NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 6285

Title

Manifestation of Primary Care Features in Shanghai's Family Doctor Service and Their Impact on Health: A Mixed-Methods Study

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

Yang Wang, PhD, Hua Jin, Yang Zhao, PhD, Yi Qian, PhD, MPH, Hui Yang, PhD, Dehua Yu, Hai Fang, PhD

Abstract

Context: Mainland China's primary care system significantly differs from those in developed countries in design, resources, and capabilities.

Objective: To evaluate the real-life experiences and impacts of primary care functional features under Shanghai's family doctor contract service program, analyzing their effects and mechanisms on health outcomes.

Study Design and Analysis: Employing a mixed-methods explanatory sequential design, the study involved a quantitative phase that calculated the person-centered primary care measure (PCPCM) score and its correlation with EQ VAS scores using a two-stage random sampling method. The qualitative phase consisted of focus group interviews exploring patients' experiences and the impact of primary care functional features on health, with integration through meta-synthesis and joint display for meta-inferences.

Setting: Primary care settings in Shanghai, China.

Population Studied: Shanghai patients enrolled in the family doctor contract service over the past twelve months.

Instrument: PCPCM scores and focus group-derived themes on primary care features.

Outcome Measures: EQ VAS levels and fasting blood glucose for diabetics.

Results: The study recorded high average PCPCM scores (3.65) among 2,210 patients, with a significant positive correlation between PCPCM scores and EQ VAS levels (OR=1.23, 95% CI: 1.14-1.32), confirmed by instrumental variable tests. Qualitative findings from interviews with 85 patients supported and extended these results, emphasizing the importance of features such as accessibility, coordination, and relationship quality. Discrepancies between some quantitative and qualitative outcomes concerning comprehensiveness, integration, and the family and community context, along with the discovery of two new functional features—"being valued" and "being cared for"—illustrate the significant influence of the local healthcare context and patient preferences on quantitative results. Additionally, the qualitative research identified six key mechanisms enhancing the beneficial effects of local primary care on health.

Conclusions: The findings underline the importance of improving primary care functional features in Shanghai, and possibly in other regions of China, to enhance population health. They also highlight the need for the further development of primary care quality assessment tools that more accurately reflect local primary care functional features, taking into account the actual conditions.