

Benefit for generalist + specialist care in complex conditions

July 31 2017



(HealthDay)—For patients with diabetes and compensated cirrhosis,

those who visit both primary care providers (PCPs) and specialists have lower odds of experiencing decompensation and/or hospitalization compared with those visiting a PCP only, according to research published online July 26 in *Diabetes Care*.

Tsai-Ling Liu, Ph.D., from the University of North Carolina at Chapel Hill, and colleagues examined whether physician mix affects the outcome of [patients](#) dually diagnosed with compensated cirrhosis and diabetes. Data were analyzed from 18,359 adults (aged ≥ 18 years) with *International Classification of Diseases, Ninth Revision*, codes indicating diabetes and compensated cirrhosis, who were classified into four physician categories: PCP with no gastroenterologist (GI)/endocrinologist (ENDO), GI/ENDO with no PCP, PCP and GI/ENDO, neither PCP nor GI/ENDO.

The researchers found that patients who visited GI/ENDO with or without PCP had increased risk of developing any decompensation event compared with PCP only. Patients who visited both PCP and GI/ENDO had 0.03 and 0.05 times lower odds of experiencing any decompensation event and/or hospitalization (P

"As [health care reform](#) emphasizes patient-centered medical homes and coordination of care, this study provides partial evidence regarding the importance of receiving care from PCPs and specialists," the authors write.

One author disclosed financial ties to Bristol-Myers Squibb.

More information: [Abstract/Full Text](#)

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Citation: Benefit for generalist + specialist care in complex conditions (2017, July 31) retrieved 27 April 2024 from

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