

Lower risk of death linked with access to key attributes of primary care

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Greater access to features of high-quality primary care -- comprehensiveness, patient-centeredness and extended office hours -- is associated with lower mortality, according to a new national UC Davis study. Published in the January-February issue of the *Annals of Family Medicine*, the research is the first to link the availability of three specific attributes of primary care with reduced risk of death.

"There are a number of studies that found lower [mortality risk](#) in geographic areas with relatively high concentrations of [primary-care](#) physicians, but these associations were not necessarily applicable to individual patients within those geographic areas," said Anthony Jerant, professor of family and community medicine at UC Davis and lead author of the study. "These studies also defined 'primary care' by physician specialty rather than by specific aspects of health care. We wanted to know if patients who reported having access to critical elements of primary care had lower mortality risk."

Anthony Jerant

In conducting the study, Jerant and his colleagues used data from the 2000-05 Medical Expenditure Panel Surveys, which are large-scale surveys of people living in the U.S. and their health and health care. The study used data for 52,241 respondents aged 18 to 90 years for whom mortality information was available and who had one particular doctor's office or clinic they visited for health information and treatment.

The researchers analyzed respondents' reported access to three primary health-care attributes:

Comprehensiveness, which includes the provision of care for new [health problems](#), [preventive care](#) and referrals to other health-care professionals

The availability of evening and weekend office hours

Patient-centeredness, meaning that their health-care provider listened to and sought the patient's advice when deciding on treatments

The researchers found that after adjusting for age, [health status](#), weight, [tobacco use](#) and other health characteristics, greater reported access to the primary-care attributes was associated with significantly lower mortality (hazard ratio 0.79) during up to six years of follow-up.

"Our findings suggest that ongoing efforts to provide all Americans with a 'medical home' offering the primary-care attributes we studied could yield major public health benefits," said Jerant, referring to the national movement to ensure access to patient-centered, comprehensive and continuously available primary-care services.

The team also found evidence that racial/ethnic minorities, poorer and less educated individuals, and those lacking health insurance reported significantly lower access to the primary-care attributes than others.

As a result, Jerant and his colleagues in their study wrote, "Although the wider adoption of primary care attributes may have promise for mitigating health disparities, interventions to promote equitable access to such attributes may be required to fulfill this promise."

More information: "Primary Care Attributes and Mortality: A National Person-Level Study," is available at www.annfammed.org

Provided by University of California - Davis Health System

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