

CORRECTION

Open Access



Correction: Pay-for-performance and continuity of care synergistically reduced amputation of lower extremity in patients with diabetes: a population-based cohort study

Yu-Ching Chen^{1,2}, Yi-Han Liao¹, Li-Jung Elizabeth Ku^{1*} and Jung-Der Wang^{1,3}

Correction: BMC Health Serv Res 22, 748 (2022)
<https://doi.org/10.1186/s12913-022-08075-2>

Following publication of the original article [1], some numbers under the heading **P4P & COCI in Table 2** needs to be moved from the column **Model A^a** to the column **Model B^b**. This problem is caused due to a typesetting error. The correct Table 2 is given below.

In calculating the cut-off points of tertiles for time-weighted average COCI 2010-2013, there was an error made in reporting so that the tertiles of the distribution of the COCI scores and thus the cutoffs should be corrected as follows:

“low COCI (< 0.360)” revised to (<0.50);
“middle COCI (0.360–0.643)” revised to (0.50-0.80);
“high COCI (≥ 0.643)” revised to (≥0.80).

Numbers to be revised are shown in the following 4 sections:

The original article can be found online at <https://doi.org/10.1186/s12913-022-08075-2>.

*Correspondence: eljku@mail.ncku.edu.tw

¹Department of Public Health, College of Medicine, National Cheng Kung University, No.1, University Road., 701 Tainan, Taiwan
Full list of author information is available at the end of the article

Page 1, Abstract, Results:

With the low COCI (<0.50) group as the reference, the aHR of LEA was 0.49 ($p < 0.0001$) for the middle COCI group, ($p < 0.0001$), and the aHR of LEA for the high COCI (≥ 0.80) group was 0.23 ($p < 0.0001$).

Page 3, Line 2:

We divided the COCI scores into 3 subgroups based on the tertiles of the distribution for analysis: low (<0.50), middle (0.50-0.80), and high (≥ 0.80).

Page 8, Left column, Line 9-12:

With the low COCI (<0.50) group as the reference, the aHR of LEA was 0.49 ($p < 0.0001$) for the middle COCI group, $p < 0.0001$, and the aHR of LEA for the high COCI (≥ 0.80) group was 0.23 ($p < 0.0001$).

Page 8, Right column, Line 4-8

In model B, with low COCI (<0.50) subgroup of non-P4P group as the reference, the aHR of LEA was 0.68 ($p < 0.0001$) for middle COCI subgroup of non-P4P group, 0.26 ($p < 0.0001$) for high COCI (≥ 0.80) ...

The original article [1] has been corrected.

Author details

¹Department of Public Health, College of Medicine, National Cheng Kung University, No.1, University Road., 701 Tainan, Taiwan. ²Department of Healthcare Administration and Medical Informatics, Kaohsiung Medical University, Kaohsiung, Taiwan. ³Department of Occupational and Environmental Medicine, National Cheng Kung University Hospital, College of Medicine, National Cheng Kung University, Tainan, Taiwan.

Published online: 12 August 2022



© The Author(s) 2022. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

Table 2 Adjusted hazard ratios by Cox proportional hazard model for different risk factors of LEA

Covariate	Adjusted HR (95%CI) Model A ^a	Adjusted HR (95% CI) Model B ^b	Adjusted HR (95% CI) Model C ^c
P4P (ref.: non-P4P)	0.35 (0.29-0.41)*		0.37 (0.30-0.44)*
COCI			0.08 (0.06-0.10)*
Low COCI (reference)			
Middle COCI	0.49 (0.43-0.55)*		
High COCI	0.23 (0.21-0.27)*		
P4P & COCI			
non-P4P, low COCI (reference)			
non-P4P, middle COCI		0.68 (0.61-0.76)*	
non-P4P, high COCI		0.26 (0.22-0.31)*	
P4P, low COCI		0.53 (0.44-0.67)*	
P4P, middle COCI		0.30 (0.23-0.38)*	
P4P, high COCI		0.06 (0.04-0.10)*	
Gender (ref.: female)			
Male	1.16 (1.04-1.29) ‡	1.09 (0.99-1.20)	1.15 (1.02-1.29)+
Age (ref.: 18 < yr ≤ 55)			
56 ≤ yr ≤ 69	0.85 (0.73-1.00)+	0.81 (0.70-0.94) ‡	0.89 (0.75-1.06)
yr ≥ 70	0.71 (0.60-0.83)*	0.59 (0.51-0.69)*	0.73 (0.61-0.87)*
Diabetes duration (ref.: <5 yr)			
5 ≤ duration <10	2.06 (1.54-2.76)	2.29 (1.76-2.98)*	2.09 (1.52-2.87)*
duration ≥ 10	3.91 (2.93-5.20)	4.35 (3.36-5.63)*	3.90 (2.85-5.32)*
CCI score (ref.: score=0)			
1-2	0.55 (0.47-0.64)*	0.56 (0.48-0.64)*	0.55 (0.47-0.66)*
≥ 3	0.28 (0.21-0.39)*	0.31 (0.24-0.41)*	0.30 (0.21-0.41)*
DSCI score (ref.: score=0)			
1-2	1.07 (0.89-1.29)	1.05 (0.89-1.24)	1.11 (0.91-1.35)
≥ 3	1.77 (1.28-2.45)*	1.63 (1.21-2.19) ‡	1.89 (1.34-2.65)*
CDD (ref.: No)			
Yes	0.72 (0.56-0.93)+	0.82 (0.65-1.05)	0.77 (0.58-1.01)
Residence (ref.: Rural)			
Urban	0.82 (0.73-0.92)*	0.81 (0.73-0.91)*	0.83 (0.73-0.94) ‡
Monthly salary/wage (ref.: FP and dependent)			
< NTD 20,000	0.96 (0.83-1.10)	0.96 (0.84-1.09)	1.00 (0.86-1.15)
≥ NTD 20,000	0.85 (0.75-0.97)+	0.86 (0.76-0.96) ‡	0.91 (0.80-1.04)
Health care facility level (ref.: Medical center)			
Regional hospital	1.14 (1.00-1.31)	1.11 (0.98-1.26)	1.13 (0.98-1.31)
District hospital	1.06 (0.92-1.23)	1.02 (0.89-1.17)	0.99 (0.83-1.16)
Community clinic	0.87 (0.75-1.01)	0.86 (0.75-0.99) +	0.89 (0.75-1.05)
Akaike information criterion	30,787	36,804	30,699
Schwarz-Bayesian criterion	30,888	36,918	30,794

* $p < 0.001$; ‡ $p < 0.01$; + $p < 0.05$

^a Categorical time-dependent time-weighted average COCI, ^b Stratification of average time weighted average COCI by P4P, ^c Continuous time-weighted average COCI, *ref* Reference, *TWA* Time-weighted average, *P4P* Pay for performance, *COCI* Continuity of care index, *Int* Intermediate COCI, *CCI* Charlson comorbidity index, *DSCI* Diabetes severity comorbidity index, *CDD* Catastrophic disabling disease, *FP* Fixed premium

Reference

- Chen YC, et al. Pay-for-performance and continuity of care synergistically reduced amputation of lower extremity in patients with diabetes: a population-based cohort study. BMC Health Serv Res. 2022;22:748. <https://doi.org/10.1186/s12913-022-08075-2>.