NEW DEAL: TOPIC GUIDE

Introduction

- Welcome participants
- Explain that the session is being recorded in advance (not just after the ICF is signed since we may miss important information)
- Introduction round + one sentence/word to explain their motivation
- Request participants to sign both ICFs
- Set ground rules:
  1. Everyone should participate
  2. Respect everyone's opinion. Do not interrupt
  3. One person is speaking at the time
  4. There are no right or wrong answers
  5. We are not trying to achieve consensus, we're gathering information.
  6. Information provided in the focus group must be kept confidential. (do not use specific names if you are giving examples)
  7. Notes taken during the group will not include names or identifying information

Project Introduction and Recap (Set up the scene) (10min)

New Deal FVDBK

(ethical comitte form)

June 2022, different axes

Search for **a new model** to better address these challenges: Project for a new organizational model, which we will call "GP practice"

- This new project will sufficiently differ from all existing models (solo practices, mono or multidisciplinary groups)
- Opt-in: voluntary adhesion of GP to this model

Give an explanation of what the reflection group is.

…

Terminology:

During this discussion we will use the term:

- ND GP Practice for the wished new model
- « Cabinet de MG » solo or group
- « Maison médicale » for multidisciplinary group practice (fee for service or capitation)

At this point, a **NEW DEAL GP practice** consists of (= conclusions of thema 1):

- several physicians (not necessarily under the same roof, but in a structured collaborative or network practice-see below)
- **other supporting professions (to be defined during this session)**, at the practice level (organizational or structured network mode
- a structured collaborative practice including:
  1. patient's file sharing
  2. coordination meeting
  3. care protocols
- responsible for the care package for a defined patient panel (patient list, "patientèle")
- with **funding arrangements** (proportion of practice/act/capitation funding) **to be defined in an other session.**

Research questions:

We start with the care package (activities/services), as defined by the reflexion group, to define whom to necessarily include in a ND GP practice to support GP, for wich activity, in which conditions.

The reflexion group agreed on one principle: "The right care at the right time by the right person in the right place".

Three clinical situations that illustrate the care package as defined by the focus group: Chronically stable situation, diversity of situations and triage , patients and practice management.

We now want to address which professional should support the GP within the GP practice,

We should encourage participants to think outside of their box:

- To leave his own organizational model:
  - For solo practices: they have to look for the optimum type of professionals to complete the care package as defined by the reflexion group
  - For participants working in multidisciplinary practices: they have to think what the minimum of professionals would need to be included in this NEW Deal GP practice
- During the discussion you will be invited to add some "required conditions" that you think are needed for implementation

We will work on the 3 clinical cases within a defined time slot of about 30 minutes for each case. Th secretary will play a role of timekeeper.

Central questions:

To repeat at the beginning of each case

From the perspective of a new organization model of the GP that we would call " NEW Deal GP practice", facing this/those situation/s :

a. Which professional(s) should absolutely come to support the GP <u>within</u> a ND GP practice? Which professional(s) should <u>optionally</u> come to support the GP <u>within</u> a ND GP practice?
b. To do what?
c. What would be the required conditions for this collaboration

Animation tips for discussing cases

First collect all the professionals suggested by participants (first color of post-it), localize them on the framework and begin discussion about tasks and eventually “required conditions”.

The animator writes on the post-its.

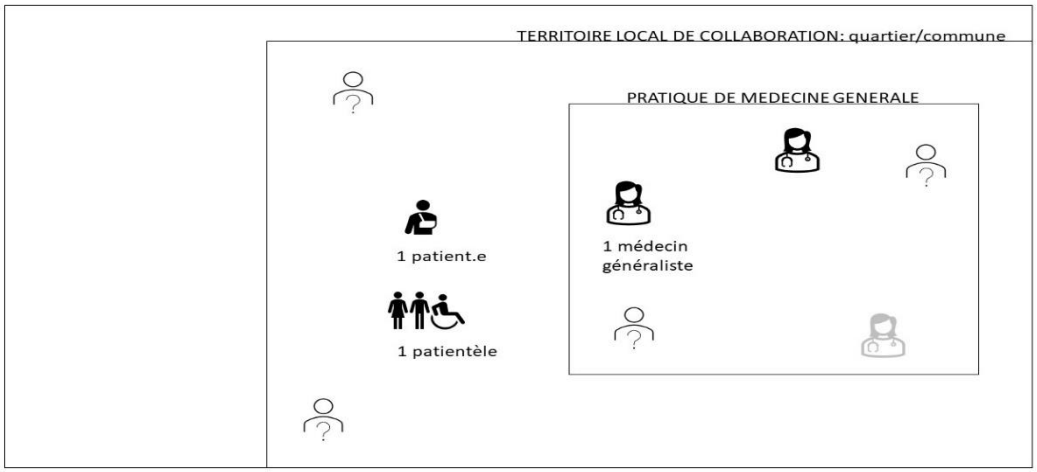

Figure 1: GP Practice framework

Support Material:

- Plan MG/Practice MG/Local Area: printed in advance or drawn on large sheets; one for each case
- POST-IT (best for moving) in 3 different colors or different colored markers (professional/task)
    - Professional
    - Tasks
    - Required conditions
- Red marker to highlight oppositions.
- For each participant:
    - 3 clinical cases: One document with different possible first line professions (figure 2)(1 per 2 participants)
    - 2 x ICF
    - Framework (figure 1)
- Audio material (+secretary for minimal note taking -quick report)
- Table with minimum SD data (anonymous)

CLINICAL CASE #1 (30min):

The reflexion group states that NDGP practice plays a significant role for patient with chronic conditions.

From the perspective of a new organization model of the GP that we would call " NEW Deal GP practice", facing this/those situation/s :

a. Which professional(s) should absolutely come to support the GP within a ND GP practice? Which professional(s) should optionally come to support the GP within a ND GP practice?
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59-year-old-patient with COPD smoking stage 3, HTA, obesity, stabilized on treatment, sleep disorders, and anxiety:

- COPD and hypertension monitoring to be performed via spirometry and ambulatory BP monitoring
- Management of polymedication
- Therapeutic education for the use of inhaled therapy
- Primary pneumococcal vaccination to be performed; 4th COVID dose and influenza vaccination to be organized in the coming weeks

Social context:

- with ongoing disability recognition (currently on disability) and
- lack of financial resources which has an impact on inadequate housing and access to care (especially concerning the purchase of vaccines or payment of treatments);
- need for social adjustment

Psychological impact of chronic illness:

- moderate depression diagnosed by GP;
- referral to a psychologist desired

Need to define care objectives according to the patient's life goals.

Follow-up/clarification questions:

- Different professionals expected: social worker/nurse/pharmacist (referral)/psychologist/physiotherapist/ ...
    - If one profession is forget, add it in the discussion, at the end…

- How do you justify where to position each professional, inside or outside of practice?
- What expectations should be placed on this professional? (respond to what?)
- What are the required conditions for the collaboration within the GP practice? (for animators: data sharing? Formal or unformal meetings? Care protocols? Training or education?)

CLINICAL CASE #2 (40min)

The reflexion group states that "The New Deal practice is the first point of contact for (all) health problems and questions, without selection of gender, age or health issue, including mental health problem and social determinants of health"

From the perspective of a new organization model of the GP that we would call " NEW Deal GP practice", facing this/those situation/s :

a. Which professional(s) should absolutely come to support the GP within a ND GP practice? Which professional(s) should optionally come to support the GP within a ND GP practice?
b. To do what?
c. What would be the required conditions for this collaboration

These are activities that the reflexion group felt could be addressed at the ND GP Practice.

It represents an half day, from 08 AM to 1 PM.

Specific issue: triage and referral within the MG practice

1. Consultation request from an adult for :
    a. skin lesion to be monitored ;
    b. follow-up of recent initiation of anti-hypertensive treatment ;
    c. performing an ECG;
    d. requesting to see his/her referral/usual physician.
2. Request for consultation from a 60-year-old patient for a lower limb wound due to venous insufficiency and request for an evaluation of autonomy in order to submit a file for recognition of disability
3. Consultation of a 31-year-old woman who needs cervical swab.
4. Request for a home visit for a 5-year-old child with otalgia for 1 day; request to see the referral/usual physician.
5. Prescription refills for different patients:
    a. Chronic treatment of hypertension
    b. Sleep aid/hypnotic treatment, with dispensing interval respected
6. A patient comes with the influenza vaccine, ready for injection.
7. Request for a consultation for a 9 year old child to check immunization status, preferably after school (around 5 pm)
8. Consultation of an adult patient, professionally active, for follow-up of a shoulder tendonitis, under medical treatment for 2 weeks
9. Consultation of a 12 weeks pregnant woman for low back pain
10. Consultation of a 45-year-old adult for anxiety disorders with the depressive component; 2nd contact in 2 weeks
11. Call at 1 pm for a consultation request from a 1.5 year old child for fever for 3 days

Follow-up/clarification questions:

- Expected professions: nurse/social worker/accueil-secretariat/physiotherapist, psychologist, midwife, (in Flanders: practice assistant)
- What is expected of the sorting/orientation function?
    - What is the most appropriate level to assume this triage function?
    - Located at the practice level or in a local first-line territory?

    - Which professional within the practice should perform the triage function?
    - Place of the GP in the triage: directly, indirectly in close relation/support with the triage function or possibly outside the triage?
- What tasks can the GP delegate, i.e., transfer to another care setting or provider within the practice?
    - "Simple" or "non-medical" clinical function?
- Consider more direct contact with other professions, without going through the GP? for which professions? e.g., physio/infi/midwife?

CLINICAL CASE #3 (30min): Management of the GP patient load and practice

There are various activities that the reflexion group relate to the patients for whom the GP practice is responsible, outside of direct contact with a GP or other professional in the GP practice.

From the perspective of a new organization model of the GP that we would call " NEW Deal GP practice", facing this/those situation/s :

a. Which professional(s) should absolutely come to support the GP within a ND GP practice? Which professional(s) should optionally come to support the GP within a ND GP practice?
b. To do what?
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These are the activities:

1. Organization of a flu vaccination awareness campaign for at-risk patients;
2. Proposal of adapted physical activity group sessions for patients who require physical reconditioning for medical reasons (obesity, diabetes);
3. Relaying a regional screening campaign for colorectal cancer and an awareness campaign on problematic alcohol consumption launched by the municipality;
4. Management of a stock of "disposable" medical material for the practice of GP: examination table paper, dressing/suture material
5. Management of a minimal stock of vaccines (cold chain) and of small surgery and gynecological material (sterilization)
6. Management of computer equipment and updating of professional software used in the MG practice
7. Adapting the building(s) to increase accessibility for people with reduced mobility and reduce the energy footprint.
8. Management of human resources, accountancy (comptabilité), and legal accountabilities of the ND GP practice..

Follow-up questions:

Manager function (at practice level):

- What are the practice expectations?
- Which professional?
- Outsourcing? insourcing? Reasons?
- Physician's role in management: all/part/none?

Other care professionals for population aspects?

- What are the expectations at the practice level?
- Which professionals?
- Internal to the practice? external? for what reasons?
- Shared between practices?