MedicalXpress

The correlation between a strong primary care structure and person-focused care

March 13 2015

Being the best at something doesn't necessarily mean there is no more room for improvement. Take Europe's healthcare systems: with most national schemes being ranked among the World Health Report's top 30, you would think our patients are the happiest in the world. But is this really the case?

This question was at the centre of a study carried out by researchers under the QUALICOPC project and recently published by the World Health Organisation. Together they surveyed some 69 201 patients from 31 European countries plus Australia, Canada and New Zealand – all affected by diseases requiring long term management. The patients were asked to share their latest experience with a general practitioner by rating the service provided according to five criteria: accessibility/availability, continuity, comprehensiveness (whether the practitioner asked his patient about additional problems), patient involvement and doctor-patient communication.

With this data, the team aimed to find out whether there is still a potential for improvement in some of the surveyed countries. This potential was calculated by multiplying the proportion of negative patient experiences with the mean importance score in each country. Scores were then divided into low, medium and high improvement potential, and pair-wise correlations were made between improvement scores and three dimensions of the structure of primary care – governance, economic conditions and workforce development.

The results led to the overall finding that 'accessibility and continuity of care show relatively low potential for improvement, while in many countries comprehensiveness was indicated to be a priority area.' Nine countries had a moderate level of improvement potential for patient involvement in decision-making about treatment, and all countries performed well on doctor-patient communication.

Among all surveyed countries, eight came out with a low improvement potential in all features, which indicated positive patient experiences. These are Belgium, Ireland, Latvia, Luxembourg, Switzerland, Australia, Canada and New Zealand. However this patient-perceived improvement potential did not entirely reflect the overall strength of the primary care structure, notably in Switzerland and Luxembourg where the latter is rather weak. Other than that, QUALICOPC findings largely confirm the hypothesis that a stronger primary care structure is associated with more person-focused care.

The core objective of QUALICOPC was to evaluate primary care in Europe against criteria of quality, equity and costs. To this end, the project has spent four years gathering information on different settings and national strategies for primary care related to generic health care system goals, quality of services provided and quality of primary care as perceived by patients.

More information: QUALICOPC - Quality and costs of primary care in Europe: cordis.europa.eu/project/rcn/103890_en.html

Provided by CORDIS

person-focused.html