



Submission ID: 7.

Primary Subject Area: General Practice's role in coordination of care.

Format: Oral presentation.

Authors: Antonius Schneider (TU München) <antonius.schneider@lrz.tum.de>, Eva Wartner (TU München) <ewartner@googlemail.com>, Elisabeth Hörlein (TU München) <eli.h@gmx.de>, Isabelle Schumann (TU München) <isabelle.schumann@lrz.tum.de>, Klaus Linde (TU München) <klaus.linde@lrz.tum.de>

Title: ***Predictors of health care utilisation in German primary care practices.***

Primary Contact: Antonius Schneider (TU München), <antonius.schneider@lrz.tum.de>.

Abstract

Background and aim

The effect of psychosomatic co-morbidity on resource use for systems with unlimited access remains unclear. The aim was to evaluate the impact on practice visits, referrals and periods of disability in German general practices and to define predictors of health care utilisation.

Methods

Cross sectional observational study in 13 practices in Upper Bavaria. Patients were included consecutively and filled in the Patients Health Questionnaire (PHQ). Numbers of practice visits, referrals and periods of disability within the last twelve months and permanent mental and somatic diagnoses (defined as chronic disease) were extracted manually by chart review.

Results

1005 patients were included (58.6% female). Per year, patients had 15.29 practice contacts, 3.77 referrals and 7.51 days of disability on the average. The permanent mental diagnoses were strongest predictive for practice visits (OR 2.00; 95%CI 1.65-2.40), referrals (1.53; 95%CI 1.29-1.82) and periods of disability (OR 1.41; 95%CI 1.17-1.70). The permanent somatic diagnoses predicted practice visits (OR 1.31; 95%CI 1.25-1.36) and referrals (OR 1.28; 1.2-1.33) and were negatively associated with periods of disability (OR 0.91; 95%CI 0.87-0.96). All diagnostic categories of PHQ were significantly predictive for these determinants of health care utilisation. However, they were excluded by multivariate logistic regression due to the stronger predictive values of the permanent diagnoses.

Conclusion

Permanent mental diagnoses might be more useful to identify patients at risk for high health care utilisation as they may reflect the long-term trend of patients. However, the PHQ might be helpful as a snap-shot if patients are unknown. The unadjusted use of coded diagnoses for reimbursement might lead to distorted estimation of resource use.