EVIDENCE SUMMARY: THE BENEFITS OF CONTINUITY IN PRIMARY CARE

A growing body of evidence points to the association of provider continuity, and to a lesser extent practice continuity, with improved outcomes and satisfaction. In most cases, the greater the continuity, the better the outcomes.

**Utilization**

54/59 studies showed positive results in lower utilization and hospitalization.

**Mortality**

10/10 studies showed reduced mortality.

**Preventive Care**

8/10 studies showed improvements in preventive care.

**Health**

11/14 studies showed positive results in improved health.

**Cost Savings**

17/17 studies demonstrated cost savings.

**Care Quality**

7/10 studies showed positive results in overall care quality.

**Satisfaction**

9/11 studies showed increased patient satisfaction.

**Adherence**

6/6 studies showed improved self-management and treatment adherence.

**Articles**

112 (108 peer reviewed)
Evidence Summary: The Benefits of Continuity in Primary Care

July 2016

Question
What is the value of continuity with a primary health care provider?

Summary of findings
- A growing body of evidence of varying quality points to the association of relationship continuity and to a lesser extent, practice continuity with improved outcomes & satisfaction.
- In most cases, the greater the continuity, the better the outcomes.
- The definition of continuity is not yet standardized in the research community.
- Relationship continuity (Ongoing attachment to a single provider) is the independent variable here, unless otherwise specified.
- See below for overall outcomes and themes
- The quality of this literature has not been assessed
- The numbers correspond with the numbered reference list below the summary
- Italicized results reflect review articles that analyze multiple studies.

Continuity has been associated with:

- **Lower healthcare resource utilization and hospitalization.**
  - 1, 2, 4, 5, 8, 14, 16, 18, 19, 21, 25, 26, 28, 30, 31, 32, 35, 36, 37, 39 (practice continuity), 40, 46, 48, 49, 50, 52, 54, 55, 56, 57, 60, 62, 67, 68, 72, 75, 76, 77, 78, 81, 82, 89, 91, 92, 93, 98, 99, 101, 102, 103, 106, 109, 110, 112

- **Increased healthcare resource utilization.**
  - 20, 107

- **No impact on healthcare resource utilization and hospitalization.**
  - 11, 73, 108

- **Lower healthcare costs.**
  - 2, 4, 5, 9, 12 (practice continuity), 23 (practice continuity), 30, 36, 37, 39 (practice continuity), 40, 50, 54, 60, 61, 79 (practice continuity), 112

- **Reduced mortality.**
  - 29, 48, 53, 57, 61, 66, 72, 83, 104, 105
• **Improved health & quality of life.**
  - 3, 12 (practice continuity), 47, 52, 54, 61, 86 (practice continuity), 97, 100, 104, 111

• **No impact on health or quality of life.**
  - 11, 17, 87

• **Improved preventive care.**
  - 7, 16, 22 (Practice & provider continuity), 38 (practice continuity), 43 (practice continuity), 51, 70 (practice continuity), 94

• **No impact on preventive care delivery.**
  - 11, 15

• **Improved quality of care overall.**
  - 3, 27, 34, 42 (practice continuity), 64, 71 (provider and practice continuity), 112

• **No impact on quality of care.**
  - 10, 15, 80

• **Better patient-physician communication.**
  - 63

• **A decrease in overuse of medical procedures.**
  - 93

• **Improved self-management and treatment adherence by patients.**
  - 13, 47, 88, 90, 95, 96

• **Improved patient satisfaction.**
  - 6, 32, 44, 52, 58 (provider and practice continuity), 59, 65, 84, 85

• **Little to no impact on patient satisfaction.**
  - 15, 33

• **A perception by patients as leading to better access to care.**
  - 24 (practice continuity), 41

• **A perception by patients as leading to better coordination of care.**
  - 24 (practice continuity)

• **A perception by patients as contributing to more patient-centered communication.**
  - 85

• **High performing primary care practices.**
  - 39, 69
Articles/Reports

1998


1999

2001


2002

2003


2004

   http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466710/

   http://pediatrics.aappublications.org/content/113/4/738.long


2005
   http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1466859/


2006

   http://hsr.sagepub.com/content/11/4/196.long

   http://www.clinchem.org/content/52/12/2219.long
2007

2008

2009


2010


2011


2012


2013


2014


http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/25531108/

2015

http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/25879858/

http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/25755033/

http://www.jabfm.org/cgi/pmidlookup?view=long&pmid=25748763

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4554162/

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4315369/

http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/25918335/


2016


107. Thanh NX, Rapoport J. Health services utilization of people having and not having a regular doctor in Canada. Int J Health Plann Manage. 2016 Feb 10;


