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## CONFERENCE ABSTRACT

# InCept – Patient's Perception of Primary Health Care Provision with Respect to Access, Continuity and Coordination: International Qualitative Perspectives

23rd International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023

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**Introduction:** Health care systems across the world are confronted with three main challenges: an increasing burden of multimorbidity, an aging society and an unmet need for GPs (general practitioners). As the first point of contact, which provides a comprehensive range of health care services and coordinates the healthcare agencies, Primary Care (PC) can be a central part of the answer. In previous research which examined the quality of PC, patient satisfaction, especially in a qualitative manner, was studied the least. By comparing patient satisfaction in different health systems gleaned in an open-ended, qualitative manner, we aim to answer the question as to whether patients' descriptions about their needs can be linked to specific health care structures.

**Methods:** From December 2019 to April 2021, we contacted GPs from Brazil, Germany, Sweden, Switzerland, and the British Isle Jersey and asked them to recruit potential interview partners. Patients had to have a stroke and/or a myocardial infarction (MI) during the past year combined with an underlying chronic condition (diabetes and/or hypertension and/or obesity) to ascertain regular contact with the healthcare system. Minimum two patients per country were included.

Patients were interviewed based on an identical semi-structured interview-guideline in their respective mother-tongue. Transcribed interviews were analysed according to qualitative content analysis in a mixed deductive - inductive way.

**Results:** Overall 34 interviews were performed (Germany n=10, Sweden n=7, Switzerland n= 4, Brazil N=10, Jersey n=3). The derived category system consisted of 4 main categories (access, coordination, continuity, patient centeredness) and 10 subcategories.

Patients' perceptions of their care process in and after acute incidents can provide information about their preferences with care provision that can partially be related to specific structural components of care. Health care processes in general were considered as positive if a flow of information was accomplished in a non-technical, friendly and family involving way. Non-physician staff seem to create reassurance and provide the feeling of an available contact person.

Longitudinal continuity in the context of trust, a sense of security, and a long-lasting doctor-patient relationship were perceived as positive. A shortage of resources following acute treatment such as heart sport groups, self-help groups and physiotherapy, as well as the limited provision of information and education about the event was criticized by patients. In the countries without formal gatekeeping (Germany, Switzerland, Jersey), communication between PC physicians and specialists, as well as informational continuity, seem to be perceived worse.

**Conclusion:** This pilot study, in an international setting indicates, that patients' experiences can provide important information about the relevance of defined care structures to them. Therefore, patient experiences should be considered when planning or reorganizing care. Specifically, our data suggest the need to enhance non-physician staff to support patients through their care pathway and to consider a better link between PC and specialists.