Hitting the TARGET in primary care

Addenda

Impact

The studies included in this dissertation were performed within the Living Lab for Sustainable Care (AWDZ)[1] at Maastricht University, in which a close collaboration is developed between policy, practice, research and education. Main reason for introducing this living lab in 2013 is to make sure that research is not done from an ivory tower, but is responsive to the needs of patients, professionals and the society as a whole and can create a societal impact by informing, inspiring and actually changing policy, practice and education. Additionally, conducting research within this living lab improves the scientific impact of our work as the lab unites researchers with expertise covering the wide field of health services research and with experience in a range of methodologies. This provides opportunities to share, discuss, and reflect on each other's scientific work. In this chapter, it is outlined how this dissertation specifically has an impact on society as well as science.

Societal impact

The societal impact of this dissertation is visible at different levels of the healthcare system, first of all on a meso level (care groups and affiliated practices; health insurers) and micro level (patients and doctor-patient interaction) and via these levels also on a macro level (national branch organizations and policymakers). The scientific work in this dissertation responds to developments in practice: it was even initiated by practice in 2016, specifically by primary care group 'Dokter Drenthe'. This is a good start to increase the chances that scientific research has a high societal impact. Dokter Drenthe received signals from affiliated general practices about increasing work pressure, while the accumulation of disease management programs did not enable professionals sufficiently to provide the right care and guidance to a growing group of people with one and multiple chronic illnesses. Although Dokter Drenthe is a frontrunner, the need to change the current organization of primary care was also acknowledged nationally. In the Woudschoten conference in 2019[2], initiated by a large coalition of general practitioner (GP) organisations, the core values of GP care were revised towards more 'integrated, person-centred care' in reaction to a growing burden on GPs. The value 'personal care' was changed into 'person-centred care' stressing a (more) active role for the patient. At the same time, 'jointly' was added as a core value because collaboration with patients as well as with professionals within and outside primary care is becoming increasingly important.

In a close collaboration between practice and science, with different steering groups and much interaction with Dokter Drenthe, the TARGET program was developed, consisting of several concrete tools and trainings to enhance professionals' skills to design care in an integrated way. The pilot study of TARGET has shown that this program has the potential to actually change and improve practice and make it more sustainable for the

future, which is a first clear sign of societal impact of this dissertation. On a meso level, primary care professionals learned new skills due to the program's concrete tools and trainings, for instance to use and interpret a digital population segmentation tool. As this tool was well received, the Dutch software company Calculus, who is the founder of the widespread used software program (i.e. VIPLive) to facilitate reimbursements in general practice, is making efforts to integrate the tool into VIPLive or an equivalent existing program. As such, the segmentation tool will also be available for other regions, of which several showed great interest to use the tool as well. In addition, professionals' skills to engage in a comprehensive person-centred needs assessment (PCNA) were enhanced by the offered conversational training as well as the 'My Positive Health' tool. The PCNAs led and will lead to meaningful interactions between patients and professionals on micro level, which offer professionals new insights into patients. In addition, patients are encouraged to focus more on the positive aspects of their health and well-being, which is appreciated by both professionals and patients. Given that professionals need more holistic (conversational) skills to engage in integrated, person-centred care and that the type of information registered after holistic assessments such as TARGET's PCNA is different from regular consultations, this dissertation also gives reason for a debate about the future of primary care nation-wide. Especially practice nurses, who have an active role in holistic assessments, but are educated in a specialized way, may need more holistic skills. Moreover, practices should be given more freedom to design their own quality policy and decide what patient information is worth registering, not only for the quality and safety of care but also to support referral of patients and cooperation with other domains.

Furthermore, the close interaction with practice and policy (among others Dokter Drenthe and health insurer Zilveren Kruis) and the choice to design and evaluate TARGET according to realist evaluation (RE), supports structural embedding of the integrated care efforts in practice and avoids waste of scarce resources. This is a second sign of societal impact. The use of RE draws our attention to the preconditions for successful functioning and embedding of TARGET in practice, like team commitment to the implementation and strong network ties. Furthermore, instead of perceiving integrated care as a project, Dokter Drenthe perceives integrated, person-centred care as a long-term vision to make primary care sustainable. For example, Dokter Drenthe makes the TARGET trainings part of their regular education program. Also, the TARGET study was presented and discussed at several editions of the annual regional meetings of Dokter Drenthe. Zilveren Kruis also perceives the TARGET study as one of a few pilots around integrated care nationwide, which can be used as a source of inspiration and guidance for other regions. To this end, several meetings with Zilveren Kruis took place over the previous years to share and reflect upon new insights into integrated care. Together, Dokter Drenthe and Zilveren Kruis have already reached new agreements about the

purchase and funding of care to people with chronic conditions, befitting a new integrated way of working.

A last sign of societal impact relates to the fact that insights into the design and implementation of TARGET were shared with other primary care groups (meso-level) and national branch organisations like InEen (macro-level). Over the years, TARGET insights were shared at several InEen theme meetings around integrated care and meetings with researchers involved in other, comparable Dutch integrated care initiatives called Ketenzorg Ontketend[3] and CO-PILOT[4] (in *Dutch*). Also, besides the scientific publications, results were disseminated to a Dutch audience in an accessible way: An article about the development of TARGET was published on online platform 'De Eerstelijns' and an infographic about high-need, high-cost patients was published in Skipr Quarterly Magazine. This helps other primary care groups to learn from the transferable insights into the TARGET program, without having to 'reinvent the wheel'. Moreover, InEen, who promotes the interests of care groups on a national level, can put the recommendations for integrated, person-centred care flowing from this dissertation high on the agenda of national policy makers. Also internationally, different stakeholders (e.g. health insurers) showed interest in the reorganization of primary care according to TARGET and insights were shared in seminars.

Scientific impact

The scientific impact of this dissertation is two-fold. Firstly, it contributes to the knowledge base about the need for integrated, person-centred care as well as the organizational innovations required to accommodate those needs. Secondly, it provides methodological guidance and inspiration for designing and implementing inherently complex integrated care programs.

With regards to the first source of scientific impact, this dissertation was one of the first that created insight into a Dutch high-need, high-cost (HNHC) population in primary care and subgroups within this specific population, based on a large and biopsychosocial dataset and by using a sophisticated analysis technique called latent class analysis (LCA). The US is a frontrunner in research on this small subgroup of the population accounting for a large degree of the care consumption in the healthcare system[5]. Insights into this HNHC population provide a scientific foundation for re-organizing care on the level of the general practice, but also regionally and even nationally. Furthermore, comparable integrated care programs also have used our HNHC-population insights for the implementation of their programs[4]. The quantitative HNHC-subgroups were interpreted qualitatively and made actionable by discussing – with primary care professionals – all healthcare strategies and interventions that were needed to accommodate their needs.

Not only the actionable subgroups, but also the scientific process used to develop these, can provide guidance and inspiration to other researchers in the field of integrated care.

A second way this dissertation impacts science, is related to the methodological guidance to perform a RE of integrated care. Too often, experimental studies of integrated care disappointingly lead to conclusions that evidence on outcomes is weak or inconsistent, leaving researchers with a 'black box' about how and why outcomes were only partly or not achieved[6]. For researchers to increase their insight into the working mechanisms and contextual dependency of complex programs, in relation to the achieved outcomes, RE offers a promising approach[7]. As RE is growing in use in social sciences but is still relatively new and as different ideas (including misconceptions) exist about RE and its concepts[8], this dissertation offers necessary guidance and inspiration for how to conduct a RE. With financial support from healthcare insurer Zilveren Kruis, next steps in the RE of TARGET are taken in the region of Drenthe, and the complete RE will be shared with other researchers in detail.

To share knowledge gained by this dissertation for scientific purposes, Chapters 2 to 6 were submitted to peer-reviewed, scientific journals, of which the majority (i.e. Chapters 2 to 5) has been published, in an open access way. Besides, various (poster) presentations were given at (inter)national scientific conferences, ranging from the annual research meeting of the Amercian AcademyHealth organization to the Dutch 'science day' of the scientific GP association called NHG.

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