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Is a good relationship with primary care associated with decreased need for hospitalisation?

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Background: Importance of primary care increase when health care focuses more on complex health problems than single diseases. Hospitalisation increase when multimorbidity increases. Psychiatric disease is a major factor of impaired health in the population. Active listing could be regarded as a measure of the strength of the relation between patients and primary care. Our objective was to study hospitalisation as an outcome of primary care, exploring the associations with active listing and psychiatric disorders.

Methods: Cross-sectional study of hospitalisation using clustered zero-inflated negative binomial regression. Study population was Blekinge county (n=151 731) in Sweden, in 2007. Main outcome was number of days hospitalised. Independent variables were listed actively or passively in primary care on 31st December 2007 and psychiatric disorders, adjusting for multimorbidity, age and sex.

Results: Active listing was associated with a lower risk of being hospitalised and reduced mean days hospitalised by 19%. In mean actively listed patients were hospitalised 0.86 days (95%CI 0.80-0.92) and passively listed patients 1.34 days (95%CI 1.19-1.50). Psychiatric disorders contributed to multimorbidity level and increased hospitalisation for persons with equal multimorbidity level. Persons without psychiatric disorder were in mean hospitalised 0.76 days (95%CI 0.72-0.81). Patients with psychoses were in mean hospitalised 5.07 days (95%CI 2.98-7.17). The reduction of days hospitalised when actively listed was preserved for persons with psychiatric disorders.

Conclusions: Patients with a good relation with primary care decrease their need for hospitalisation. Active listing reduces average length of hospitalisation. Detailed analyses show that this mainly is due to a lower risk of being hospitalised. Psychiatric disorders increase hospitalisation both by increasing multimorbidity level and within the same level. Active listing decrease need for hospitalisation both for patients with psychiatric disorders and for patients without.