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Conference Abstract

Primary care and avoidable hospitalisation for diabetes

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Abstract

Purpose: To investigate how differences in avoidable diabetes hospitalisation between European countries can be explained by primary care system characteristics.

Theory: Diabetes is a so-called ambulatory care sensitive condition (ACSC), for which acute hospitalisation can be avoided in most cases by effective control and regular check-ups. Treatment of diabetes patients may depend highly on the availability, access, organisation and actual performance of primary care. Primary care systems vary across countries by financing, structure and organisation. We investigate how these system characteristics correlate with diabetes hospitalisation in different countries.

Methods: Characteristics of primary care systems were collected within the QUALICOPC-study, these data contain surveys among general practitioners (GPs) and their patients in 35 countries. Data on avoidable hospitalisation origin from OECD health care quality indicators. Multilevel analysis will be done to analyse the relations between primary care factors on avoidable hospitalisation for diabetes.

Findings: Rates of avoidable hospitalisation differ considerably between countries. Accessibility, the range of task profile of GPs and the position of primary care within the health care system can be distinguished as important primary care characteristics. Differences between countries can partly be explained by these characteristics.

Discussion: Besides primary care characteristics, other factors contribute to diabetes hospitalisation. Patient characteristics such as age, gender and health status but also economic indicators like poverty and insurance coverage should be taken into account.

Keywords:

primary care, avoidable hospitalisation, diabetes

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