What influences the commissioning, delivery, and uptake of general health checks?
A stakeholder perspective

Isolde Sommer

Cochrane Österreich

Department for Evidence-based Medicine
and Evaluation
University for Continuing Education Krems

Trusted evidence.
Informed decisions.
Better health.

Declaration of interest

- I have undertaken a project to revise the Austrian Health Check System, funded by the Main Association of Austrian Social Security Institutions.
- I have guided the process of developing recommendations for the Austrian Health Check System by a panel of experts.
- Internal funding from the university for this Qualitative Evidence Synthesis (QES).


originalarbeit

Wien Med Wochenschr (2019) 169:339–349
https://doi.org/10.1007/s10354-019-0699-6

wmw
Wiener Medizinische Wochenschrift

Evidenzbasierte Empfehlungen zur Überarbeitung der österreichischen Vorsorgeuntersuchung

Isolde Sommer · Viktoria Titscher · Birgit Teufer · Irma Klerings · Barbara Nußbaumer-Streit · Monika Szelag · Lisa Affengruber · Gernot Wagner · Anna Glechner · Christina Kien · Agnes Ebenberger · Irmgard Schiller-Frühwirth · Thomas E. Dorner · Andrea Siebenhofer · Bernd Haditsch · Herbert Bachler · Uwe Siebert · Gerald Gartlehner

Eingegangen: 14. Februar 2019 / Angenommen: 15. Mai 2019 / Online publiziert: 11. Juni 2019
© Der/die Autor(en) 2019


Sommer et al. BMC Health Services Research (2018) 18:823
https://doi.org/10.1186/s12913-018-3640-6

BMC Health Services Research

RESEARCH ARTICLE Open Access

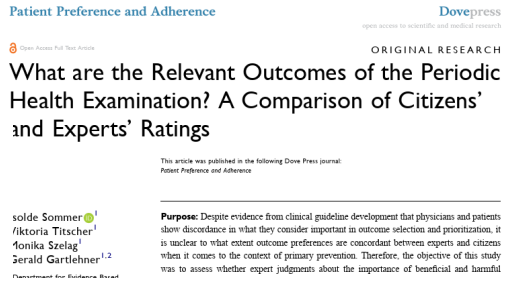
Participants' expectations and experiences with periodic health examinations in Austria - a qualitative study

Isolde Sommer[1*], Viktoria Titscher[1] and Gerald Gartlehner[1,2]

Abstract

Background: The engagement of citizens in the development of evidence-based screening programs is internationally supported. The aim of our research was to explore the motivations and reasons of adult citizens in Austria for attending periodic health examinations (PHE) as well as their satisfaction with the way PHE are organized.

Methods: We conducted three focus groups with a random sample of previous attenders of PHE. Participants were stratified by age, gender, and education. The discussions were recorded, transcribed, and analyzed using a thematic analysis approach.


Patient Preference and Adherence

Dovepress

ORIGINAL RESEARCH

What are the Relevant Outcomes of the Periodic Health Examination? A Comparison of Citizens' and Experts' Ratings

This article was published in the following Dove Press journal:
Patient Preference and Adherence

Isolde Sommer[1]
Viktoria Titscher[1]
Monika Szelag[1]
Gerald Gartlehner[1,2]

Purpose: Despite evidence from clinical guideline development that physicians and patients show discordance in what they consider important in outcome selection and prioritization, it is unclear to what extent outcome preferences are concordant between experts and citizens when it comes to the context of primary prevention. Therefore, the objective of this study was to assess whether expert judgments about the importance of beneficial and harmful

What is a general health check?

- General health checks aim to reduce morbidity and mortality in the population.
- Several screening tests are performed periodically to assess the general health of clients presenting without symptoms.
- The intention is to identify risk factors of preventable conditions and to detect early signs of curable diseases.
- Dedicated visit and excludes preventive care during chronic or acute care visits.

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Background

General health checks are offered despite clear evidence that national programmes have little or no effect on morbidity and mortality (Krogsbøll 2019; Si 2014).

National health checks programmes have low participation rates, particularly among people with higher clinical needs or health risks (Dryden 2012; Bunten 2020).

There is a growing market for health checks services provided as private or self-pay services that go beyond what is covered by national health checks programmes (Eikermann 2015; Zok 2015).

Cochrane Austria

Donau Universität Krems

Cochrane Reviews

Cochrane Library

Cochrane Database of Systematic Reviews

General health checks in adults for reducing morbidity mortality from disease (Review)

Krogsbøll LT, Jørgensen KJ, Gøtzsche PC

Cochrane Library

Cochrane Database of Systematic Reviews

Stakeholders' perceptions and experiences of factors influencing the commissioning, delivery, and uptake of general health checks: a qualitative evidence synthesis (Review)

Sommer I, Harlfinger J, Toromanova A, Affengruber L, Dobrescu A, Klerings I, Griebler U, Kien C

Aim of the QES

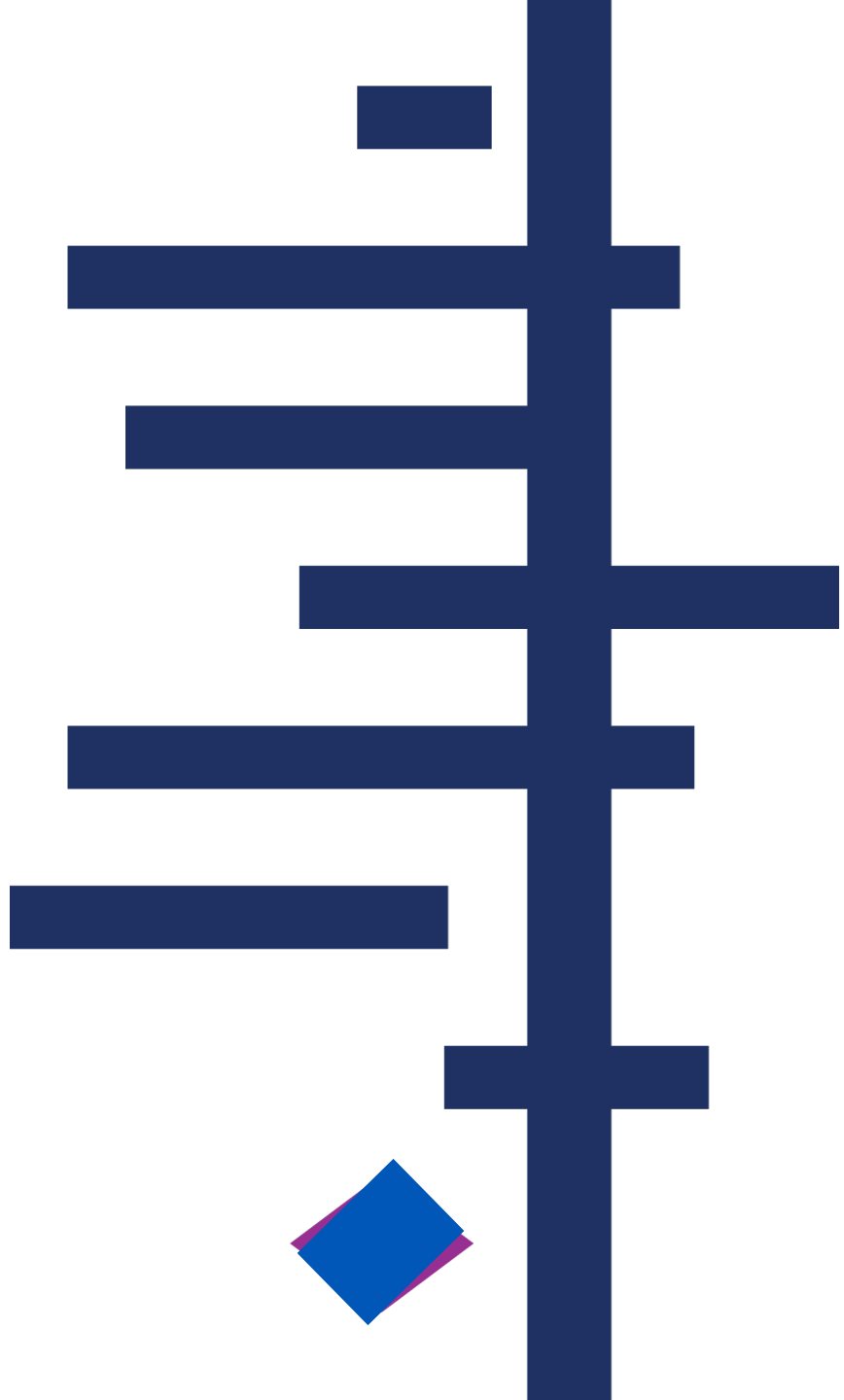
- To identify how stakeholders (i.e. healthcare managers or policymakers, healthcare providers, and clients) perceive and experience general health checks and experience influencing factors relevant to the commissioning, delivery and uptake of general health checks.
- To supplement and contextualise the findings and conclusions of the Cochrane effectiveness review (Krogsbøll 2019).

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Method

Untertitel durch Klicken hinzufügen



Approach

- Framework Synthesis (Booth 2015; Carroll 2011): Development of a framework

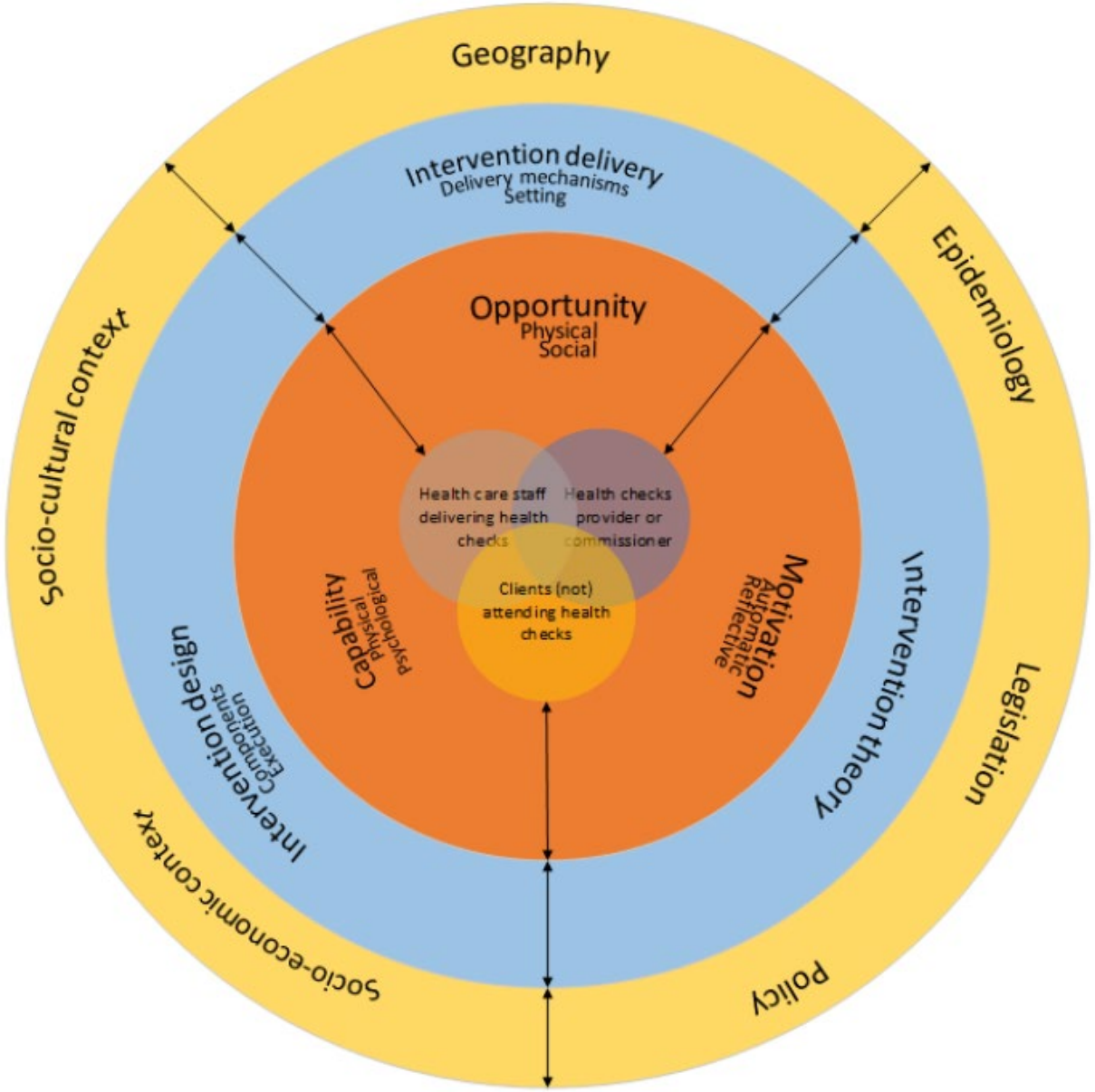
Eligibility criteria

Participants	Intervention	Evaluation	Settings
• Healthcare managers and policymakers offering or commissioning general health checks • Healthcare providers who deliver general health checks • Adults who do or do not participate in general health checks (i.e. clients)	• General health checks (screening for more than one preclinical disease or risk factor, performed only once or repeatedly) targeted to reduce morbidity or mortality (Krogsbøll 2019).	• Perceptions and experiences towards general health checks	• Any country or setting (primary care, communities, pharmacies, workplaces, non-governmental organisations, insurance companies, gyms)

Cochrane Austria

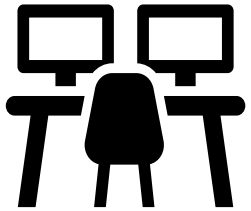
DONAU UNIVERSITÄT KREMS

Initial framework



COM-B and Theoretical Domains Framework (TDF), system-based logic model, CICI Framework (Atkins 2020; Michie 2011; Rohwer 2017; Pfadenhauer 2017)

Method



- Systematic literature search in MEDLINE (Ovid) und CINAHL (EBSCO) on 20 January 2022, citation searches in August 2022, top-up search in September 2023 but studies not incorporated
- Dual abstract and full-text screening
- Maximum variation purposive sampling strategy (Suri 2011): stakeholder group, setting, geographical area, and data richness
- Structured data extraction, data coding
- Assessing the methodological limitations (CASP) (Ames 2017;CASP 2018)
- Assessing the confidence with Grade-CerQual (Lewin 2018)

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Cochrane Austria

Findings

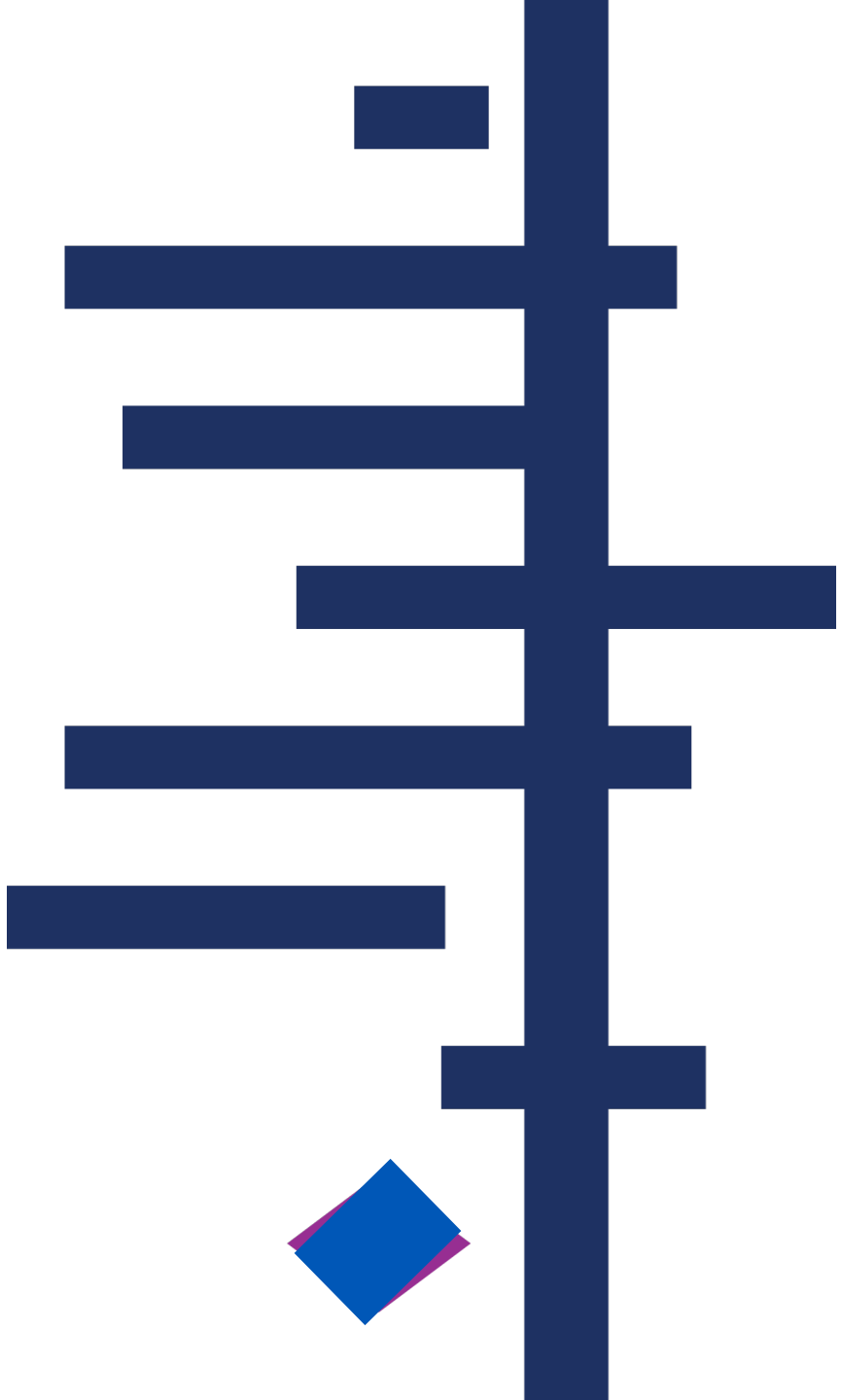
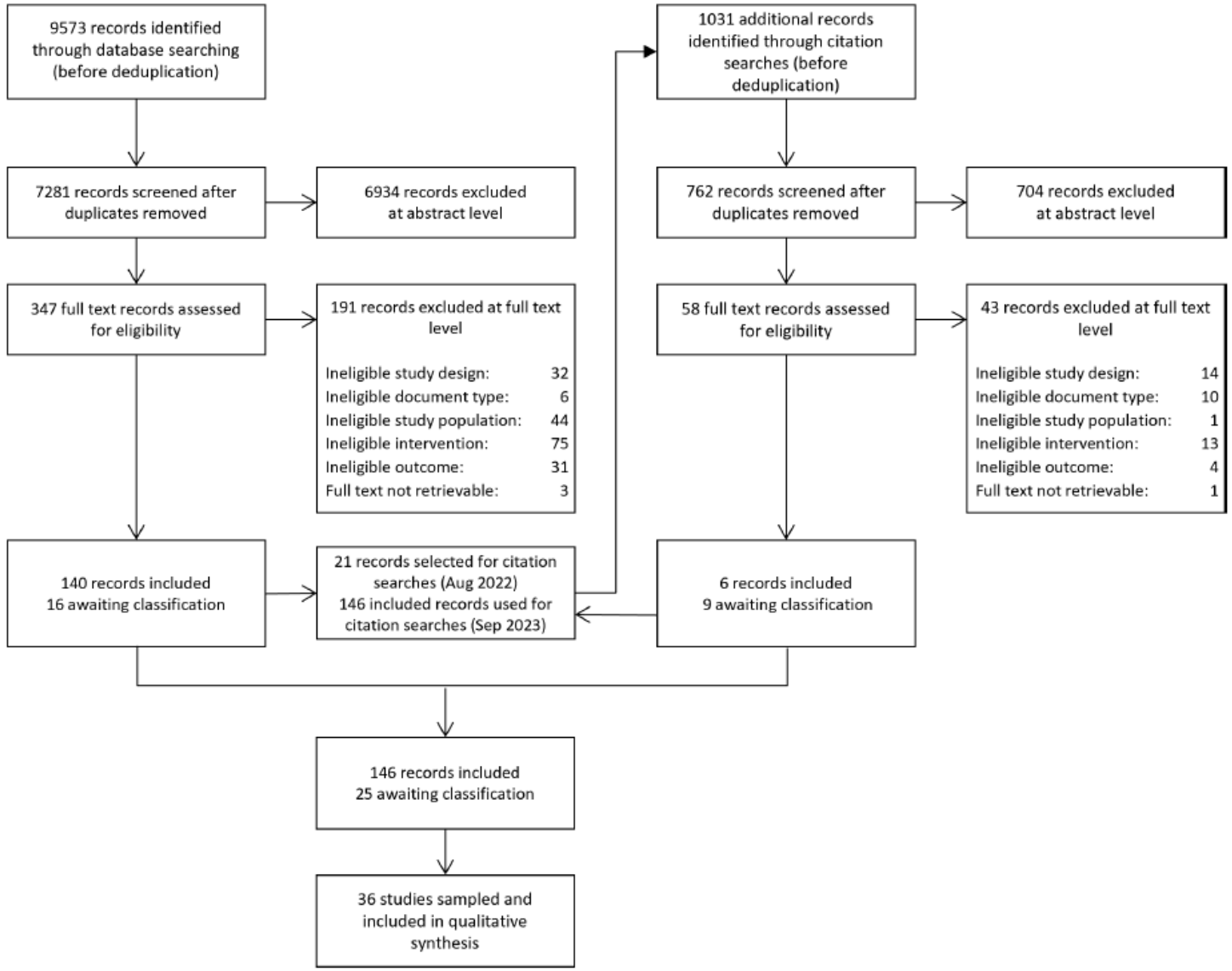


Figure 1. PRISMA flow diagram illustrating the study selection process



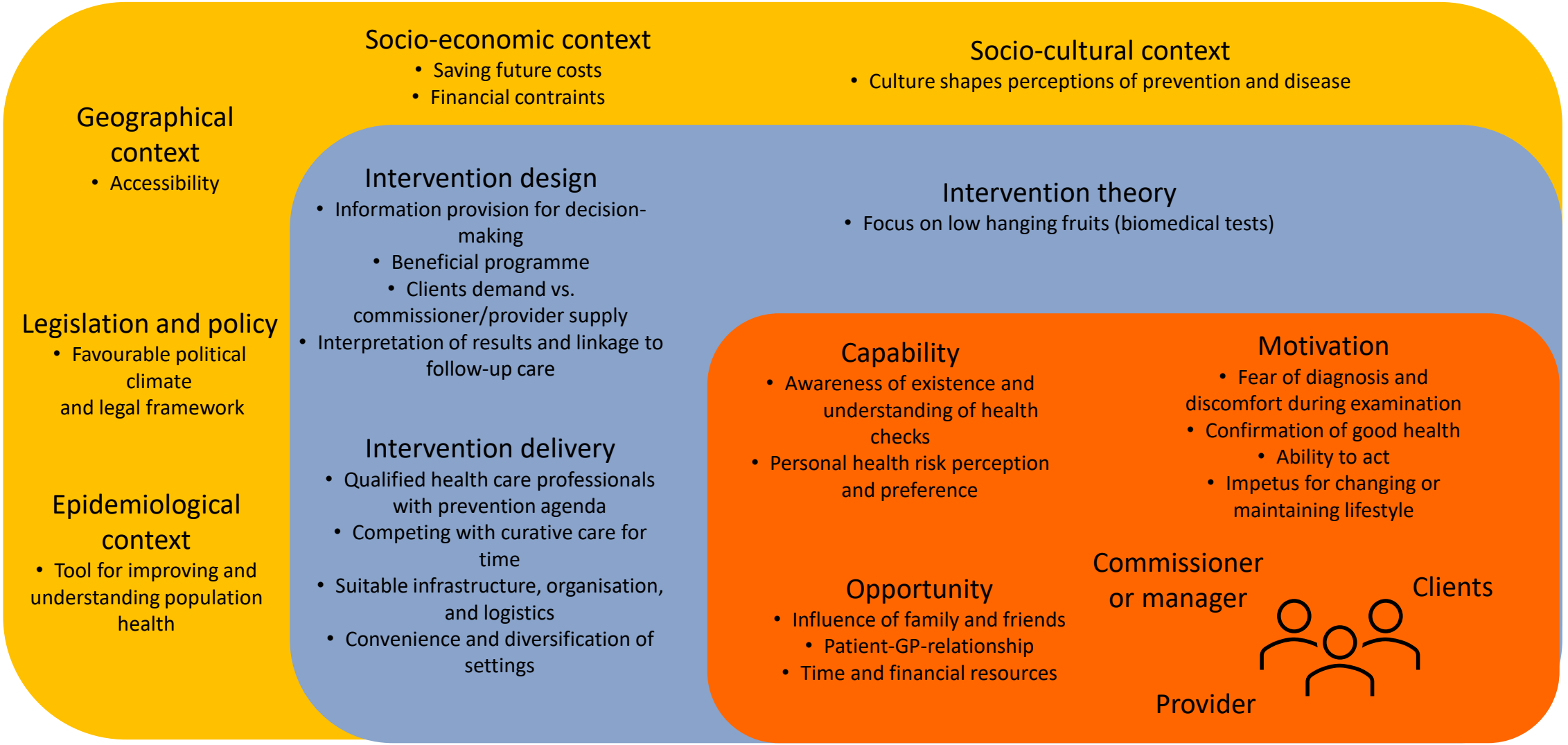
Study characteristics

- 146 eligible studies, 36 sampled and analysed
- Europe (19), North America (6), South America (1), South-East Asia (9), Australia (1)
- Primary and community healthcare settings (16), workplace settings (4) community settings (4), outpatient clinics, hospitals (3), other settings (4) or not reported (5)
- Clients (25), healthcare providers (15) and healthcare managers or commissioners (9)

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Framework



Cochrane Austria

Donau Universität Krems

Findings – Individual Level

Findings	Group	Confidence (CERQual)
Capability		
• Awareness of existence and understanding of health checks • Personal health risk perception and preference	C	High
Opportunity		
• Influence of family and friends	HCP, C	Moderate
• Patient-GP relationship	HCM, HCP, C	Moderate
• Time and financial resources	HCM, HCP, C	Moderate
Motivation		
• Fear of diagnosis and discomfort during examination	HCC, HCP, C	Moderate
• Confirmation of good health, ability to act	HCP, C	Moderate
• Impetus for changing or maintaining lifestyle	C	Moderate

Cochrane Austria

DONAU UNIVERSITÄT KREMS

"Yes, that's what I always say: you're walking ill. You live but you're ill from the inside. Till it erupts you don't know that you're ill, but it has already started, maybe from a young age. But because you didn't know or you didn't go to the GP, you let it be. People should be convinced: Even though I feel like a bear who can conquer the world, something might potentially be present, so let's do that check." (Client) (Groenenberg 2015).

"I guess one of the barriers [is that] some of my patients are hard to get to do preventive care, who don't, you know, don't do the mammogram. You know, it's because they have to take the bus up to the screening centre […] They take a bus to come see me or they walk; they don't drive, so they're my patients that are less likely to come in for an hour and see a practitioner […] I mean there's those barriers. There's financial barriers for patients and time!" (Physician) (Sopcak 2016).

"People always tend to believe the worst case scenario. (…) A certain fear to have something, a fear of illness (…) [They take the PSA test] we'll treat them and they will be glad we do. In the meantime they're confronted with incontinence, impotence, that sort of thing. And surprisingly enough, they take it for granted. (...) They'll reason I have prostate cancer and I've been treated ... so I escaped death." (GP) (Stol 2017a)

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Findings – Intervention Level

Findings	Group	Confidence (CERQual)
Intervention theory		
• Focus on low hanging fruits (biomedical tests)	HCC, HCM, HCP	Very low
Intervention design		
• Information provision for decision-making	HCC, HCM, HCP, C	Moderate
• Beneficial programme	HCC, HCM, HCP, C	Moderate
• Client demand vs. commissioner/provider supply	HCC, HCM, HCP, C	Low
• Explanation of results and recommendations	HCC, HCP, C	Low
• Linkage to follow-up care	HCC, HCM, HCP, C	Very low

Cochrane Austria

DONAU UNIVERSITÄT KREMS

"These days, the medical field can be quite commercialized. Doctors would advise you to take up certain screening tests, which are expensive and unnecessary. This does prevent people from going for screening, like for some of my friends, after they saw the so-called 'unethical' practice." (Client) (Teo 2017a).

"We get quite a lot of high-risk people, but we can't get involved in the treatment or follow-up. We would like to follow them up here and I think people expect that too, I feel sad I can't do more." (Community leader) (Eastwood 2013).

Cochrane Austria

Donau Universität Krems

Findings – Intervention Level

Findings	Group	Confidence (CERQual)
Intervention delivery		
• Qualified healthcare professionals with prevention agenda	HCM, HCP, C	High
• Competing with curative care for time	HCC, HCM, HCP, C	Moderate
• Suitable infrastructure, organisation, and logistics	HCC, HCM, HCP, C	Moderate
• Convenience and diversification of settings	HCC, HCM, HCP, C	Moderate

Cochrane Austria

Donau Universität Krems

“We were talking about weight at the time and it was just a matter of, 'Well, you can lose five stone'… It was umm, 'It can be done, everybody else can do it'. Rather than 'I understand it can be a bit hard but for the good of your health it might be a good idea to try'. I think that would have had a more favourable reaction from me then." (Riley 2016 Client).

""“You need to take the time to explain. (…) Time, time... That is of crucial importance to patients.” (Stol 2017a).

Findings - Contextual level

Findings	Group	Confidence (CERQual)
Socio-cultural context		
• Culture shapes perceptions of prevention and disease	HCC, HCP, C	Low
Epidemiological context		
• Tool for improving and understanding population health	HCC, HCM, HCP, C	Very low
Geographical context		
• Accessibility and density	HCP, C	Very low
Socio-economic context		
• Saving future costs • Financial constraints	HCC, HCM, HCP, C	Very low
Legislation and policy		
• Favourable political climate and legal framework	HCC, HCM, HCP, C	Low

"It is a masculine thing that you do not want other people to see those weaknesses in you, so you don't tell anyone." (Client) (Coles 2010).

"[We need to] be able to track people through the system, so we can try and understand real-time, how effective our model actually is, ultimately. Because we are quite blind at that at the moment." (Healthcare manager) (Hyseni 2020).

"[We're] focused so much on acute care and really if we spent more resources on preventative care, we'd probably save more money. Devoted, more preventative care prevents the expense of acute care, right? And so I'm hopeful that patients will be more likely to adapt their lifestyle, lifestyle changes, screening tests … they will improve their health in the long run." (Health care professional) (Sopcak 2016).

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Link to Effectiveness (Krogsboll 2019)

Context and type of general health checks

Differed (period, countries, population groups – QES more varied)

Self-selection of study participants

Ineffectiveness of general health checks because attendees possibly differed from non-participants – QES supports: worried well, misunderstandings

Clinically motivated testing

At-risk patients identified during any care – QES supports: clients only attend when ill

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Link to Effectiveness (Krogsboll 2019)

Motivations for attendance

General health checks had little or no effect on self-reported worries and might slightly improve self-reported health – QES contrasts: relief, confirmation of good health, impetus for change

Effectiveness of general health checks

QES: stakeholders like to offer an effective programme, which contradicts clients' demands for a 'the more, the better' programme; effectiveness rarely questioned

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Why are general health checks so popular?

The effectiveness of screening has hardly been questioned. Clients, providers and commissioners may define the “effectiveness” of general health checks not merely on the grounds of population-wide morbidity and mortality reduction.

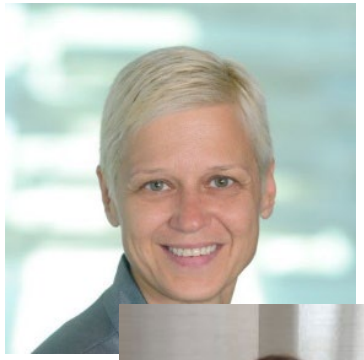
Instead, they might seek in general health checks the fulfillment of individual needs that are context dependent. Desirable effects were indicated: e.g. improvement of the doctor-patient relationship, rewarding field of activity for healthcare professionals, screening provides security.

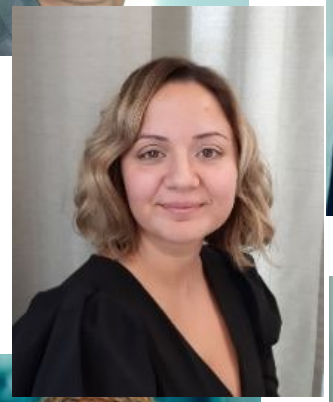
De-implementation strategies may need to offer alternatives and address contextual factors before a constructive debate can take place about fundamental changes to this widely popular, or at least tolerated, service.

Cochrane Austria

DONAU UNIVERSITÄT KREMS

Thank you!

My co-authors: Julia Harlfinger, Ana Toromanova, Lisa Affengruber, Andreea Dobrescu, Irma Klerings, Ursula Griebler, Christina Koscher-Kien

Mentor: Karen Daniels

EPOC Support: Marit Johansen, Elizabeth Paulsen

Lasse Krogsboll

Petra Wellemsen

Members of Cochrane Engage

isolde.sommer@donau-uni.ac.at

Cochrane Austria

Donau Universität Krems