

Abstract

Barriers and solutions for the integrated care of diabetic patients from the point of view of general practitioners in Latvia

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Abstract

Introduction: Ambulatory care sensitive indicators for chronic care patients, such as avoidable hospitalizations and preventable mortality, show worse results in Latvia in comparison with the EU average. Previous studies reveal the situation is not far behind in terms of the quantity of diagnostics and consultations, but it is possible to prevent at least 14% of hospitalizations in the chronic patient group. The aim of this study is to find out the opinions of GPs on the barriers and solutions for better care results for diabetic patients in the context of applying an integrated care approach.

Methods: A qualitative study was conducted in the form of semi-structured in-depth interviews (5 themes, 18 questions), and analyzed using an inductive thematic analysis. The online interviews were conducted in May and April 2021. The respondents were GPs representing different rural regions ($n=26$).

Results: The results of the study reveal that the main barriers to integrated care are: the workload of GPs, especially in COVID conditions; the limited visit time; the lack of focused informational handouts; long queues for secondary care; and the lack of electronic patient health records (EHRs). GPs point to the need to set up patient EHRs, to develop diabetes training rooms in regional hospitals, and to expand GP practice with a third nurse.

Discussion: Special attention should be paid to developing integrated care tools at the healthcare system level and patient data digitization and care of socially isolated and sedentary patients by developing home care services, communication tools and integrating primary, secondary and social care at the regional level.

