



Physicians' experiences with the Primary Care Chronic Disease Management Program in South Korea

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P083

INTRODUCTION

- An enormous financial and social burden imposed by chronic diseases **emphasizes the importance of improving the quality of primary care in managing chronic conditions**¹, prioritizing chronic care over acute care², ultimately leading to improve healthcare efficiency³
- In response to this need, the South Korea government initiated **the Primary care Chronic Disease Management Program (PCDMP) as a pilot project in 2019**
- Few studies have closely examined participating physicians' experience with the program

AIM

- To explore physicians' experiences during the PCDMP implementation
- To examine the potentials and challenges for sustainable change in primary care physicians managing chronic care
- To provide **valuable evidences** supporting the effectiveness of the PCDMP and generate critical insights for the ongoing development and enhancement of the program

METHOD

- Semi-structured interviews with 8 primary care physicians** who participated in the program
- Each interview lasting between 60 to 90 minutes
- The **main interview topics**
 - Physician experiences managing chronic diseases in primary care settings
 - Factors motivating them to participate in the PCDMP pilot project
 - Their experiences and challenges faced during the PCDMP implementation
 - Recommendations for enhancing chronic disease management in primary care settings
- Conducting **thematic analysis**
- Approved by the IRB of Seoul National University Hospital (IRB No. C-2104-144-1213)

CONCLUSIONS

- The PCDMP provides promising opportunities for improving chronic care quality in primary care contexts. However, several challenges still need to be addressed
- The provision of program guideline and financial incentives alone was not sufficient** to drive sustainable change in chronic care
- We must strive to **improve the program's compatibility with the current system** and **build a supportive environment** for primary care physician in local clinics

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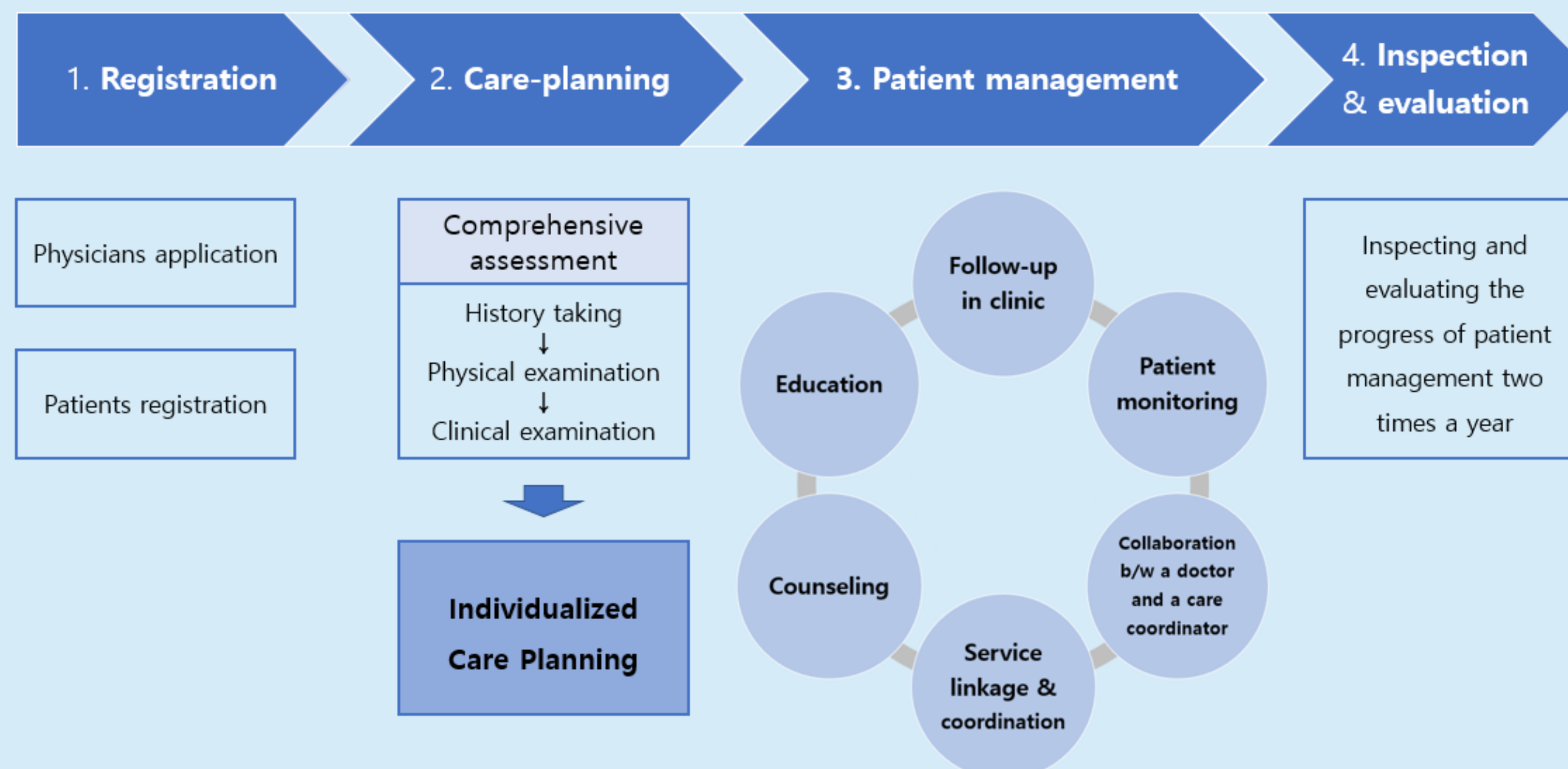
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RESULTS

The potentials for chronic disease management

- Performing desirable but previously overlooked tasks for best practice**
Foot & eye examination
Free lab test voucher
- Making efforts to spend more time on patient education during consultation**
"It's a somewhat coercive approach, but on the other hand, it also allows us to continuously discuss contents that must be included in education. (E4)"
- Feeling more responsible for chronic disease management**
"Chronic diseases are found more frequently in patients who visit for skin conditions or pain. As a result, I comprehensively see patients, always keeping in mind that the person may have a chronic condition. I try to test blood pressure for every patient and check blood sugar for those with slow recovery. (E4)"
- Improving therapeutic relationship with patients**
"The more I contact, the more I get to know about the patient and obtain information. Although it starts as a requirement in this program, it eventually leads to build better relationship with patients. I think there are many cases like this. (E8)"

The PCDMP process



The remaining challenges

- Neglecting to make a personalized care plan due to time constraints**
"I don't think there is a significant difference in care plans... it's about managing diet and then exercising, and the numbers that we set as our goals. (E5)"
- Feeling burdened to fill the designated time for patient education**
"Who can comfortably educate a patient for more than 10 minutes here when there are 5 or 10 patients waiting outside? You can't. (E2)"
- Overlooking patient monitoring tasks due to the complex requirement of medical claim**
"I know there are some incentives about other tasks, for example remote counseling and texting, but it requires a patient to submit their data and I need to do some extra work for data entry..... therefore it's difficult to provide text service. (E4)"
- Experiencing fatigue due to time-consuming administrative works**
Time-demanding works such as repetitive data input and patient registration
- Hesitating to impose extra cost on patients**
"They are not accustomed to pay for knowledge-delivering services.(E7)"
- Facing difficulties adopting a team-based approach due to insufficient financial incentives**
"Perhaps larger clinics with more than 2 physicians can afford to hire a care coordinator, but small clinics with solo practitioners may find it burdensome. (E7)"
- Contextual factors influencing chronic disease management**
Physical and social environment
Organizational factors
Physician individual factors
Patient related factors

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