EHMA 2024

Shaping and managing innovative health ecosystems

Collaborative practices between GPs and secondary care specialists: a review of barriers and enablers

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Topic's relevance

Since …

- Shift towards **proactive and preventive medicine**

…and…

- Considering **multiprofessionals groups**
- Improve **hospital-community relationship**

Interprofessional collaboration in healthcare is typically described as an active and ongoing partnership between professionals from various backgrounds and distinctive professional cultures, who may represent different organizations or sectors, working together to provide services that benefit healthcare users (Morgan et al., 2015)
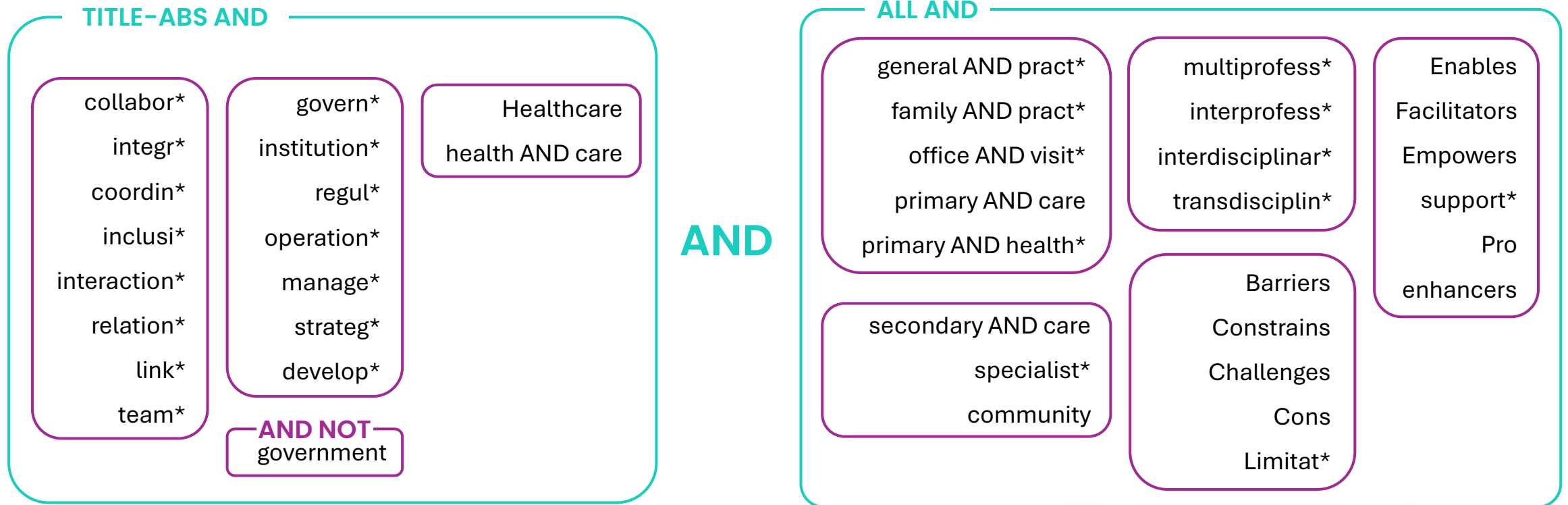
Research methodology

Research question

Which are the **enables** and **constrains** that affects the redesign of governance mechanisms and operational structures in the **collaboration between primary and secondary care physicians** (community and hospital)?

Research methodology

● **Database search:** PubMed, Scopus, Web of Science (extraction date: March 2024)

● **Keywords:**

TITLE-ABS AND

collabor*
integr*
coordin*
inclusi*
interaction*
relation*
link*
team*

govern*
institution*
regul*
operation*
manage*
strateg*
develop*

Healthcare
health AND care

AND NOT
government

AND

ALL AND

general AND pract*
family AND pract*
office AND visit*
primary AND care
primary AND health*

multiprofess*
interprofess*
interdisciplinar*
transdisciplin*

Enables
Facilitators
Empowers
support*
Pro
enhancers

secondary AND care
specialist*
community

Barriers
Constrains
Challenges
Cons
Limitat*

Research methodology

Inclusion criteria

1. Qualitative and quantitative studies

2. Focused on the relationship between GPs and secondary care

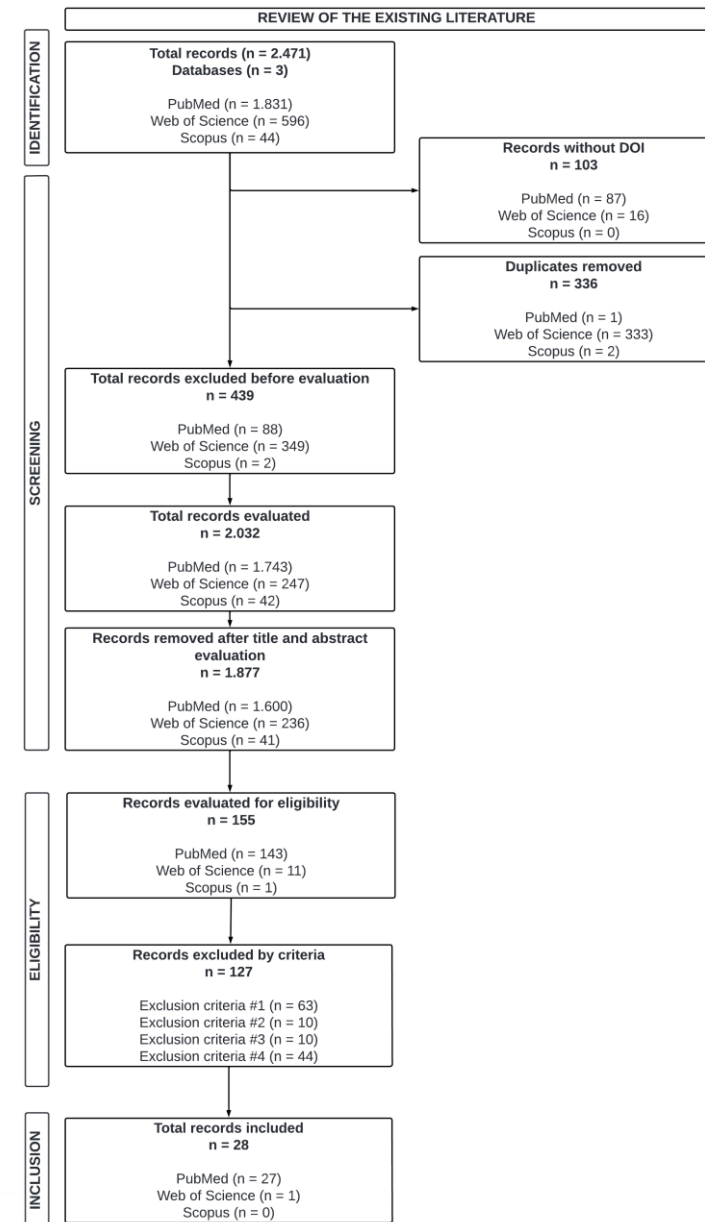**3.** Language: Italian and English

Exclusion criteria

1. Focused only on primary **or** secondary care

2. Focused on the figure of the nurse

3. Integration with non-healthcare figures (e.g., social workers) or pharmacists

4. Full text not available online OA

5. No abstracts, conference posters, study protocols, reviews or open forums were selected
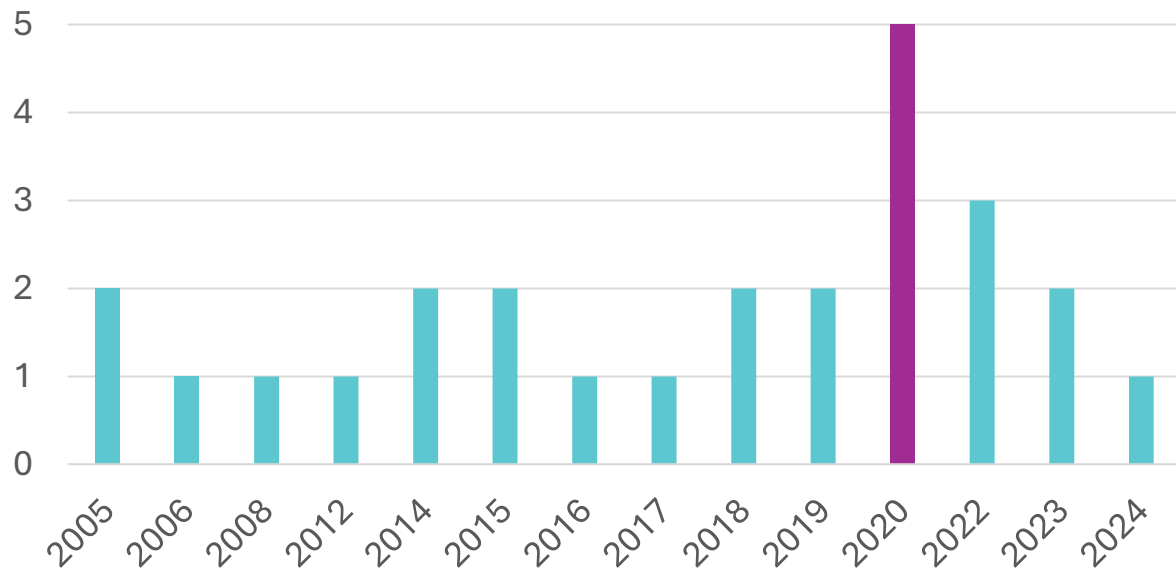
Results

PRISMA Model

- Total records identified: 2.471

- **Total records included: 28**

- Main reasons for the exclusion:

  - Focus on collaboration between doctor and patient at different levels of care
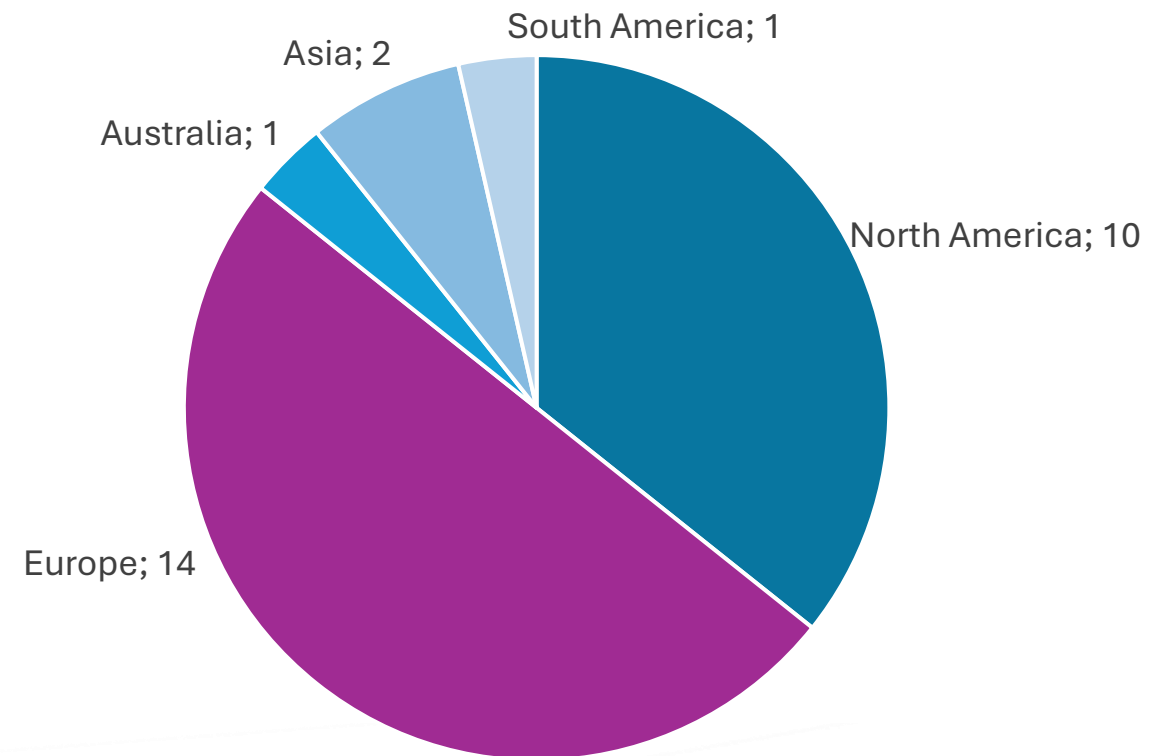
  - Interrelationships at the same care level

REVIEW OF THE EXISTING LITERATURE

IDENTIFICATION

Total records (n = 2.471)
Databases (n = 3)

PubMed (n = 1.831)
Web of Science (n = 596)
Scopus (n = 44)

Records without DOI
n = 103

PubMed (n = 87)
Web of Science (n = 16)
Scopus (n = 0)

Duplicates removed
n = 336

PubMed (n = 1)
Web of Science (n = 333)
Scopus (n = 2)

SCREENING

Total records excluded before evaluation
n = 439

PubMed (n = 88)
Web of Science (n = 349)
Scopus (n = 2)

Total records evaluated
n = 2.032

PubMed (n = 1.743)
Web of Science (n = 247)
Scopus (n = 42)

Records removed after title and abstract evaluation
n = 1.877

PubMed (n = 1.600)
Web of Science (n = 236)
Scopus (n = 41)

ELIGIBILITY

Records evaluated for eligibility
n = 155

PubMed (n = 143)
Web of Science (n = 11)
Scopus (n = 1)

Records excluded by criteria
n = 127

Exclusion criteria #1 (n = 63)
Exclusion criteria #2 (n = 10)
Exclusion criteria #3 (n = 10)
Exclusion criteria #4 (n = 44)

INCLUSION

Total records included
n = 28

PubMed (n = 27)
Web of Science (n = 1)
Scopus (n = 0)

Preliminary analysis

1. Publication year

2. Place of the study

South America; 1

Asia; 2

Australia; 1

North America; 10

Europe; 14

Preliminary analysis

1. Type of studies

Qualitative (57%)

- Interviews (9)
- Case study (4)
- Focus Group (1)
- Document analysis (1)

Mixed (18%)

- Interviews
- Case study
- Focus Group
- Survey

Quantitative (25%)

- RCT (1)
- Retrospective study (2)
- Survey (4)

2. Clinical field/disease

Mental health (29%)

- Pediatrics (1)
- Dementia (1)
- Generic (8)

Other (32%)

- Fibromyalgia (1)
- Infectious diseases (1)
- Osteoporosis (1)
- Palliative care (1)
- Rare (1)
- Generic (5)

Chronic diseases (39%)

- Cancer (3)
- Diabetes (2)
- Generic (3)
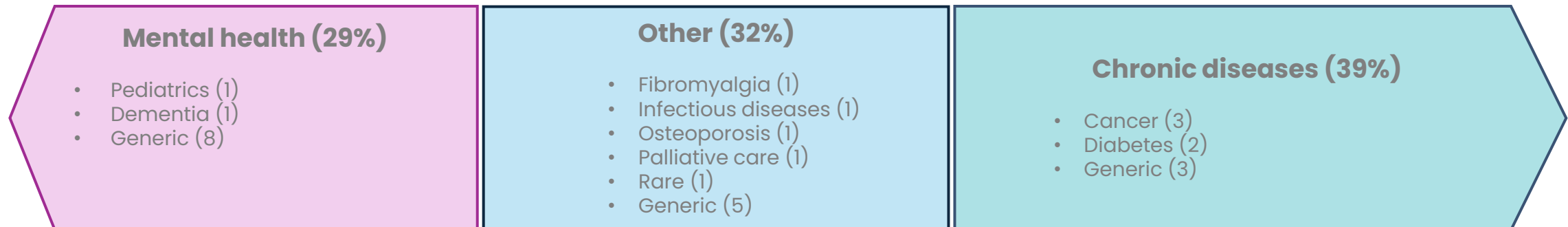
3. How many studies provide structured model(s) of interprofessional collaboration?

Yes (39%)

No (61%)

Results

Institutional characteristics

Enablers

1. Aligned incentives for collaboration (insurance

reimbursement and technologies)

2. Insight into manner of working (best practices)

3. Case and disease management programs

Barriers

1. Non-remuneration and coding of e-health activities

(teleconsultation)

2. Patients' choice of specialists (unstructured referral

networks)

3. Administrative burden

Results

Organizational characteristics

Enablers

1. Validated innovative paths for communication

2. Co-location

3. Resource sharing

4. Definition of common objectives

5. Organizational culture

6. Structured management plan

Barriers

1. Uncompleted critical clinical information (referrals)

2. Not having access to joint clinical case conferences / multidisciplinary groups (shared decision making)

3. Absence of clinical management mechanisms for standardization (e.g. clinical guidelines)

Results

Individual characteristics

Enablers

1. Mutual trust and mutual knowledge

2. Decision-making autonomy

3. Involvement in active surveillance

Barriers

1. Undefined roles and identity

2. Lack of training

3. Feeling of helplessness towards the system

Implications

Institutional

- Define **remuneration** consistent with collaboration needs
- Speed up review of performance coding for **bundle payments**
- Encourage **pilot projects** and the introduction of **communications technologies**

Organizational

- Encourage the creation of **clinical pathways** that include:
  - frequent standardized communications
  - colocation and sharing of resources
  - the clear definition of roles and autonomy
- Encourage **mutual knowledge** through **training**
- **Bottom-up** "listening".

Individual

- Collaboration with managerial levels to promote bottom-up logic
- Proactive approach to service innovation

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Thank you!

Your advice is welcome

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