**Presentation title:** Multimorbidity as a predictor of continuity of care and extended consultation access after release from prison: A prospective cohort study

**Abstract** (max. 300 words):

**Background:** Prisoners often have poor health and complex healthcare needs. People recently released from prisons access GP services at twice the rate of the general population, however the period after release is characterised by high rates of morbidity and mortality. This indicates that GP services may inadequately cater for this population’s healthcare needs. The aim of this study was to examine the relationship between complex healthcare needs (defined as multimorbidity) and quality of primary healthcare (defined as access to long consultations and good continuity of care) in a cohort of adults recently released from prison.

**Methods:** 1049 sentenced prisoners from Queensland prisons were interviewed within six weeks of expected release between 2008 and 2010. Responses were linked with Medicare data for two years following release to capture GP access. Prison medical records were coded to capture multimorbidity. GP Medicare items were sorted into long and short consultations. The Usual Provider Continuity Index was used to estimate continuity of care. Logistic regressions were performed to determine the relationship between multimorbidity, extended consultation access and continuity of care.

**Results:** A significant proportion of multimorbid participants did not receive a long consultation (45%) or good continuity of care (48%). Participants with severe multimorbidity had a 90% increase in the odds of receiving good continuity of care compared with participants with moderate or no multimorbidity. Multimorbid patients had a 50% increase in the odds of receiving a long GP consult compared to patients without multimorbidity. Rural participants had reduced odds of receiving a long GP consult compared to city-dwellers.

**Conclusions:** Despite high rates of primary care contact after release from prison, and despite those with multimorbidity appearing more likely to receive better healthcare, the health of this population remains poor. There is a need to improve quality of care for ex-prisoners with multimorbidity.