

Background

The “National Health Insurance Home Medical Care Integrated Program” announced in Taiwan in 2016 hopes to improve the accessibility of medical care for patients who are the disability. However, it has been learned that so far there are a lot of institutions that have joined the program and have not yet received the case. The purpose of this research is to explore the difficulties and needs of the implementation of the home medical care and two-way referral at clinics.

Methods

Physicians from the clinics which have the partnership with Kaohsiung Veteran General Hospital as the research object, using the research team's questionnaire to investigate. The content of the questionnaire includes basic information; whether the institutions have received the case and the reason for not; whether there are a team referral experience and the reason for no referral; the course content and cooperation they wish to obtain in the future.

Results

Most of the physicians were in the fifties and practiced in clinics. Up to 45.3% had never provided home care service despite having attended the program, and 46.9% of physicians reported not having patient referral experience. The major concerns among physicians who failed to provide home care service were unfamiliar with the register system and program, and workload in clinics (Table 1). The top causes which hindered physicians from referring patients were unfamiliar with the bidirectional referral system, unwillingness of patients, as well as no existing referral process in the collaborative medical care team. Table 2 discloses that physicians need support include further details of the home care program, the bidirectional referral system, and care experience shared by those experienced. Furthermore, the system as a whole will benefit if collaborative hospitals assist in admission arrangement and emergency transfer for patients from clinics.

Table 1 Questionnaire details (Multiple choices)

Question (Physicians respondents)	Item	Numbers	%
Failure to provide home care service (n = 29)			
Unfamiliar with the registration system		15	51.7
Unfamiliar with the program		13	44.8
Concerned with the application		13	44.8
Heavy workload		13	44.8
Not sure where to find patients		12	41.4
Manpower shortage		11	37.9
Unequipped		9	31
Inexperienced		9	31
Difficult to get medications for patients		6	20.7
Unwillingness of patients		3	10.3
Failure to refer patients (n = 35)			
Unfamiliar with the referral process		18	51.4
Unwillingness of patients		15	42.9
No existing referral process in the collaborative medical care team		14	40
Poor communication between physicians		12	34.3
Workload		7	20
Unfamiliar with the e-referral platform		5	14.3
Incomplete medical records		5	14.3
Others		1	2.9

Table 2 Questionnaire details continued (Multiple choices)

Question (Physicians respondents)	Item	Numbers	%
Workshop needed (n = 63)			
Introduction to the home care program		39	61.9
Introduction to the bidirectional referral program and e-platform		39	61.9
Experience-sharing workshop provided by other physicians		35	55.6
Introduction to Medical-center-combined learning		32	50.8
Introduction to Long-term care professional program		27	42.9
Introduction to the VPN system		24	38.1
Others		1	1.6
Assistance needed from hospital when providing home care (n = 64)			
Admission arrangement		51	79.7
Emergency transfer		49	76.6
Patient referral by collaborative hospital		49	76.6
Provide care plans		34	53.1
Provide medication list of the patient		33	51.6
Match homecare nursing agencies		28	43.8
Learning by combined-visit with physicians from hospital		25	39.1
Match local pharmacies to provide medication		15	23.4

Conclusions

According to the research results, the main difficulty for home medical and two-way referrals for community physicians is the unfamiliarity with the system and the electronic platform. Besides, the most desirable course is to introduce the two-way referral system and electronic platform. The project that