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## POSTER ABSTRACT

### Direct access to radiology for GP's

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**Introduction:** In case of emergency in the evening, night or weekends, patients in the Netherlands first see a general practitioner in a special emergency center. When a GP suspects a fracture, the patient will be sent to the ER of the hospital. The total waiting time for these patients is very long; they first have to wait to be seen by a GP, then they have to wait in the ER. This is especially unnecessary for patients who turn out not to have a fracture.

**Description of practice change implemented:** With the 'direct access to radiology' (DTR) a GP can also in the evening, night or weekends immediately request an X-ray for a patient with suspicion of a fracture. The patient will only be sent to the ER when a fracture is found. If not, the patient can go home.

**Aim and theory of change:** This transformation of care is an excellent example of the concept 'right care, right time, right place'.

**Targeted population and stakeholders:** The primary goal of this project is improving the patient's experience on emergency care without compromising the quality of care. This project was done in cooperation with GP's, medical specialists, and the health insurer.

**Timeline:** The pilot started in march 2018 in the general practitioner special emergency center near one of our hospital locations. Due to its success we started a second location in November 2018. In march 2019 we evaluated the pilot.

**Highlights:** Here follow the outcomes of the evaluation for each of the different stakeholders in this pilot:

Patients:

- less waiting time
- no unnecessary ER visit
- lower personal contribution

GP:

- more control over the patient's treatment through expansion of diagnostic possibilities
- contribution to the concept 'right care, right time, right place'

Hospital:

- lower working pressure on the emergency department
- higher working pressure for the radiologist

- less income (+/-€ 300.000 per year)
- investing in equipment and technical links
- contribution to the concept 'right care, right time, right place'

Health insurer

- less costs (+/-€ 300.000 per year)

**Comments on sustainability:** The positive results of the pilot call for the use of DTR as regular care. It is important to take in account the needs of the specialists who are putting in the most effort to keep them on board.

**Comments on transferability:** With this pilot we set an example of the concept right care, right time, right place. We hope to be an example for other hospitals in the same situation.

**Discussions:** Excess to more diagnostic products in the evening, night or weekends will further contribution to the concept 'right care, right time, right place'.

**Lessons learned:** To ensure successful transformation of care, it is really important to take a patient perspective as a starting point. Also, every different stakeholders needs to be involved, and extra attention must be paid to those whose work has changed the most.

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**Keywords:** cross-organizational change; primary and acute care systems

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