Healthcare system performance on care continuity for severe mentally ill patients in five countries

Pablo Nicaise

P Nicaise[1], D Giacco[2], S Priebe[2], V Lorant[1]
[1]Université catholique de Louvain, Brussels, Belgium
[2]Queen Mary University of London, London, UK
Contact: pablo.nicaise@uclouvain.be

Healthcare systems struggle to provide the appropriate organisational mechanisms for providing continuity of care in chronic care delivery. European healthcare systems are based either on single-payer social insurance coverage (NHS) or on regulated-market systems (RMS) and developed specific features for care provision, regulation, and financing. Features affect the effectiveness of cross-sectional, longitudinal, and relational care continuity.

The healthcare systems of Belgium, Germany, Poland (RMS), Veneto, and England (NHS) were reviewed using OECD and WHO reports. Hypotheses were formulated regarding systems' performance on care continuity. Ten indicators were assessed about 6,418 patients recruited in psychiatric hospitals and followed up one year after discharge. Multivariate regressions were used to control indicators for patients' characteristics and recruitment hospitals.

NHS (Veneto and England) were hypothesised to be more favourable to the delivery of care continuity than Belgium and Germany, Poland having a mixed healthcare system. Veneto had the overall best performance and Belgium the worst. In NHS, the average gap between hospital discharge and outpatient follow-up was twice shorter than in Belgium and Poland, but was similar in Germany. Patients had less access to different professions and services in RMS and had contacts with a higher number of psychiatrists in Germany. Results were mixed regarding relational continuity, satisfaction and helping alliance being higher in RMS than in England.

Globally, hypotheses were confirmed, although Germany had a higher and Poland a lower performance than expected. Relational care continuity is less affected by system features. The regulation of providers' competition on a geographical area may have major impact on cross-sectional and longitudinal care continuity. Comparative assessment of system performance can be achieved with straightforward indicators.

Key messages:

- NHS are more performant on cross-sectional and longitudinal continuity of care than regulated-market systems.
- Comparative assessment of healthcare system performance on care continuity can be achieved with straightforward indicators that could be included in routine outcome measurement systems.