How fast can we run?

The Icelandic lecture

- How is the panel size in the nordic countries?
- How is the panel size outside the nordic countries?
- What influenzes our workload and how fast can we run?
- Four groups for discussion
- Presentation from each group

The golden number

1500 patients/GP
The golden number

1500 patients/GP

The golden number – 1500 pt/GP

- Around 30-40 years old
- Probably used in salary negotiations at first
- But much has changed in our countries since then
- **There can be significant differences between countries in how primary care is organized**

How is the panel size in the Nordic countries?

Sweden

- 2012: GPs to few. 30% lower than feasible, or 4800 instead of 6300, considering the goal of 1500/GP
- 25% of Healthcare centers had good employment status with an average of <1600/GP.
- One of six HCC had >2600/GP
- In the year 2000, political decision by Riksdagen about the goal of 1500/GP.
- This is also the opinion by Läkarförbundet, if we wish to keep "satisfying quality- and safety-aspects"
- The Borgholm-model
    - The home as the hospital
    - 1000 pat/GP
    - PC is in charge

NYHETER

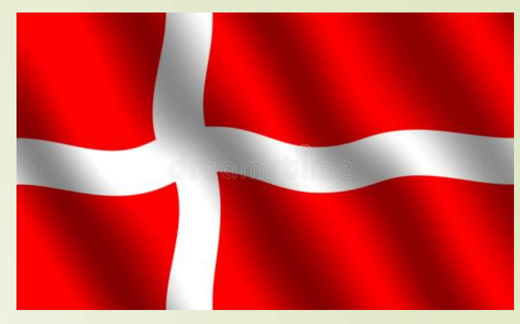
Förvaltningsrätten ger Arbetsmiljöverket rätt:

Fler än 1 500 listade patienter är lika med hög arbetsbelastning

Efter inspektioner i primärvården i Örebro läns landsting ansåg Arbetsmiljöverket att arbetsgivaren bör göra tätare riskbedömningar för läkare som har fler än 1 500 listade patienter. Men landstinget höll inte med. Nu ger Förvaltningsrätten Arbetsmiljöverket rätt.

Marie Ström

Danmark



- According to PLO in DK in july 2017, the number of patients per doctor had increased from 1554 in 2009 to 1634 in 2017.
- 13% of the practises has more than 2000 pat/doctor year 2017, compared to 9% in 2009.
- At the same time PLO points out that the Danish population is getting older and more patients have chronic and multiple chronic illnesses. Concequently, the number of patients who need to see their GP more frequently is therefore increasing, leading to heavier burden on the GPs.
- In DK there is an agreement that you can close your list of patients in your practice at 1600 pat/GP

Norway

- In Norway the Fastlegestatistikk 2016 shows that the number of listed patients has decreased since 2005 when they had about 1200 patients per practice to 1120 year 2016.
- In Trønderopprøret Norwegian GP's want fewer patients per practice and more time for each patient.
- Increased workload has resulted in recruitment difficulties and that GPs quit earlier than expected.

Finland

- According to the Finnish medical association, there were 3166 licensed GPs 2016 which makes 1737patinets/GP
- According to the European commission there were 833inh/GP (hcc working physician) in 2013
- Challenges of PC in Finland
  - Expansion of duties without new resources
  - Shortage of personal –especially doctors

Iceland

- 2018
  - 220 practitioners (146 of which are GPs)
    - 1583pat/practitioner (2386/GP) year 2018
- 2010
  - 211 practitioners (165 of which are GPs)
    - 1505 pat/practitioner (1925/GP) year 2010

How is the panel size outside the nordic countries?

England

- 2014 there were 1724 pat/GP. GP under specialization are not included in that number.
- Compared to 1567/GP in 2010 (not the same source).
- There is no golden number for GPs in UK, but NHS has a goal of 40.000 GPs in 2020, which would make approximately 1500 pat/GP

Alaska

- In Southcentral Foundation Alaska, each primary care team typically has one GP, one nurse case manager, one member of case management support staff, and one certified medical assistant, responsible for around 1,400 people
- Each group of six primary care teams also has support from a dietician, pharmacist, midwifery and behavioral health consultant

USA

- The nation has about 1 primary care physician per 1500 population, including some who work less than full time in patient care (panel size usually ranging between 1200 - 1900)

What influences our workload and how fast can we run?

What influences list size?

- Patients:
  - Age
  - Disease burden
  - initiatives to move care from hospitals
  - rising public expectations
- Office:
  - Office settings
  - GP works alone
  - GP works along with other health care persons - nurses, assistance, physiotherapist, pharmacists….
  - GP works 24/7
  - GP works daytime only
- The GP

GPs-Stress

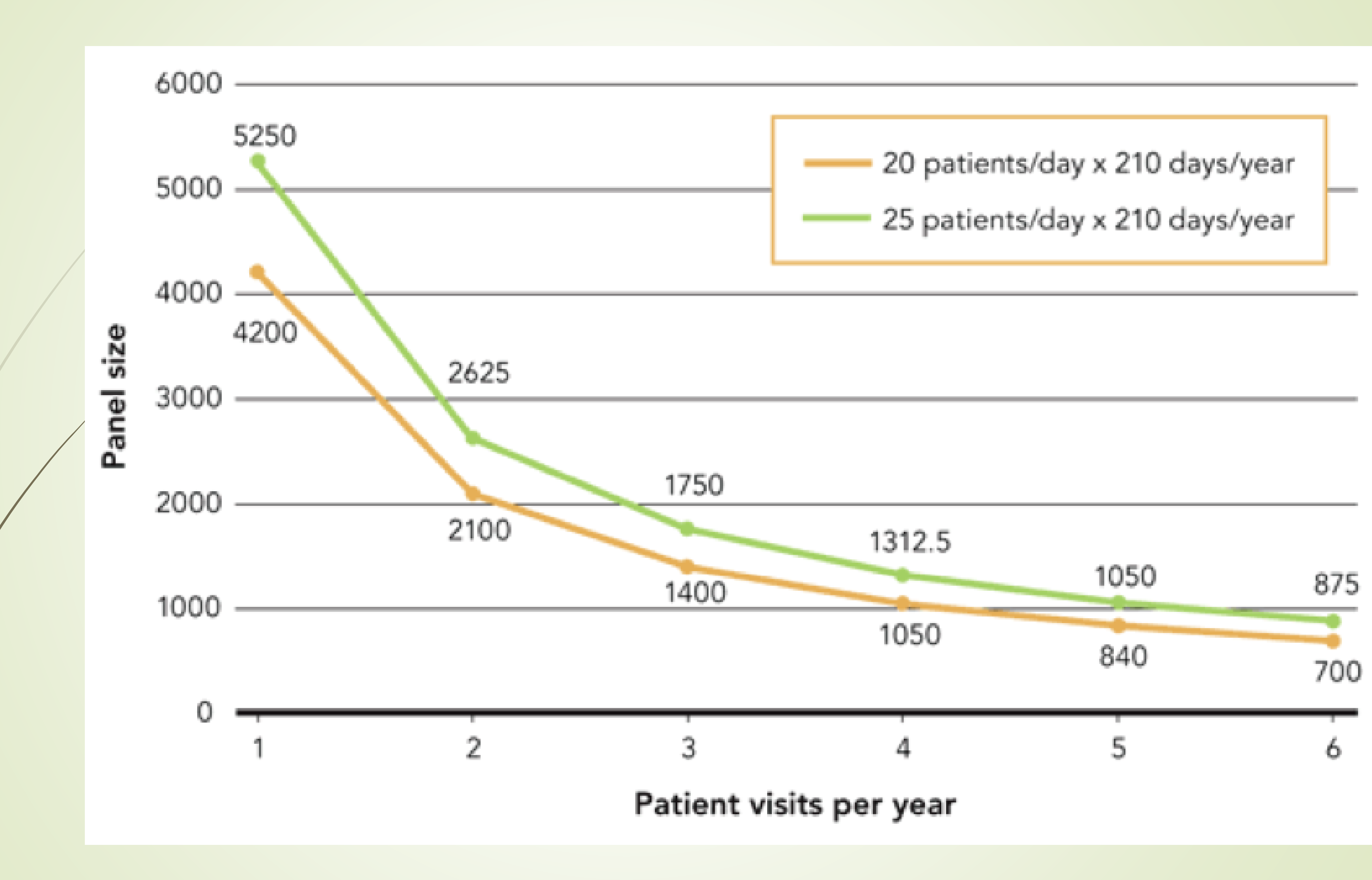
- Commonwealth Fund survey of GPs across 11 countries found that GPs in the United Kingdom reported the highest levels of stress, with 59 per cent reporting that their job was ‘extremely stressful’ or ‘very stressful’, compared to 18 per cent in the Netherlands and an average of 35 per cent across all 11 countries (Osborn and Schneider 2015).

Does panel size matter?

- Large panel size has been linked with reductions in access by individuals and in other key dimensions of PC service delivery, in particular relational continuity, comprehensiveness and patient satisfaction with care.
- Higher panel sizes have also been associated with poorer PC performance of process measures in prevention, health promotion and chronic disease management, though in a large observational study in the US Veterans Health Administration, effect on measured clinical processes was small and largely insignificant.
- The relationship between panel size and quality measures may not be linear, and there may be thresholds at high or low ratios of patients to physician where quality changes more rapidly.

Calculating the "perfect" panel size

- The most commonly cited approach to calculate an appropriate panel size for an individual PC physician is to examine availability of physician services (supply) in relation to patient usage of services (demand), an approach known as the "workload formula"
- (no. available visits per day X no. of days worked per year)/average no. of visits per patient per year
- 15x209/3,5 = 895
- 25x209/3,5 = 1492
- Unfortunately, published evidence is insufficient at present to produce a "formula" to describe context and its modifying effect on the relationship between panel size and quality.



6000
5000
4000
3000
2000
1000
0
Panel size
5250
4200
2625
2100
1750
1400
1312.5
1050
1050
840
875
700
20 patients/day x 210 days/year
25 patients/day x 210 days/year
1
2
3
4
5
6
Patient visits per year

Defined, appropriately sized patient panel

- Having a defined, appropriately sized patient panel at the provider level improves continuity and thus patient satisfaction with care; defines workload; permits prediction of patient demand; reveals provider issues; and helps improve outcomes (Murray et al. 2007)

Overdiagnoses

Five groups for discussions How do we see the future?

- **Group 1**
  - What becomes the role of a GP in his community, considering a panel size of 1500 patients?
  - How dose lowering this number make a difference for the service?
  - Gender perspective?
- **Group 2**
  - How do we see the need for a confidential conversation with a resonable GP in the modern society of social media and open communications?
  - Job satisfaction?
- **Group 3**
  - Is continuity of care helpful in modern society?
  - If yes, to what cost – to us and the community?
  - Gender perspective?
- **Group 4**
  - How would we like our practice to be? Why? What happens if it becomes like that?
    - Panel size, Patients per day, content and context?
  - Who rules your practice?

Influencing workload?