Associations between structures and resources of primary care at the district level and health outcomes: a case study of diabetes mellitus care in Thailand [Erratum]

Komwong D, Sriratanaban J. *Risk Manag Healthc Policy*. 2018;11:199–208.

Page 204, Table 5 was incorrect. The correct table is included below:

Table 5 The association of structures and resources of primary care and age-standardized DM hospitalization ratio^a (n=838 districts)

Primary care structure and resources	Overall DM-hospitalization		Subgroup of DM-hospitalization					
			Uncontrolled diabetes		Short-term complications		Long-term complications	
	Coefficient (SE)	95% CI	Coefficient (SE)	95% CI	Coefficient (SE)	95% CI	Coefficient (SE)	95% CI
HHI ^b	0.003^c (0.001)	0.000, 0.006	0.005^c (0.002)	0.001, 0.010	0.001 (0.002)	−0.003, 0.005	−0.002 (0.003)	−0.007, 0.003
Public providers/ 100 km ²	−0.835 (0.538)	−1.889, 0.219	−0.610 (0.813)	−2.205, 0.984	−2.688^c (0.763)	−4.183, −1.192	2.584^c (0.951)	0.719, 4.449
Bed supply	−0.023^c (0.011)	−0.045, −0.001	−0.032^c (0.017)	−0.064, −0.001	0.027 (0.016)	−0.004, 0.057	−0.007 (0.023)	−0.052, 0.037
Achieving the sustainable accreditation program	1.007 (2.129)	−3.166, 5.180	0.467 (3.156)	−5.718, 6.653	2.180 (3.158)	−4.009, 8.369	0.021 (5.690)	−11.132, 11.174
Financial crisis ^d	1.165 (3.309)	−5.321, 7.652	0.994 (4.681)	−8.181, 10.169	1.440 (5.391)	−9.126, 12.006	2.601 (9.229)	−15.487, 20.689
District located in rural area	19.618^c (4.206)	11.374, 27.861	31.045^c (6.322)	18.655, 43.436	−1.311 (5.209)	−11.521, 8.898	20.453^c (8.408)	3.995, 36.956
Physician/10 ⁴ pop	−1.350^c (0.674)	−2.671, −0.028	−3.152^c (0.987)	−5.087, −1.218	1.673 (1.022)	−0.331, 3.676	−1.141 (2.151)	−5.357, 3.074
Nurse/10 ⁴ pop	−0.155 (0.180)	−0.507, 0.198	−0.099 (0.366)	−0.817, 0.618	−0.488 (0.255)	−0.988, 0.012	0.304 (0.574)	−0.821, 1.429
Pharmacist/10 ⁴ pop	−3.834 (3.233)	−10.171, 2.503	−3.080 (5.610)	−14.074, 7.916	−3.286 (3.143)	−9.446, 2.874	−8.869 (4.590)	−17.864, 0.127
Other health professionals ^e /10 ⁴ pop	0.621 (0.446)	−0.254, 1.496	0.519 (0.528)	−0.516, 1.553	0.789 (0.511)	−0.212, 1.790	1.185 (0.881)	−0.541, 2.912
Family medicine physician/10 ⁴ pop	2.535 (5.049)	−7.361, 12.431	1.553 (6.598)	−11.378, 14.485	−5.782 (6.964)	−19.493, 7.929	23.638 (20.589)	−16.715, 63.991

Notes: ^aAdjusted for district population characteristics, % of population aged >60 years, DM prevalence and DM patient characteristics, % of patients aged >60 years, education lower than secondary school, duration of DM, and CCI score. ^bHHI: the market share of each provider with respect to the total outpatient utilization. ^cThe numbers in bold indicate P<0.05. ^dThe district had financial risk scoring of 7 for at least 6 of 12 quarters (between the previous two fiscal years and the current fiscal year). ^eOther health professionals include public health technical officers, public health officers, dental assistants, and pharmacy technicians.

Abbreviations: DM, diabetes mellitus; HHI, Herfindahl–Hirschman Index; pop, population; SE, standard error; CCI, Charlson Comorbidity Index.

Risk Management and Healthcare Policy is an international, peer-reviewed, open access journal focusing on all aspects of public health, policy, and preventative measures to promote good health and improve morbidity and mortality in the population. The journal welcomes submitted papers covering original research, basic science, clinical and epidemiological

studies, reviews and evaluations, guidelines, expert opinion and commentary, case reports and extended reports. The manuscript management system is completely online and includes a very quick and fair peer-review system, which is all easy to use. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/risk-management-and-healthcare-policy-journal>