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Primary Care Professionals' perceptions on frequent attendance: definitions, motives, profiles and relationships with frequent patients

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INTRODUCTION

- Frequent attendance is one of the most worrying and complex aspects in the daily practice in primary care (PC).
- Despite the extended use of the term, **the definition of frequent attendance is not clear.**
- Different studies have focused on **quantitative criteria** to approach the problem and its causes (e.g. number of visits per year per patient).
- A **qualitative approach** is necessary in order to include the perspectives of PC professionals.

OBJECTIVES

- To know primary care (PC) professionals' perceptions of the criteria for defining frequent attendance.
- To know PC providers' perceptions of the reasons for patient visits, patient profiles and their relationships with frequent patients.

METHODS

DESIGN

Qualitative study using semi-structured interviews during the period from December 2007 to April 2008.

SETTING

Primary Care Centres of six health districts of the Community of Madrid, Spain.

METHODS

PARTICIPANTS AND CONTEXTS

- Inclusion criteria were :
 - Primary care professionals (MD and nurses)
 - To have cared for the same patients for at least one year.
 - To show interest in the subject of frequent attendance.
- Recruitment was conducted by the Public Health Officers of each of the six districts that participated in the study.

METHODS

- **18 interviews** were conducted, 3 per health district (two physicians and one nurse).
- **Structural sampling** taking into consideration variables that could influence the discourse: health area, occupation, sex and number of years worked.
- Conversations were tape-recorded and transcribed.
- Transcriptions were analysed by two investigators, who reached an agreement of the interpretation.

RESULTS

REASONS FOR FREQUENT ATTENDANCE

- PC professionals' perceptions include two major categories: medical reasons and non-medical reasons.
- The most common **medical reasons** are thought to be chronic diseases and multiple pathologies (hypertension, diabetes, cardiac disease, tumours), as well as other health issues such as nonspecific pains, gynecological complaints or psychosocial problems.
- **Non-medical reasons** are those connected to social or family issues, causing the patients to frequently seek help from PC services.

RESULTS

PATIENT PROFILES

- **Elderly:** People suffering from chronic pluri-pathology and who are very dependent on the health system; they go to the health centre for general monitoring of the pathology and for somatic complaints. Among them, professionals differentiate between women aged 60-65 living alone (without family or social networks) and slightly younger men who have recently retired.
- **Middle age:** 40-year-olds. Men with hypochondria and overstressed women who somatize psychosocial problems (familial, social, labor). Common patients are women with fibromyalgia and caregivers.
- **Young:** The participants emphasise two different groups of frequent attenders: a) people with easy access to inappropriate health information (via the Internet) who are overly concerned about their health; b).those who somatise relatively trivial life issues.

RESULTS

PROFESSIONAL-PATIENT RELATION

The professional's opinion about the doctor-patient depends relationship on **each individual case.**

“It depends...there are people you can't stand, at the beginning you don't get on with them, and just seeing their name on the patient list makes you dread seeing them...and there are others that you tolerate better or have more empathy for...I don't know how to put it...we are humans too.”

RESULTS

EFFECT ON PROFESSIONALS

- PC professionals express exhaustion, burnout and lack of appreciation at work.
- They allude to a connection between two categories: frequent attendance and the difficult patient.
- They think that with these patients **the relationship will eventually deteriorate.**
 - *“...there are always 3 or 4 so tedious, so trying...that you say ‘damn it’ you know? He came yesterday, and the day before...and you ask yourself, What does he want now? What did he forget? With some I end up telling them, it’s enough, don’t come back this week...”*

RESULTS

PSYCHO SOCIAL ISSUES

- Providers refer that those factors are a common characteristics of patients that repeatedly seek medical care.
- Those problems are difficult to resolve in the PC setting.

“The over-users come because of these problems that are still unresolved...of course, so much hard work with them produces absolutely nothing...and eventually we realize that in the end, they have a bad adaptation to stress or an anxiety disorder. Well, these are sick people who keep coming back with the same thing on their mind...”

CONCLUSIONS

- According to their discourse, PC professionals concern with frequent attenders is not related with those patients number of visits, but with some characteristics of those visits.
- Perhaps for a PC professional in a daily consultation, it is **more complicated to manage a social problem** in persons who go to the health centre a few times than to deal with chronic patients who go many times for managing their conditions.
- **Coordination** with other institutions and psychosocial resources would help PC professionals to improve the quality of the consultations and to solve the patient's problems.