

Physician volume may have a negative impact on quality of diabetes care

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Primary care physicians with busier outpatient practices may deliver lower-quality diabetes care. The findings of a population-based cohort study are published in *Annals of Internal Medicine*.

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Patient volume has been shown to affect [quality](#) of care delivered. A large U.S. study showed that high-volume surgeons had better mortality outcomes across 8 surgical procedures compared to their low-volume counterparts. Studies have also shown an association between high patient volume and better outcomes for heart failure and [coronary artery disease](#). Much less is known about whether physician volume influences outcomes in the outpatient management of chronic diseases, such as diabetes.

Researchers conducted a population-based cohort study using data from provincial health care administrative databases in Ontario, Canada, which details virtually all care received by all residents of the province. This data was used to explore the associations of both overall ambulatory volume and diabetes-specific volume with quality of diabetes care among [primary care physicians](#). Quality of [diabetes care](#) was measured over a two-year period using six indicators, including disease monitoring, prescription of medications, and adverse clinical outcomes. The study showed a clear and consistent association between [primary care](#) physician volume and quality of diabetes management.

Patients of physicians with higher overall ambulatory volumes had consistently lower quality care. However, higher diabetes-specific volume was associated with higher quality of care across all six indicators. These results show that the relationship between physician volume and quality can be extended from acute care to outpatient chronic disease care.

More information: *Annals of Internal Medicine*, <http://annals.org/aim/article/doi/10.7326/M16-1056>

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