

Research Proposal

Title: Understanding the impact on General Practices of managing patients with unmet need

Background:

GPNZ formed a planned care working group (WG) to support Dr Jeff Lowe with his appointment onto the national Planned Care Taskforce. The WG was established in August 2023 following the taskforce establishment. The WG produced a proposal for Te Whatu Ora that addressed the Primary Care elements of the taskforce report 'reset and restore'. Alongside this proposal the WG discussed the opportunity to commission a project that looked at unmet need within Primary Care. Initially, the WG discussed commissioning a literature review to understand unmet need methodologies. After socialising this with academics it was quickly progressed to commissioning a research project identifying unmet need within General Practice that would possibly confirm assumptions regarding its capacity.

These assumptions include:

- Māori patients are unfairly impacted by planned care systems e.g.: have longer wait times for planned care interventions;
- General Practices are managing patients who are on hospital specialist waiting lists for significant periods of time before they are given the treatment they require. Therefore, patients on waiting lists are utilising general practice capacity more than those who are not on waiting lists (without additional resourcing);
- Patients who present to general practice with a concern that the clinician believes requires hospital and specialist care but knows the patient does not meet the threshold for treatment and therefore do not get referred. Ideally, capturing such data is within scope of this project.

GPNZ requested a proposal for the abovementioned project. This response follows initial responses provided in March and April 2023 and a discussion on 4 May with GPNZ. It is anticipated that there will be further discussion with the GPNZ team through which the areas of focus and methods will continue to be refined in view of finalising the scope, timelines, and costings.

The WG with GPNZ support will provide the following support:

1. Establishment of a research advisory group;
2. Lead on project engagement and communication;
3. Support with recruitment of practices.

Scope:

This research will be a mixed quantitative and qualitative primary data collection study through a case study approach, focusing on counting the occurrences of UMN, and gathering in-depth insights into patients presenting with UMN at practices, practice responses, and management patterns.

A range of questions will be investigated through the case studies to better understand and document the level of UMN being managed in general practices. The research will include both mainstream and Kaupapa Māori practices. Understanding the experience of Māori versus non-Māori within the research is essential to understanding inequities.

The data collection would happen onsite at the general practice, working with a series of purposively selected practices, in particular so that the staff in the practices understand the nature of the project and engage with it, and drawing inferences from these case studies for broader patterns and experience of UMN being managed in primary care.

This study would involve up to two days of data collection in each practice. The granular details of this require further discussion, as does the practices to be included.

The study would provide in-depth insight into the impact on general practices, on patients, and the management process. Descriptive data, such as frequency and category of UMN cases would be available, along with qualitative insight into the every-day experiences and processes.

The findings could have a significant impact on policy making and on public understanding. It could also be very valuable for the general practice community in terms of assisting with conversations around the level of support needed to provide care related to UMN.

Question:

Quantifying and understanding the impact of unmet need (UMN) in primary care: A mixed methods study quantifying the number of declined hospital specialist referrals, exploring the rationale for not making a referral to hospital specialist care, and managing patients with UMN in primary care.

Research Aims:

1. To explore and understand the experiences of referring clinicians who have encountered patients being managed in primary care settings with unmet need having never being referred for hospital specialist care. This aim is to capture the perspectives, challenges, and outcomes associated with unmet need, shedding light on the factors contributing to the decision-making process regarding referrals.
2. To quantify the number of declined hospital specialist referrals in primary care settings. This aim focuses on collecting and analysing data to determine the extent of declined referrals and providing an accurate assessment of unmet need in the healthcare system. It aims to establish a comprehensive understanding of the scale and implications of unmet need in terms of patients' access to specialised care.
3. To conduct a mixed-methods study and analysis to investigate the impact of unmet need in primary care. To combine quantitative data on declined referrals with qualitative insights from clinician experiences. By employing a mixed-methods approach, the study seeks to provide a comprehensive understanding of the consequences of unmet need, including the impact on patient outcomes, healthcare utilisation, patient management, and clinician decision-making processes.

Research Methods:

Qualitative Research Methods

- In-depth Interviews. Conduct interviews with clinicians to understand their decision-making processes and the factors influencing their referral decisions.
- Thematic Analysis. Analyse the interview data using thematic analysis to identify key themes, patterns, and insights regarding the experiences of referring clinicians. This method allows for a rich and detailed understanding of the qualitative data, providing nuanced insights into the impact of unmet need.

Quantitative Research Methods

- Retrospective Data Analysis (over past 5-years). Collect and analyse quantitative data from Te Whatu Ora dataset. Data request outlined below. This analysis involves examining the reasons for referral declination, demographic characteristics of patients, and the potential impact on patient outcomes.
- Use descriptive statistics to summarise and quantify the extent of unmet need in terms of declined referrals. This includes calculating referral decline rates, identifying patterns based on patient characteristics, and exploring variations across different primary care settings.

Mixed-Methods Analysis

- Integration of Qualitative and Quantitative Data. Merge the findings from the qualitative interviews and quantitative analysis to provide a comprehensive understanding of the impact of unmet need. Triangulation of data from different sources allows for a more robust and holistic interpretation of the research question.

Ethical Considerations

- This project is classified as a low-risk project and will be able to obtain ethical approval outside of ethic committee cycles.
- Iwi approval will be obtained. Firstly, through Ngai Tahu and then replicate process for other areas where data capture takes place. Ngā Matapihi o te Wairua to advise.
- All referring clinicians will complete and sign a consent form.

Sampling – Qualitative

- 6 general practices (2 rural, 2 urban, 2 Kaupapa Māori)
- 6-30 referring clinicians (1-5 per practice)

Sampling – Quantitative

- Data request to Te Whatu Ora dating back 20-years (TBC)

Deliverables

A full written report, a slide set, and availability for oral presentations (up to five presentations within 12-months following the project) and media responses. One research article to be written and published following this project.

Timeline

	2023						
	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Initial project scope							
Project Planning							
Data collection platform							
Data Collection (2 days per practice)							
Practice 1							
Practice 2							
Practice 3							
Practice 4							
Practice 5							
Practice 6							
Data Analysis							
Report Writing							

Presentation of findings (first presentation at GPNZ AGM 1st December 2023)								
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Researcher: Robin Gauld and Nick Bowden

Personnel and qualifications

Robin Gauld has worked on multiple health system and services topics with specific focus on NZ but also internationally. He has deep knowledge and experience working in the New Zealand health system, and also expertise in comparative health systems. He is a Harkness Senior Fellow and on the International Expert Advisory Committee of the New South Wales Agency for Clinical Innovation. From 2013-17, he was Independent Chair of Alliance South. Robin has researched and published on unmet need in New Zealand. Current projects include working with a global collaboration, linked with the WHO, looking to measure unmet need for older people across multiple countries; and another global collaboration led by Brown and Harvard universities using routine data (the IDI in New Zealand) to quantify health services provided for ‘high need, high cost’ patients.

Nick Bowden is a quantitative social scientist with expertise in utilising linked population-level data to better understand the lives of people in NZ. His research uses quantitative and spatial methods to understand health trajectories and the inter-relationship between health conditions, access to the determinants of health, and health and non-health outcomes. Nick is currently the principal investigator on two large grants investigating (1) associations between the physical environment young people grow up in and their mental health, and (2) life trajectories for autistic young people and their whānau. Nick is also the primary contact for the NZ arm of a 14 country collaborative examining care pathways of high-need, high-cost individuals across their healthcare trajectories and across countries.