

2011 Annual Meeting

2011 NAPCRG Annual Meeting

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[P010 Usual Source of Care, Avoidable Hospitalization and Selected Health Outcomes](#)

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11/12/11 6:00 PM - 7:00 PM Alberta/New Brunswick

CONTEXT: Having a usual source of care is an indication of primary care access. The benefits to have a usual source of care include better problem recognition and prevention, earlier and accurate diagnosis, fewer hospitalizations, lower costs, fewer unmet needs, and less emergency department use. Also quality primary care access can potentially prevent unnecessary hospitalization for some medical conditions. High avoidable hospitalization rates have been shown to be associated with poor primary care access. But very few studies have looked into how having a usual source of care and areas with high avoidable hospitalizations impact health outcomes such as hypertension, diabetes, infant mortality, and low birth weight. OBJECTIVE: To determine whether there is association among usual source of care, avoidable hospitalizations, and selected health outcomes. HUMAN SUBJECTS REVIEW: N/A PARTICIPANTS: N/A DESIGN: Secondary data analysis of multiple pre-existing datasets. Factor analysis was done for some variables of interests from Behavioral Risk Factors Surveillance System (BFRSS), American Community Survey (ACS), Primary Care Service Areas (PCSA) and PCSA Medicare. These variables include social deprivation index (SDI), ethnicity factor, SES, no usual source of care, high cost of care, no checkup, avoidable hospitalization, and the selected health outcomes. SETTING: N/A INTERVENTION: N/A Main and Secondary Outcome Measures: Hypertension, diabetes, infant mortality, and low birth weight are the main study outcomes. ANTICIPATED RESULTS: We anticipate that those without usual source of care should have poor health outcomes. In addition, areas with high avoidable hospitalization rates should show poor health outcomes. CONCLUSION: If the hypothesized anticipated results do not hold, the underlying premise of usual source of care and avoidable hospitalizations as indicators of primary care access maybe undermined.