Primary Care in Nursing Homes Revisited: Survey of the Experiences of Primary Care Physicians

Abstract

The Irish Health Information and Quality Authority (HIQA) published National Quality Standards for Residential Care Settings for Older People in 2005. We reported on experiences of general practitioners (GPs) in Dublin caring for nursing home patients (NHPs) in 2006. We revisit these experiences following publication of HIQA standards. 400 GPs received an anonymous postal survey. Of 204 respondents, 145 (71%) felt NHPs required more contact time and 124 (61%) reported more complex consultations compared to other patients. Only 131 (64%) felt adequately trained in gerontology. 143 (70%) reported access to specialist advice, but only 6 (3%) reported a change in this following HIQA standards. 65 (32%) had witnessed substandard care in a NH, of which 16 (25%) made no report, similar figures to 2006. There remains similar levels of concern regarding patient complexity, substandard care, access to specialist support and training in the care of NHPs. Many GPs expressed uncertainty regarding their role in implementing HIQA standards.

Introduction

Older adults within nursing homes (NHs) and residential care settings represent a vulnerable population, with over 70.3% classified as high dependency patients. Presently, 31,800 nursing home patients (NHPs) reside in Ireland. With the population over 65 years expected to double over thirty years and that over 85 years expected to rise by 300-400%, this figure will increase significantly. The general practitioner (GP) remains the primary care-giver for most NHPs in Ireland. As GPs internationally negotiate increased reimbursement for NHPs, capitation fees that Irish GPs receive have halved in recent years, though previous studies demonstrate correlation between financial incentive and quality of care. In 2006 this group surveyed experiences of GPs in Dublin caring for NHPs, results implying that over 33% felt inadequately trained to deal with the complexities of NHPs while 37% reported witnessing substandard care in a NH. In 2006, the Leas Cross Report, investigating deaths in a County Dublin NH, highlighted failures in preventing substandard care. Partly in response to this, the Health Information and Quality Authority (HIQA) in 2009 published the National Quality Standards for Residential Care Setting for Older People in Ireland, pertaining to issues including health care, social needs and patient protection. This study re-examines GPs experiences in caring for NHPs in the post-HIQA era, expanding our survey nationwide.

Methods

Anonymous postal surveys of twenty tick-box questions with free-text comment box were distributed with free-post return envelopes to 400 GPs nationwide, randomly selected by county from the National Irish Medical Directory. Replias were collected from February to April 2011. Questions were designed to collect data relating to practice demographics, personal experience with NHPs and support available, practice services to NHPs, encounters with substandard care, and the impact of HIQA standards and decreased capitation funding. Quantitative data was collated in excel spreadsheet, tabulated and directly compared with data from 2006. Subgroup analysis was performed based on number of NHPs cared for, considered an indicator of experience and workload. Qualitative data analysis was achieved using inductive content analysis informed by the free-text box, with coding sorts allowing identification of major themes. Ethical approval was not sought as data collection was anonymised, retrospective and did not include patient data.

Results

Of 400 GPs contacted, 204 (51%) responded within the designated period. 35% commented within the free-text box.

Practice Demographics

22% of respondents worked in city, 43% town and 29% rural practices. 23.5% worked in single-handed, 23.5% partnership, and 24% multiple-GP practices. 58.9% of respondents cared for less than 20 NHPs, 21.5% for more than 30 NHPs and 8.8% for more than 50 NHPs.

Personal Experience/Support Available

87% of respondents had more than ten years experience as a GP, but only 11% held a postgraduate qualification in gerontology. 64% felt adequately trained to care for NHPs, with 27% feeling inadequately trained. When asked to rate their confidence level in caring for NHPs on a five-point scale (five representing very confident), 66% rated themselves four or higher (Figure 1). Confidence levels were higher in those caring for more NHPs. Regarding end-of-life decisions such as withdrawal of treatment, transfer to hospital and resuscitation status, over 70% of respondents felt confident. Over 70% of respondents reported access to advice from Palliative Care, Gerontology and Psychiatry of Later Life. Only 3% reported any change in this since publication of HIQA standards.

GP Services to the NHs

Compared to elderly patients living in the community, 71% of GPs reported NHP consultations more time-consuming and 64% reported them more complex. Regarding recent reductions in capitation fees paid for NHPs, 60% of GPs predicted a resultant decreased level of service to their NHPs, with this figure rising to 89% for those caring for over 50 NHPs. 27% felt service level would be unaffected. 53% of respondents felt HIQA Standard No. 15, which recommends six-monthly medication review for NHPs (Figure 2), 20% reported six-monthly or yearly review. 15% made no regular medication review, though this figure decreased with increasing number of NHPs cared for. 88% of respondents had received no invitation to partake in HIQA inspections of NHs within their practice.

Substandard Care

32% of respondents had witnessed substandard care in a NH, increasing to greater than 50% among those caring for above 21 NHPs. Of 131 incidents of substandard care witnessed, 48 related to inadequate maintenance of hygiene and 6 to abuse (Figure 3).
Of those witnessing substandard care, 55% reported it to NH management, 13% to the Health Services Executive (HSE), 4% to a Senior Case Worker in Elder Abuse. 25% of those witnessing substandard care in a NH reported pressure from NH management to make inappropriate transfers to hospital and 35% to prescribe sedative medication.

Qualitative Data Analysis

Of 204 respondents, 72 (35%) made a comment in the free-text box. Over one third of comments referred to decreases in capitation funding. Five first addressed increased administrative burden placed on GPs through reduction in capitation fees. Eight (4%) respondents reported increased financial burden associated with NHPs compared to other practice patients. The majority of respondents (66%) highlighted workload as a deterrent to taking on new NHPs. The current study demonstrates similar associated with NHPs compared to other practice patients. In 2006, financial concerns relating to caring for NHPs was not highlighted as a prominent issue by respondents in the Leas Cross Report. Our results echo this correlation, with 60% of GPs anticipating decreased service levels to NHPs following reduction in capitation fees.

This study found a modest decrease in the number of cases of substandard care encountered in NHs by GPs compared to those surveyed in 2006, falling to 32% of respondents from 37% in 2006, possibly reflecting a positive impact of HIQA standards. Qualitative data suggested that increased face-to-face, telephone and out-of-hours contacts associated with NHPs compared to other practice patients. In our 2006 survey, GPs highlighted the need for increased face-to-face, telephone and out-of-hours contacts associated with NHPs compared to other practice patients. In 2006, 25% of those respondents who witnessed substandard care in a NH made no report of it. Data from the World Health Organisation (WHO) suggests by up to 80%, and challenges remain given those who witness it to report it. 88% of respondents reported no invitation to partake in HIQA inspections of NHs service by them, a surprising figure given the prominent role of the GP in healthcare of NHP and their unique perspective to observe and comment on care given to elderly residents in NHs. HIQA Standard No. 15 recommends three-monthly medication review for NHPs. Only 11% of our respondents held a post-graduate qualification in gerontology, as recommended in the Leas Cross Report. Qualitative data suggest confusion regarding the GP’s role in implementing HIQA standards. Though the ICGP (an organisation to which 85 to 90% of GPs nationwide belong) report involvement in the development of the standards, free-text comments offered by respondents reveal lack of awareness of this involvement amongst some of its members. This study may be limited by significant response bias, with GPs with greater involvement with NHPs more likely to respond, particularly if dissatisfied with their experiences. However, the prevalence of patient complexity and access to specialist advice, support and training in the care of NHPs is similar to 2006. There remains a high reported incidence of substandard care in NHPs and a suggestion that GPs feel HIQA is failing to engage with them adequately in implementing their standards. This is possibly due to the survey being completed when implementation of HIQA standards remained in its infancy, thus this study serves as an early interim review of GP opinion on NH care post-HIQA standards. We intend to monitor this going forward.

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Discussion

NHPs represent an increasing patient demographic with high dependency levels, with primary care usually previously surveyed GPs caring for NHPs prior to publication of the Leas Cross Report and HIQA national standards. The current study surveys GPs 2 years post-HIQA standards. Response rate was 61% (204 respondents), making this the largest study to date in Ireland. Number of NHPs cared for by these respondents is considered indicative of the influence of experience and workload on responses. 27% of GPs felt indifferent towards the standards, similar to 2006. This decrease in substandard care found in NHs and a suggestion that GPs feel HIQA is failing to engage with them in adequately in implementing their standards. Several comments highlighted confusion amongst GPs regarding their role in implementing HIQA standards, suggesting no implications exist for practices that fail to comply with standards, while others were unaware of ICGP (Irish College of General Practitioners) involvement in the development of HIQA standards.

While 70% of GPs surveyed reported access to specialist advice was available, only 32% reported any change since introduction of HIQA standards. Qualitative data suggests that where specialist advice is available, long waiting lists can negate this benefit. The Leas Cross Report highlighted the need for specialist input, as does HIQA Standard No. 13. In 2000, a joint working party report endorsed by the British Geriatrics Society, the Royal College of Physicians and the Royal College of Nursing suggested that specialist support was needed to optimise care of geriatrichians, and Primary Care Trust members nine years later, however, highlighted ongoing deficiencies’, emphasising that training in gerontology is similar to 2006. There remains a high reported incidence of potential obstacle to caring for NHPs. Only 11% of our respondents held a post-graduate qualification in gerontology, as recommended in the Leas Cross Report. Since completion of our study, however, the ICGP has launched an e-learning certificate course in gerontology and in 2013 held a national conference addressing care of elderly patients in residential care settings, demonstrating an awareness of its members desire for increased training. As these programmes are developed, they will likely need practical support from appointed community geriatricians to produce real impact.


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