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The impact of regular GP visits on diabetic potentially preventable hospitalisations

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Objectives

Potentially preventable hospitalisations (PPHs) place a substantial burden on the Australian health system, with over 212,000 PPHs reported for diabetes alone in 2005/06. Timely and effective primary care may reduce the risk of acute episodes and subsequent hospitalisation among those with chronic diseases. The Medicare Enhanced Primary Care program, introduced to improve the regularity and quality of healthcare provided by GPs to Australians with chronic disease, has been shown to improve regularity of GP access. The aim of our study is to ascertain whether more regular GP access reduces diabetes PPHs.

Approach

Whole of population longitudinal study using linked hospital, mortality, and general practice data. Regularity of GP access was determined through calculating the variance in the number of days between GP visits within a year. Regular GP contact was taken to indicate planned, proactive primary care, and irregular GP contact taken to indicate unplanned, reactive care. Multilevel modelling techniques were used to determine the relationship between regularity of GP access and diabetic PPHs in the population at risk of diabetes. Analyses were performed for the periods prior to and following the introduction of policies aimed at promoting primary care contact.

Results

This paper will report results on the relationship between regular, proactive GP contact and diabetes PPHs in the population with and at risk of diabetes. Socio-demographic, geo-spatial and access factors were found to influence the regularity of GP access. Individual factors, in particular disease status, were found to substantially modify the relationship between regularity and PPH outcome. Findings differed between the periods prior to

and following the introduction of government policies aimed at promoting proactive primary care in chronic disease.

Conclusion

Findings from this study will provide important evidence concerning strategies to reduce PPHs in relation to diabetes, which will be of interest to policy-makers wishing to reduce unnecessary hospitalisations. This work will extend to examine the impact of regularity on PPHs for a number of other chronic conditions considered priorities in Australia.

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