very remote areas were more likely to report that their usual GP or place of care was not informed after their most recent visit to a specialist (10% and 19%, respectively).

Discussion: Having a usual GP increases the likelihood of better information sharing across providers and settings, especially when compared with patients who have a usual place of care only. Patients living in Remote/Very remote areas who consistently experience worse information sharing are also less likely to have usual GP. The results are important for people with complex conditions who are more likely transition between care systems and receive fragmented care.

Conclusion: Many patients reported inadequate information sharing between doctors and healthcare settings, and there were significant disparities in the amount of information sharing based on location, age, settings involved and whether or not the patient had a usual GP.

Lessons learned: While the survey looked at both usual GP and usual place of care, the results showed that the former had a much bigger impact on information transfer than that latter.

Limitations: About 124,000 people were selected for the survey. The response rate was 29% (35,495). The scope of the SHC was people aged 45 and over who had at least one GP visit in the 12 months between November 2014 and November 2015. About 5.5% of people in that age group in the 30 June 2016 estimated resident population did not see a GP in the 2015–16 financial year.

Suggestions for future research: Future research will link the survey results to Medicare Benefits Schedule and Pharmaceutical Benefits Scheme, hospital and ED datasets to enable insights into use of services and health outcomes.