

Primary Care Physicians in Ten Countries Report Challenges Caring for Patients with Complex Health Needs

Take Away Points

- This study reveals the concerns of primary care doctors in ten industrialized countries (including the U.S.) regarding their perceptions of lack of preparedness for providing care to complex patients.
- Wide variation was noted in physician practices -- their capacity to provide care despite advances with electronic health records, coordinating care with other providers, and satisfaction with the current state of their practice.
- Monitoring perspectives of front-line primary care providers (PCPs) will be essential as health reforms are developed and implemented in industrialized countries that increase care delivery expectations of PCPs. This will provide information necessary to ensure a strong and effective primary care workforce as well as to gauge the impact of reforms.

The Issue

The combined trends of a growing elderly population and medical advances allowing for increased longevity for those with multiple chronic medical conditions are placing unprecedented demands on health care delivery systems in industrialized nations. In all countries surveyed, these developments are putting pressure on the health care system as well as public and private spending. To adjust for this, many industrialized countries have begun to enact health reforms in recent years which have focused on strengthening primary care, creating medical homes, and enacting new payment models such as accountable care organizations and bundled payments to ensure quality and contain costs. These reforms reflect components of the Chronic Care Model, developed by Edward Wagner, for managing patients with complex medical conditions: self-management support, clinical information systems, delivery system redesign, decision support, health care organization drivers, and community resources.

The objective of this study was to report findings from the 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians from ten countries to assess their perspectives on how well prepared their practices were to manage complex patients in addition to their variable experiences in coordinating care, communicating with specialists, health information capacity, and their personal satisfaction and views of the health care system. Challenges as well as potential areas for cross-national learning were examined.

Source

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<http://content.healthaffairs.org/content/29/5/799.full>

Study Methods and Design

The 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians interviewed nationally representative random samples of primary care physicians in ten industrialized

countries: Australia, Canada, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom, and the United States.

A common questionnaire was reviewed by experts in each country, with adjustments made for country-specific wording, and translated as appropriate in order to assure comparative analysis across countries. Data were weighted, based on the known population parameters in each country, to ensure a representative sample of primary care physicians.

Key Findings and Limitations

- **Practice preparedness to manage complex patients:** 66% to 88% reported their practice was well prepared, and greatest concern noted for patients with severe mental illness or substance abuse-related issues, particularly among U.S. doctors.
- **Capacity to provide enhanced access and care management:** A majority of PCPs in all countries reported using personnel such as nurses or case managers to help monitor and care for complex patients. Noted variations included home visits in addition to after-hours availability, both of which are uncommon in the U.S. However, the U.S. has a much larger percentage (60%, more than twice as high as other countries sampled) of doctors providing their patients with online access to view, download, or transmit information from their medical record. Many countries did report employing e-mail as a method to communicate with their patients.
- **PCPs' experience with communication and care coordination:** Frequent gaps in communication with specialists and other care providers such as home health and social services.
- **Health information technology capacity:** Heterogeneity was noted in use of electronic health IT. Some countries were early adopters of electronic health records while others, such as the U.S. and Canada, have only recently begun to adopt this technology but at an increasing rate.
- **Satisfaction and views of the health care system:** U.S. PCPs report declining quality of care, increased dissatisfaction and job stress, particularly with the limited time available to attend to patients, and increased administrative burdens related to insurance claims.
- **Access to care:** Country-specific policies greatly influenced where, when, and how patients received care. Lack of after-hours availability was correlated with high rates of emergency department visits, a pattern noted in the U.S. and Canada.
- **Multidisciplinary teams:** Variation among countries regarding regulations and reimbursement to other health professionals who provide ongoing management to patients with chronic conditions.
- **Care Coordination:** Care coordination issues were noted issues in *all* ten countries, but were particularly problematic for countries with a fee-for-service payment structure which provides less incentive for care coordination. Challenges were also noted for care continuation utilizing home care and social services.
- **Health reform and physicians' views:** Many countries reported recent significant reforms introduced in how primary care is organized and funded. These reforms included a shift from small, independent practices to large networks with a greater infrastructure to manage complex patients. Concern over doctor burnout and capacity is associated with the increased demand for PCPs.
- **Limitations:** Although response rates of specific countries were a noted limitation, ranging from 19% to 47%, the authors addressed this issue through weighing the data along known geographic and demographic parameters for each country. In addition, this study was based on self-reported data

"U.S. primary care doctors felt among the least prepared to treat people with multiple chronic conditions and reported being among the least prepared to manage conditions associated with aging outside of hospital and nursing home settings."

provided by primary care physicians who may have been biased by personal, political, or health policy measures at the time they responded to the survey.

Final Thoughts

- Providing high-quality care for aging patients with increasingly complex multiple health conditions, which require ongoing chronic care management in addition to episodic acute care, will further burden the health care system in industrialized countries.
- In order to address impending challenges, primary care in the U.S. needs to be strengthened to handle the impact of reforms, such as those created through the Affordable Care Act, to increase capacity to provide high-quality care. These reforms include the creation of patient medical homes, new payment models, and increased use of electronic health records.
- Ongoing evaluation of these reforms is imperative in order to determine their success in addressing challenges outlined by PCPs in this study.