Does Continuity of Care Affect Health Care Quality?

Pereira AG, Kleinman KP, Pearson SD. Leaving the practice: effects of primary care physician departure on patient care. Arch Intern Med 2003;163:2733–6.

Study Overview

<u>Objective</u>. To determine the effect of primary care physician (PCP) turnover on quality of care.

<u>Design</u>. Retrospective cohort study.

Setting and participants. 9 PCPs caring for 3931 patients within a large multispecialty group practice departed the practice between 1 July 1994 and 30 June 1996. Their patients were compared with the patients of 16 control PCPs in the same group practice matched for age and sex, who provided continuous care for 8009 patients for at least 2 years beyond the index PCPs' departure date.

Main outcome measures. The following quality measures were compared: appropriate use of screening examinations (ie, mammography, Papanicolaou smears, and fecal occult blood testing), glycemic control in diabetic patients, and blood pressure control in hypertensive patients. Data on utilization of health services were collected in the form of number of ambulatory, urgent care, and emergency department visits during the 2-year postbaseline period.

Main results. At 2-year follow-up, there were no differences between patients with departed PCPs and those with remaining PCPs in rates of failure to continue screening for mammography (8.4% versus 5.1%; P = 0.08), Pap smears (10.9% versus 10.7%; P = 0.93), and fecal occult blood tests (28.8% versus 25.3%; P = 0.93). Among 725 patients with diabetes, there again were no differences after 2 years in rates of failure to continue hemoglobin A_{1c} (HbA_{1c}) screening between patients with departed PCPs and those with remaining PCPs (9.5% versus 9.2%; P = 0.57). Additionally, there was no difference between the 2 groups in mean HbA_{1c} levels (9.9 mg/dL versus 10.2 mg/dL; P = 0.46). Among 1152 patients with hypertension, patients with departed PCPs were less likely than those with remaining PCPs to experience worsening blood pressure control (16.5% versus 22.5%; P = 0.02), although this difference was not statistically significant after multivariate adjustment for patient age, sex, and baseline screening behavior. There were no significant differences in the number of ambulatory, urgent care, and emergency department visits between the 2 groups during the 2-year follow-up period.

<u>Conclusion</u>. In this multispecialty group practice, the loss of continuity in care due to PCP turnover did not significantly affect quality of care or utilization of health care services.

Commentary

Recent reports by the Institute of Medicine document large gaps between evidence-based care and actual clinical practice, prompting the call for strategies to improve health care quality [1]. Inadequate care has been observed both in preventive medicine and in chronic disease management, including diabetes care [2]. Several potential quality improvement strategies have been variably successful, including organizational change, electronic medical record systems, and physician report cards.

The current investigation by Pereira et al adds new information to the field of health care quality by addressing the important issue of physician continuity. Somewhat surprisingly, patients who experienced loss of a PCP experienced no decrease in quality of care and no increase in utilization of services (ie, emergency department visits). This finding was consistent across both preventive services such as cancer screening and chronic disease management in the form of diabetes and hypertension.

As the authors appropriately point out, it is important to note the setting in which this investigation was performed: a large group practice with an integrated electronic medical record system that allows excellent communication between primary care providers and direct access to historical patient information. The benefits of such an integrated health care delivery system are likely to have absorbed any negative effects on quality due to loss of an individual PCP. In fact, this

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study highlights an important lesson that excellent primary care needs to be approached as a global effort, involving both the PCP as well as other team members.

It is important to note that this study was not able to address another important aspect of quality—patient satisfaction, which is likely to have been affected by such a disruption in the patient-doctor relationship.

Applications for Clinical Care

Quality of care is an increasingly important issue for health care organizations, and we need to understand the mechanisms through which quality is determined. This study provides an initial glimpse into the effect of physician turnover on quality; however, future work will need to focus on other health care settings in order to obtain a more complete understanding of this important issue.

-Review by Thomas D. Sequist, MD

References

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- Saaddine JB, Engelgau MM, Beckles GL, et al. A diabetes report card for the United States: quality of care in the 1990s. Ann Intern Med 2002;136:565-74.

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