Predisposing, enabling and reinforcing factors to preventive healthcare in general practice

A qualitative study based on interviews

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Background

Success in implementing preventive care remains below expectations, e.g.

- Mammography coverage rate: 59% (1)
- Pap smear coverage rate: 59% (2)
- Flu vaccination for patients at risk: 49% (3)
- Insufficient implementation of effective prevention of cardiovascular risk (4)

Are GPs the solution?
Research question

This study aims at preparing an extensive survey by investigating Belgian GPs’ attitudes

What do GPs say about several preventive healthcare behaviour related determinants, identified through a literature review?

Fig. 1.2 Schematic presentation of conceptual framework for the prediction of specific intentions and behaviors. (5)
Methods

- Semi-directed interviews
  - Purposive sampling

Themes:
- Definition of and place of preventive care within the practice
- Organization of preventive care
- Application of recommendations, influence of the doctor’s faith in the preventive procedure
- Place of GPs in the country’s preventive care system
- Ways of implementing preventive care assessment
Enabling factors

**Predisposing factors**
- Motivation to undertake preventive practice: Beliefs, attitudes, expectations
- Motivation
- Prior clinical experience, personal health practices of the physician

**Reinforcing factors**
- Pharmaceutical advertisement
- Healthcare system feedback
- Patient satisfaction
- Support/approval of peers

**Enabling factors**

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**Situational factors / cues to action**
- Triggers, symptoms, reminders

**Preventive behaviour / Preventive practice**

*Adapted from Walsh & McPhee Systems Model of Clinical Preventive Care (6)*
Results

1. Predisposing factors / 1

- Taboo subjects
  - I don’t really like putting my finger up a bloke’s behind; so I do a PSA follow-up and, uh, up until now, I haven’t had any problems (GP4)

- GPs’ specific skills and interests
  - I really enjoy all that about teenagers, gynecology, all that, so I'll be more there (GP2)
Results

1. Predisposing factors / 2

- Equity
  - I suppose a woman with two kids, who is a single parent and on welfare, is undoubtedly more focused on the bailiffs coming round to her house than on her health... (GP4)

- GPs’ views on patient predisposing factors
  - Young people don’t come to see me to say, “Doctor, what do I have to do to avoid catching AIDS?” Young people don’t come for a consultation, they come for the pill (GP3)
Results

2. Reinforcing factors / 1

- Media influence certain preventive actions
  - Medical representatives come to visit me to talk to me about certain pathologies, mainly all those drugs with a huge market – antihypertensive drugs, anticholesterol drugs, antidiabetic drugs – all that turns our focus to cardiovascular disease (GP3)

- Self assessment was rare
  - I have a software, but I have a problem with standardization, and therefore with the computer too, and I try to encode all my flu vaccination (GP8)
Results

2. Reinforcing factors / 2

- Preventive activities within a structured organization and contact with peers were valuable supports

- Financial incentives
  - On a purely conceptual level, it’s rotten to think that doctors will be more careful because they’re going to be paid more. But I think it would work (GP7)
Results

3. Internal enabling factors / 1

- Clinical and relational skills were sometimes lacking
  - "I often say to people... I’m taking care of you as though you were my father, or my sister, etc. And that has a strong power of conviction" (GP1)

- The information sources were sometimes of poor quality
  - "References ... they are extremely vague, very... uh different, highly variable and unstructured; I listen to colleagues, I talk to my colleagues; I take a bit from here, a bit from there..." (GP1)
Results

3. Internal enabling factors / 2

- The lack of organizational skills hinders collective management or systematization

- GPs’ views on patient enabling factors
  - Various degrees of knowledge and acceptance, according to patients’ experience and environment
Results

4. External enabling factors / 1

- Preventive processes are often introduced in an opportunistic way, or at patients’ requests
  - Tetanus vaccination: I don't have any follow up if the patient doesn't ask me “Hey doctor, shouldn’t I have another vaccine? “ (GP7)

- Direct GPs’ involvement was better accepted than public health campaigns
  - What we expect is to have responsibilities and be actors. Sometimes we are considered at the chain end. And that's a pity (GP9)
Results

4. External enabling factors / 2

- Data circulation between the various providers is poor
  - A lot of my patients go to gynecologists who don't send me any result of pap smears (GP8)

- Primary care focused healthcare delivery?
  - Breast screening... actually, we’re not involved in it: the woman receives a letter asking her to attend, but you don’t receive the results (GP4)
**Enabling factors**

**Preventive behaviour / Preventive practice**

**Assessment**

### Predisposing factors
- **Internal**
  - Clinical and relational skills
    - *Sometimes lacking*
  - Organizational skills & collective management
    - *Often lacking*
  - Guidelines adherence
    - *Sources of poor quality*
  - GPs’ view on patient’s enabling factors:
    - *Knowledge and acceptance of the preventive proposals*
- **External**
  - Healthcare delivery system
    - *Time limit*
    - *Primary care (un)focused organization*
    - *Poor data circulation*
  - Preventive activity factors
    - *Public health campaigns vs direct involvement*
  - Situational factors / cues to action
    - *Opportunist preventive process*

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### Reinforcing factors
- Media pressure
- Administrative or financial impediments
- Assessment
  - *Acceptable but unpracticed*
  - Support from peers

### GPs’ specific skills and interest
- *Taboo subjects*

### Equity in health

### Patient’s predisposing factors:
- Patient’s complaint
- Long-lasting change in lifestyle?
**Discussion**

Comprehensive healthcare and quality of life management

- GPs *are* already participating in preventive healthcare
  - Effective initiatives should be extended
- Variable quality, but satisfactory overall
- Fee for service payment system induces a high level of activity
  - Focus on patient demand

**Limiting factors:**
- Clinical skills
- Interpersonal skills
- Influence of personal psychological factors
- Dissemination of EBM in an acceptable way could be strengthened
- Culture of assessment still embryonic
Discussion

From individual to collective level in clinical management

- GPs represent an untapped potential
  - More community oriented view of the profession
- Support from public authorities
  - Preferably passed on by peers

- General collective management of preventive activities is poorly developed
- Weak level of delegation of tasks
  - Preventive schedule management, proactive contact with patients
- Inhibiting factors
  - Competition from other prevention practitioners
Conclusion

A bidimensional model

Comprehensive healthcare / quality of life management

Individual  Collective

Care management
References


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Thank you for kind attention

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