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The effects of continuity on quality of diabetic care at a family practice clinic in Thailand: a retrospective cohort study

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Background & Aim: Continuity of care correlated with better outcomes in caring for patients with chronic diseases but had inconclusive effects on quality of diabetic care. At the Outpatient Clinic, Department of Family Medicine, Faculty of Medicine, Ramathibodi Hospital (OFM), the most emphasized policy is continuity of care between patients and individual physicians. Nevertheless, we have never evaluated the effects of continuity care on quality of diabetic care. Therefore, this study aimed to compare rates of screenings for diabetic complications between patients received and did not receive continuity of care in OFM.

Method: Medical records of type 2 diabetic patients followed up at OFM for at least 36 months were retrospectively reviewed. Continuity of care was defined using Usual Provider of Care (UPC) index: high-continuity group (HC) and low-continuity group (LC) referred to UPC ≥ 0.75 and UPC < 0.75 , respectively.

Results: 658 medical records were reviewed. The proportion of patients who received complication screening services in HC were significantly lower than LC with odds ratios (OR) of 0.66 (95%CI 0.45, 0.97) for screening of diabetic retinopathy, 0.49 (95%CI 0.34, 0.71) for urine microalbumin test. Even though greater proportion of patients in HC received more foot examination than LC (OR=1.07; 95%CI 0.74, 1.15), there was no statistical significance. However, when compared between family physicians with board certifications and doctors from other specialties or without postdoctoral trainings, the family physicians sent their patients for more screenings: urine microalbumin test 2.25 times (95%CI 1.15, 3.29) and foot examination 2.37 times (95%CI 1.52, 3.70).

Conclusions: This study found negative association between provider continuity and diabetic complication screening. Therefore, the service system should find other means for improvement and should not rely only on the continuity care of individual providers. Family Medicine Training promoted more diabetic complication screenings in our clinic.