



Predisposing, enabling and reinforcing factors to preventive healthcare in general practice



A
qualitative
study based
on
interviews



Krakow, Poland
13-16 October 2011



Marc Vanmeerbeek
Jean-Luc Belche
Chantal Vandoorne

+ Background

- Success in implementing preventive care remains below expectations, e.g.
 - Mammography coverage rate: 59% (1)
 - Pap smear coverage rate: 59% (2)
 - Flu vaccination for patients at risk: 49% (3)
 - Insufficient implementation of effective prevention of cardiovascular risk (4)

■ Socioeconomic gradient



Are GPs the solution?

+ Research question

This study aims at preparing an extensive survey by investigating Belgian GPs' attitudes

- What do GPs say about several preventive healthcare behaviour related determinants, identified through a literature review?

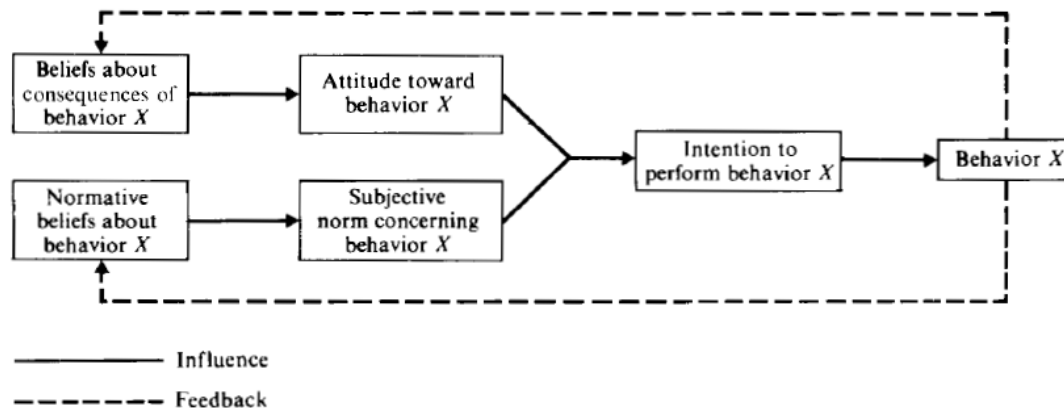
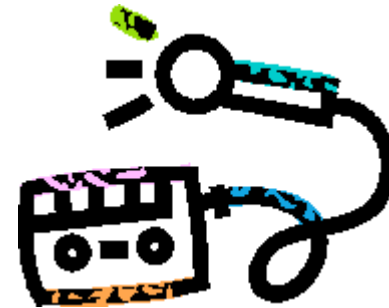


Fig. 1.2 Schematic presentation of conceptual framework for the prediction of specific intentions and behaviors. (5)



Methods

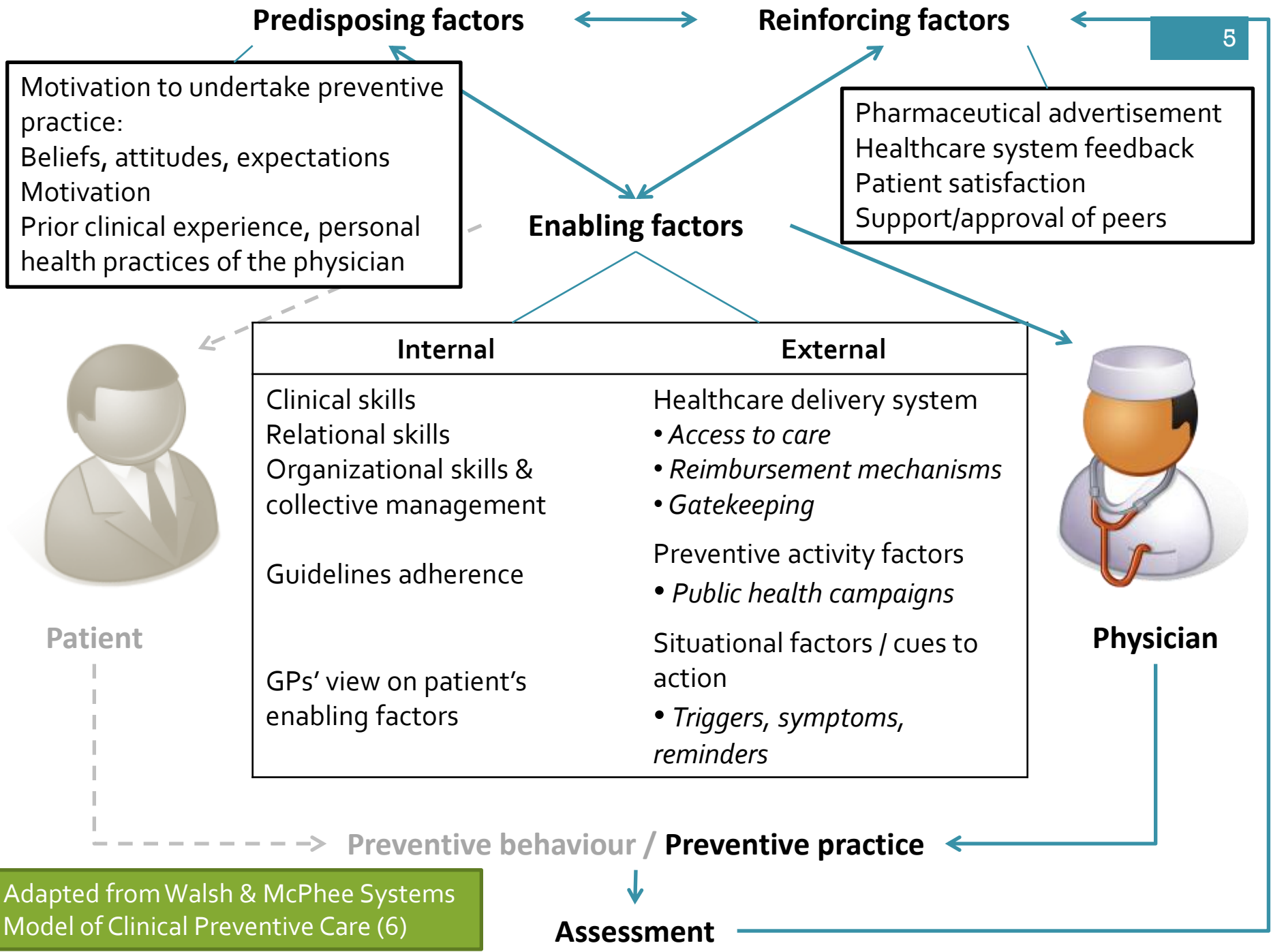


■ Semi-directed interviews

- Purposive sampling

■ Themes:

- Definition of and place of preventive care within the practice
- Organization of preventive care
- Application of recommendations, influence of the doctor's faith in the preventive procedure
- Place of GPs in the country's preventive care system
- Ways of implementing preventive care assessment



+ Results

1. Predisposing factors / 1

- Taboo subjects
 - *I don't really like putting my finger up a bloke's behind; so I do a PSA follow-up and, uh, up until now, I haven't had any problems (GP4)*
- GPs' specific skills and interests
 - *I really enjoy all that about teenagers, gynecology, all that, so I'll be more there (GP2)*



Copyright (c) 2001 Chad T. and Clayton T. Crow. All Rights Reserved - Reproduced at Phoenix5 with permission

+ Results

1. Predisposing factors / 2

■ Equity

- *I suppose a woman with two kids, who is a single parent and on welfare, is undoubtedly more focused on the bailiffs coming round to her house than on her health... (GP4)*

■ GPs' views on patient predisposing factors

- *Young people don't come to see me to say, "Doctor, what do I have to do to avoid catching AIDS?" Young people don't come for a consultation, they come for the pill (GP3)*



Results

2. Reinforcing factors / 1

■ Media influence certain preventive actions

- *Medical representatives come to visit me to talk to me about certain pathologies, mainly all those drugs with a huge market – antihypertensive drugs, anticholesterol drugs, antidiabetic drugs – all that turns our focus to cardiovascular disease (GP3)*

■ Self assessment was rare

- *I have a software, but I have a problem with standardization, and therefore with the computer too, and I try to encode all my flu vaccination (GP8)*

L'ABC du Cœur

Testez votre cœur

Pour savoir si votre cœur est en bonne santé, répondez aux 8 propositions suivantes.

A comme Âge	J'ai plus de 50 ans	OUI	NON
B comme Briquet	Je suis « fumeur / fumeuse »	OUI	NON
C comme Cholestérol	J'ai trop de cholestérol	OUI	NON
D comme Diabète	Je suis diabétique	OUI	NON
E comme Événement	J'ai souffert d'une maladie du cœur ou des artères dans le passé	OUI	NON
F comme Famille	Un de mes proches (frère, sœur, père, mère) a déjà eu une maladie du cœur ou des artères avant 60 ans	OUI	NON
G comme Graisse	J'ai un problème de poids	OUI	NON
H comme Hypertension	J'ai trop de tension artérielle	OUI	NON

RÉSULTATS

Si vous avez répondu « NON » à toutes les questions :
Vous avez un faible risque d'avoir une maladie du cœur ou des artères dans les 10 prochaines années.

Si vous avez répondu « OUI » à une ou plusieurs questions :
Vous risquez peut-être d'avoir une maladie de cœur ou des artères dans les 10 prochaines années.
Parlez-en à votre médecin. Vous verrez ensemble ce qu'il y a de mieux à faire pour vous.

Promo Santé en partenariat avec YSSMG avec le soutien de la Communauté Française

+ Results

2. Reinforcing factors / 2

- Preventive activities within a structured organization and contact with peers were valuable supports
- Financial incentives
 - *On a purely conceptual level, it's rotten to think that doctors will be more careful because they're going to be paid more. But I think it would work (GP7)*

+ Results

3. Internal enabling factors / 1

- Clinical and relational skills were sometimes lacking
 - *I often say to people... I'm taking care of you as though you were my father, or my sister, etc. And that has a strong power of conviction (GP1)*
- The information sources were sometimes of poor quality
 - *References ... they are extremely vague, very... uh different, highly variable and unstructured ; I listen to colleagues , I talk to my colleagues; I take a bit from here, a bit from there... (GP1)*



+ Results

3. Internal enabling factors / 2

- The lack of organizational skills hinders collective management or systematization
- GPs' views on patient enabling factors
 - Various degrees of knowledge and acceptance, according to patients' experience and environment

+ Results

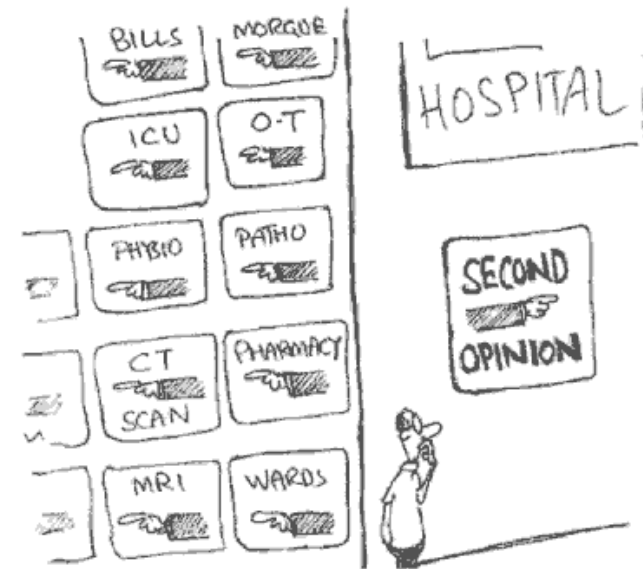
4. External enabling factors / 1

- Preventive processes are often introduced in an opportunistic way, or at patients' requests
 - *Tetanus vaccination: I don't have any follow up if the patient doesn't ask me "Hey doctor, shouldn't I have another vaccine?" (GP7)*
- Direct GPs' involvement was better accepted than public health campaigns
 - *What we expect is to have responsibilities and be actors. Sometimes we are considered at the chain end. And that's a pity (GP9)*

+ Results

4. External enabling factors / 2

- Data circulation between the various providers is poor
 - *A lot of my patients go to gynecologists who don't send me any result of pap smears (GP8)*
- Primary care focused healthcare delivery?
 - *Breast screening... actually, we're not involved in it: the woman receives a letter asking her to attend, but you don't receive the results (GP4)*



Predisposing factors

Reinforcing factors

GPs' specific skills and interest

- *Taboo subjects*

Equity in health

Patient's predisposing factors:

- *Patient's complaint*
- *Long-lasting change in lifestyle?*

Media pressure

Administrative or financial impediments

Assessment

- *Acceptable but unpracticed*
- Support from peers

Enabling factors

Internal

External

Clinical and relational skills

- *Sometimes lacking*

Organizational skills & collective management

- *Often lacking*

Guidelines adherence

- *Sources of poor quality*

GPs' view on patient's enabling factors:

- *Knowledge and acceptance of the preventive proposals*

Healthcare delivery system

- *Time limit*

• *Primary care (un)focused organization*

- *Poor data circulation*

Preventive activity factors

- *Public health campaigns vs direct involvement*

Situational factors / cues to action

- *Opportunist preventive process*



Patient



Physician

Preventive behaviour / Preventive practice

Assessment

+ Discussion

Comprehensive healthcare and quality of life management

- GPs *are* already participating in preventive healthcare
 - Effective initiatives should be extended
- Variable quality, but satisfactory overall
- Fee for service payment system induces a high level of activity
 - → Focus on patient demand



- Limiting factors:
 - Clinical skills
 - Interpersonal skills
 - Influence of personal psychological factors
- Dissemination of EBM in an acceptable way could be strengthened
- Culture of assessment still embryonic

+ Discussion

From individual to collective level in clinical management

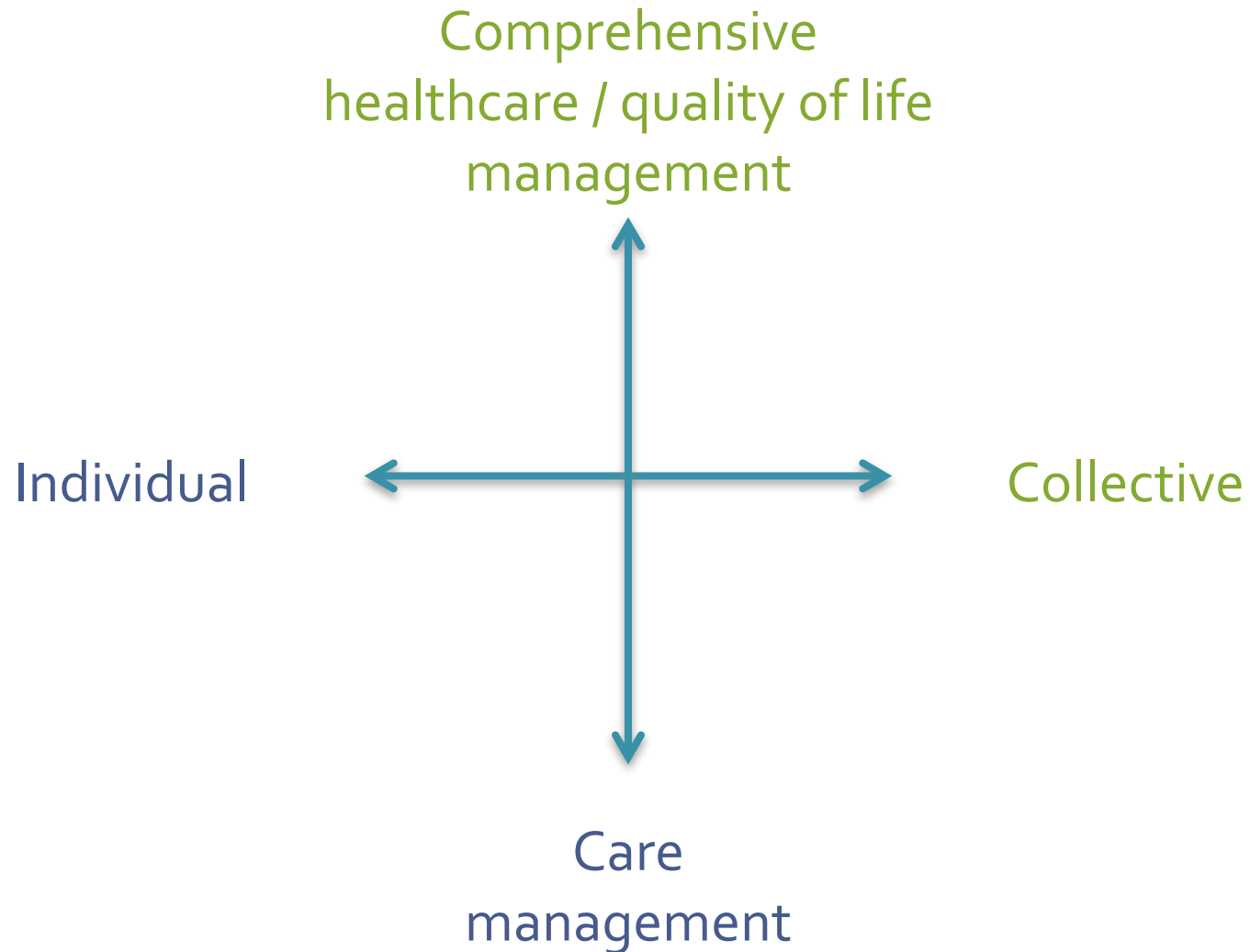
- GPs represent an untapped potential
 - More community oriented view of the profession
- Support from public authorities
 - Preferably passed on by peers

- General collective management of preventive activities is poorly developed
- Weak level of delegation of tasks
 - Preventive schedule management, proactive contact with patients
- Inhibiting factors
 - Competition from other prevention practitioners



+ Conclusion

A bidimensional model





References

1. Fabri V, Remacle A. [**Breast cancer screening program. Comparing the first three rounds 2001-2002, 2003-2004 and 2005-2006**]. Brussels: Inter Mutual Insurance Agency (IMA-AIM); 2009. 54 p.
2. Arbyn M, Van Oyen H: **Analysis of individual health insurance data pertaining to pap smears, colposcopies, biopsies and surgery on the uterine cervix. (Belgium, 1996-2000)**. Brussels: Scientific Institute of Public Health; 2004: 104 p.
3. Bayingana K, Demarest S, et al.: **Health interview survey in Belgium 2004**. In: Prevention. vol. Livre IV. Brussels: Scientific Institute of Public Health; 2006: 109 p.
4. De Laet C, Neyt M, et al.: **Rapid Assessment: Cardiovascular Primary Prevention in the Belgian General Practice**. Brussels: Belgian Healthcare Knowledge Centre (KCE); 2007.
5. Fishbein M, Ajzen I: **Belief, attitude, intention, and behavior: an introduction to theory and research**. Boston, MA: Addison-Wesley Pub. Co.; 1975.
6. Walsh JM, McPhee SJ. **A systems model of clinical preventive care: an analysis of factors influencing patient and physician**. Health Educ Q. 1992;19:157-75.



Research funded by the
government of the Wallonia-
Brussels Federation

Thank you for kind
attention

marc.vanmeerbeek@ulg.ac.be

