

RELATIONSHIP BETWEEN PROCESS AND OUTCOMES EVALUATION ON HYPERTENSIVE PATIENTS

OBJECTIVES: To evaluate the relationship between process, valued with ten criteria (technical norms (NT)) of hypertension service on Primary care, and outcomes valued with cardiovascular risk in hypertensive patients.

METHODS: Design: Longitudinal descriptive study. Subjects: We select 820 hypertensive patients (64% females, 36% males) by aleatory simple sampling from 3.284 hypertensive patients with following in primary care. The average aged was 69,8 years (male 68,2 and female 70,7) Setting: Two Spanish primary care centres.

Main outcome measures: Age, sex, blood pressure, glycaemia, lipids and smokers. Cardiovascular risk was estimate with Framingham scale (coronary risk) and The SCORE project scale (Cardiovascular mortality risk) and ten criteria (technical norms) of Hypertension and Diabetes from service portfolio of Spanish Primary care. We check the items on baseline and two years later.

RESULTS: Baseline evaluation: We found negative correlation ($p < 0.05$) between mean Technical norms and coronary risk ($r = -0,119$), RR (relative risk) ($r = -0,158$) and cardiovascular mortality risk ($r = -0,150$). We only found negative association between two of the ten technical norms (TN5: physical exploration and TN6: blood test) and coronary risk, RR, and cardiovascular mortality risk.

End evaluation: We found negative correlation ($p < 0.05$) between mean technical norms and coronary risk ($r = -0,164$), RR ($r = -0,200$) and cardiovascular mortality risk ($r = -0,209$). We only found negative association between TN 5 and TN6 and coronary risk and cardiovascular mortality risk.

Difference between baseline and end evaluation: Mean variation of TN have a negative correlation ($p < 0.05$) with coronary risk variation ($r = -0,165$), RR ($r = -0,166$) and cardiovascular risk mortality ($r = -0,192$). We found negative correlation between cardiovascular risk and previous norms too (NT5 and NT6) and NT3: (diabetes evaluation).

CONCLUSIONS: We found a weak negative association between process and outcomes in the three measurements. Therefore the improve the process care (increase of the TN) improve the outcomes (decrease cardiovascular risk).