

## Investigação Clínica

### PO - (UM17-1228) - ARE HEALTHY CHILDREN ATTENDED BY FAMILY PHYSICIANS OR PEDIATRICIANS? DETERMINANTS OF AN IMPORTANT DECISION.

Susana Rebelo<sup>1</sup>; Sofia Velho Rua<sup>2</sup>; Joana Leça<sup>3</sup>; Ana Couto<sup>1</sup>; Firmino Machado<sup>4</sup>

1 - USF S. Miguel-o-Anjo; 2 - USF Ribeirão; 3 - USF Terras do Ave; 4 - ACeS Porto Ocidental

**Introduction:** According to the *Robert Graham Center*, in the United States, the ratio of children's health care provided by Family Physicians (FPs) decreased by about 33% between 1992 and 2002, from one in four children to one in six. At the same time, there was an increase in the number of visits provided by Pediatricians. In Portugal, the National Program for Child and Juvenile Health establishes 18 surveillance consultations at specific ages, 13 of them on the first 6 years of life. These consultations are intended to be done in the Primary Health Care network but, even though in Portugal there are no official numbers, it is clear that the number of children who are simultaneously attended by Pediatricians in private care is rising. Therefore, the main objectives of our study were to determine if children attend the FP or the FP/Pediatrician for their surveillance consultations, as well as the variables associated with the parents' choice between the two physicians.

**Methods:** A cross-sectional survey was applied to the Parents of children aged 6 years old or less, without chronic diseases, enrolled in semi-private and private kindergartens in the city of Vila Nova de Famalicão, a county in the north of Portugal.

**Results:** A total of 697 children were included in the analysis: 213 (30.6%) attended only the FP and 484 (69.4%) attended both the FP and the Pediatrician. Using a multivariate binary logistic regression, the mother's age (OR=1.06, 95% CI 1.02-1.11), higher educational level (OR = 2.52, 95% CI 1.46-4.34), household net income higher than 2000 euros (OR= 12.14, 95% CI 3.12-42.27), private health insurance (OR= 4.18, 95% CI 2.55-6.84), number of children (OR=0.56, 95% CI 0.42 – 0.75) and the child's age (OR= 0.98, 95% CI 0.97-0.99) were significantly associated with attending both the FP and the Pediatrician. Parents of children who attended only FP rated the FP with a higher accessibility and knowledge mean score than those who consulted both physicians (2.90 versus 2.38,  $p<0.001$ , and 4.22 versus 3.70,  $p<0.001$ ).

**Conclusion:** Our data shows that 70% of our sample simultaneously attended a FP and a Pediatrician, which may represent an increased economic burden to National Health System. PPs are equally qualified to provide medical care to healthy children but this information is not properly transmitted to the general population. Their work should be promoted by health authorities in order to build a more trustworthy relationship between FP's and parents. Additional investigation is relevant to understand if children's medical care provided simultaneously by a Pediatrician and a FP is associated with health benefits and higher public health costs when compared to medical care provided exclusively by the FP.