

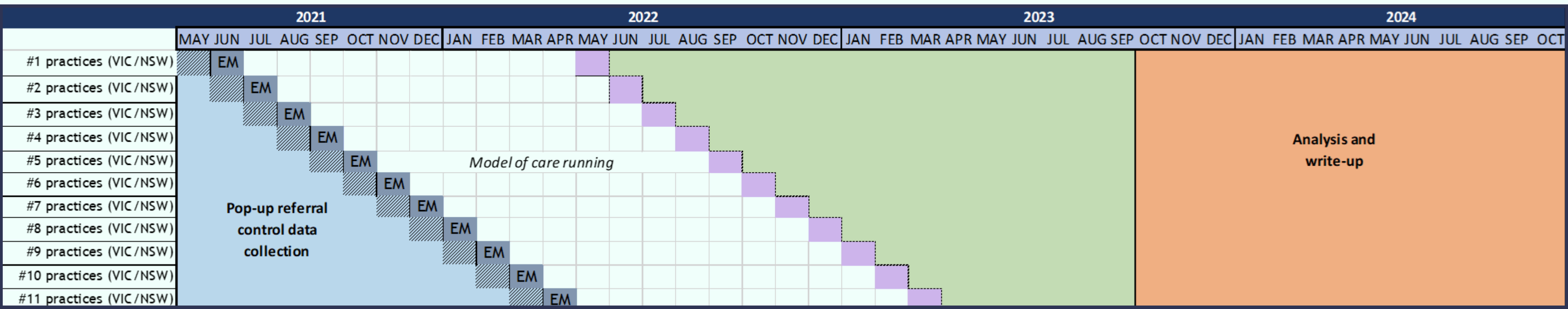


STRENGTHENING CARE FOR CHILDREN (SC4C): IMPACT OF AN INTEGRATED GP-PAEDIATRICIAN MODEL ON REFERRALS & PAEDIATRIC CARE

INTRODUCTION

Over the past two decades, Australia's child population has increased by 12%, yet there has been a decline in the number of children seen by GPs. Instead, more children are presenting to emergency departments and hospital outpatient clinics for conditions that could be effectively managed in primary care.

In response, we aimed to co-develop and pilot an innovative, integrated GP-paediatrician care model designed to improve the management of common paediatric conditions in primary care and test for feasibility and acceptability among GPs, families, and paediatricians across five general practices in Victoria, Australia.

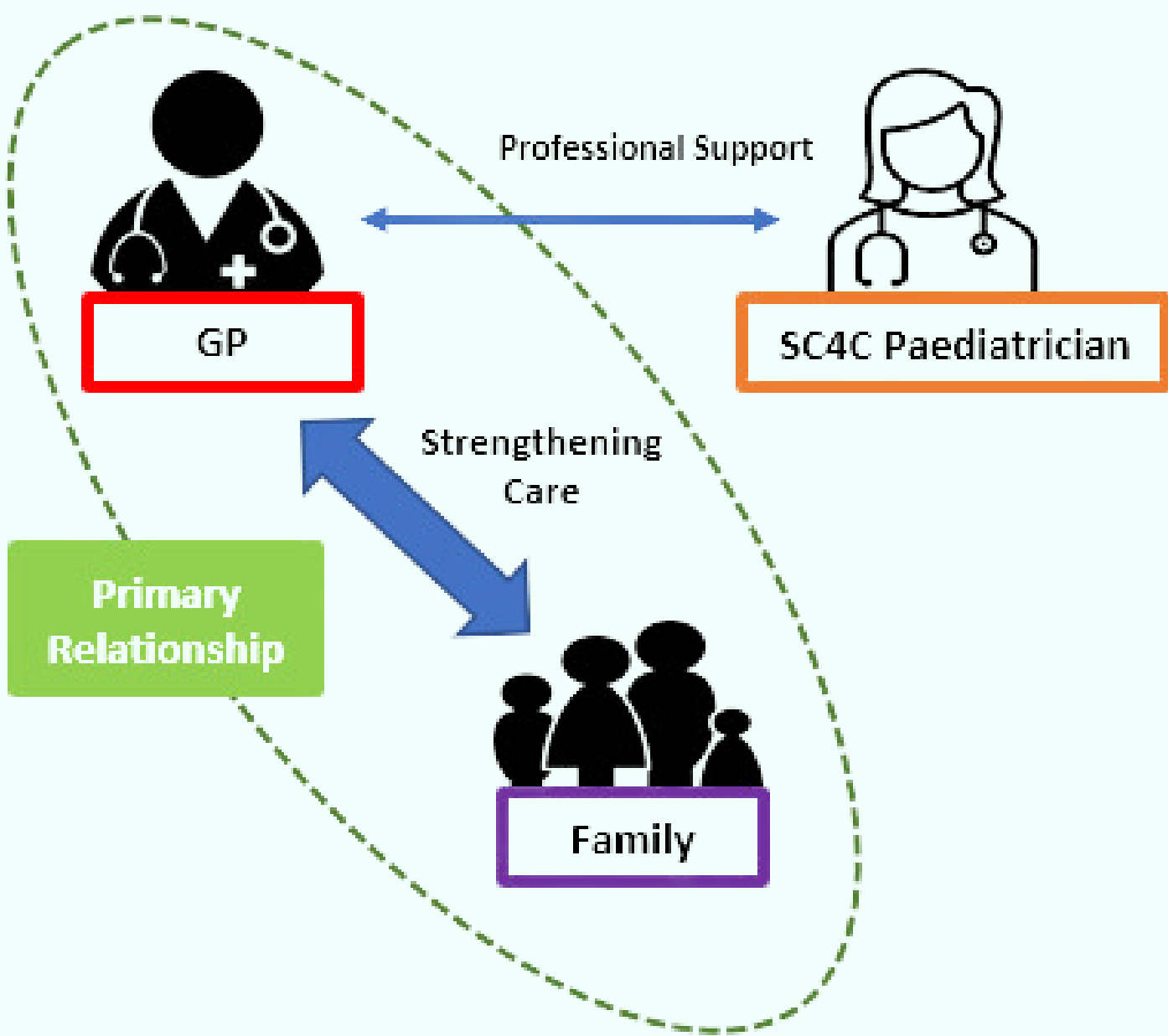


OBJECTIVE

- Primary Outcome**
- Reduction in GP referrals to hospitals and outpatient (OP) clinics.
- Secondary Outcomes**
- Reduced referrals to private paediatricians and other specialists.
 - Improved GP adherence to best practice guidelines and confidence in paediatric care.
 - Reduced preference for paediatrician referrals by families.
 - Health economic evaluation and analysis of implementation factors for scalability.

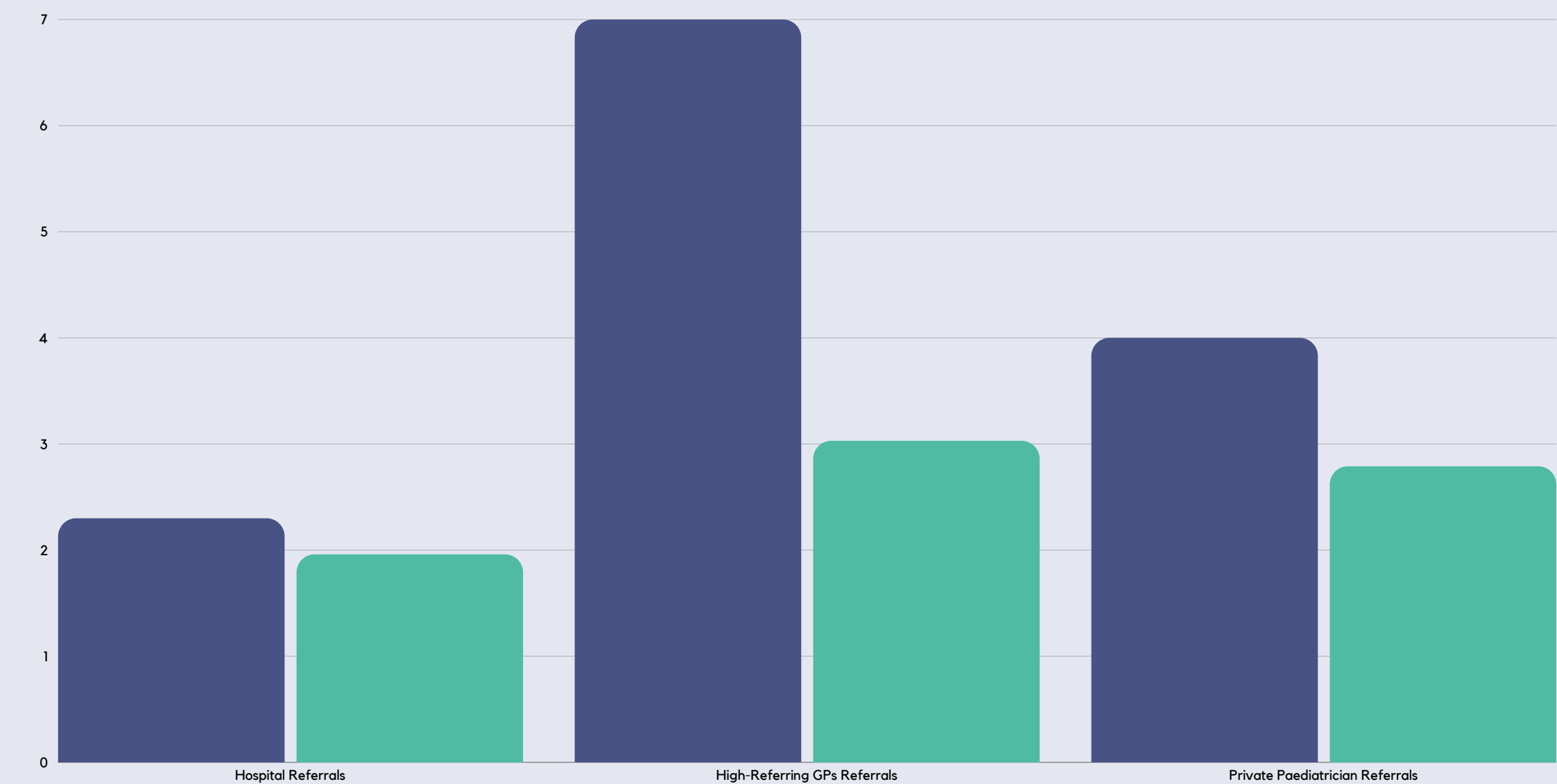
METHODOLOGY

- Design**
- Stepped wedge cluster randomised controlled trial.
- Setting**
- 21 GP practices in metropolitan Victoria and New South Wales.
- Participants**
- 130 GPs managing over 146,905 paediatric consultations.
- Intervention Activities**
- 2,427 Co-consultations
 - 103 Phone calls
 - 69 Emails
 - 246 Monthly formal case discussions (86% in-person)
 - 336 informal case discussions
 - 21 Clinic focus groups (GPs; PMS; nurses; admin staff)
 - 47 Interviews (GPs; practice managers; study paediatricians; project team; caregivers)



RESULTS

KEY FINDINGS: IMPACT ON REFERRALS



- GP referrals to hospitals decreased from 2.30% (990 of 50,101) in the control period to 1.96% (1,398 of 96,804) during the intervention (Risk Difference: -0.34%, 95% CI: -0.69 to 0.00, p=0.053).
- For high-referring GPs (≥5% of children referred at baseline), referrals dropped from 7.31% to 3.03% (Risk Difference: -4.28%, 95% CI: -6.59 to -1.97, p<0.001).
- GP referrals to private paediatricians also reduced from 4% to 2.79% (Risk Difference: -1.21%, 95% CI: -1.80 to -0.63, p<0.001).

GP CONFIDENCE & CARE QUALITY

GPs reported improved confidence in managing child health issues and navigating paediatric services (p < 0.02). No significant change in low-value care indicators for common conditions.

HEALTHCARE SAVINGS

At an estimated cost of AUS\$298 per patient referred and based on 96,804 children seen during the intervention period, a reduction in referrals of -0.34% represents a cost saving to the health care system of \$98,082. For the 10,030 patients of high referring GPs the potential cost savings from referrals is \$127,926.

CO- CONSULTATIONS

- Advice to Family**
76% of consultations resulted in advice provided to the family.
- Ordered Investigations**
22% of consultations required investigations (e.g., lab tests).
- Review by GP**
55% of consultations led to a follow-up review by the GP.
- Medication Changes**
21% of consultations resulted in medication adjustments.
- Reassurance to Family**
49% of families received reassurance.
- Handouts/ Resources**
20% of consultations involved providing educational handouts.

CONCLUSION

The Strengthening Care for Children (SC4C) model successfully reduces hospital referrals by over 4% in high-referring practices, enhances GP skills and confidence in managing paediatric care, while providing significant healthcare system savings. Future work will explore sustainability and the potential for large-scale implementation.



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TEAM AND PARTNERS

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