

编号: YY006-20190909001

标题: Implications of interprofessional primary care team characteristics for health services and patient health outcomes: A systematic review with narrative synthesis

简介: Interprofessional primary care (IPPC) teams are promoted as an alternative to single profession physician practices in primary care with focus on preventive care and chronic disease management. Characteristics of teams can have an impact on their performance.

We synthesized quantitative, qualitative or mixed-methods evidence addressing the design of IPPC teams. We searched Ovid MEDLINE, Embase, CINAHL, and PAIS using search terms focused on IPPC teams. Studies were included if they discussed the influence of team structure, organization, financial arrangements, or policies and procedures, or either health care processes or outputs, health outcomes, or costs, and were conducted in Australia, Canada, the United Kingdom or New Zealand between 2003 and 2016. We screened 11,707 titles, 5366 abstracts, and selected 77 full text articles (38 qualitative, 31 quantitative and 8 mixed-methods).

Literature focused on the implications of team characteristics on team processes, such as teamwork, collaboration, or satisfaction of patients or providers. Despite heterogeneity of contexts, some trends are observable: shared space, common vision and goals, clear definitions of roles, and leadership as important to good teamwork. The impacts of these on health care outputs or patient health are not clear. To move the state of knowledge beyond perception of what works well for IPPC teams, researchers should focus on quantitative causal inference about the linkages between team characteristics and patient health.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43736

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标题: A review of attitudes towards the reuse of health data among people in the European Union: The primacy of purpose and the common good

简介: Health data are used for still more purposes, and policies are enacted to facilitate data reuse within the European Union. This literature synthesis explores attitudes among people living in the European Union towards the use of health data for purposes other than treatment. Our findings indicate that while a majority hold positive attitudes towards the use of health data for multiple purposes, the positive attitudes are typically conditional on the expectation that data will be used to further the common good. Concerns evolve around the commercialisation of data, data security and the use of data against the interests of the people providing the data. Studies of these issues are limited geographically as well as in scope. We therefore identify a need for cross-national exploration of attitudes among people living in the European Union to inform future policies in health data governance.

全文链接: http://pan.ckcest.cn/rcservice//doc?doc_id=43737

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标题: Research evidence supports cancer policymaking but is insufficient for change: Findings of key informant interviews from five countries

简介: Evidence-based policymaking values the use of research in the process of developing, implementing and evaluating policy. However, there is limited research attempting to understand how cancer policymaking occurs and the role of evidence in this process. Our study aimed to provide a deeper understanding of levers and challenges to the development and implementation of large-scale, health service policies or programs in cancer care. Within a realist framework, we conducted a thematic analysis of interviews with 13 key informants from five countries: Australia, Canada, Scotland, Denmark and New Zealand. Results identified a complex array of program mechanisms and contextual factors influencing cancer health-service policymaking. Research evidence was important and could form a rationale for change, such as by identifying unwarranted variation in cancer outcomes across or within countries. However, other factors were equally important in driving policy change, including advocacy, leadership, stakeholder collaboration, program adaptability, clinician and consumer involvement, and the influential role of context. These findings resonate with political science theories and health service reform literature, while offering novel insight into specific factors that influence policymaking in cancer care, namely clinical engagement, consumer input and policy context. Although research evidence supports policymaking, the complex ways in which cancer policies are developed and implemented requires recognition and should be considered when designing new programs and promoting the use of evidence in policymaking.

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标题: Catastrophic risk associated with out-of-pocket payments for long term care in Spain

简介: Objectives

This study analyses the financial burden associated with the introduction of copayment for long-term care (LTC) in Spain in 2012 for dependent individuals.

Material and methods

We analyse and identify households for which the dependency-related out-of-pocket payment exceeds the defined catastrophic threshold (incidence), and the gap between the copayment and the threshold for the catastrophic copayment (intensity), for the full population sample and for subsamples based on the level of long-term care dependency and on regional characteristics (regional income and political ideology of party ruling the region).

Results

The results obtained show there is a higher risk of impoverishment due to copayment among relatively well-off dependents, although the financial burden falls more heavily on less well-off households. Our findings also reveal interesting regional patterns of inequity in financing and access to long-term care services, which appear to be explained by an uneven development of LTC services (monetary transfers versus formal services) and varying levels of copayment across regions.

Conclusions

The new copayment for long-term care dependency in Spain is an important factor of catastrophic risk, and more attention should be addressed to policies aimed at improving the progressivity of out-of-pocket payments for LTC services within and between regions. In addition, formal services should be prioritised in all regions in order to guarantee equal access for equal need.

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标题: Towards safe nurse staffing in England's National Health Service: Progress and pitfalls of policy evolution

简介: In 2013, a national inquiry into care failings at a large public hospital in England resulted in major healthcare reforms that included targeting policy aimed at ensuring the adequacy of nurse staffing levels on hospital wards within NHS England. This paper uses a review of publicly available documents to provide a contextual account of the evolution of nurse staffing policy development prior to and following the inquiry. We found that securing safe staffing policy has been impacted by caveats and competing policy, evidence gaps, lack of coordination, and the absence of readily implementable solutions. Consequently, five years on, safe staffing policy for NHS England is described in aspirational terms that ascribes accountability to providers, but fails to adequately address barriers to delivery. Kingdon's 'policy windows' model is used to explain why policy, even when driven by strong public concern and with high inter-sector support, may struggle to gain traction when the conditions necessary for success are not present, and in the face of practical or political constraints. The progress and pitfalls encountered are not unique and the experience of safe staffing policy in England may have lessons for other countries grappling with policy development or implementation in this area.

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