

Specialist utilization of nursing home residents and elderly living at home



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Background

Specialist utilization of people with need for long-term care differs from those without need for long-term care. However, it is not clear whether these differences are attributable to morbidity differences between these groups.

We compare health care utilization of older people with and without need for care among 12 specialties while controlling for morbidity differences between these groups. Among those elderly with need for care, we further differentiate between nursing home setting and home care setting.

Methods

Data source: Nationwide claims data from 2015

Study population: 100,000 elderly aged 60 years or above which were members of the statutory health insurance AOK

Analysis: Zero-inflated poisson regression to investigate

- 1) the probability of having any specialist visit or not
- 2) the intensity of specialist care received

Control variables: Age, gender, level of long-term care need, mortality, general practitioner utilization, residential density, and morbidity (31 disease categories)

Results

Medical specialty	Nursing home		Home care		Analysis applies to elderly with at least one diagnosis from the following disease categories (adapted from ICD-10-GM)
	Reference group: elderly without need for care				
	Visit (yes/no)	Intensity of care	Visit (yes/no)	Intensity of care	
Internist	-	-	-	+	Arthropathy, coronary disease, diabetes mellitus, heart disease, hypertension, mono- and polyneuropathies, metabolic disorders
	-	-	-	0	Cerebrovascular diseases, respiratory diseases
	-	0	-	+	Nutrition-related disease, intestinal disease, renal failure, thyroid disorders
	-	0	-	0	palsy/paresis, Parkinson's disease
	-	-	-	-	Motor impairment (based on linear regression analysis)
Cardiologist	-	-	-	0	Coronary disease, heart disease, hypertension
Eye specialist	-	-	-	-	Diseases of the eye (based on linear regression analysis)
Orthopedist	-	-	-	-	Arthropathy, osteopathies and chondropathies, spinal disease
	-	-	-	-	Motor impairment (based on linear regression analysis)
	-	0	-	0	Injuries
Gynaecologist	-	-	-	-	Disorders of female genital tract (based on linear regression analysis)
	-	0	-	0	Aconuresis
Urologist	-	0	-	0	Aconuresis
	0	0	-	0	Prostate disease
Surgeon	0	0	0	0	Skin disease, injuries
Dermatologist	-	0	-	0	Bedsore/decubitus
	0	0	-	0	Skin disease
ENT-specialist	-	0	-	-	Diseases of the ear (based on linear regression analysis)
Nephrologist	-	0	0	+	Renal failure
Pneumologist	-	0	-	0	Respiratory diseases
Psychiatrist / Neurologist	+	+	+	+	Dementia-related disease
	0	+	+	+	Depression
	+	+	0	+	Palsy/paresis, Parkinson's disease, cerebrovascular diseases
	+	+	0	0	Neuroses, disorders due to psychoactive substance use, delusional/personality disorders
	+	+	-	+	Mono- and polyneuropathies

+ = higher utilization probability/intensity than reference group | - = lower utilization probability/intensity than reference group | 0 = no significant difference

Conclusions

→ People with need of care are less likely to have a specialist visit than people without need of care – this applies to nearly all specialties even when differences in morbidity are controlled. Yet, given a first specialist visit the intensity of care between these groups is similar.

→ Nursing home residents might face access barriers to specialist care – however, the underlying mechanisms are still unclear.