



Perceptions of continuity of care by the users of the healthcare systems in Colombia and Brazil

Sina Waibel

Irene Garcia-Subirats, Marta-Beatriz Aller, Ingrid Vargas, Amparo Susana Mogollón, Pierre de Paepe, Maria Rejane Ferreira da Silva, Jean-Pierre Unger, **María Luisa Vázquez**

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Introduction, study aim and methods

Introduction: Continuity of Care is the degree to which patients experience care over time as coherent and connected¹. The result of the coordination of services from the patients' point of view.



Aim: To determine the degree of continuity across primary and secondary care as perceived by users of the public health system of Colombia and Brazil and to identify its associated factors

Methods

Design: Cross-sectional study by means of a questionnaire survey in two municipalities of Colombia and Brazil. Feb. to June 2011.

CCAENA scale: Evaluates the three types of continuity of care by means of the analysis of users' experiences; scale was adapted and validated in Colombia and Brazil.

Study population: People who had had at least one health problem or had visited the health services during the three months prior to the survey and who resided in the study areas.

Sample: n=2,063 in Colombia and n=2,155 in Brazil

Analysis: Logistic regression models to assess the relationship between types of continuity and associated factors

¹ Reid R, Haggerty J, McKendry R, Defusing the confusion: concepts and measures of continuity of healthcare, Ottawa: Canadian Health Services Research Foundation; 2002

Results: degree of continuity of care

User's perceptions of continuity of care (% of a high perception of continuity of care)



Primary/secondary care β**aysicidπeιματίτε**nt **īσtatisfesbīp**information

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- the instructions given to me - Involution of the to by my GP before I explain recerce incommunications the them to him/her specialist is coordinated
- Specialist is coordinated
 The information my GP gives
 After seeing the specialist me is sufficient my GP discusses the visit

with me

Results: associated factors

Factors associated with a high perception of continuity of care

	Colombia	Brazil
Informational continuity	Sex: female	Sex: male
Transfer of information	 Good self-rated health 	
		 Age: youth 0-17; adult 41-65
		 Per capita income: > 1 Minimum Wage
Clinical management	 Good self-rated health 	
continuity		 Age: youth 0-17; adult > 41 years
Care coherence	• Per capita income: 1/2 – 1 MW	
	Chronic condition	
		 Municipality: Recife
Relational continuity	Sex: female	
Primary care physician –	Age: youth 0-17	 Age: elderly > 65
patient relationship	 Good self-rated health 	 Good self-rated health
	 Chronic condition 	
		 Municipality: Recife
Secondary care physician –	Good self-rated health	 Good self-rated health
patient relationship		 Age: > 45 years
	 Chronic condition 	
	 SGSSS scheme: contributory 	
		 Municipality: Recife

Logistic regression models adjusted by sex, age, level of education, per capita income, SGSSS scheme, self-rated health, chronic condition, municipality

- Represents first attempt to analyze all three types of continuity of care in Colombia and Brazil
- Degree of perceived continuity of care:
 - Colombia presents higher levels of continuity of clinical management and information
 - Brazil shows higher levels of relational continuity (with both physicians)
- Factors associated to continuity of care:
 - Associated to all types: Colombia: *healthcare needs* (self-rated health and chronic condition) and *age;* Brazil: *healthcare area* and *age*
 - Specific to one type: SGSSS scheme (Colombia; relational continuity) and per capita income (continuity of clinical management and information)

Thanks for your attention! ¡Gracias!

Contact details: igarcia@consorci.org