

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6144

### **Title**

*One Person or a Group of Doctors as Personal Health Care Provider: The Association with Quality of Care for Diabetes*

### **Priority 1 (Research Category)**

Secondary data analysis

### **Presenters**

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### **Abstract**

Background: Diabetes (DM) is a common chronic condition, yet the quality of care varies. It is unclear whether a group of doctors provides better care than a single person.

Objective: To examine the association between DM quality of care and whether patients reported having a single person, a group of doctors, or none as their personal health care provider.

Methods: Cross-sectional analysis of 2022 BRFSS survey data, which provides nationally representative estimates for the US. The population studied was adults aged 18+ years with self-reported diagnosed type 1 or type 2 DM. The instrument used to assess quality of care comprised 6 measures of DM care from the 2021 American Diabetes Association Guidelines, and 1 summated composite measure of the 6 individual measures.

Results: A total of n=11508, unweighted (n =3685106, weighted) individuals self-reported diagnosed type 1 or type 2 DM in 2022.

54.53% of patients reported having one person as their personal health care provider, while 38.78% reported having a group of doctors as their personal health care provider, and 6.69% reported having neither one person, nor a group of doctors as their personal health care provider. Patients with a group of doctors as their personal health care provider had the highest mean score for the composite measure. However, all patients had mean scores of <2 out of 6 measures. The results of the adjusted regression showed that, compared with patients who reported having one person as their personal health care provider, the patients with neither one person nor a group of doctors as their personal health care provider had worse quality of care (Beta estimate -0.32; SE 0.0006) while the patients with a group of doctors as their personal health care provider had slightly better quality of care (Beta estimate

0.14; SE 0.00002) ( $p < .0001$ ). In total, only 0.19% (SE 0.02) of patients received all 6 DM quality measures. 1.71% (SE 0.06) of patients received 5 of 6 quality measures, 3.08% (SE 0.08) received 4 of 6 quality measures, 14.47% (SE 0.29) received 3 of 6 quality measures, 35.51% (SE 0.45) received 2 of 6 quality measures, 28.03% (SE 0.43) received 1 of 6 quality measures, and 17.02% (SE 0.37) received 0 of 6 quality measures.

Conclusion: Quality of care for diabetes is significantly associated with whether patients report having one person, a group of doctors, or their personal health care provider. Quality of care for diabetes is sub-optimal for all patients.

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