

Users perception of relational continuity of care in six Latin America countries healthcare networks

Marianna Vitaloni

M Vitaloni¹, I Vargas¹, ML Vázquez¹, L Ollé¹, JP Unger², A Mogollón³, I Samico⁴, P Eguiguren⁵, I Cisneros⁶, M Rovere⁷, F Bertolotto⁸

¹CSC, Barcelona, Spain

²ITM, Amberes, Belgium

³UR, Bogotá, Colombia

⁴IMIP, Recife, Brazil

⁵UCH, Santiago de Chile, Chile

⁶UV, Xalapa, Mexico

⁷UNR, Rosario, Argentina

⁸UDELAR, Montevideo, Uruguay

Contact: mar.vitaloni@gmail.com

Background

Relational continuity (RC) is the patient perception of an ongoing relationship with one or more healthcare providers. It is considered to have positive impact on patient care and treatment quality. It is particularly important for chronic patients which require care for long periods of time. In Latin-America (LA) little is known about RC. For the first time we analyze chronic patient's perceived RC towards primary care (PC) and secondary care (SC) doctors and their associated factors in six LA countries.

Methods

Cross-sectional study by means of a users' survey applying the CCAENA questionnaire in Argentina, Brazil, Colombia, Chile, Mexico and Uruguay. Random sample of users with chronic conditions in two healthcare networks of each country (n = 4881; 784/country). Outcome variables: synthetic indexes for RC perception towards PC and SC doctors, measured by: having confidence in doctor, receiving sufficient information, consistency of doctor. Explanatory variables: sociodemographic, morbidity and source of care. Analysis: descriptive and multivariate logistic regression model.

Results

Generally high level of RC (>70%) was perceived towards PC and SC doctors. Excluding Chile and Uruguay, RC was higher towards PC than SC doctors. Both consistency of personnel and ongoing patient-doctor relationship were <50% being the second always higher. Factors associated to higher RC in general were age (>40 years), good self-rated health and low waiting time for visits. Living in the area for more than 1 year increased the probability of high RC with PC doctor while higher education level with SC doctor. Using private health services decreased RC with both doctors.

Conclusions

Chronic patients generally perceive high RC level. Individual and healthcare factors can influence RC outcome. These associated factors should be the target of intervention for health services improvement.

Key messages:

- First study analysing relational continuity with primary and secondary care doctors in six countries of Latin America exploring individual and healthcare factors associated.

- Chronic patients generally perceive high level of relational continuity being it higher with primary care doctor compare to secondary care doctor in the majority of the countries