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Poster Abstract

## The effects of Primary Care Plus on referral patterns and experiences

**Ms. Sofie van Hoof**, MSc, PhD Candidate Maastricht University, Maastricht, The Netherlands

**Dr. Marieke Spreeuwenberg**, PhD, Assistant professor, Department of Health Services Research, Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands

**Dr. Mariëlle Kroese**, PhD, Senior researcher, Department of Health Services Research, Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands

**Mr. Ronald Meerlo**, MSc, Project manager, Primary care organisation ZIO, Maastricht, The Netherlands

**Ms. Lutgart Bastiaens**, Manager, Academic Hospital Maastricht, Maastricht, The Netherlands

**Prof. Dirk Ruwaard**, MD PhD, Professor of Public Health and Health Care Innovation, Department of Health Services Research, Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands

Correspondence to: **Ms. Sofie van Hoof**, Maastricht University, Maastricht, The Netherlands, Phone: +31 423881715, E-mail: [s.vanhoof@maastrichtuniversity.nl](mailto:s.vanhoof@maastrichtuniversity.nl)

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## Abstract

**Introduction:** International comparative analysis shows that health care costs per capita are increasing at a faster pace in the Netherlands than elsewhere in Europe [1]. In 2012, the Taskforce Healthcare Expenditures formulated three recommendations to slow down this cost growth: (a) care should 'go back to basic', with the general practitioner (GP) as a gatekeeper; (b) care should be provided at the 'right place', with more task substitution to primary care, and; (c) all parties should share a mutual responsibility for controlling healthcare costs [2]. Therefore the primary care organisation ZIO and the Academic Hospital Maastricht initiated the Primary Care Plus (PC+) pilot to investigate whether the Triple Aim principles [3] could be reached through substitution from hospital care to primary care. This PC+ pilot seeks to contribute to these points by introducing specialist consultations in general practice.

**Aims:** The objective of this six months pilot study is to examine the effects of PC+ on referral patterns and experiences of stakeholders.

**Methods:** In PC+ five medical specialties (neurology, orthopaedics, internal medicine, dermatology and cardiology) perform non-acute patient consultations within 10 General Practitioners' (GP) practices. Both qualitative (interviews, log-books and focus groups) and quantitative (electronic referral system, questionnaires for GP's, specialists and patients) data was collected in PC+ and 15 control practices.

**Results:** 281 PC+ consultations were conducted. Preliminary results show a decrease in referral rates to secondary care of PC+ practices compared to control practices for internal medicine and neurology related problems. In addition, an evident learning effect of GP's and high patient satisfaction was seen. And GPs and medical specialists were pleased with the increased cooperation between them compared to usual care.

**Conclusion:** PC+ seems promising to slow down rising health care costs with increased patient satisfaction. More insight into these factors will be gained in a larger quasi-experimental study to be started in 2014.

## **Keywords**

**triple aim, substitution, shared care, transition, cost reduction**

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## **References**

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## **Powerpoint presentation:**

<http://www.integratedcarefoundation.org/content/posters-oral-presentations-session-2>

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