Summary, project 124033

Collaboration models in general practice

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The new GP regulation applicable from January 1st 2013, aims at changing the GPs traditional patient centered approach to a clearer position in the overall health care system in the municipality. The new GP regulation emphasizes both the municipality's responsibility for general practice and the GPs role.

This report describes a range of different collaboration models practiced in primary health care up until the new GP regulation implementation. The descriptions indicate the diverse range of collaboration models involving GPs that exist.

The collaboration models are first presented as a contextual model influenced by place, individuals, and culture, and then as a pure model - an ideal model - independent from place, individuals, and culture. The ideal model is believed to be transferable to other municipalities. It should be noted that the strengths and weaknesses of collaboration models are not discussed in the report. Effects of the models are not evaluated, and no normative descriptions are offered.

Key factors in the description of the contextual models is the geographical region in which it is in use, population size setting, distance to nearest hospital, not to mention whether the GP clinic is owned by the municipality or the GP – i.e. whether the doctor is paid by salary or fee-for-service. Our results give reason to believe that some collaborative tasks are better resolved by salaried GPs rather than a fee-for-service approach.

Collaboration models can be organized into three cooperative levels: level 1 refers to integrated cooperation in the municipality, level 2 refers to inter-municipal cooperation, and level 3 refers to the collaboration between GPs and hospitals.

Collaboration models at levels 1 and 2, include inter-municipal cooperation in GP services as well as in primary chief physician services; collaboration between GPs and diabetes nurses; interdisciplinary meetings on the municipality level; collaboration between primary chief physicians and local councils in a big city; collaboration between GPs and specialist teams; a new model of GPs monitoring people on sick leaves; GPs and healthy life work; models for emergency medical training; and emergency unit cooperation. We found only a few inter-municipal cooperation models involving GPs, and also very few inter-municipal cooperation models aimed at chronic illness groups.

Collaboration models at level 3, between hospitals and GPs, include examples of collaboration with mobile teams of specialist, on substance abuse/psychiatry, between practice coordinators, on telemedicine, on intermediate units, and between emergency teams and GPs.