

POSTER ABSTRACTS
8th Annual HMO Research Network Conference
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Chronic Disease
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Barriers and Facilitators to Generalist-Subspecialist Communication about Children with Chronic Conditions

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Background: Coordinated, cost-effective care of children with chronic health conditions (CCC) typically involves the regular interaction of one or more subspecialists (SP) with the child's primary health care provider (PCP). Communication between PCPs and SPs is seen by many as a problem, but no published study has focused on this communication in the care of CCC.

Objective: To assess the importance and prevalence of factors influencing generalist-subspecialist communication in the outpatient care of CCC, in order to identify targets for intervention.

Methods: We conducted 5 focus groups with 14 PCPs and 10 SPs about communication in the care of CCC. Results were used to construct a four-page mailed survey, which probed barriers and facilitators to PCP-SP communication in the care of CCC. We surveyed all 495 New England SPs who were members of the American Academy of Pediatrics (AAP) and/or pediatric subspecialty societies, and a random sample of 495 generalist AAP members in New England. Eligible were those actively providing outpatient care. Respondents rated the importance and the prevalence of each factor separately on two five-point Likert scales. "Targets" were defined as barriers ranking high (4 or 5) on both scales, and facilitators ranking high on the importance scale but low (1 or 2) on the prevalence scale.

Results: 48% of those eligible (51% of SPs and 45% of PCPs; 412/860) completed the survey. Every "target" barrier was a failure of the communication system: negotiating automated phone "menus", delayed availability of providers by phone, and delays in transcription of dictation. "Target" facilitators largely promoted timely contact between providers: a phone call from the SP to the PCP at the time of the SP visit, a letter or phone call from the PCP before the SP visit, and clear and specific questions from the PCP before the consult. While 86% had access to electronic mail, less than 20% used it often.

Conclusions: PCPs and SPs sharing care for CCC are troubled by their frequent failure or inability to contact their colleagues by phone and letter. Interventions should be aimed at the systems level, to decrease delays and improve timely contact between providers.

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