

## **212: IMPACT OF PRIMARY CARE ON HOSPITALIZATION OF TYPE 2 DIABETICS WITH EQUAL CONDITIONS OF HEALTH INSURANCE**

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### **Objective:**

To determine the impact of primary care on hospitalization of type 2 diabetics with equal conditions of health insurance.

### **Methods:**

A case-control study was carried out in urban primary care centers in 2001; case= diabetic hospitalized by a disease related condition; control= diabetic without hospitalization during the last 12 months. Study population consisted of type 2 diabetics from the northeast region of Mexico, affiliated to the largest social security health system in the country. Cases were consecutively selected from four out of five urban hospitals (n=123). Controls were chosen at random from primary care units matched by primary care source (n=135). Women with gestational diabetes were excluded as well as individuals with missing medical charts (approximately 15%). Measurements: A primary care index was constructed with process and outcome indicators recommended by the American Medical Association, the Joint Commission on Accreditation of Healthcare Organizations, the National Committee for Quality Assurance, the American Diabetes Association, and the Official Mexican Standards. Compliance to less than 60% of recommendations was considered unsatisfactory primary care.

### **Results:**

The following were hospitalization risk factors: less than 2 visits to family physician during the last year (odds ratios (OR)<sub>adjusted</sub>= 16.2; 95%CI =1.5; 174.2), glucose level (OR<sub>adjusted</sub>=1.006; 95%CI=1.002; 1.010) and cognitive level (OR<sub>adjusted</sub>=0.98; 95%CI= 0.96; 0.99), in addition to exercising and year of diagnosis. Sixty-five percent of cases observed unsatisfactory primary care compared with 49.1% of controls (p=0.03). Unsatisfactory primary care increased 2.5 times the risk of hospitalization (95%CI=1.2; 5.0) (pseudo R<sup>2</sup>=0.279, x<sup>2</sup>=45.9; p<0.001).

### **Conclusions:**

Some reports highlight that it is access to primary care and income, which relate to hospitalization instead of patterns of utilization or medical practice style. This study showed that unsatisfactory primary care increased the risk for hospitalization, even after controlling for confounders, in a population with equal conditions of health insurance. Primary care is a potential factor for reducing hospitalization of type 2 diabetics. Effective primary care programs would contribute to a better disease control and less unnecessary hospitalizations.