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Citizen help seeking behaviour in case of an acute health problem out of office hours – Denmark, The Netherlands, Switzerland

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Background & Aim: Demands in out-of-hours (OOH) primary care are high, resulting in high workload and costs. It is being debated whether all contacts are relevant for OOH primary care. Contact rates with OOH primary care vary between countries. A previous study showed that Danes have a higher contact rate with OOH primary care than Dutch citizens, despite comparable health care systems. We aim to study citizens' help seeking behaviour contacting OOH care in case of an acute health problem and compare the differences between Danish, Dutch, and Swiss citizens in thresholds for contacting OOH care, as an explanation of the difference in consumption.

Method: We performed a cross-sectional study, including a random selection of citizens from three age groups (i.e. 0-4, 30-39, and 50-59 years) in Denmark, the Netherlands, and Switzerland. A questionnaire was developed, consisting of background characteristics, six written case scenarios of acute health problems out-of-office hours, and factors related to help seeking. Health problems presented varied in level of urgency.

Results: Dutch and Swiss data have been collected, while Danish data collection ends the 31th of January 2016. In total, 1,846 Dutch citizens and 1,200 Swiss citizens responded and currently we have 1,614 Danish respondents. Analyses are planned to present the following: description of respondents (overall and stratified, e.g. per country, age group), description of help seeking per case scenario, threshold for contacting OOH care (overall and stratified, e.g. per country, age group) corrected for important help seeking related factors.

Conclusions: An answer to the question whether a difference in threshold between citizens could be an explanation of the difference in contact rate with OOH primary care.

Furthermore, the identification of specific groups with different thresholds for contacting OOH care gives input for interventions to redirect patient flows and future research.