EVIDENCE SUMMARY: THE BENEFITS OF RELATIONAL CONTINUITY IN PRIMARY CARE

PREVENTIVE CARE: 8/10 studies showed improvements in preventive care.

UTILIZATION: 61/64 studies showed positive results in lower utilization and hospitalization.

MORTALITY: 11/11 studies showed reduced mortality.

HEALTH: 13/16 studies showed positive results in improved health.

COST SAVINGS: 16/17 studies demonstrated cost savings.

CARE QUALITY: 10/16 studies showed positive results in overall care quality.

SATISFACTION: 15/16 studies showed increased patient satisfaction.

ADHERENCE: 6/6 studies showed improved self-management and treatment adherence.
Evidence Summary - the benefits of relational continuity in primary care

October 2017

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

Summary of findings

- A growing body of evidence points to the association of relational continuity with a single provider, and to a lesser extent, practice continuity with improved outcomes & satisfaction.
- For some measures, (utilization, mortality) the greater the degree of attachment, the better the outcomes.
- See below for overall outcomes and themes
- The numbers correspond with the numbered reference list below the summary
- This 2017 update includes 25 new articles, a new section on the value of relational continuity to patients and providers, and more detail on utilization outcomes and on the impact of continuity on complex patients.
- There is some variability in study quality, effect size, and in how relational continuity is defined. Study quality has not been evaluated in this summary.
- Please note bolded results reflect review articles that analyze multiple studies and may include peer reviewed articles and/or reports. As such, individual articles may be represented more than once.
- Should you require further clarification, please email: top@topalbertadoctors.org.

Relational continuity has been associated with:

- Fewer emergency visits & hospitalizations
  - 3, 4, 6, 7, 11, 17, 19, 22, 23, 28, 33, 35, 37, 38, 39, 42, 43, 46 (practice), 51, 53, 54, 55, 57, 59, 60, 61, 62, 65, 67, 72, 73, 77, 79, 80, 81, 82, 85, 86, 93, 95, 96, 102, 103, 105, 106, 107, 110, 113, 114, 116, 119, 120, 122 (practice), 125, 127, 129, 131, 132, 136, 137
  - Several studies specifically found fewer ER visits & hospitalizations in patients with complex needs or a chronic disease.
    - 4, 22, 23, 28, 33, 37, 38, 53, 55, 59, 67, 73, 80, 81, 96, 105, 120, 122 (practice), 129, 132
o Some studies found more of an impact on emergency visits for complex needs patients, compared to those without complex needs. 136
o Greater degree of attachment was associated with a larger impact on this outcome
  ▪ 3, 7, 11, 17, 22, 23, 28, 33, 51, 77, 122(practice), 125(practice vs provider), 127, 131, 137

- **No significant impact on emergency visits & hospitalizations**
  o 78 (Authors point to measurement issues. Still advocate for continuity), 112 (children)

- **Increased emergency visits & hospitalizations**
  o 111 (patient surveys)

- **Reduced specialty care utilization**
  o 32, 54

- **Cost savings**
  o 6, 12, 16(practice), 30 (practice), 37, 43, 46 (practice), 47, 55, 59, 65, 66, 83 (practice), 116, 122(practice), 129
  o Studies that found cost savings in patients with complex needs, or a chronic disease. 30 (practice), 37, 55, 59, 122(practice)
  o Some studies found more of an impact on cost savings for complex needs or chronic disease patients, compared to those without complex needs. 122(practice)

- **No significant cost savings**
  o 18

- **Reduced mortality**
  o The greater the degree of attachment, the greater the impact on mortality. 77
  o Studies that found reduced mortality in patients with complex needs, or a chronic disease. 53, 71, 123

- **Improved health & quality of life**

- **No impact on health or quality of life**
  o 14, 20, 91

- **Improved self-management and treatment adherence by patients**
  o 52, 92, 94, 99, 100, 133

- **Improved preventive service delivery rates**
  o 10, 19, 29, 45, 56, 75, 98, 128

- **No significant impact on preventive services**
  o 18, 44

- **Improved quality of care**
  o 5, 34, 41, 49, 59, 69, 76 (provider & practice), 116, 134, 135
  o Studies that found improved quality in patients with complex needs, or a chronic disease. 59
Some studies found more of an impact for patients with complex needs or a chronic disease, compared to those without complex needs. 135

- **No significant/variable impact on quality of care**
  - 13(diabetes), 14(departing pcps), 18, 20(cv risk factors), 84(cancer), 94(possible overprescribing)

- **A decrease in overuse of medical procedures**
  - 24, 97

- **Better patient-physician communication**
  - 68

- **Improved patient satisfaction & experience**
  - 1, 8(increased trust), 15, 31, 39, 40(Some variable results though), 48, 57(especially chronic disease patients), 63, 64, 70, 88, 89, 118, 121

- **No impact on patient satisfaction & experience**
  - 18

- **Do patients value continuity?**
  - Yes, especially vulnerable patients, and those with complex conditions. 9, 15, 25, 48, 50, 70, 118, 121, 126
  - Yes, but not patients with complex conditions 124
  - Some younger healthy patients or those with acute issues do not see the value 50, 126

- **Improved staff satisfaction & experience**
  - 1, 2, 25, 26

- **Do providers value continuity?**
  - Yes, especially for patients with complex conditions 2, 9, 21, 25, 26, 27, 121

- **Higher performing primary practice**
  - 41, 74

**Key articles to cite:**

- **Major studies & reviews**
  - 36, 39, 50, 58, 59, 60, 64, 67, 83, 86, 105, 121, 127

- **Alberta results**
  - 60, 86, 121

**Reference List**

**1985**

1990


1998


1999


2001


2002


2003


2004


2005


2006


### 2007


### 2008


### 2009


### 2010


2011


2012


2013


2014


75. Brown ML, Klabunde CN, Cronin KA, White MC, Richardson LC, McNeel TS. Challenges in meeting Healthy People 2020 objectives for cancer-related preventive services, National


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

2015


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


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


http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0141465


https://www.cdc.gov/pcd/issues/2014/13_0174.htm


2016


111. 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;


2017


129. Amjad H, Carmichael D, Austin AM, Chang C-H, Bynum JPW. Continuity of Care and Health Care Utilization in Older Adults With Dementia in Fee-for-Service Medicare. JAMA Intern Med. 2016 Sep 1;176(9):1371–8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC47454945/


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