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Public health, health services research and health economics

AB1075 PHYSICIAN POSTGRADUATE EXPERIENCE HAS A PREDICTIVE ROLE FOR PHYSICIAN EFFICIENCY INDEX REGARDING PATIENTS WITH RHEUMATOID ARTHRITIS: A COHORT, EXPLORATORY STUDY

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Background: Much effort has been made to improve the efficiency of health care system by delivering cost-effective, high-quality care. Nurse staffing's contribution to daily practice plays a significant role to reach this goal.[1]

Objectives: To elucidate the differences between ratios of nurse/physician consultation as well as physician efficiency index (PEI) of senior rheumatologists and junior physicians in rheumatology residency training regarding patients with Rheumatoid Arthritis (RA). In addition, to delineate the correlation of physician postgraduate experience and PEI.

Methods: The mean intervals between standard consultation by a physician or nurse for all senior rheumatologists and junior physicians as well as

Table 1

Physicians	Number of patients**	DAS28 at baseline	Interval (day) ±SD	Nurse/Physician visits ratio	Physician efficiency index	Physician postgraduate experience (year)
P1*	244	4.8±1.2	126.9±85.1	(604/617)0.98	124.2	29
P2*	183	4.4±1.2	133.1±105.3	(207/384)0.54	71.7	20
P3*	129	4.5±1.3	114.5±85.2	(96/309)0.31	35.6	11
P4*	97	4.4±1.0	84.8±83.3	(133/252)0.53	44.8	10
P5	37	3.8±1.2	118.5±78.4	(15/52)0.29	34.2	9
P6	51	4.3±1.2	138±102	(5/68)0.07	10.1	8
P7	60	4.4±1.4	194.2±86.3	(14/103)0.14	26.4	8
P8	29	4.4±1.3	114.8±78.4	(14/41)0.34	39.2	7
P9	39	4.1±1.2	159.2±105.5	(14/53)0.26	42.0	7
P10	15	4.6±1.4	179.1±115.1	(1/16)0.06	11.2	6
P11	25	4.2±1.2	0	(0/24)0	–	3

P1–P4*: Specialists in rheumatology (n=4), P5–P11: junior physicians in rheumatology residency training (n=7). **Some of patients had consultation with more than one physician. DAS28: Disease Activity Score in 28 joints.

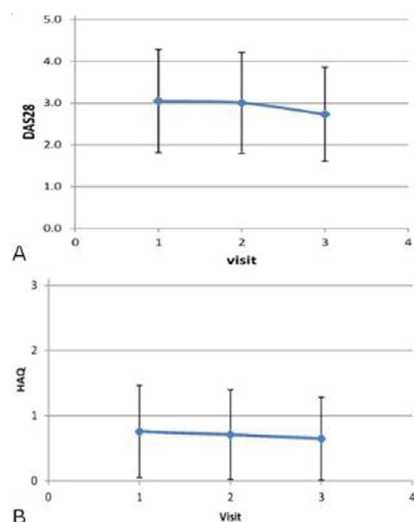


Fig 1. A: Curve of the means of Disease Activity Score in 28 joints ± Standard Deviation at first (by physicians, 3.05±1.24), second (by nurses, 3.01±1.21) and third (by physician or nurse, 2.73±1.13) visits and B: Curve of the means of Health Assessment Questionnaire scores ± Standard Deviation at first (by physicians, 0.759±0.707), second (by nurses, 0.709±0.686) and third (by physician or nurse, 0.649±0.634) visits.

nurse/physician visits ratio and PEI (= nurse/physician visits ratio * mean interval), regrading RA patients seen during Nov 2013–2015, were calculated. Multiple linear regression analysis was performed to delineate the relationship between physician postgraduate experience and PEI. To monitor treatment outcome, Disease Activity Score in 28 joints-C-reactive Protein (DAS28-CRP) and Health Assessment Questionnaire (HAQ) were consecutively measured three times: first at physician consultation, second at following nurse consultation and third either at a nurse or physician consultation.

Results: 3699 visits, belonged to 672 RA patients (64.1% female, the mean of age 64.9±14.1 and DAS28 at baseline 4.5±1.2), were included. There was a significant difference between the nurse/physician visits ratios of senior rheumatologists and junior physicians (P=0.01). Additionally, the mean PEI of senior rheumatologists was significantly higher than of junior physicians (P=0.04) (Table 1). A positive correlation was found between physician postgraduate experience and PEI adjusted for DAS28 at baseline and number of patients for each physician (Regression coefficient (95% Confidence Interval): 5.427 (1.068–9.787), P=0.022). DAS28 and HAQ score were significantly decreased if physician visits were followed by nurse visits (P=0.004 for DAS28 and P=0.025 for HAQ) (Fig.1), indicating a good treatment outcome at nurse consultations.

Conclusions: Junior physicians should be supervised to delegate responsibilities to nurse staffing. So, entire department operates more efficient, leading to prevent extra expenses (due to the differences in yearly salary of physicians and nurses). Quality of care should be monitored continuously by markers of disease activity and CRP.

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AB1076 LOW BACK PAIN IN TURKISH BUS DRIVERS: PILOT STUDY

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Background: Lowback pain is a common problem which increase financial burden of government (1). The incidence of back pain that can be seen in every part of society is also high in drivers (2). We haven't seen any investigation about low back pain of Turkish drivers in literature. We thought that it should be research because of changeable ethnic differences.

Objectives: The aim of our study was to determine the rate of lowback pain and its relationship between quality of life in drivers.

Methods: Intercity and municipality drivers of Istanbul and Yalova, participated in our study. It was designed as cross-sectional and complementary type. Inclusion-criteria were volunteer for this study and driving at least eight hours per day, being a driver for at least three years. Those with congenital deformities, having an accident history and doing an additional job were excluded from this study. After getting drivers' demographic data, "Oswestry Low Back Disability Questionnaire" for lowback pain and "Nottingham Health Profile" for health quality of life were surveyed face to face. Chi-square and Spearman's correlation non-parametric test in the SPSS statistics program were used for statistical analysis in this study.

Results: All of the 261 people who participated in this study were male. Their mean of age, weekly working hours and working year were 43±9.28, 50±13.09 and 18±1.04, respectively. %50 of participants have lowback pain and those of 43% reported that job satisfaction was affected due to pain. It was determined that 10% of participants, whose job satisfaction were affected, didn't apply the medical-doctor. While there was a significant relationship between low back pain and quality of life (p=0.000); there was no relationship between these two parameters and age and working year (p>0.05). It was determined that applying to medical doctor (p=0.02) and drug use rate (p=0.015) increased if the painful period lasted longer.

Conclusions: Low back pain affects quality of life related to health status. In this study, it was seen that the incidence of low back pain was high in long-distance drivers and affected job satisfaction in a great way. We think that the rates of drug use and medication usage can be reduced by increasing leisure time activity before increasing the severity of back pain and lengthening painful period. In addition, half of this occupation group is influenced by low back pain and once again it has been shown that waist schools should be expanded in our country.

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