How to Build Positive Alliances With Primary Care Practitioners

Andrew Oostindjer
General Practitioner
The Netherlands
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?

Table 2  Effect of a nurse-and-physician-directed heart failure clinic on hospitalisation, death and days in hospital

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

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

• It's 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.woncaeuropa.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 morning!

HartVaartHAG
Hart- en Vaatziekten Huisartsen Advies Groep
### Primary vs. secondary care

<table>
<thead>
<tr>
<th></th>
<th>Primary care patients (n=103)</th>
<th>Cardiology patients (n=99)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>79</td>
<td>64</td>
</tr>
<tr>
<td>Male</td>
<td>42%</td>
<td>78%</td>
</tr>
<tr>
<td>Prior MI</td>
<td>15%</td>
<td>43%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>53%</td>
<td>41%</td>
</tr>
<tr>
<td>AF</td>
<td>23%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Rutten et al. Eur J Heart Fail 2003;5:337-
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 Cardiovascular 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
  - 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
  - HartVaatHAG
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)
Get involved in bettering primary care and you will better yourself
Contact

• Andrew@oostindjer.nl

• www.hartvaathag.nl

• info@hartvaathag.nl