EVIDENCE SUMMARY: THE BENEFITS OF RELATIONAL CONTINUITY IN PRIMARY CARE

PREVENTIVE CARE
8/10 studies showed improvements in preventive care

MORTALITY
11/11 studies showed reduced mortality

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

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
Some studies found more of an impact on emergency visits for complex needs patients, compared to those without complex needs. 136

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**
  - 78 (Authors point to measurement issues. Still advocate for continuity), 112 (children)

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

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

- **Cost savings**
  - 6, 12, 16(practice), 30 (practice), 37, 43, 46 (practice), 47, 55, 59, 65, 66, 83 (practice), 116, 122(practice), 129
  - Studies that found cost savings in patients with complex needs, or a chronic disease.
    - 30 (practice), 37, 55, 59, 122(practice)
  - 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**
  - 18

- **Reduced mortality**
  - The greater the degree of attachment, the greater the impact on mortality. 77
  - 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**
  - 14, 20, 91

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

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

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

- **Improved quality of care**
  - 5, 34, 41, 49, 59, 69, 76 (provider & practice), 116, 134, 135
  - 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


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 Public Health Monograph.


2015


94. Lam TP, Wun YT, Lam KF, Sun KS. Differences in antibiotic use between patients with and without a regular doctor in Hong Kong. BMC Pharmacol Toxicol. 2015;16:40. [http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4681134/]


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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;


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