Continuity of Care and Quality of Care - Inseparable Twin

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Continuity of care has been regarded as being fundamental to primary care and has been linked to improve quality of care. In this editorial, I will explore the impact of continuity of care on the quality of care and the mechanism of how quality helps to sustain continuity; recommendations for policy makers in the health care system to improve quality by promoting continuity will be outlined at the end.

Continuity of care has been regarded as a core value of primary care and as a fundamental part of the work of general practitioners around the world.[1-3] The Leeuwenhorst Group of European General Practitioners has endorsed a frequently quoted definition of primary care and general practice: "The general practitioner is a licensed medical graduate who gives personal, primary and continuing care to individuals, families and a practice population irrespective of age, sex and illness. It is the synthesis of these functions which is unique".[3] Nonetheless, continuity is a complex concept because it means several different things; hence many types of continuity have been identified which are defined in Table 1.

Table 1: Definitions of different types of continuity

Type of Continuity	Definition
Relational/ interpersonal*	An ongoing therapeutic relationship between a patient and one or more providers.[4,5]
Longitudinal*	Care from the same healthcare professional or as few professionals as possible, consistent with other needs.[4]
Team	Care obtained from a group of healthcare professionals working in either primary or secondary care settings, providing consistent communication and co-ordination of care for their patients.[4]
Cross-boundary	Care that follows the patient across settings (e.g. from primary to secondary care or vice versa).[4]
Geographic	Care that is given or received in person on one site (office, home, hospital, etc).[5, 6]
Informational	Information transfer that follows the patient.[4]
Management	A consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs.[5]
Experienced	The patient's judgement of co-ordinated and smooth progression of care.[4]
Flexible	Services that are flexible and adjusted to the needs of the individual over time.[4]

* Relational continuity and longitudinal continuity are not easy to distinguish from each other and are therefore often regarded as one type of continuity.[5,7]

Throughout the world, good quality primary care improves health outcomes for the population,[8] and continuity of care has been regarded as a crucial component of quality of care,[9,10] as it influences both the process of care (interactions between users and services) and outcomes of care (consequences of care).[11, 12] Indeed, continuity has been considered as a powerful factor affecting the outcomes and quality of care, such as prevention or reduction of physical, mental, and social disabilities, increased patient satisfaction and reduced aggregate healthcare spending.[13]

Studies have shown that continuity is associated with control of blood pressure, cholesterol and smoking cessation,[14,15] improved immunizations and recognition of psychosocial problems in children,[16,17] improved compliance with medication prescriptions,[18,19] improved physician recognition of physical and psychosocial problems,[20, 21] reduced risk of suicide,[22] reduced rates of hospital admissions,[23] and utilization of emergency departments.[24] Patients who have continuity with the same doctor were satisfied with their care,[25] more likely to keep follow-up appointments,[26] and communicated better with their doctor.[27] Additionally, patients rank continuity as a high priority in their medical care.[28, 29]

Another potential benefit of continuity is that it might improve the quality of care for patients with chronic conditions, such as hypertension and diabetes. Continuity with the same doctor for hypertensive patients was associated with a lower chance of developing hypertension-related complications, such as stroke, congestive heart failure and acute myocardial infarction.[30] Also, patients with Type 2 diabetes who identified a regular doctor for their diabetes have better glycaemic control as they were more likely to test their glycosylated haemoglobin (HbA1c) frequently, to have more foot, cholesterol and retinal examinations and to be on insulin earlier if needed; they were also more likely to follow dietary advice and to monitor their blood glucose level at home.[31]

The continuing relationship between the general practitioner and the patient allows the doctor to build up a picture piece by piece over the years. Although this picture would never be complete, as it takes shape, each episode of illness may take on a quite different significance when seen as part of the whole. The trust and confidence which occur in continuity may make patients more likely to adhere to the doctor's recommendations, [32] giving better control of their problem and improving quality of care. Indeed, patients who reported good outcomes of care are likely to be more satisfied, and those that are more satisfied were likely to maintain continuity with their doctor.[33] On the other hand, the doctor who maintains continuity might understand the patients' views of their condition better, influencing self-care and, thereby, improving outcomes.[11] This management is likely to be easier because, the doctor would be more likely to know when tests are needed and when treatment changes are indicated.

Indeed, patients with chronic conditions who have a regular primary provider will receive more intensive care, and achieve better control for their condition than patients with no regular provider. Freeman commented that "a true team rather than just a collection of individuals may find it difficult to build a personal relationship with a patient".[34] Thus, the majority of general practitioners and patients with chronic conditions preferred continuity with the same doctor, as it gives a better context to monitor their condition and modify management accordingly; it also could provide patients with more psychosocial care.[7, 29, 35]

In conclusion, the majority of studies have shown that continuity of care has a major effect on the outcomes; hence on the quality of care. There were certain elements in continuity between the patients and their doctors, such as trust, confidence, good communication and rapport that can make patients adhere better to recommendations. This in turn could increase patients and doctors satisfaction about services and managements leading to maintain continuity. Thus, if healthcare professionals and policy makers in any healthcare system are concerned about quality of care, the continuity between patients and their usual healthcare professionals should not be threatened. Moreover the absence of continuity can compromise effectiveness, decrease efficiency and reduce the quality of interpersonal relations. This means that the health care system should ensure that patients are able to see their regular doctor whenever possible.

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