



PRICOV-19 STUDY

Quality and Safety in Primary Care in times of COVID-19

Quality of healthcare in Belgian general practices during COVID-19: results of the cross-sectional PRICOV-19 study

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#HELICONference webinars

PRICOV-19

International cross-sectional study on the organization of general practices during COVID-19

> 45 research teams from 37 European countries and Israel involved

Online survey developed and validated at Ghent University

Data collection took place between Nov 2020 – Dec 2021

>5,000 participating general practices

479 participants from Belgium between Dec 2020- August 2021



Study aims of PRICOV-19 in Belgium

- (i) to assess how Belgian GP practices **acted upon the six dimensions of quality of care**: equity, patient-centeredness, safety, effectiveness, timeliness, and efficiency;
- (ii) to study **differences** in performance **between the three Belgian regions**;
- (iii) to **benchmark** the performance of Belgian practices against the performance in other European countries;
- (iv) to assess to what extent Belgian GP practices **actively reached out to vulnerable patient groups**;
- (v) to determine the **association between outreach work on the one hand, and practice characteristics and patient population composition on the other hand**.

Quality of care in 479 Belgian GP practices

person-centeredness
and equity

19.6% of the practices **extracted a list of patients** with a chronic condition at least once from their EMR

54.8% of the practices **actively reached out to vulnerable patients**

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person-centeredness and equity

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Limitations to the practice building or infrastructure threatened high-quality care in 55.6% of the practices
Always using a **cleaning protocol** (57.2%) or providing a **separate doctor bag for infection-related home visits** (27.9%)

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timeliness

77.6% of the practices reported a **delayed care process in patients with an urgent condition**

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efficiency

Compared to before COVID-19, **non-GP staff members** were more involved in the **triage of patients** (91.1%) and in **giving information and recommendations to patients** contacting the practice by phone (85.4%).

Quality of care in 479 Belgian GP practices

European perspective:

- Scattered findings
- Triage and appointment system: Belgium performed well on most outcome variables
Improvement possible in the use of triage protocols
- Infrastructural problems and having a separate medical bag available
- Important problems in timeliness of care (remarkably low!)

Comparison between the Belgian regions

Important differences between the three Belgian regions

However, most of these significant differences decreased or even disappeared when adjusting for structural practice characteristics

i.e., practice type; being a teaching practice for GP trainees; payment system, and multidisciplinary of the team

Persisting differences in the availability of multilingual communication in the practice (e.g., leaflet, answering machine, ...)

- Brussels-Capital Region > Walloon Region
- Brussels-Capital Region > Flemish Region

Reaching out to vulnerable patients

Aim:

to examine associations between:

- Practice characteristics, patient population characteristics, deprivation level of practice area
- Level of outreach work performed by PCPs during COVID-19

Analysis:

Ordinal logistic regression analyses

Data from 462 respondents

Survey questions

Since the COVID-19 pandemic, a list was compiled from the EMR^(*) for at least one group of patients with a chronic disorder (e.g. all patients taking methotrexate and needing to be seen)

Since the COVID-19 pandemic, this practice has contacted patients with a chronic condition who needed follow-up care

Since the COVID-19 pandemic, this practice has contacted psychologically vulnerable patients

Since the COVID-19 pandemic, this practice has contacted patients with previous problems of domestic violence or with a problematic child-rearing situation

Reaching out to vulnerable patients

1. Factors significantly associated with more outreach work in PCPs:
 - **Size** of PCP (group practices vs duo/mono)
 - Presence of a **nurse, social worker or health promotor**
2. **More outreaching** for patients with high vulnerability and moderate medical complexity (compared to low and high medical complexity)

Take home messages

- Belgian GP practices made important structural and organizational adjustments to guarantee high-quality patient care in all its dimensions, but also encountered problems in doing so.
- Differences between the Belgian regions might be attributed to the difference in practice characteristics, not cultural differences
- Outreach work is facilitated by group practices and by the support of at least one staff member (disciplines of nursing, social work, or health promotion)
- Improving the effectiveness of outreach efforts in PCPs requires addressing organizational factors at the practice level, particularly in PCPs having a more socially vulnerable patient population
- Future studies using different designs are crucial to gain more in-depth insights into the underlying mechanisms

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