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Changes in visit pattern to nurses for patients with diabetes mellitus after the care choice reform in Malmö, Sweden

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Background and Aim: In 2009 a care choice reform was implemented in the region of Scania, Sweden, giving the individual right to choose primary health care provider and enabled freedom of establishment. Since the reform the number of visits to general practitioners (GP) and nurses has increased. In a previous study of adults in the city of Malmö we found that continuity of care (COC) to GPs for individuals with diabetes mellitus decreased substantially after the reform, as did the number of visits. The primary aim of this study was to investigate if this reduction was compensated with increasing visits to nurses for these patients and if the presence of COC had any effect.

Method: Descriptive statistics of visits to nurses both in hospital outpatient clinics and in primary care were made on two groups. The first group consisted of all adult inhabitants in Malmö diagnosed with diabetes mellitus (n=7055). The second group was the subgroup of patients where COC was possible to calculate, i.e. ≥ 3 visits to a GP.

Results: The total number of visits to nurses in the cohort decreased after the care choice reform, independent of sex and age. The mean number of visits to nurses in primary care was notably lower in the COC-group, both before and after the care choice reform.

Conclusions: Our data suggests that the declining number of visits to GPs after the care choice reform for individuals with diabetes has not been matched by a corresponding rise in visits to nurses in primary care. The decline in visits for individuals with diabetes must be seen in relation to the rise in visits for the whole population in the region of Scania after the care choice reform. This raises the question if a crowding out effect has befallen patients with greater need.