

CONFERENCE ABSTRACT

Population management in integrated care organization in Poland: resource utilization for performing health risk assessment

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Introduction: Risk stratification is a key process in delivering large-scale integrated care, as it allows cluster assignment, tailored services' design and case identification.

Objectives: To assess the resource use for performing risk assessment visits in patients of an Integrated Care Organization ICO in Poland.

Targeted population: Patients belonging to ICO - Medical and Diagnostic Center in Siedlce 27 primary health care units PHC, over 84,000 patients belonging to PHC located in Mazovian and Lublin provinces of Poland. The pilot study was conducted in 13 PHC sites of this ICO 3 urban and 10 rural. 22 PHC doctors, 8 nurses, 7 medical receptionists 1 dietician were involved. Adult patients with no health examination within last 12 months were recruited – they were invited by phone call or redirected from the PHC doctor's office. 122 patients participated in the study: 71 women 58.2% and 51 men 41.8% with a median age of 45 range: 18-65.

Time range: October 10-30, 2017.

Methods: The 1st part of risk assessment visit, performed by a nurse coordinator, was a medical interview, assessment of basic vital and anthropometric parameters. The 2nd part of visit, performed as appropriate by nurse, nurse coordinator, receptionist or dietician, was planning and filling in the data of obtained diagnostic tests results. The 3rd part of visit, performed by PHC doctor, was physical examination, discussion of tests' results and other data obtained, and patient's health status defining.

135 variables were analyzed to perform risk assessment, including personal details, detailed interview, anthropometric measurements, physical examination, results of diagnostic tests, diagnosis and patient's health status. The patient interview questionnaire enclosed questions

used to determine general health state, physical activity, mental mood, occurrence of familial cancers and chronic diseases, medical history, presence of chronic conditions, participation in preventive programs, smoking, alcohol intake, medications taken and other complaints.

Each stage of performing health risk assessment visit was measured in terms of time spent by PHC doctors, nurses, nurse coordinators, medical receptionists and dieticians.

Results: The average duration of the whole health risk assessment process was 95 minutes. Average time spent by nurse or medical receptionist was 62 minutes and average time spent by doctor was 33 minutes. The maximal time of health risk assessment visit was 157 minutes with nurse coordinator or other nurse participation through 110 minutes and PHC doctor - 47 minutes. The minimal time of health risk assessment visit was 70 minutes nurse- 45 minutes and doctor- 25 minutes. Average duration of the first part of visit was 49 minutes range 30 - 90. Average duration of second part was 13 minutes range 5-30. Average duration of the third part of visit was 33 minutes range 16-65.

Conclusions: Appropriate division of duties in the team is required for adult patients heaving no health examination within last 12 months, as it requires significant amount of time.

Lessons learned: Resource utilization was assessed for the purpose of economical assessments.

Keywords: poland; health risk assessment; resource utilization
