How to Build Positive Alliances With Primary Care Practitioners

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WHY DO WE NEED POSITIVE ALLIANCES?



CVD in general

- The Netherlands population 16 million
 - 1 million patients with CVD
 - Approx. 6% of the population
- UK population 51,5 million
 - 5.6 million patients with CVD (11%)
 - (NICE guidelines)
- Ireland 4,6 million people
 - -6% = 276,000 patients with CVD
 - 11% = 506,000 patients with CVD

Hospital admissions in NL

- 2009 360.000 hospital admissions
 - 36% of total patient group

- For the united kingdom
 - Aprox 2 million admissions

These numbers are rising

 As acute care gets better there will be more patients with chronic CVD

Do you want to do this on your own?

Can you do this on your own?



Hospital-based disease management program with GP involvement?

Effect of a nurse-and-physician-directed heart failure clinic on hospitalisation, death and days in hospital

Variable	Intervention group (incidence rate) n = 118	Usual care group n=122	Rate ratio (95% CI)	RD (95% CI; NNT)
Hospitalisation for CHF and/or death	23 (20.7 per 100 patient years)	47 (42.2 per 100 patient years)	0.49 (0.30 to 0.81)	0.215 (0.07 to 0.36; 5)
Death (all-cause)	12 (10.8 per 100 patient years)	23 (20.6 per 100 patient years)	0.52 (0.26 to 1.05)	0.098 (10)
Days in hospital	359 (324 per 100 patient years)	644 (578 per 100 patient years)	0.56 (0.49 to 0.64)	2.54 (0.4)

CHF, congestive heart failure; NNT, numbers needed to treat; RD, rate difference.

What do YOU want? What are you looking for in primary care?



What do you want

- High quality of work/care
- Properly referred patients
- Patient satisfaction
- Patients returned to primary care with the knowledge that they will be well cared for.

What do GP's want?



What do GP's want

- High quality of work/care
- To know what to do and when
- Know when to refer a patient
 - Easy consultation
- Patient satisfaction
- Their patients back

Large differences in role GPs / primary care



- gatekeepers?
- vocational training?
- academia?
- primary care research?
- clinical guidelines?

'problem' with primary care

- Its a very broad field
- All kings on their little island's
- Not everyone is interested in CVD
- Talk to organisations of GP's in your area
- Find them through your national organisations
- http://www.woncaeurope.org/

Respect? anecdotes

Jack of all trades and a master of none

VS

Jack of no trades and a master of one



Respect? Anecdote-based medicine:

Cardiologist to GP:

- Did you know your stethoscope has two sides?
- Ever heard of a beta-blockers?

GP to cardiologist:

- Ever heard of COPD? Happens in the same thorax!
- Thanks for stopping the NSAID. My arthritis
 patient can't get out of bed in the moring!

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Primary vs. secondary care



primary tare? cardiology? patients? patients (n=103)? (n=99)?

?

 mean@ge?
 79?
 64?

 male?
 42%?
 78%?

 prior@MI?
 15%?
 43%?

hypertension 2 53% 2 41% 2

AF? 23%? 16%?





INVOLVING GP'S

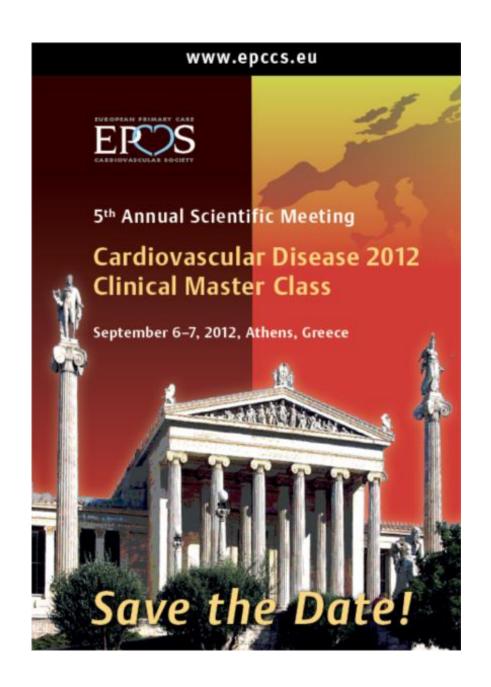


How to involve GPs / primary care?

- mutual respect and understanding
- joint guidelines / products
 - translation ESC guideline (with summary for GPs?)
- joint teaching activities
- joint disease management programs (including diagnosis!)

European Primary care Cardiovacular Society

www.epccs.eu





HOW DO WE DO IT IN THE NETHERLANDS



GP Organisation in NL

- Locally/regionally
 - GP's
 - Kaderhuisartsen/ GPwSIs
 - GP cooperatives

Nationally

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- LHV representation/ union
- NHG scientific organisation

Kaderhuisartsen

- GP with special interest (GPwSIs)
- 2 years of formal training
- Specialist in their field within primary care
- Organised in their own societies/organisations
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Kaderhuisartsen

 They are the link between primary and secondary care



In the Netherlands

- We have multidisciplinary guidelines
- Created by primary and secondary care specialists.
- Kaderhuisartsen(GPWSI) play a crucial role in the development of these guidelines.
- They also play a crucial role in the education of primary care professionals (nurses and GP's)

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Get involved in bettering primary care and you will better yourself



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