

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

- 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**
 - 36, 53, 58, 62, 66, 71, 77, 87, 108, 109, 123
 - 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**
 - 3, **16**(practice), 47, 52, 59, 66, 90 (practice), **101**, 104, 108, 115, 117, 130
- **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

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