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**Title**

*Use of Continuity of Care Index to Examine Care Quality among Latino Children with Asthma*

**Priority 1 (Research Category)**

Health Care Disparities

**Presenters**

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**Abstract**

Context: Continuity of care (COC) a foundational dimension of primary care, has demonstrated associations with a range of patient outcomes. Still unknown are its relationship with measures of health equity, especially along disease specific utilization measures in primary care. Understanding if specific features of the clinician-patient relationship, such as language concordance, are associated with beneficial ambulatory care measures in Latino children with asthma might provide insight into the relationship between COC and health equity. Objective: Analyze the association between clinician language and inhaled steroids (commonly prescribed first-line asthma management medications) modified by patient-level continuity score. Study Design: Retrospective observational study. Setting or Dataset: OCHIN, a US network of community health centers. Population studied: Non-Hispanic White children, English-preferring Latino children, Spanish-preferring Latino children with documented Spanish-speaking clinicians, and Spanish-preferring Latino children without documented Spanish-speaking clinicians between the ages of 3-18 years with  $\geq 1$  face-to-face visit in 2005-2017 and persistent asthma (N=6915). Outcome Measures: Odds of inhaled steroid prescription assessed using generalized estimating equations (GEE) logistic regression adjusting for patient-level covariates. Results: Among patients with high continuity of care (COC $\geq$ 0.70), Spanish-preferring Latino children (seeing both English- and Spanish-speaking clinicians) had similar odds of ever being prescribed an inhaled steroid compared to non-Hispanic whites. However, English-preferring Latino children had lower odds of being prescribed an inhaled steroid compared to non-Hispanic whites (OR=0.57, 95%CI=0.41-0.79). Among patients with low continuity (COC<0.70), the likelihood of an inhaled steroid prescription were similar for all groups except Spanish-preferring Latinos who see Spanish-speaking clinicians; that group had 2.5 times higher odds of having an inhaled steroid prescription compared to non-Hispanic whites (OR=2.56, 95%CI=1.80-3.66). Conclusions: Language preference and concordance, considering continuity of care, were associated with inhaled steroids in children with persistent asthma. While further study into provider-

level continuity and other factors is needed to fully understand inhaled steroid utilization, these results may help clinics target patients experiencing less equitable prescribing.