

Primary care physicians play vital role in caring for diabetes patients

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Previous research has shown that patients without a consistent primary care physician (PCP) have worse outcomes than those who do, but little is known about why this is true. New research from Brigham and Women's Hospital (BWH) has brought to light the importance of the role of a primary care physician in a population of diabetes patients. Their findings are published in the December 10, 2012 issue of *Diabetes Care*.

"We found that [primary care physicians](#) provide better care to [diabetes patients](#) when compared to other providers in a primary care setting because they were more likely to alter medications and consistently provide lifestyle counseling," said Alexander Turchin, MD, a physician and researcher in the Division of [Endocrinology](#) at BWH and the senior author of the paper.

Dr. Turchin and his research colleagues designed a study to evaluate whether PCP's provide higher [quality care](#) to their patients by paying more attention to prescribed medications, offering lifestyle counseling more frequently or have a higher number of patient encounters when compared to other providers in a primary care setting including a covering physician or another provider such as a [nurse practitioner](#) or physician assistant.

Researchers evaluated more than 27,000 patients with diabetes who were cared for in a primary care setting at two [academic medical centers](#). Among these patients, there were nearly 585,000 primary care encounters over an average of five years and five months. Researchers

report that 83 percent of those encounters were with a primary [care provider](#).

Additionally researchers report that covering physicians were the next most likely provider to see a patient, accounting for 13 percent of interactions, and they were also more likely to see a patient for an acute issue defined as a complaint of pain or infection.

Across all patient encounters, medication intensification, defined as either adding a new medication or increasing the dose of an existing medication, happened approximately 10 percent of the time and lifestyle counseling, as measured by documentation in the electronic health record, happened 40 percent of the time. The overall mean time between encounters was 1.6 months.

However, the odds of medication intensification were 49 and 26 percent higher respectively when a patient had an encounter with a PCP compared with a covering physician or mid-level provider. Additionally, the odds that lifestyle counseling occurred were 91 and 21 percent higher during an encounter with the PCP compared to a covering physician or another provider.

"Access to care is important and covering physicians and other providers play an important role in increasing access, especially in patients with acute complaints. With growing focus on a team based approach to practicing medicine, this finding should help guide the development of new models of primary care, especially in the care of diabetes patients. Based on this finding, we would suggest better documentation and communication of the treatment plan through the electronic medical record to other care providers in efforts to help to bridge the gaps that we observed in this study," Dr. Turchin said.

Provided by Brigham and Women's Hospital

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