

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

**Submission Id:** 6443

### **Title**

*Physician focused practice and added competence on primary care quality for older adults: A propensity score-matched study*

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

Geriatrics

### **Presenters**

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### **Abstract**

Context: Older adults frequently use primary care services, and family physicians exhibit differences in their knowledge and skills to care for older patients. Some family physicians pursue added training or focus their medical practice to increasingly care for older adults, which may influence quality of care and patient outcomes. Objective: To compare family physician practice on established performance measures derived from a modified Delphi process. Study design: Propensity score-matched cohort study. Setting: Multiple linked population-based datasets for the province of Ontario, Canada, in 2019. Population studied: Family physicians with  $\geq 1$  rostered patients. Analysis: Using logistic regression, we calculated propensity scores to match family physicians with 'Care of the Elderly' added training and/or focused practices with other family physicians. We adjusted for physician factors, medical practice characteristics, and clinical activities relevant to caring for older patients. Family physicians were matched 1:4 using a caliper of 0.2. Outcome measures: We compared performance on 11 quality indicators across four 'Care of the Elderly' Priority Topics endorsed by expert panelists. Results: We matched 232 family physicians with 'Care of the Elderly' certification and/or focused practice to 928 controls. Standardized differences for all descriptive factors were  $\leq 0.1$ , suggesting comparability. Family physicians practiced similarly on most performance measures (7 of 11) but significantly differed on four. More family physicians with added competence and/or focused practice conducted testing aligned with the most recent Canadian Consensus on Dementia (mean difference, 2.46%;  $p=0.0002$ ) and provided dementia care management (mean difference, 4.32%;  $p=0.0379$ ). However, they prescribed slightly more potentially inappropriate medications (mean difference, 6.83%;  $p<.0001$ ) and antipsychotics (mean difference, 2.97%;  $p=0.0171$ ) to older attached patients. Conclusions: Family physicians with 'Care of the Elderly' training or focused practice exhibited minimal practice differences compared to other family physicians, mostly related to cognitive impairment and appropriate prescribing. Similar

performance suggests that added training or focused practice organization may not change clinical practice. The performance measures can be adapted to examine the contributions of family physicians to quality care of older patients in other settings.

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