Comparison of Outcomes of Patients with Diabetes Receiving Care by Way of Three Primary Care Practice Models

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Abstract : The study's purpose was to compare outcomes of care among patients, with type-2 diabetes, who were receiving care via three primary care practice models: a nurse practitioner-physician full-time model (NP-MD^f); a nurse practitioner-physician part-time model (NP-MD^p); and, an NP without a physician model (NP). Outcomes of diabetes care included glycemic control, self-care ability, satisfaction with care, and quality of life. Six primary care settings, in a province in central Thailand, were used as study sites, with each model implemented in two of the settings. A convenience sample of 300 participants, with type-2 diabetes,who were receiving care at the selected study sites, was recruited (100 for each model). Data were collected via the; Demographic Information Questionnaire (DIQ); Diabetic Self-Care Ability Questionnaire (DSCAQ); Patient's Satisfaction with Care Questionnaire (PSCQ); and, Diabetes Quality of Life Questionnaire (DQOLQ). Descriptive statistics and MANOVA, with Tukey's HSD, were used to analyzethe data.

Results indicated no significant difference, in the mean score of the fasting blood glucose level, was found among the subjects who received care via the three models. The mean scores of the DSCAA and DQOL of participants, receiving care via the NP-MD^f and NP models, were significantly higher than those receiving care via the NP-MD^p model. In addition, the mean scores of the PSA of participants, receiving care via the NP and the NP-MD^p models, were significantly higher than those receiving care via the NP-MD^f model.

The findings suggested that NP model can, provide care to individuals with type-2 diabetes of the same quality as NP-MD^F and NP-MD^P model. In addition, the results revealed the NP model was likely to achieve better psycho-social-behavioral outcomes than the NP-MD^f and NP-MD^p models.

Pacific Rim Int J Nurs Res 2013 ; 17(1) 39-55

Keywords: Outcomes; Patients with diabetes; Primary care practice models; Nurse practitioner

Introduction

Healthcare reform, throughout Thailand, was initiated in 2001, with the goal of ensuring universal health care coverage for the all residents.[1] Achieving this goal involved improvement in the quality of services provided at the primary healthcare level, with recognition that primary care can be expected to lower the cost of care, improve health through access to more appropriate services, and reduce inequities in a population's health.[2] Having a regular primary

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