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Does Continuity of Care Effect Patient Satisfaction, Patient Outcomes and Costs?

Continuity has proved to be a difficult variable to define and measure. Several previous reviews of this subject have noted major limitations to its research foundation because of inconsistent definitions and complex methodologic challenges. (1)

In early 2002, researchers from the Department of Family Medicine, School of Medicine, Oregon Health & Science University, Portland, undertook a comprehensive review of the medical literature to examine one aspect of continuity of care related to the ongoing relationship between an individual doctor and patient. The authors defined this aspect of continuity as *interpersonal continuity*. Their review has resulted in 3 publications, the first examining how interpersonal continuity of care has been defined and measured, (2) and the second evaluating the relationship between interpersonal continuity and patient satisfaction, (3) and the third evaluating the relationship between interpersonal continuity and the outcomes and cost of health care (4).

Below I have briefly summarised the later two publications (3,4), both of which are described as critical reviews.

The purpose of the first paper (3) was to review the medical literature regarding the relationship between interpersonal continuity of care and patient satisfaction and suggest future strategies for research on this topic.

A search of the MEDLINE database from 1966 through April 2002 was conducted to find articles focusing on interpersonal continuity of patient care. The resulting articles were screened to select those focusing on the relationship between interpersonal continuity in the doctor-patient relationship and patient satisfaction. These articles were systematically reviewed and analyzed for study method, measurement technique, and the quality of evidence.

Thirty articles were found that addressed the relationship between interpersonal continuity and patient satisfaction with medical care. Twenty-two of these articles were reports of original research. **Nineteen of the 22, including 4 clinical trials, reported significantly higher satisfaction when interpersonal continuity was present.**

The authors concluded that,

“Although the available literature reflects persistent methodological problems, a consistent and significant positive relationship exists between interpersonal continuity of care and patient satisfaction. Future research in this area should address whether the same is true for all patients or only for those who seek ongoing relationships with physicians in primary care.”

The purpose of the second critical review (4) was to review the medical literature regarding the relationships between interpersonal continuity of care and the outcomes and cost of health care.

A search of the MEDLINE database from 1966 through April 2002 was conducted by the primary author to find original English language articles focusing on interpersonal continuity of patient care. The articles were then screened to select those articles focusing on the relationship between interpersonal continuity and the outcome or cost of care. These articles were systematically reviewed and analyzed by both authors for study method, measurement technique, and quality of evidence.

Forty-one research articles reporting the results of 40 studies were identified that addressed the relationship between interpersonal continuity and care outcome.

A total of 81 separate care outcomes were reported in these articles. Fifty-one outcomes were significantly improved and only 2 were significantly worse in association with interpersonal continuity. Twenty-two articles reported the results of 20 studies of the relationship between interpersonal continuity and cost. These studies reported significantly lower cost or utilization for 35 of 41 cost variables in association with interpersonal continuity.

The authors concluded that,

“Although the available literature reflects persistent methodological problems, it is likely that a significant association exists between interpersonal continuity and improved preventive care and reduced hospitalization. Future research in this area should address more specific and measurable outcomes and more direct costs and should seek to define and measure interpersonal continuity more explicitly.”

References:

1. Dietrich AJ, Marton KI. **Does continuous care from a physician make a difference?** J Fam Pract 1982; 15:929-37.
2. Saultz JW. **Defining and measuring interpersonal continuity of care.** Ann Fam Med. 2003; 1:134-43.
<http://www.annfammed.org/cgi/content/full/1/3/134?ijkey=1c6d76b9d83200337392bb3a45a779e99ac0aed7>
3. Saultz JW, Albedaiwi W. **Interpersonal continuity of care and patient satisfaction: a critical review.** Ann Fam Med 2004; 2:445-51.
<http://annalsfm.highwire.org/cgi/content/full/2/5/445?ijkey=e6cba0a880a18bc3113084816d370df813023f19>
4. Saultz JW, Lochner J. **Interpersonal Continuity of Care and Care Outcomes: A Critical Review.** Ann Fam Med 2005; 3:159-66.
<http://annalsfm.highwire.org/cgi/content/abstract/3/2/159>