

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

**Submission Id:** 6738

### **Title**

*Impact of polydoctoring on admission among older adults with multimorbidity; a large-scale claims database analysis in Japan.*

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

Multimorbidity

### **Presenters**

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### **Abstract**

#### Context:

Effective and efficient management of multimorbidity presents a significant challenge for aging societies. Polydoctoring, characterized by patients with multimorbidity receiving treatment from multiple specialists, often leads to fragmented care, associated with polypharmacy and increased medical costs.

#### Objectives:

To assess the impact of polydoctoring on hospital admission rates among older adults with multimorbidity.

#### Study Design and Analysis:

This is a retrospective cohort study that utilized a Cox proportional hazards model to calculate hazard ratios (HRs) for hospital admissions, adjusting for age, sex, and the Charlson Comorbidity Index (CCI).

#### Dataset:

This study utilized the DeSC database, which includes health insurance claims data from multiple types of health insurers in Japan.

#### Population Studied:

The study population consisted of individuals aged 75 to 89 years who had two or more chronic conditions.

#### Instrument:

The Regularly Visited Facility (RVF) metric was used as an indicator of polydoctoring.

#### Outcome Measures:

The primary outcomes were hospital admissions for any cause and for ambulatory care-sensitive conditions (ACSCs) within one year of follow-up.

#### Results

A study was conducted on 2,547,456 individuals, with a median age of 78, and 57.8% of them were females. The median RVF was 2. The adjusted analysis showed that RVF of 0 had the highest HR for all admissions (2.77, 95% CI: 2.71 – 2.83). An increase in HR for all admissions was observed with increasing RVF, with RVF of 5+ showing an HR of 1.46 (95% CI: 1.42 - 1.51). In comparison to the group with an RVF of 1, the group with an RVF of 0 had a higher HR of hospital admissions due to ACSCs (HR 1.74, 95% CI: 1.62 – 1.87), while the group with an RVF of 2 or more demonstrated a trend towards fewer admissions due to ACSCs.

#### Conclusions

Polydoctoring was associated with a decrease in hospital admissions for ACSCs. However, it was also associated with an increase in overall hospital admissions. In the group with an RVF of 0, both overall hospital admissions and admissions due to ACSCs were higher compared to the group with one regular source of care.