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GPs' interest in integrated care for frail older adults and corresponding consulting and prescribing data: qualitative and quantitative analyses of the PAERPA integrated care project

Background

Integrated care pathways can help to avoid unnecessary admissions to hospital and improve the overall quality of care for frail older patients. Although these integrated care pathways should be coordinated by GPs their level of commitment may vary.

Aim

To profile GPs who had participated or had declined to participate in the Personnes Agées En Risque de Perte d'Autonomie (PAERPA) integrated care project (ICP) in the Valenciennois-Quercitain area of France between 2014 and 2019.

Method

A combined qualitative and quantitative analysis of GPs who were participating in or had declined to participate in the PAERPA ICP.

Results

Some GPs were interested in the PAERPA ICP, whereas others were opposed. The 48 qualitative interviews revealed four issues that influenced participation in the PAERPA ICP: 1) awareness of issues in care of older adults and the value of collaborative work; 2) time saving; 3) task delegation; and 4) advantages of coordination. The level of interest in the ICP for frail older adults was indirectly reflected by the data on consulting and prescribing. In GPs who participated in the PAERPA ICP there was a greater proportion of older (aged ≥ 70 years) patients ($P < 0.05$), a larger number of consultations per year ($P < 0.05$), a larger number of home visits ($P < 0.01$), relative to GPs who declined to participate.

Conclusion

The level of interest in the PAERPA ICP for frail older adults varied widely among GPs. These findings suggest that commitment to an integrated care pathway could be increased by customising the recruitment strategy as a function of the GP's profile.

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