Samenwerking tussen huisarts en specialist - Wat vinden de patiënten en de dokters?
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Summary
1. Introduction
Projects
Three transmural projects are examined closely to ascertain why some projects were successful and why others were not, in order to learn from the findings for future initiatives. Two successful and one unsuccessful project were analyzed with regard to three types of categories: structural, social and personal. Factors from all three categories were shown to be essential for success or failure. The social and personal factors are especially important to autonomous professionals (doctors). Not much is known about this these personal factors. Patient perspective didn’t get much attention either.

2. Motives and preferences of general practitioners for new collaboration models with medical specialists: a qualitative study
Background
Collaboration between general practitioners (GPs) and specialists has been the focus of many collaborative care projects during the past decade. Unfortunately, quite a number of these projects failed. This raises the question of what motivates GPs to initiate and continue participating with medical specialists in new collaborative care models.

The following two questions are addressed in this study.
What motivates GPs to initiate and sustain new models for collaborating with medical specialists?
What kind of new collaboration models do GPs suggest?
Methods
A qualitative study design was used. Starting in 2003 and finishing in 2005, we conducted semi-structured interviews with a purposive sample of 21 Dutch GPs. The sampling criteria were age, gender, type of practice, and practice site. The interviews were recorded, fully transcribed, and analysed by two researchers working independently. The resulting motivational factors and preferences were grouped into categories.
Results
Developing personal relationships and gaining mutual respect appeared to dominate when the motivational factors were considered. Besides developing personal relationships with specialists, the GPs were also interested in familiarizing specialists with the competencies attached to the profession of family medicine. Additionally, they were eager to increase their medical knowledge to the benefit of their patients. The GPs stated a variety of preferences with respect to the design of new models of collaboration.
Conclusions
Developing personal relationships with specialists appeared to be one of the domi-
nant motives for increased collaboration. Once the relationships have been formed, an informal network with occasional professional contact seemed sufficient. Although GPs are interested in increasing their knowledge, once they have reached a certain level of expertise, they shift their focus to another specialty. The preferences for new collaboration models are diverse. A possible explanation for the differences in the preferences is that professionals are more knowledge driven than organisation driven as the acquiring of new knowledge is considered more important than the route by which this is achieved. A new collaboration model seems a way to acquire knowledge. Once this is achieved the importance of a model possibly diminishes, whereas the professional relationships last.

3. Collaboration with general practitioners: preferences of medical specialists. A qualitative study.

Background
The following question is addressed in this study. What motivates medical specialists to initiate and sustain new models for collaborating with GPs?

Methods
Semi-structured interviews were conducted with eighteen medical specialists in the province of Groningen, in the North of The Netherlands. The sampling criteria were age, gender, type of hospital in which they were practicing, and specialty. The interviews were recorded, fully transcribed, and analysed by three researchers working independently. The resulting motivational factors were grouped into categories.

Results
Teaching GPs and regulating patient flow (referrals) appeared to dominate when the motivational factors were considered. In addition, specialists want to develop relationships with the GPs on a more personal level. Most specialists believe that there is not much they can learn from GPs. Lack of time, no financial compensation, and no support from colleagues were considered to be the main concerns to establishing collaborative care practices. Additionally, projects were often experienced as too complex and time consuming whereas guidelines were experienced as too restrictive.

Conclusions
Specialists are particularly interested in collaborating because the GP is the gatekeeper for access to secondary health care resources. Specialists feel that they are able to teach the GPs something, but they do not feel that they have anything to learn from the GPs. With respect to professional expertise, therefore, specialists do not consider GPs as equals. Once personal relationships with the GPs have been established, an informal network with incidental professional contact seems to be sufficient to satisfy the collaborative needs of the specialist.

The concerns seem to outweigh any positive motivational forces to developing new models of collaborative practice.
4. DOC questionnaire – an instrument for measuring how GPs and medical specialists rate the quality of mutual collaboration

Background
The objective of this study is to assess the validity of a questionnaire (DOC – Doctors Opinions on Collaboration) aimed at assessing how general practitioners (GPs) and specialists rate the quality of mutual collaboration.

Methods
A questionnaire was developed and validated in a cross-sectional study among a random sample of 550 GPs and 533 medical specialists selected from the Netherlands Medical Address Book. Specialists who hardly ever have contact with a GP, like nuclear physicians and anaesthesiologists, were not invited to participate. Primary data were collected in the Netherlands during the period March-September 2006. The response rate was 47% GPs (n=259) and 44% specialists (n=232). Validation included factor analysis, ascertain internal consistency, and the discriminative ability.

Results
Exploratory factor analysis indicated that the questionnaire consisted of 20 items measuring five domains of the collaboration (i.e. Organization, Communication, Professional Expertise, Image, and Knowing Each Other). Cronbach’s alpha coefficients ranged from 0.64 to 0.83 indicating sufficient internal consistency to make comparison of groups of respondents possible. The correlation coefficients (Pearson) between the domains are all < 0.4. All but one domain (Communication) clearly produce distinguishing scores for groups of different characteristics.

Conclusions
The DOC questionnaire is a useful instrument to assess different aspects of the collaboration among GPs and specialists. It can be used to give feedback to both medical professionals and policy makers. Such feedback creates an opportunity implementing specific improvements in the collaboration.

5. How do GPs and specialists assess their mutual communication? A survey

Background
Quality communication between GPs and specialists is important, if we want patients to receive the right type of care at the right moment. Most of this communication takes place through telephone contact, letters concerning information on patients, more recently email too, and joint postgraduate training. As much research has been aimed at the content of communication between GPs and specialists, we wished to address procedural aspects of this communication.

We addressed the following research question.
How do GPs and specialists assess their mutual communication through telephone, letters and education?
Methods
A cross-sectional study was conducted among a random sample of 550 GPs and 533 specialists selected from the Netherlands Medical Address Book. The response rate was 47% GPs (n=259) and 44% specialists (n=232).

Results
Specialists qualify the GPs’ telephone accessibility as poor; while GPs themselves disagree. Specialists think poorly of the GPs’ referral letter. Merely half of GPs feels their questions are addressed appropriately by the specialist, whereas specialists think this number is considerably higher. According to specialists, the GP often does not follow the advice given by them. GPs rate their compliance much higher. Less than a quart of GPs feel the specialist’s letter arrives on time. Specialists have a different perception of this.
Both parties wish to receive feedback from one and other, practice shows they do so very little.

Conclusions
GPs and specialists disagree on several aspects of their communication. This impedes improvements. Both, GP’s accessibility by phone and time span of specialist’s report, could be earmarked as performance indicators. GPs and specialists should discuss among them how best to compose a format for the referral letter and the referral back and how to go about exchanging mutual feedback.

6. Continuity and coordination of care: experiences and preferences of patients referred to medical specialists - a qualitative study

Background
The purpose of this study is to (a) record experiences and preferences of patients across the interface between primary and secondary care, (b) study informational resources desired by patients and (c) determine whether given information should make it easier for the patient to choose between different options for care.

Methods
We conducted a qualitative study using semi-structured focus group interviews among 71 patients referred for various indications in the north and west of The Netherlands. The interviews were recorded, fully transcribed, and analysed by three researchers working independently.

Results
Patients find it important that they do not have to wait, that they are taken seriously, and receive adequate and individually relevant information. A lack of continuity from secondary to primary care was experienced. The patient’s desire for free choice of type of care did not spontaneously arise in any of the focus groups.

Conclusion
Our findings support the validity of the concept of continuity (Informational,
Management, and Relational continuity). Hospital discharge information as well as communication between the specialist and the general practitioner (GP) needs to be improved. The interval between discharge from specialist care and the report of the specialist to the GP might be a suitable performance indicator in healthcare. Patients want to receive information, tailored to their own situation, about potential problems after discharge. The need for information, however, is quite variable. Patients do not feel strongly about self-chosen healthcare, contrary to what administrators presently believe.

7. Assessment of patient’s experiences across the interface between primary and secondary care: Consumer Quality Index Continuum of Care

Background
Increasingly often, patients are treated by several care providers simultaneously. In order to provide quality care, collaboration between parties involved is essential. This goes especially for the interface between primary and secondary care. The objective of this study was to develop and to validate an instrument that measures how patients experience the collaboration between general practitioners (GPs) and specialists.

Methods
A questionnaire was developed using the method of the Consumer Quality Index. The validation of the questionnaire was assessed in a cross-sectional study among a random sample of patients referred to medical specialists (excluding the paediatrician and psychiatrist). The patients were enlisted in University affiliated general practices in the Northern and Western part of the Netherlands. The response rate was 65% (1404 patients). Validation included factor analysis, ascertain internal consistency, and the discriminative ability.

Results
Exploratory factor analysis indicated that the final questionnaire consists of 22 items measuring four domains (i.e. –GP approach; -GP referral; -Specialist; -Collaboration). Cronbach’s Alpha coefficients ranged from 0.51 to 0.93 indicating sufficient internal consistency to make comparison of groups of respondents possible. The Pearson correlation coefficients between the domains are <0.4, except between the domains ‘GP approach’ and ‘GP referral’. All domains clearly produce distinguishing scores for groups of different characteristics.

Conclusions
The Consumer Quality Index (CQ-Index) Continuum of Care can be a useful instrument to assess certain aspects of the collaboration between GPs and specialists from patients’ perspective. It can be used to give feedback to both medical professionals and policy makers. Such feedback creates an opportunity for evaluating quality improvement projects.
8. Patient’s choice and need for information across the interface between primary and secondary care: a survey

Background
Hospitals in the Netherlands have recently made certain performance data public, and allowed patients to choose the location of their care. The objective of this study is to assess (a) patient preferences and experiences concerning the transition between primary and secondary health care, (b) patients’ needs for choice and information and how are these influenced by personal and morbidity factors.

Methods
A cross-sectional study was conducted. Two different types of questionnaires were used. The first questionnaire, importance, concerns the importance that patients attach to the care provided. The second questionnaire, experience, concerns the actual experiences of the patient with the care provided. These two questionnaires were sent to two random samples of patients who had been referred to a medical specialist. For the selection of patients, we used the databases of the registration networks of the Departments of General Practice of the Universities of Groningen and Leiden. The importance questionnaire was returned by 513 patients (69%). The experience questionnaire was returned by 1404 patients (65%).

Results
Many patients prefer the GP advising them regarding which hospital or specialist they should be referred to: a quarter of the patients preferred that the GP decided for them. Patients with a treatable condition and patients aged between 25 and 65, highly educated and with a high score on the Stable scale, more often wish to use information from internet or newspapers to make a decision. The amount of information that is needed on illness or treatment differs by illness groups and patient characteristics. Young people, older people and lower educated people, and those scoring low on the Stable scale very often need only practical information.

Conclusion
Care providers should take differences into account concerning patients’ need for information on their illness, and be sure to provide personalized information. In spite of making performance data of different health care institutions public, only a limited number of patients want to use this information on a limited number of health problems. In developing and presenting these data, this should be taken into account.
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