

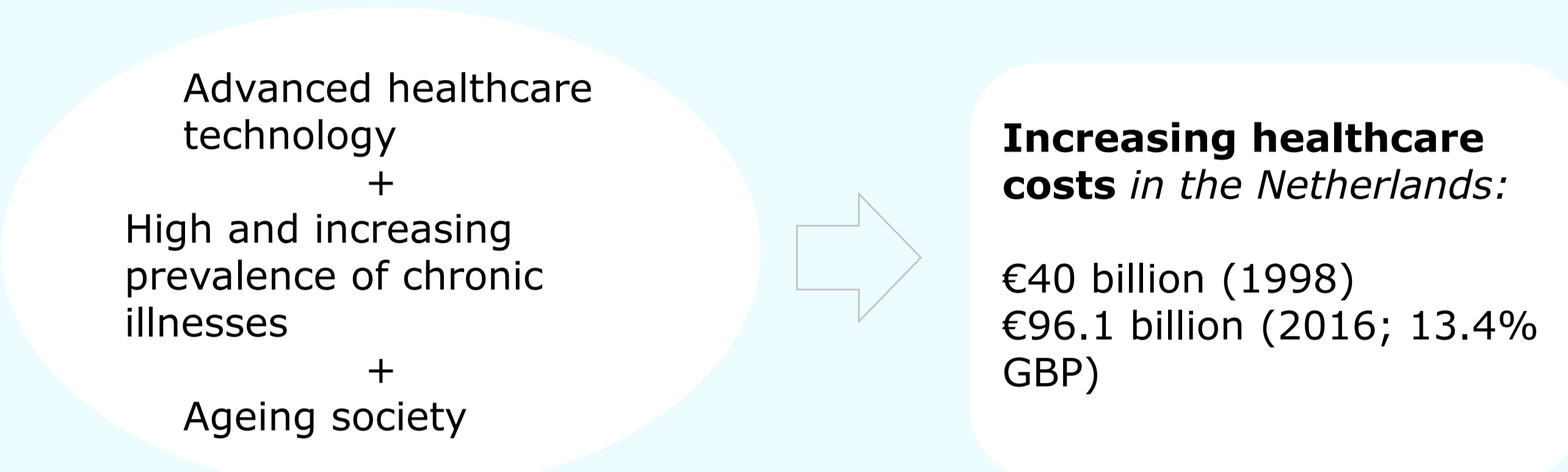
Implementing a complex innovation in general practices: from a universal to a practice-centred approach

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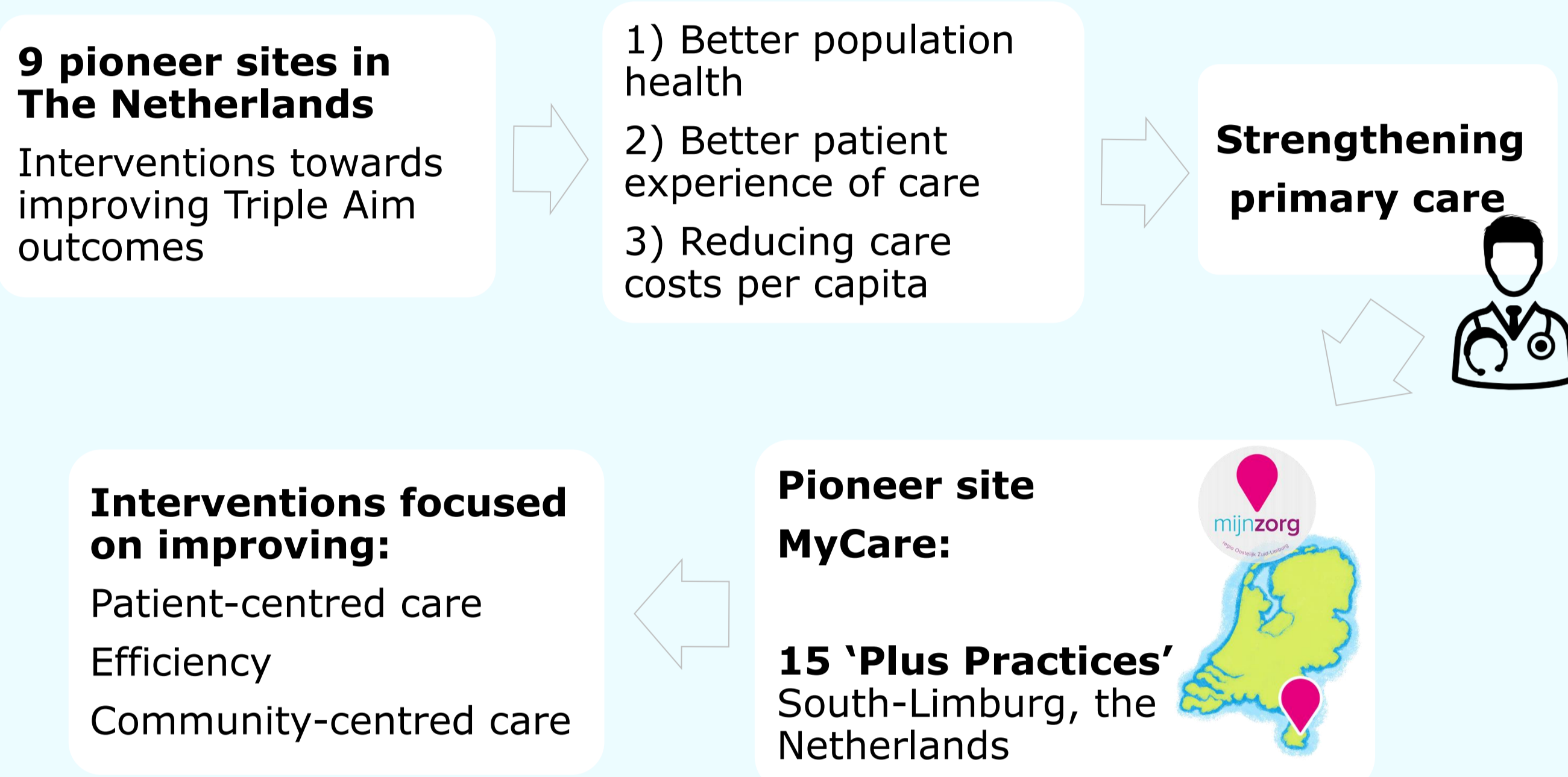
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Background



An initiative to restrain healthcare costs:



The regional primary care organization HuisartsenOZL and healthcare insurer CZ started the 'Plus Practices' initiative together with fifteen out of the approximately 75 general practices in the MyCare region. This initiative implicates **a new role** for the primary care group in **guiding, facilitating and stimulating** innovations in general practices.

Objective

The aim of this study is to **assess the implementation** of the 'Plus Practices' and describe **the approach of the primary care organization** in guiding, facilitating and stimulating the 'Plus Practices' to innovate in order to improve on Triple Aim outcomes.

Methods

- A qualitative approach was used
- Data sources:
 - Observational notes of meetings and work groups
 - Semi-structured interviews with stakeholders
- The **Consolidated Framework for Implementation Research (CFIR)** was used to analyze the data
- Provisional insights of the researchers were shared with the stakeholders to improve the implementation of the 'Plus Practices.'

Preliminary results

Representatives of the different stakeholders (general practitioners and policymakers) were interviewed (N=9).

The observations and interviews revealed that in the first two years after the start in 2016, **the approach** used by the primary care organization **changed**. See table 1.

Table 1: Development of the approach used by the primary care group

From	→	To	Examples
Result oriented guidance		A more process oriented guidance	3-monthly check on process goals
Vertical implementation approach		Elements of horizontal implementation approach	Peer group meetings between 'Plus Practices'
Generic support		Tailored support	Help design project plans. Offering practice management support.

The stakeholders state that the 'Plus Practices' are valuable and mention several aspects that **facilitate** the implementation. Some other factors were perceived as a **barrier** in the implementation of the 'Plus Practices'. See table 2 for the barriers and facilitators.

Table 2: Barriers and facilitators regarding the implementation

Summary of statements regarding the 'Plus Practices'	Barrier/facilitator	Stated by
Homogeneous uptake of interventions by general practices in the region	Facilitator	Policymakers
Branded as leaders in primary care in the region	Facilitator	General practitioners
Not enough clarity/transparency about the vision and motivation of the project	Barrier	General practitioners
More influence on general practices to achieve Triple Aim goals	Facilitator	Policymakers
Not enough involvement of general practitioners in choice of interventions and implementation design	Barrier	General practitioners
Support of implementation and opportunity to learn from other general practices	Facilitator	General practitioners

Conclusion

Based on a close collaboration between the primary care organization, the GPs and the researchers, **the initial initiative shifted from a universal to a practice-centred approach**. The preliminary results indicate that a practice-centred approach is **most feasible to implement a complex intervention** to improve on Triple Aim outcomes. Based on the preliminary results it can be recommended that more involvement of general practitioners and more transparency would improve support of general practitioners.