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QUALITY OF PRIMARY CARE OF OLDER PERSONS WITH MULTIPLE COMORBIDITIES.

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Background: Older persons with multiple chronic conditions require health services from multiple providers. The traditional focus of health care delivery on discrete diseases and the lack of substantial collaboration between primary care physicians and other providers place older persons with multiple comorbidities at increased risk for fragmentation and poor quality of care.

Purpose: To evaluate the quality of primary care received by older persons with multiple comorbidities.

Methods: 150 chronically ill community-dwelling enrollees in a capitated health plan were surveyed by mail about the quality of their primary health care, as well as their health status and demographic characteristics. The questionnaire included the Primary Care Assessment Survey and individual questions about quality of care. Results: 120 persons completed the survey (response rate = 80%). Respondents had multiple chronic conditions (mean = 2.9), a high annual rate of hospital admission (mean = 1.1), and many hospital days (mean = 7.3 per year). Rating the quality of their primary care on a 6-point scale (excellent to very poor), significant percentages of respondents rated their care as fair, poor, or very poor in: access (57% of respondents), integration (21%), knowledge of patient (21%), communication (15%), and interpersonal treatment (10%). Additionally, 20% of respondents who saw a specialist reported that their primary care physician did not discuss the results of the specialty visit with them. Overall, 9.9% of respondents were dissatisfied with the quality of their care, while an additional 24.8% were only somewhat satisfied.

Conclusion: Older persons with multiple chronic conditions experience sub-optimal quality of primary care. This may lead to poor clinical outcomes and unnecessary health care costs, as well as low satisfaction with their health care.