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Title

Personal Continuity and Prescribing Correctly: a Perfect Couple in Primary Care

Priority 1 (Research Category)

Observational study (cohort, case-control)

Presenters

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Abstract

Context

Personal continuity is a widely accepted core value of primary care. Previous studies suggest that personal continuity is associated with fewer Potentially Inappropriate Prescriptions (PIPs). However, this has not been studied in the primary care population.

Objective

To study the association between personal continuity and PIPs in older patients receiving care from their family physicians.

Study Design and Analysis

Observational study. To assess the association between personal continuity and PIPs, we conducted linear multilevel regression analyses.

Setting or Dataset

Anonymized routine care data from 48 Dutch family practices, including 269,478 patients, from 2013 to 2018.

Population Studied

We included 25,854 patients ≥ 65 years with ≥ 5 contacts with their practice.

Intervention/Instrument

Personal continuity using four established measures: Usual Provider Continuity (UPC); Bice-Boxerman Continuity of Care Index (BBI); Herfindahl Index (HI); Modified Modified Continuity Index (MMCI).

Outcome Measures

Potentially Inappropriate Medications (PIMs) and Potential Prescribing Omissions (PPOs), based on 100/108 of the STOPP/START-NL v2.

Results

Using UPC, BBI, HI and MMCI, the mean (SD) personal continuity was 0.70 (0.19), 0.55 (0.24), 0.59 (0.22) and 0.86 (0.14), respectively. The median number of prescriptions was 68; 72.2 and 74.3% had ≥ 1 PIM or PPO; 30.9 and 34.2% had ≥ 3 PIMs or PPOs, respectively. Three of four continuity measures (BBI, HI and UPC) were positively and significantly associated with fewer potentially inappropriate prescriptions.

Conclusions

High personal continuity is associated with appropriate prescribing. Increasing personal continuity may improve quality of prescriptions and reduce harmful consequences.