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BACKGROUND

- The introduction of care coordination mechanisms between care levels aims to improve clinical coordination and quality of care.
- Evidence on its impact is limited and almost non-existent in Latin America.

OBJECTIVE

To describe the **degree of knowledge and use of care coordination mechanisms between care levels in public healthcare networks of Latin America.**

METHODS

Study design: Cross-sectional study based on a survey using **COORDENA questionnaire** (May-October 2015).

Population: Primary (PC) and secondary care (SC) doctors of public healthcare networks, in six countries.

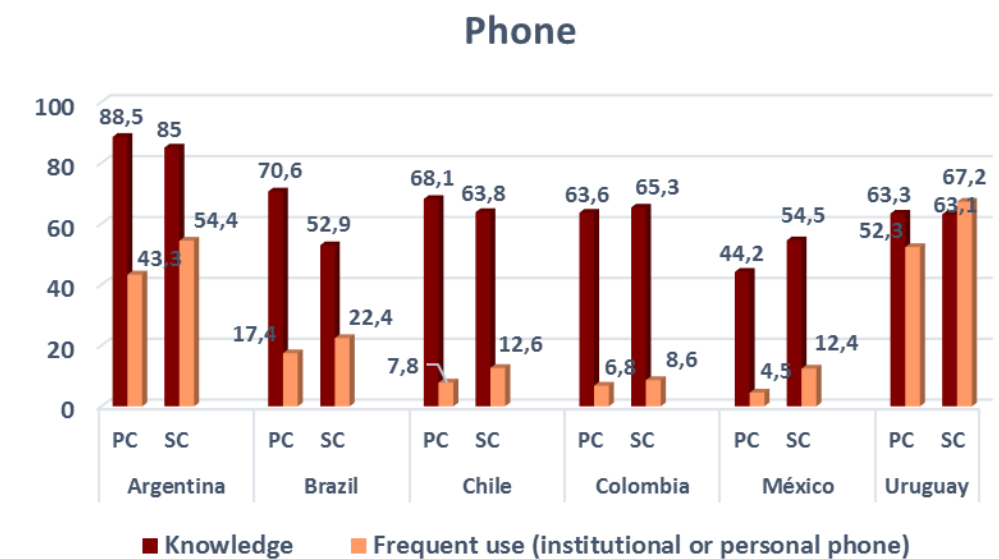
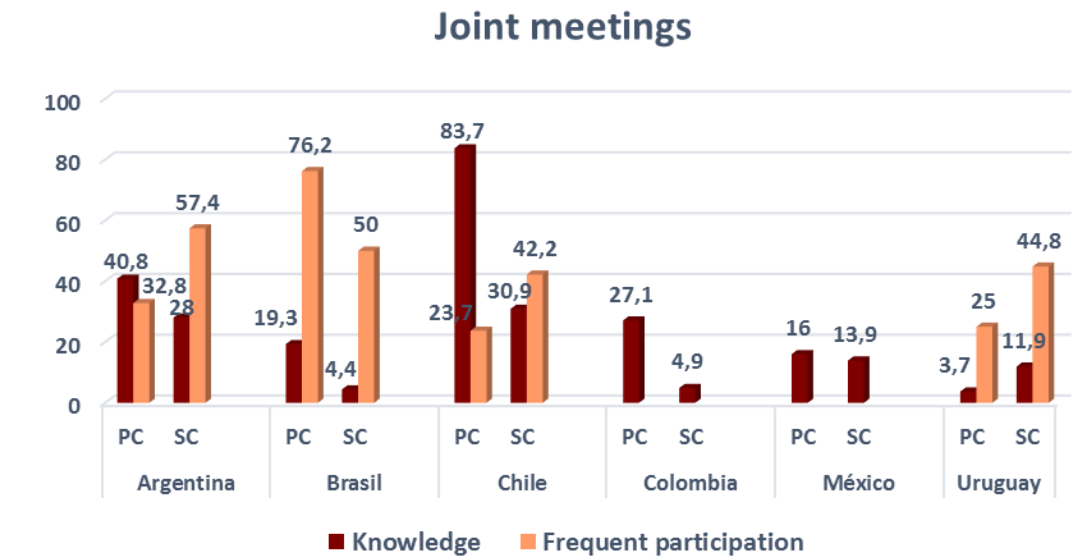
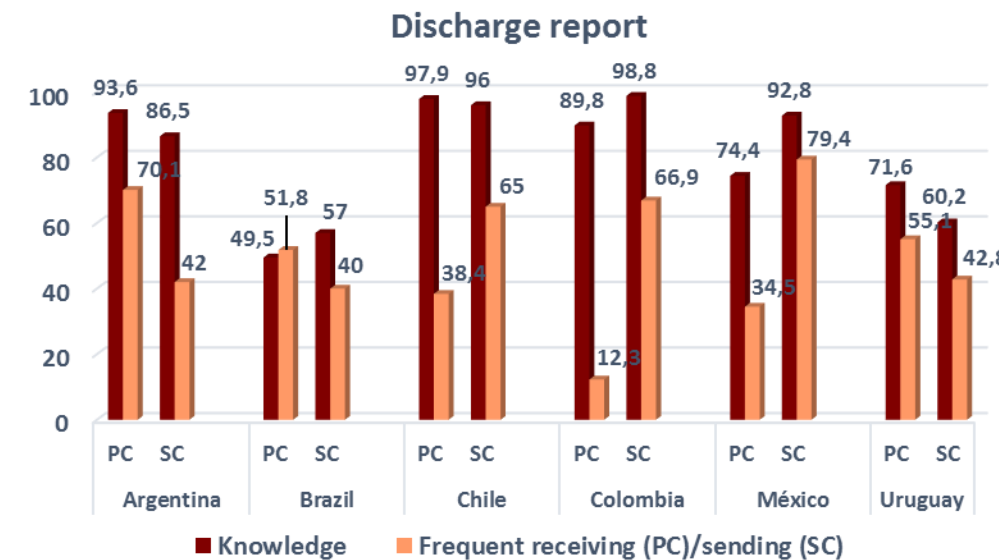
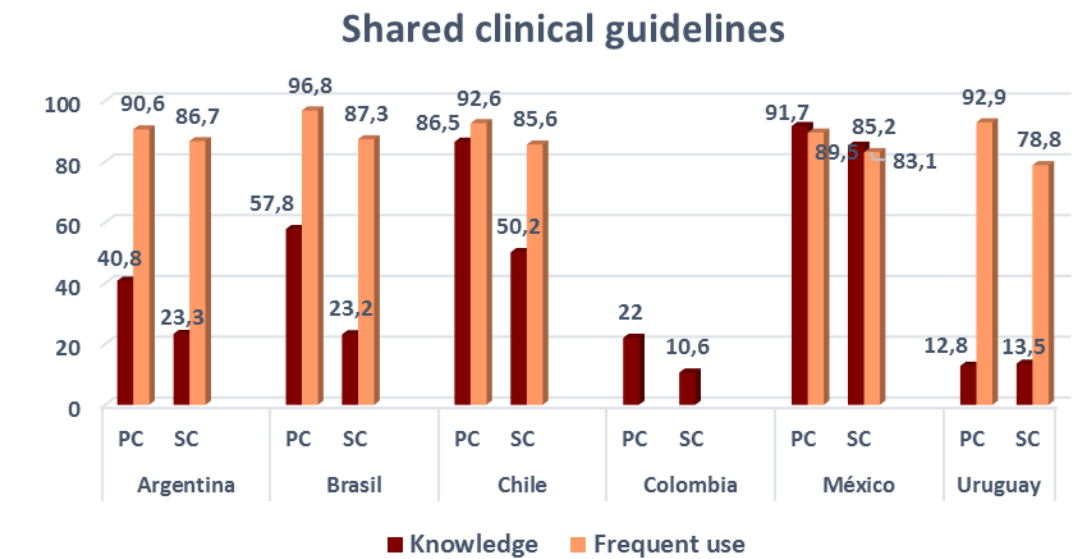
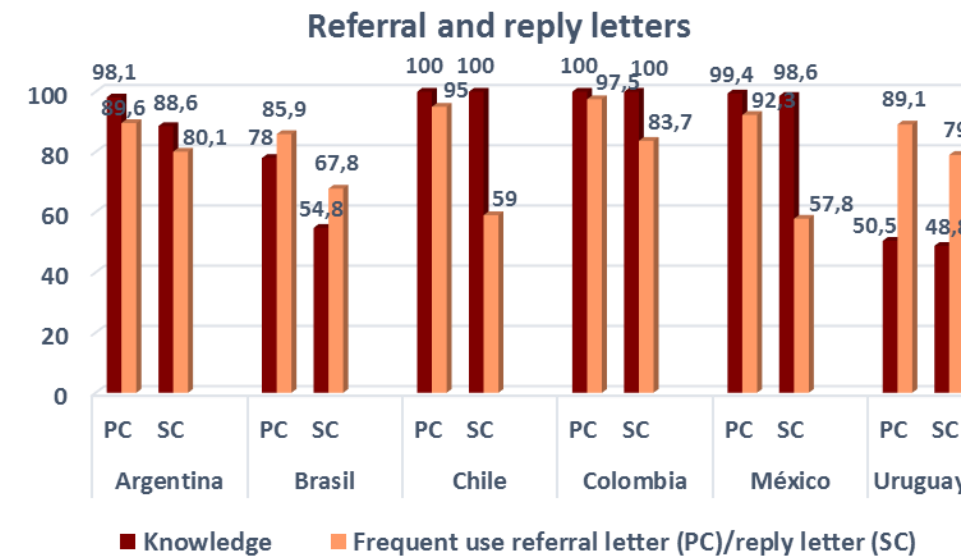
Final sample: 348 doctors per country (Total = 2,088).

Analysis: descriptive, stratified by country and levels of care.

Figure 1. Study areas



RESULTS: Levels of knowledge and use of coordination mechanisms



Frequent use/participation: always + often categories. Percentage calculated based on those who know the mechanism at the same level of care.

CONCLUSIONS

- This is the **first survey assessing care coordination mechanisms knowledge and use** by PC and SC doctors in public healthcare networks of Latin America.
- These **results reveal limited knowledge**, except for information coordination mechanisms, **and use**, except for referral and reply letters, **of care coordination mechanisms**. There is much room for improvement.