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## ORIGINAL ARTICLE

### Communication between primary care and physician specialist: Is it improving?☆



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#### KEYWORDS

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Referral;  
Diabetes

#### Abstract

**Background and objective:** Efforts have recently been made in Spain to improve the communication model between primary care and specialized care. The aim of our study was to analyze the impact of a change in the communication model between the two areas when comparing a traditional system to a consulting system in terms of satisfaction of general practitioners and the number of patient referrals.

**Methods:** A questionnaire was used to assess the point of view on the relations with the endocrinologist team of 20 general practitioners from one primary care center at baseline and 18 months after the implementation of the new method of communication. In addition, we counted the number of referrals during the two periods.

**Results:** We analyzed 30 questionnaires; 13 before and 17 after the consulting system was established. Consulting system was preferred to other alternatives as a way of communication with endocrinologists. After the consulting system was implemented, general practitioners were more confident in treating hypothyroidism and diabetes. There was a decrease in the number of patient referrals to specialized care from 93.8 to 34.6 per month after implementation of the consultant system.

**Conclusions:** The consultant system was more efficient in resolving problems and responding to general practitioners than the traditional system. General practitioners were more confident in self-management of hypothyroidism and diabetes. A very large decrease in the number of patient referrals was observed after implementation of the consultant system.

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**PALABRAS CLAVE**

Consultor;  
Comunicación;  
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especializada;  
Atención primaria;  
Derivaciones;  
Diabetes

## Comunicación entre la atención primaria y el médico especialista: ¿se está produciendo alguna mejora?

**Resumen**

**Fundamento y objetivo:** En los últimos años se ha intentado mejorar en España la comunicación entre la atención primaria y la atención especializada. El objetivo de este estudio fue analizar el impacto de un cambio en el modelo de comunicación entre ambas áreas, comparando el sistema tradicional con un sistema de consultoría. Se analizó la satisfacción de los médicos de atención primaria y el número de derivaciones realizadas.

**Métodos:** En un centro de atención primaria donde trabajan 20 médicos, se pasó un cuestionario al inicio y a los 18 meses de introducir un sistema de consultoría, para conocer su punto de vista sobre la relación con el equipo de endocrinología. Asimismo se contabilizó el número de derivaciones durante ambos periodos.

**Resultados:** Se analizaron 30 cuestionarios: 13 al inicio y 17 tras el establecimiento del sistema de consultoría. El nuevo sistema se prefirió a otras alternativas como medio de comunicación con los endocrinólogos. Tras la introducción del sistema de consultoría, los médicos tenían más confianza y autonomía en la gestión de la diabetes y el hipotiroidismo. Además disminuyó drásticamente el número de derivaciones a la atención especializada, que pasó de 93,8 a 34,6 pacientes por mes tras la introducción del sistema de consultoría.

**Conclusiones:** El sistema de consultoría resultó más eficaz que el sistema tradicional para la resolución de problemas y la respuesta a los médicos. Los médicos aumentaron la confianza y autonomía en la gestión de la diabetes y el hipotiroidismo. Se observó un descenso importante del número de derivaciones.

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**Introduction**

The interaction between primary care (PC) and specialized care (SC) is not a trivial issue and becomes even more important when chronic diseases are involved.<sup>1,2</sup> The lack of coordination between both areas has historically been a shortcoming in the Spanish health system.<sup>2</sup> Recently, to address these shortcomings, a medical consultant (MC) role has been proposed. An integrated care model is the key to delivering high-quality care, which is important for patients and physicians.<sup>3-5</sup> Although this is a very important issue, few groups have studied how to improve the communication between PC and SC in the last 10 years<sup>2,5,6</sup>; however, there has been increasing interest in this issue given that most of the related studies have been published in the last 4 years.<sup>7-14</sup>

Our hospital is the largest hospital in Catalonia and the second in the Spanish State. It is located in the north of Barcelona city, and its influence area includes: six districts, with a population of over 450,000 inhabitants. To improve the quality of care and avoid movements to patients, in general, hospital's specialists are who move and perform their activities in different primary care centers of the hospital's area.

The way to interact specialist care and primary care could be by traditional system (TS) or consulting system (CS). We define as a TS, the model in which the specialist moves to the PC center and checks all referrals without interacting with GPs. In contrast a CS, is the model in which the MC moves to PC centers and gives training sessions and meetings to GPs, promotes self-management and only high complexity

patients are referred to SC. By taking advantage that a new primary care center with an approximately reference area of 42,000 habitants will be linked to our hospital, we were able to change the communication model from TS to a CS and to evaluate this change.

To the best of our knowledge no studies have analyzed the impact of changing the communication system from a TS to a CS between the PC and SC in terms of general practitioner (GP) satisfaction and the number of referrals. Therefore, the aim of our study was to analyze the impact of changing communication systems between the PC and SC from a TS to a CS in terms of GP satisfaction and the number of patient referrals.

**Materials and methods**

A longitudinal study was conducted in one PC center, with an approximately reference area of 42,000 habitants, where 20 GPs were working. This center planned a communication system change from a TS to a CS. We asked the GPs to voluntarily and anonymous participate in a survey.

The questionnaire was designed specifically for this study and was focused on coordination points between PC and EC and in the two most common diseases approach of our specialty. The questions were performed from prior self-reported items of the two groups and with elements of previous papers.<sup>2,8,9</sup>

The GPs answered the questionnaire twice (before and 18 months after the new CS was implemented). The first questionnaire was distributed in February 2011 and the second questionnaire was distributed in September 2012.

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