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How is continuity between primary and secondary health in Catalonia from user's point of view?



Users of the Catalonia's national health system perceive the continuity of care between primary and secondary care is existent, although they also highlight where is the room for improvement. Continuity of care is very important because fragmented care can be detrimental to patients due to duplication of diagnosis tests, inappropriate poly-medication and conflicting treatment plans.

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High specialization in providing healthcare, fast advances in technology and a diversification of providers leads to patients being attended by a diversity of professionals from different disciplines in various organizations and settings. These tendencies, together with demographical and epidemiological changes, make patients increasingly exposed to a receiving fragmented care. Fragmented care can be detrimental to patients due to duplication of diagnosis tests, inappropriate poly-medication and conflicting treatment plans.

A qualitative research had the objective of exploring how users attended to in different healthcare areas of the Catalonia's national healthcare system perceive the continuity of care between primary and secondary care, a scarcely dealt with topic, by means of conducting individual in-

depth interviews with users.

Research results show that, in general, users perceive that there is a continuity between care levels principally because they receive the same diagnosis and treatment from primary and secondary healthcare doctors, they are referred to secondary care when needed and in an appropriate time frame, and their clinical information is transferred between levels. However, patients also underline some specific elements of discontinuity such as long waiting times and an insufficient use of clinical information by locum doctors.

Different factors influencing continuity of care were identified by the users, and are related to the healthcare system (clear distribution of roles between primary and secondary care), healthcare organizations (use of coordination mechanisms such as shared clinical history, co-location of doctors in the primary care center, available resources) and doctors (disposition to collaborate with the other level, their commitment to patient care, and the primary healthcare doctor's technical competence).

The identified discontinuity elements show where there is room for improvement, and the factors that influence them can offer valuable insights for managers and professionals in healthcare organizations on where to direct efforts to improve the patient's smooth trajectory along the care continuum.

Fact sheet: For the qualitative study, a theoretical sample was selected in two steps: (i) study context: three healthcare areas that represent the different management models for the provision of health services and (ii) healthcare service users. Forty-nine users were interviewed (semi-structured interviews). All interviews were recorded and textually transcribed. Thematic content analysis was conducted, segmenting the information by study area, with a mixed generation of categories and the participation of different analysts to guarantee quality of results.

Research took place in the frame of the research project "La relació entre continuïtat i coordinació entre nivells assistencials en diferents entorns sanitaris" of the Servei d'Estudis i Perspectives en Polítiques de Salut (SEPPS) of the Consorci de Salut i Social de Catalunya (CSC). This project received funding from the Instituto de Salud Carlos III and the European Regional Development Fund (PI10/00348). Different health service providers participated in this project: Serveis de Salut Integrats Baix Empordà, Badalona Serveis Assistencials, Grup SAGESSA, Institut Català de la Salut Parc de Salut Mar and PAMEM.

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