

# Costs up with specialist as predominant provider of care

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(HealthDay)—For older adults with multimorbidity, having a specialist

as the predominant provider of care (PPC) is associated with higher spending and lower continuity of care, according to a study published online April 8 in the *Journal of the American Geriatrics Society*.

Julie P.W. Bynum, M.D., M.P.H., from the Dartmouth College Geisel School of Medicine in Lebanon, N.H., and colleagues conducted an observational study using propensity score matching involving beneficiaries aged 65 years and older with multimorbidity. Data were included for 3,934,942 beneficiaries with multimorbidity, of whom two-thirds had a primary care provider as their PPC.

The researchers found that, compared to those with a primary care PPC, individuals with a specialty PPC had more hospitalizations (40.3 more per 1,000) and higher [spending](#) (\$1,781 more per beneficiary), although little difference was seen in mortality (0.2 percent higher) or preventable hospitalizations. The largest spending differences were seen for professional fees (\$769 higher per beneficiary), inpatient stays (\$572 higher per beneficiary), and outpatient facilities (\$510 higher per beneficiary) (all P < .05). "Older adults with multimorbidity with a specialist as their main ambulatory care provider had higher spending and lower continuity of care than those whose PPC was in [primary care](#) but similar clinical outcomes," the authors write.

**More information:** [Abstract](#)  
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