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CONFERENCE ABSTRACT

Strenthening care for children: pilot of a novel, integrated general practitioner-paediatrician model

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Introduction: Over the past two decades, Australia's child population has grown by 12%, yet fewer children are seen by General Practitioners (GP) (Freed, 2011) and more present to emergency departments (Freed, 2015) and hospital outpatient clinics for relatively simple conditions that could be managed in primary care. We therefore aimed to co-develop and pilot an innovative, integrated GP-paediatrician care model and test its feasibility and acceptability to GPs, families and paediatricians, across 5 Victorian (Australia) general practices.

Theory/Methods: GP and paediatrician co-design of an integrated care model comprising: weekly GP-paediatrician co-consulting sessions and monthly hour-long case discussions at each practice led by GPs and facilitated by a paediatrician, and email/telephone support to GPs by paediatricians. Paediatricians recorded data on numbers of children and types of cases seen in co-consults and number and topics and number of attendees in the case discussions. We extracted data on quality of GP care for common conditions and pre/post referral patterns of GPs via GHRANITE electronic medical record data extraction software. GP and paediatrician satisfaction with model of care and family satisfaction with GP care for their child were collected via surveys.

Results: After 9 months of implementation, 447 children were seen in co-consults and 27 case discussion sessions were conducted with 206 attendees. GPs report high satisfaction with the model and changes in their knowledge and confidence with paediatric care. GPs referred 9% fewer children to hospital and families reported improved confidence in thier GP's care (complete confidence from 78% to 94%) and increased first preference for followup care with a GP (65.4% to 82.8%).

Discussion: A novel, integrated model of care between GPs, paediatricians and families is feasible and acceptable to GPs, general practice staff, paediatricians and families. Challenges include ensuring accurate and complete data on GP referral patterns, payment for the co-consulting sessions, and clear communication to practice staff and parents about the role of the paediatrician as a co-consultant with the GP rather than a stand-alone specialist care provider.

Conclusions: Developing and embedding a GP-paediatrician model of integrated care in Australia 's primary health care system is feasible and acceptable. Pilot data suggest that the model improves GP confidence to manage paediatric care, streamlines specialist care for child developmental/behavioural problems and may reduce referrals to hospital outpatient clinics and emergency departments.

Lessons learned: Intervention design must involve paediatricians, GPs, practice managers and practice administrative staff from the outset. Mutual expectations and clear roles and responsibilities of GPs and paediatricians in co-consultations must be established. Careful attention to messaging to families about the nature of co-consultations will avoid families seeking a paediatrician without a GP.

Limitations: pilot study

Future research: controlled trial to test the costs and effectiveness of this model in improving GP quality of care for common paediatric health conditions, reducing referrals to outpatient specialist clinics and emergency departments, improving GP confidence in paediatric care, and family satisfaction with primary care for their child.

Keywords: general practitioners; child health; paediatricians; co-design; primary care