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LETTER

Quality of Chronic Disease (Diabetes & Hypertension) Care in Health Care Facilities in High Disease Burden Areas in Sidama Region: Cross-Sectional Study [Letter]

Mohamed Jayte

Department of Internal Medicine at Kampala International University, Kampala, Uganda

Correspondence: Mohamed Jayte, Department of Internal Medicine at Kampala International University, P.O. Box 7062, Kampala, Uganda, Tel +256 55272543, Email jayte.mohamed@studwc.kiu.ac.ug

Dear editor

I have thoroughly reviewed the research article titled "Quality of Chronic Disease (Diabetes & Hypertension) Care in Health Care Facilities in High Disease Burden Areas in Sidama Region: Cross-Sectional Study" by Derese et al,[1] recently published in the esteemed journal of Multidisciplinary Healthcare. I commend the authors on their successful article and wish to contribute further insights. This study exhibits several strengths: Firstly, it encompasses a robust sample size of 844 patients, thereby bolstering the statistical power and generalizability of findings regarding Chronic Disease patient care. Secondly, by employing a mixed-methods approach involving quantitative measures and qualitative data collection techniques such as interviews, chart reviews, and observations, the study ensures a comprehensive and triangulated analysis, thereby enhancing the depth and reliability of the findings. Thirdly, the study conducts a comprehensive assessment of care quality by incorporating eight intermediate outcome indicators, including the presence of complications and control of clinical parameters, offering a holistic perspective on the quality of care provided to patients with chronic diseases.

However, I have identified several limitations that warrant attention in future research endeavors. Firstly, the cross-sectional design of the study precludes the establishment of causality between care quality and its associated factors, necessitating further longitudinal investigations to elucidate temporal relationships. Secondly, certain crucial process indicators of care quality, such as HbA1c levels, lipid profiles, and microalbuminuria tests, were not available in the study setting, thus limiting a comprehensive evaluation of the care process. Thirdly, inadequate adjustment for confounding factors may have potentially biased the observed associations between variables, underscoring the necessity for more rigorous statistical control in future analyses. Lastly, the study overlooks an assessment of health facility-level factors, which could significantly influence the quality of care provided to patients with chronic diseases, thereby warranting consideration in subsequent research endeavors.

This study suggests several avenues for further research. Firstly, future research endeavors should embrace longitudinal study designs to ascertain causal relationships between care quality and its determinants, facilitating a nuanced understanding of temporal dynamics. Secondly, a systematic evaluation of facility-level barriers and enablers pertaining to the delivery of quality care is essential, serving as a foundation for the development and implementation of targeted quality improvement interventions aimed at optimizing patient outcomes within the realm of chronic disease care. Thirdly, further research investigating optimal models of chronic disease management in low-resource settings is warranted. Lastly, future studies should assess indicators of care quality such as HbA1c and lipid profiles, as improvements in care quality can positively impact patient outcomes.[2–4]

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In conclusion, this research significantly advances our understanding of the quality of chronic disease care in healthcare settings and underscores the importance of laboratory investigation and record-keeping of diabetes care outcome indicators.

Disclosure

The author declares no conflicts of interest pertaining to this communication.

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