PRO-PRICARE

- **ICF** - Development of a core set for geriatric patients in primary care

- **ICE** - Patient-centered communication to reduce medical interventions

Thomas Kühlein, Germany

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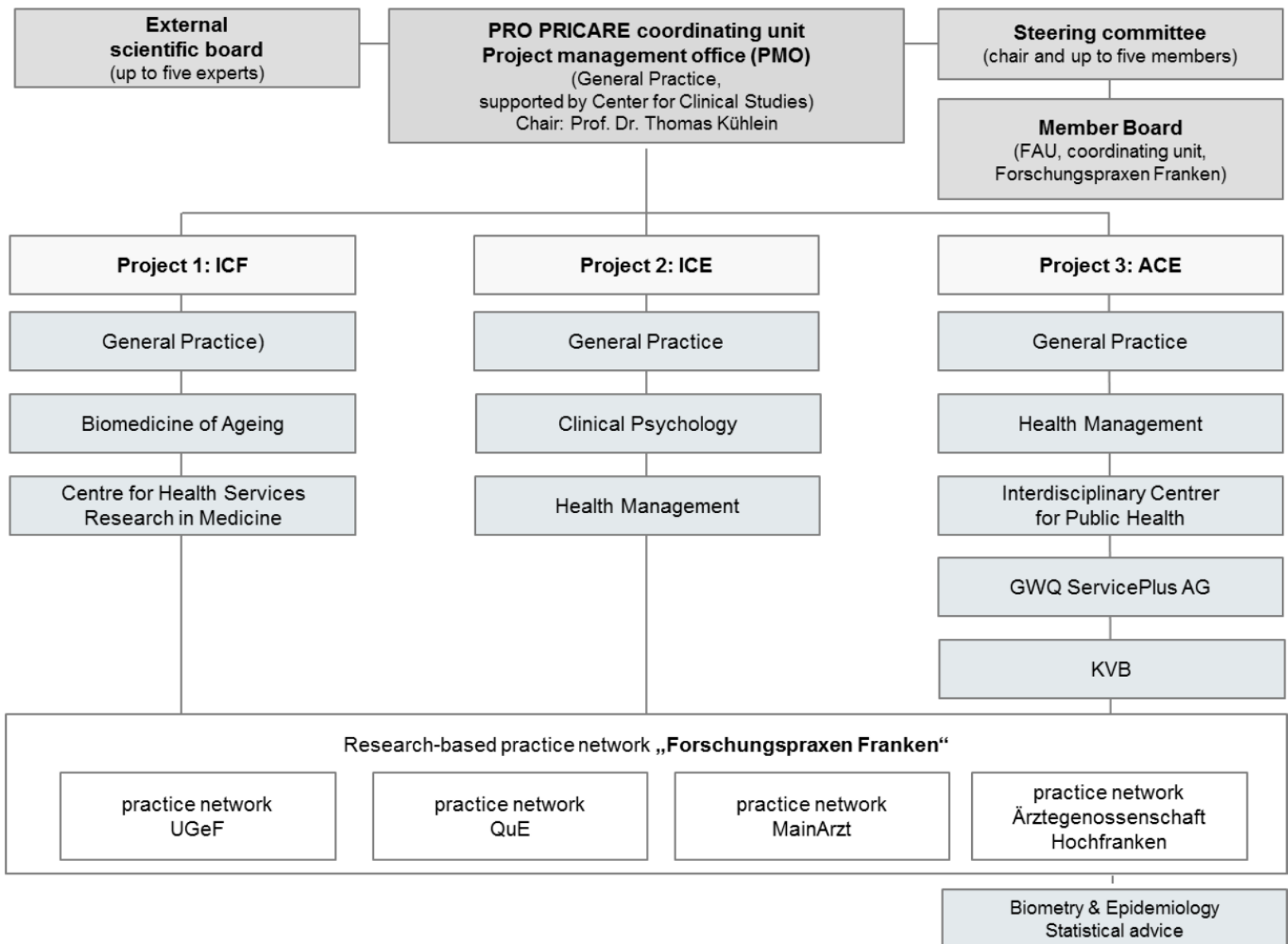
Universitätsklinikum
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PRO-PRICARE

= PRevention of **O**verdiagnosis in **PRI**mary **CARE**

Network of
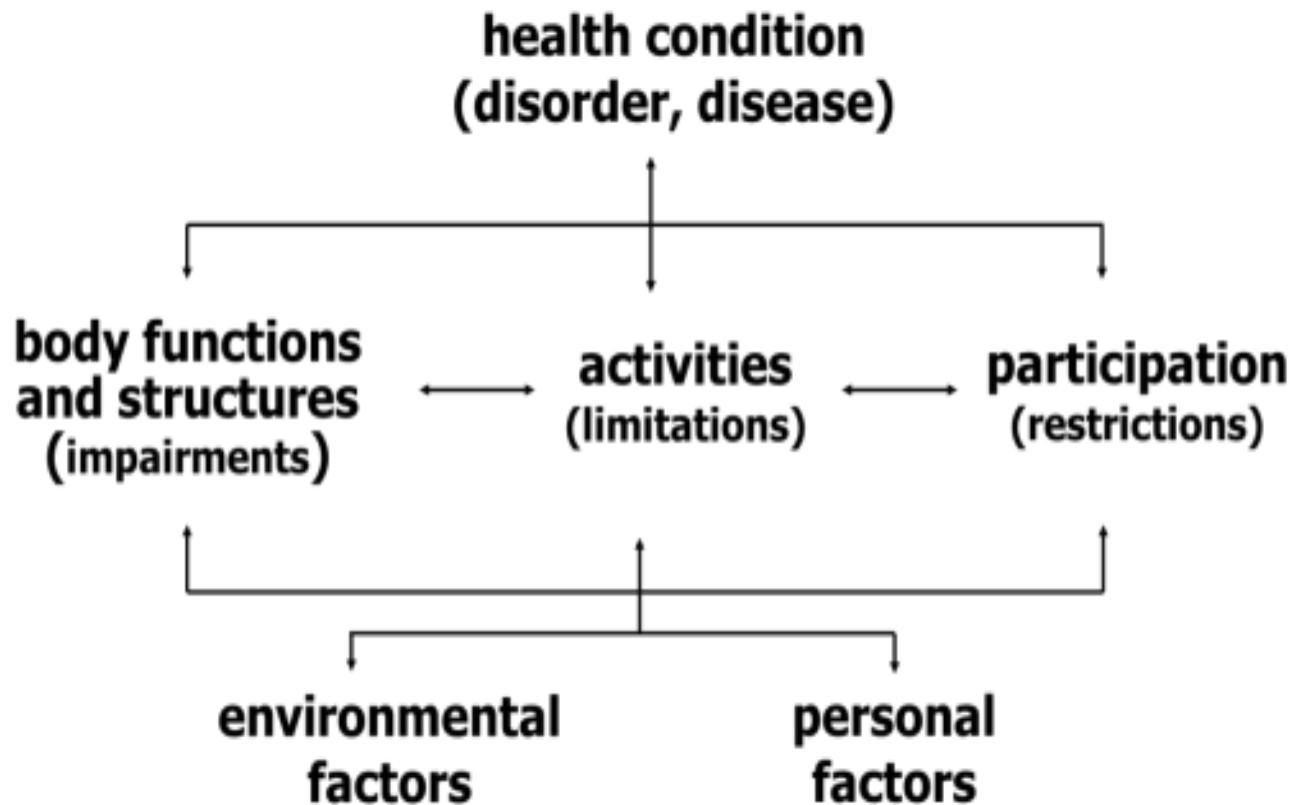
(a)   six academic institutions,

(b)   practice network

(c)   health insurance company, Bavarian Association
        of Statutory Health Insurance Physicians (KVB)

Coordinating unit: Institute of General Practice,
supported by the Center for Clinical Studies (CCS) FAU

ICF

health condition
(disorder, disease)

body functions
and structures
(impairments)   ←→   activities
(limitations)   ←→   participation
(restrictions)

environmental
factors   personal
factors

Hypothesis:

Focussing on the patient instead of the disease will reduce unnecessary medicine

Objectives

Concepts and categories relevant to body functions, activities and participation of geriatric patients in ambulatory care plus environmental and personal factors supporting or inhibiting functioning as a subset of full ICF.

First step: 4 preparatory studies according to the international development guideline

- Systematic literature review

- Qualitative study

- Expert survey

- Empirical multicenter study

Systematic literature review

- Key word driven literature search.

- Study selection according to predefined criteria

- Fulltext analysis searching for relevant concepts related to body functions, activities and participation.

- Frequency analysis of these concepts.

- Linking of relevant concepts found (frequency >5%) to ICF concepts according to defined rules.

Qualitative study

- Purposive sampling.

- Recording of abilities and disabilities by patients and care givers with digital cameras as a first basis for single interviews.

- Categories found in transcripts of single interviews from all four dimensions of ICF form the basis of focus groups with the same patients

- Inductive/deductive process of qualitative data analysis reveals categories that will be linked to ICF categories

Expert survey

- Identification of a pool of national experts (primary care physicians, geriatricians, ambulatory care nurses).

- Creation of a stratified random sample.

- Online questionnaire developed on the basis of the systematic review and the qualitative study with open ended questions.

- Analysis of the narrative answers similar to the qualitative methodology.

- Linkage of the concepts found to ICF categories according to internationally defined rules.

Empirical multicenter study

- Cross sectional study with semi-structure interviews and examinations

- Assessment of geriatric patients with
  - the extended ICF checklist,
  - comprehensive geriatric assessment,
  - assessment with different scales of geriatric functioning and disability.

- Frequency analysis of problems experienced

- Linkage of the concepts found to ICF categories

ICE - Implementing patient-centered communication to prevent unnecessary medicine.

- Implementation of an ICE communication tool during consultations

- Testing the effect on referrals in patients presenting with acute backache (diagnostic imaging, physiotherapy, specialists, hospitals)

- Evaluating the effect on consultation length, patient satisfaction and costs

Methods

- Cluster randomized controlled trial to examine the effect of ICE intervention.

- Follow-on study to test the persistence of the effect.

- Patient questionnaire to examine patient satisfaction.

Catching two mice with one trap