

Greater primary care continuity among older people is associated with fewer inappropriate prescriptions

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How does continuity of care impact rates of potentially inappropriate prescriptions in the primary care setting?

An observational study finds a link between continuity, potentially inappropriate prescriptions (PIP), and potential prescribing omissions (PPO) among older, primary care patients over a five-year period.



72% of patients in the large sample had a PIP; 74% had a PPO.



Patients at clinics who scored highly in continuity* were significantly less likely to have a PIP.



The incidence of PPO was lowest among patients receiving care at high continuity clinics.

* N=25,854 patients. Clinics were scored using three established continuity measures: Usual Provider Continuity (UPC); the Bice-Boxerman Continuity of Care Index (BBI); and the Herfindahl Index (HI). Source: Maarsingh O, et al. Personal Continuity and Appropriate Prescribing in Primary Care. *AnnFamMed* 2023.

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Personal Continuity and Appropriate Prescribing in Primary Care. Credit: *The Annals of Family Medicine* (2023). DOI: 10.1370/afm.2994

Researchers from the Netherlands conducted an observational study to determine the association between personal continuity and potentially inappropriate prescriptions (PIPs) by family physicians in older patients.

PIPs can be categorized as potentially inappropriate medications (PIMs) and potential prescribing omissions (PPOs).

The study utilized anonymized routine care data from 269,478 patients, receiving care in 48 Dutch family practices, from 2013 to 2018. They included all patients 65 and older with five or more contacts with their practice in six years, giving them a sample of 25,854 individuals.

Personal continuity was measured using three established indices: Usual Provider Continuity (UPC); the Bice-Boxerman Continuity of Care Index (BBI); and the Herfindahl Index (HI).

The prevalence of PIPs were determined using screening tools. To assess the association, they conducted analyses with and without adjustment for number of chronic conditions, age and sex.

Higher scores in BBI, HI and UPC were associated with a significant reduction in potentially inappropriate prescriptions. Within the UPC, BBI and HI measures, the mean personal continuity was 0.70 (0.19), 0.55 (0.24) and 0.59 (0.22), respectively. Among more than 25,000 patients the researchers examined, 72.2% and 74.3% had one or more potentially inappropriate medications (PIMs) or PPOs, respectively; and 30.9% and 34.2% had three or more PIMs or PPOs, respectively.

The authors conclude that higher personal continuity is associated with more appropriate prescribing and argue that increasing personal continuity may improve quality of prescriptions and reduce harmful consequences.

Prescription management is an important aspect of primary care for [older patients](#) as inappropriate prescribing can result in avoidable adverse events such as hospitalizations, falls and [acute kidney injury](#).

Researchers found a significant association between increased rates of

primary care continuity, as measured by three indices, and a decrease in potentially inappropriate prescriptions (PIPs) among primary care patients. For potentially inappropriate medications (PIMs), this effect was only observed in the patient group with five to 18 chronic conditions compared to the groups with fewer chronic conditions.

The study is published in *The Annals of Family Medicine* journal.

More information: Marije T. te Winkel et al, Personal Continuity and Appropriate Prescribing in Primary Care, *The Annals of Family Medicine* (2023). [DOI: 10.1370/afm.2994](https://doi.org/10.1370/afm.2994)

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