



Clinical coordination across care levels according to the medical specialty in the Catalan health system

Daniela Campaz; Laura Esteve Matalí; Ingrid Vargas; Eric Sitjas; Pere Plaja; Elvira Sánchez, Isabel Ramon; María-Luisa Vázquez for the Care integration Evaluation Group (GAIA)



October 14th, 2020

Background and Methods

Background

- **Limited evidence** of cross-level clinical coordination (CC) according to secondary care (SC) medical specialties
 - Worse experience and perception of CC
 - Limited use of coordination mechanisms (CM)

Objective

Determine the **differences in experience and perception** of cross-level clinical coordination and **related factors** according to the **SC doctor's speciality in the Catalan health system**.

Methods

Cross-sectional study

- Online survey using COORDENA-CAT questionnaire
- Sample: SC doctors:
 - **Decentralised** specialties (n=765), **hospital-based** specialties (n=391), **internal medicine/geriatrics** (n=257), **gynaecology** (n=135), **paediatrics** (n=118)

Variables

- Experience and perception of CC (15 items)
- Access and use of CM (17 items)
- Factors related to CC (7 items)

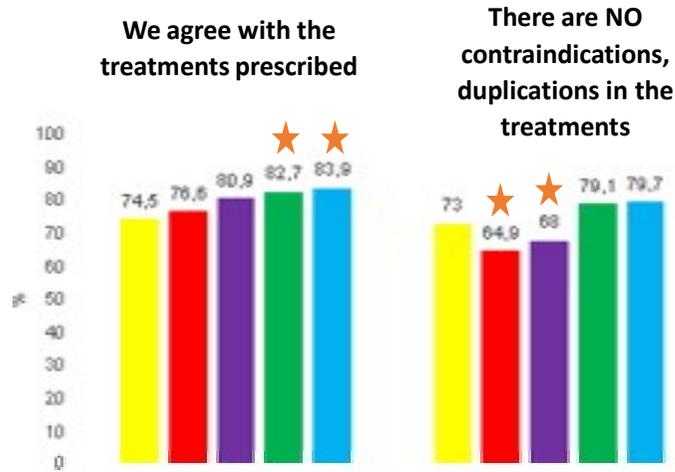
Analysis

- Bivariate analysis: chi-square test
- Robust Poisson regression models for prevalence ratios (PR) and CI95% to identify differences
- Sensitivity analysis and control for cluster effect.

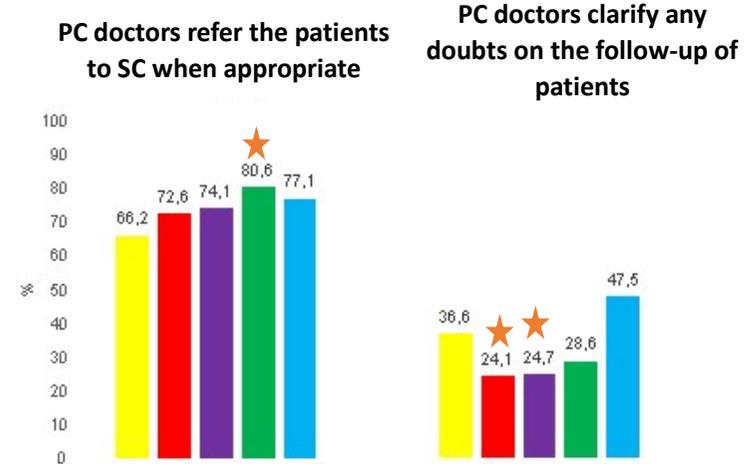


Results

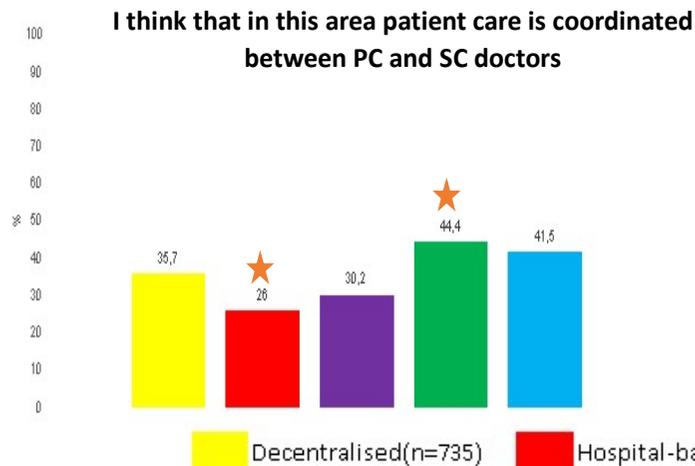
Experience of CC: Consistency of care



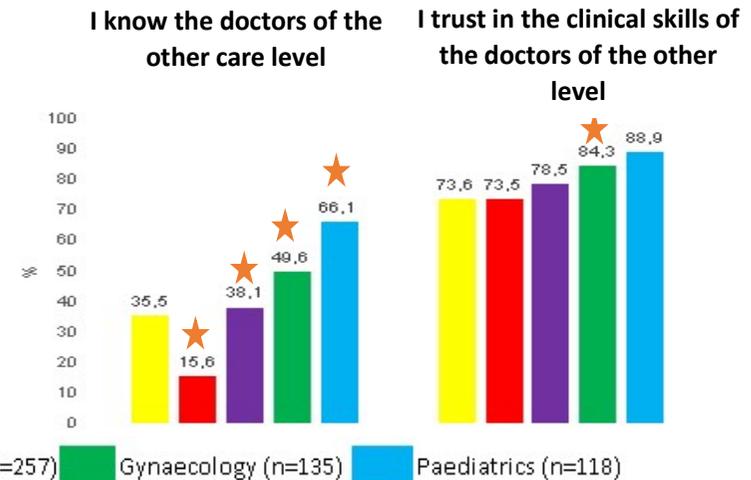
Experience of CC: Follow-up between levels



Perception of CC



Interactional factors



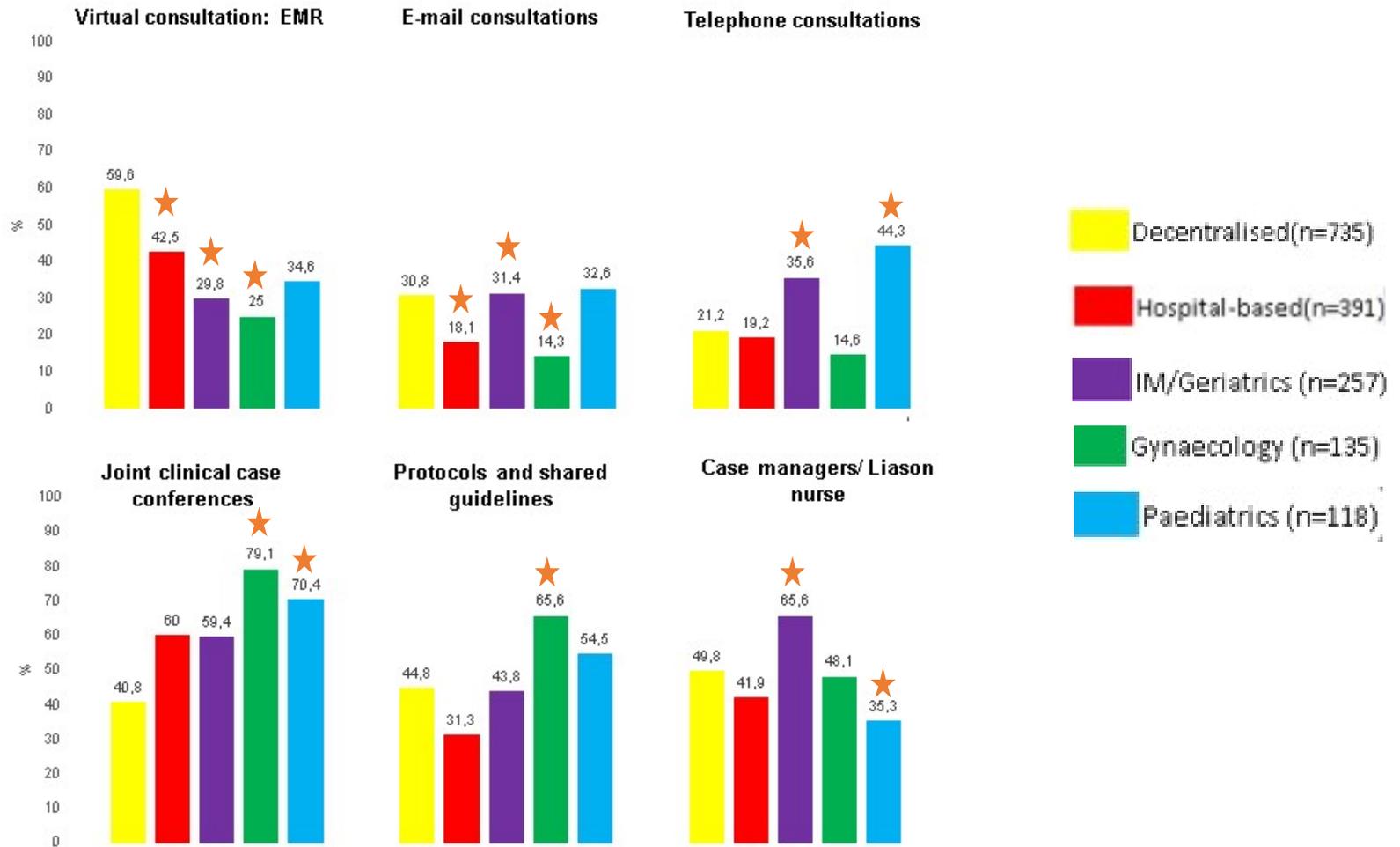
% corresponds to the categories always/very often

★ Difference statistically significant after the adjustment by sex, years of experience as a doctor, type of hospital, type of specialty and doing consultations in a primary care center



Results

Use of coordination mechanisms



★ Difference statistically significant after the adjustment by sex, years of experience as a doctor, type of hospital, type of specialty and doing consultations in a primary care center



Conclusions

- **Worse** experience and perception of clinical coordination in **Hospital-based** specialties, including **Internal Medicine/Geriatrics**.
 - Higher degree of technological complexity.
 - Limited use of coordination mechanisms.
 - Different needs of clinical coordination.
- **Better** experience and perception in **Gynaecology and paediatrics**.
 - Specific organisational plans that promote:
 - Joint activities with primary care.
 - Implementation of coordination mechanisms.

