

to patient care, the latter mentioned by patients, further emerged as enabling factors of consistency of care.

#### Conclusions

Most identified factors were mentioned by both physicians and patients and differed among areas. Addressing these factors, e.g. promoting mutual knowledge, could counteract identified difficulties.

#### Key messages

- Factors influencing coordination and continuity across care levels relate to the organizations and physicians
- Addressing these factors could improve care coordination and continuity

## Factors influencing coordination and continuity across care levels in the Catalan Health Care System

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#### Background

Care coordination is the harmonious connection of the different services needed to provide care to a patient throughout the care continuum in order to achieve a common objective without producing conflicts. Continuity of care is related to how patients experience the coordination of services. The objective is to identify factors influencing care coordination and continuity across care levels in different areas of the Catalan healthcare system (Spain) from the physicians' and users' perspective.

#### Methods

A descriptive, qualitative study was conducted using semi-structured interviews with patients (49), GPs (26) and specialists (24) in three healthcare areas with different management models of services. Interviews were recorded and transcribed. Data was segmented by informant and study area. A thematic content analysis was carried out with a mixed generation of categories.

#### Results

Physicians and patients generally perceived that there was care coordination and continuity across levels, respectively; however also identified some limitations, which differed among areas. Factors of the (non-)existence related to: 1) The organizations: mechanisms (e.g., shared medical records), especially mentioned by physicians, co-location and small organization size favoured communication; whereas work overload—worsened by the economic crisis—decreased information use, linked to inappropriate referrals; 2) The physicians: mutual knowledge in some areas accelerated access to secondary care and enabled communication, whereas the GPs' technical competence favoured referrals to the right care level when necessary. Attitude to collaborate and commitment