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Poster Abstract

## Substitution of hospital care with primary care: defining the conditions of Primary Care Plus

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## Abstract

**Introduction:** If expenses on health care continue to increase at the same pace in the Netherlands, it is expected that healthcare costs as a percentage of the Gross Domestic Product, will rise from 13% in 2010 to 22% - 31% in 2040 [1]. This increase threatens the financial stability, accessibility and, sustainability of health care in this country [2]. As a response, the Dutch ministry of Health, Welfare and Sports designated nine regions in the Netherlands as pioneer sites in 2013. One pioneer site is the region Maastricht-Heuvelland with initiative 'Blue Care'. This region experimented with Primary Care Plus (PC+), in which care is substituted from hospital care with primary care, by allowing medical specialists to perform low-complex consultations in GP practices, aiming to reach care at lower costs with increasing patient experiences and health outcomes (Triple Aim principle) [3].

**Aims:** The objective of this qualitative study was to gain insight into the barriers and facilitators of PC+ and to define preconditions to successfully implement PC+ on a larger scale in ‘Blue Care’ and beyond.

**Methods:** PC+ was performed by medical specialists from four specialties of the academic hospital Maastricht (internal medicine, orthopaedics, neurology and dermatology) in six GP practices affiliated to the primary care organisation ZIO. GPs from six other practices were also able to refer their patients to PC+. GPs could refer non-acute and low-patients about whom they doubted in terms of diagnosis, treatment, and/or the need to refer to hospital care. Process information was collected through interviews with involved GPs and medical specialists, by keeping notes of all meetings of the project management and six working groups and by focus groups with involved GPs and medical specialists. Data was analysed using a directed content analysis [4] which resulted in categorized barriers, facilitators and proposed solutions by the steering committee, after which preconditions were formulated.

**Results:** Data were categorized into seven main themes, approved by project managers in a member check. Based on the found barriers and facilitators, preconditions were formulated. The most important preconditions per theme were: (1) make arrangements on a governmental level (e.g. legal agreements); (2) arrange a collective IT system where GP and hospital systems are integrated; (3) inform all participating providers about the elements and responsibilities of the intervention; (4) make a description of the appropriate profile for medical specialists; (5) design a referral protocol for eligible patients; (6) arrange possibilities to deliberate between GPs and medical specialists about referral uncertainties; and (7) formulate a diagnostic protocol.

**Conclusion:** This qualitative study contributes to the implementation of PC+ to achieve substitution of hospital care with primary care in the ‘Blue Care’ setting. Future research will focus on PC+ in a larger setting in ‘Blue Care’ in independent PC+ centres and other PC+ initiatives in the southern part of the Netherlands. Best practices will be developed by comparing different PC+ interventions in different contexts to make health care sustainable for the future.

## Keywords

**triple aim; substitution; health system transformation; process evaluation; preconditions**

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