

# Reform design, institutional and workforce factors affecting the pace of change

## A qualitative study analysing the emergence of Primary Care Units in Austria

### Background

- Austria's health care reform aims at transforming primary care from single practices to multidisciplinary primary care units (PCU).
- The emergence of primary care units is lacking behind the expectations of policy makers.

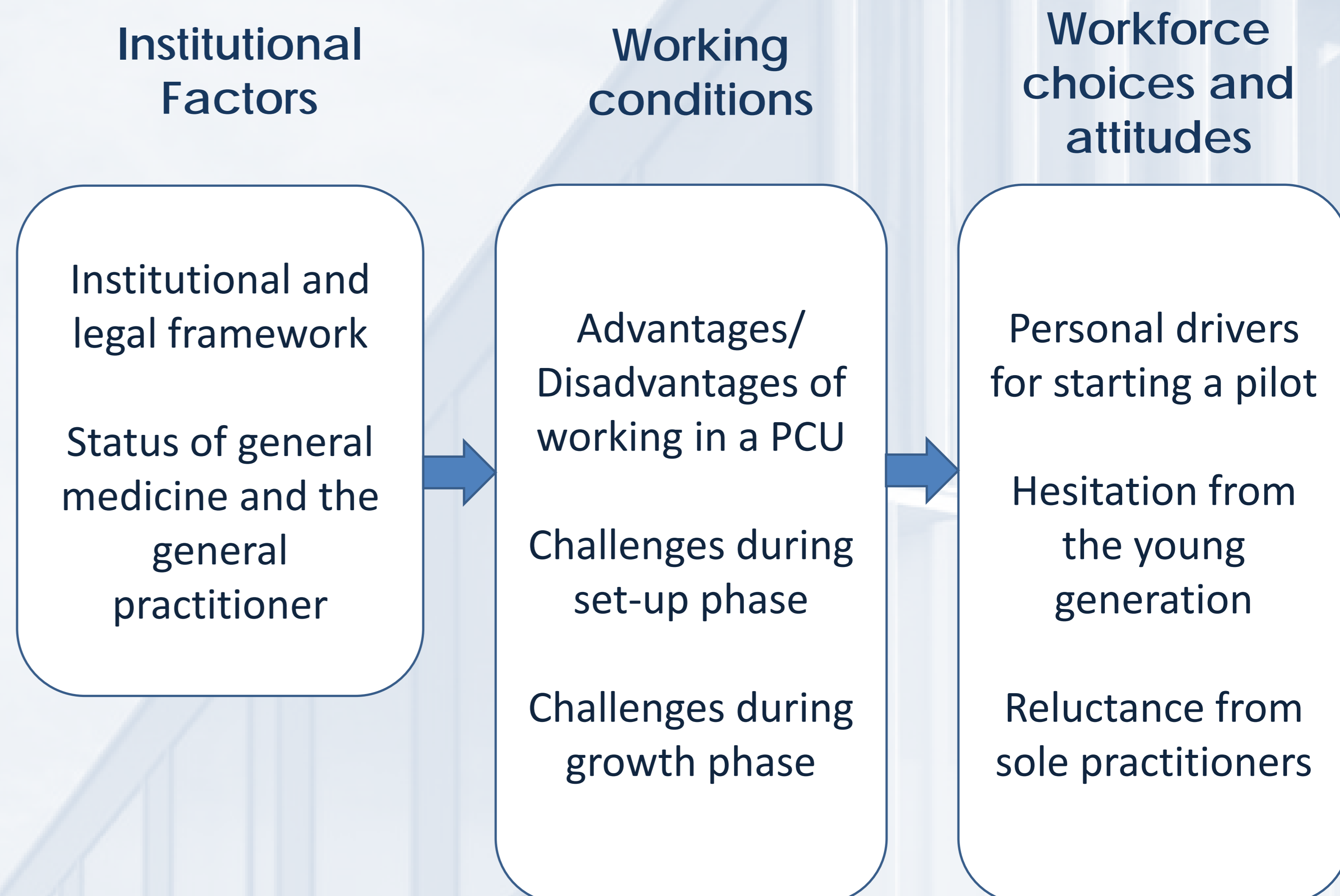
### Research Question

What are the enabling and constraining factors that are influencing the emergence of primary care units in Austria?

### Method

- 14 problem-focused interviews with general practitioners working in pilot projects (primary care units)
- One focus-group discussion with 4 general practitioners working in single practices
- Document analysis of secondary qualitative data and relevant policy documents
- Content analysis of transcripts and materials

## Results



Facilitators	Barriers
<b>Institutional factors</b>	
<b>Institutional and legal framework</b> <ul style="list-style-type: none"> <li>▪ Collaborative relationships between founders of PCU, political stakeholders and social insurance</li> <li>▪ Common guidelines for the pilot contract</li> <li>▪ Media attention</li> <li>▪ Grants for fixed costs</li> </ul>	<b>Institutional and legal framework</b> <ul style="list-style-type: none"> <li>▪ Difficulties in cooperating with political stakeholders, professional representation and social insurance</li> <li>▪ Legal forms for PCU, compensation schemes, opening requirements</li> <li>▪ Competitive behaviour of colleagues and other service providers</li> </ul> <b>Status of general medicine</b> <ul style="list-style-type: none"> <li>▪ Low status of general medicine at university and in hospitals</li> <li>▪ Stressful work and low pay associated with the profession of a general practitioner</li> </ul>
<b>Working conditions</b>	
<ul style="list-style-type: none"> <li>▪ Higher life quality and better Work-Life-Balance</li> <li>▪ Better opportunities for self-realisation</li> <li>▪ Mutual support within a team</li> <li>▪ Prospect of financial benefits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Less autonomy</li> <li>▪ Sometimes: Lack of recognition or even hostility from other colleagues at the beginning</li> <li>▪ Challenges during set-up phase (finding partners, investment risk, time consuming negotiations, bureaucratic procedures)</li> <li>▪ Challenges during growth phase (find partners, new personell, investment risk, growing patient stream, personell planning, teambuliding)</li> </ul>
<b>Workforce factors</b>	
<b>Personal drivers for starting a pilot</b> <ul style="list-style-type: none"> <li>▪ Entrepreneurial, pioneer spirit</li> <li>▪ Teamplayer</li> </ul>	<b>Hesitation from the young generation</b> <ul style="list-style-type: none"> <li>▪ Entrepreneurial risk</li> <li>▪ Bureaucratic burden</li> <li>▪ No experience with working in a multidisciplinary team</li> </ul> <b>Reluctance from sole practitioner</b> <ul style="list-style-type: none"> <li>▪ No clear picture/idea of a PCU</li> <li>▪ Doubts about the benefits of teamwork</li> <li>▪ Fear of longer working hours</li> <li>▪ quality improvement for patients unclear</li> </ul>

### Conclusion

#### System changes:

- Improve education and training for general practitioners
- Revise compensation schemes in primary care
- Redesign/define competence profiles for general practitioners and non-medical professional groups working in primary care

#### Legal advice and entrepreneurship counseling:

- Providing information and advice for practitioners striving for participating in a pilot project (legal advice, business planning, quality management teambuilding)

### Discussion

- Health care reforms involve a change process that needs strategic planning, regular monitoring and corrective actions.
- The success of health care reforms depends on institutional and workforce factors that affect the pace of change.
- Institutional factors affect working conditions which shape workforce choices and attitudes.
- Therefore, institutional factors need to be carefully analysed and designed to align reform goals with health personnel needs and preferences.