CORRESPONDENCE

The Impact of GP-Centered Healthcare—A Case-Control Study Based on Insurance Claims Data

by Antje Freytag*, Janine Biermann*, Andreas Ochs, Gerald Lux, Thomas Lehmann, Jana Ziegler, Sven Schulz, Michel Wensing, Jürgen Wasem, and Jochen Gensichen in issue 47/2016

Does Not Correspond to Everyday Reality

Enhanced primary care (GP-centered health care; *hausarztzentrierte Versorgung*, HzV) is intended to strengthen the role of GPs and improve the quality of health care. However, the risk of „measuring“ medical quality is that „quality“ degenerates into a competition to complete predetermined quality indicators.

One result of the study: the number of GP consultations „rose sharply“ (+47.4%), while that of the specialist consultations rose by 4.1% (1). Why do we have an average of 18 GP visits per year in Germany while Scandinavian countries only have four? Is the increased number of GP consultations in the HzV perhaps the result of bonus systems (such as for check-up appointments or appointments within the scope of a disease management program)? With respect to the specialist consultations: one goal of the HzV is to restrict the specialist consultations to those absolutely necessary. Thus, the argument put forward by the authors that the increase in specialist consultations suggests „more intensive and better coordinated care“ is not comprehensible. Patients often „would like“ a referral to a specialist without a compelling reason.

A further statement from the study: „A stronger effect was observed in the rate of patients with 5 and more drugs prescribed by GPs.“ The problems of polypharmacy in older adults, with its risks, adverse drug events, and side effects, are well known.

Further criticisms of the work include the financing of the study by the statutory health insurance AOK PLUS (neutrality?). The matching of intervention group and control group patients is questionable. The propensity score can only be adjusted for known and actually measured patient characteristics. The characteristic „morbidity index“ is critical because of known up-coding of ICD-10 diagnoses. Studies do not necessarily reflect the everyday reality for GPs. Especially for older multimorbid patients, the limits of measurable, evidence-based, guideline-oriented medicine are quickly reached. In these cases, it is mainly about time, attention, and quality-of-life for patients—which must be provided despite the current situation, in which retiring GPs are barely able to find successors for their practices.

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REFERENCES

1. Freytag A, Biermann J, Ochs A, Lux G, Lehmann T, Ziegler J, Schulz S, Wensing M, Wasem J, Gensichen J: The Impact of GP-centered healthcare—a case-control study based on insurance claims data. *Dtsch Arztebl Int* 2016; 113: 791–8.

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Conflict of interest statement

The author declares that no conflict of interest exists.

In Reply:

We would like to thank Dr. Hector for his analysis of the results of the evaluation study (1) and would like to provide the following answers to the questions he poses. The increased number of GP consultations in the group of participants in the GP-centered health care (HzV) of the AOK PLUS in Thuringia (Germany), as compared to the control group, is attributable to a more intensive monitoring of patients, who were predominantly older, multimorbid, and chronically ill. We especially interpret the decrease in the specialist consultations without referral, as a higher degree of GP care coordination. We consider the idea that specialist physician referrals are more frequent in the HzV group than in the control group „on a patient's request without compelling reason“ unfounded; however, this cannot be checked based on these data.

Furthermore, we think that our article, and particularly the section on limitations, has already addressed the critical comments of Dr. Hector, namely, those concerning the propensity score matching and the morbidity index. We would like to point out once again that this evaluation compared GP-centered health care to usual care. Indeed, our study results may even suggest that the GP-centered health care is better than usual care at allowing the GP practices to provide patients in need with the necessary time and care, as mentioned by Dr. Hector.

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REFERENCES

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