

Drivers for low-value practices in primary care setting: a qualitative study.



Johanna Caro Mendivelso¹, Cari Almazán¹, Liliana Arroyo Moliner² Anna Kotzeva¹
¹Agency for Healthcare Quality and Assessment (AQuAS, Catalonia, Spain),
Dept of Sociology (University of Barcelona, Spain)



Background & Objective

In the framework of Essencial Project's implementation in Catalan Primary Care, a change in clinical practice has been promoted to avoid low-value practices among primary healthcare professionals to reduce unnecessary care. A qualitative study to explore the drivers for low-value clinical practices in primary care and to identify the barriers for uptake of recommendations to avoid them, has carried out.

Methods

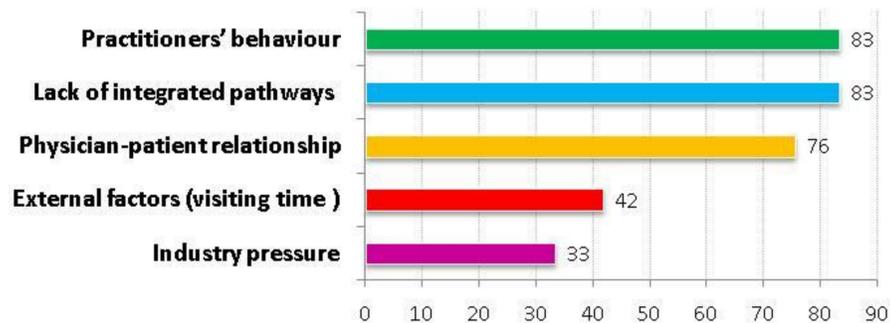
A phenomenological approach using **focus groups** was conducted in **January 2015** among 11 PC teams before the implementation. A representative sample included **12 professionals** (leaders in their PC teams and motivated) varying by gender (7 women), specialization (10 general practitioners, 1 pediatrician, 1 nurse), locate in different health care regions in Catalonia (8 urban/4 rural teams). The discussion guide included the following topics: Identification of drivers of low-value practices (**individual, organizational and external level**). Data analysis: Computer software Atlas.ti and developed according to framework analysis perspective.

Results

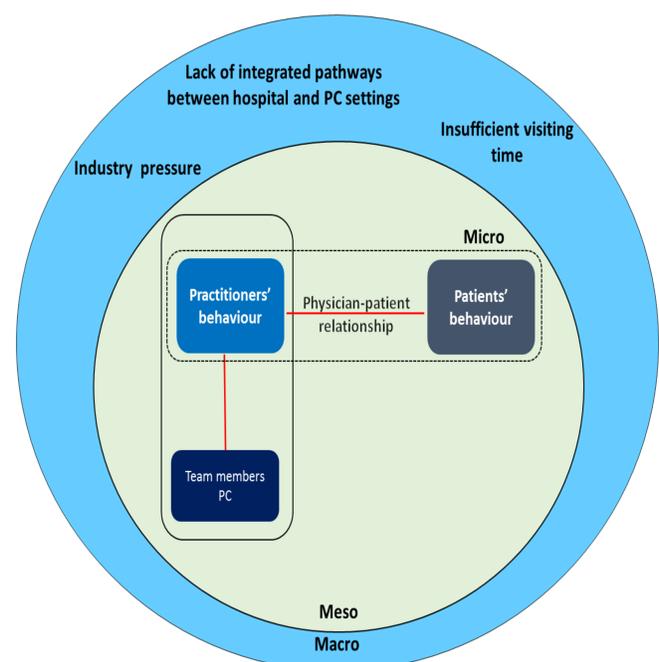
Professionals identified five groups of barriers:

- 1) **Practitioners' behaviour:** lack of knowledge, disagreement among team members or clinical inertia.
- 2) **Physician-patient relationship** (mainly confidence and trust),
- 3) **Lack of integrated pathways between hospital and PC settings:** proximity between PCT and hospital, care continuity of processes or alliances.
- 4) **Industry pressure.**
- 5) **External factors** (for ex. insufficient visiting time) and lack of resources (equipments).

Percentage of participants who mentioned in the discussion



Interactions between barriers micro-meso and macro levels



Conclusions

This is the first study exploring the barriers for implementation in our context. This exploration allowed to identify barriers at micro, meso and macro levels. These findings may help in fine-tuning the strategy for implementing the recommendations aiming at low-value practices avoidance. It should be highlighted that the strategy is focused mainly on meso and macro levels than on individuals. Therefore, not only healthcare professionals should be involved in its implementation but also the decision makers.