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Primary Care and Chronic Illness, Spring 2021 Cycle: Public and Member Comments

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Measure-Specific Comments on Primary Care and Chronic Illness Spring 2021 Submissions

NQF #3617 Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measure, Comment #7766

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7766

Commenter: Denise Pavletic, American Board of Family Medicine

Council / Public: Quality Measurement, Research and Improvement Council

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/9/2021

Developer Response Required? Yes ☐ No ☒

Level of Support: Member does not support

Theme: Further research is needed on primary care continuity, specifically on utilization. However, the existing evidence has proven to be sufficient to indicate that future policy should promote primary care continuity and build on the efforts of prior healthcare policy.

Comment

Continuity of care is considered a crucial aspect of family medicine, which makes it an important variable to investigate in order to assess its impact. Interpersonal continuity of care can be defined as the ongoing relationship between the physician and the patient.

The American Board of Family Medicine (ABFM) identified 66 studies since 2002 that examine continuity and outcomes, analyzing either healthcare costs or some form of healthcare utilization. A wide variety of study types and sample sizes have been used to measure this concept. Continuity itself is measured using both pre-existing developed measures, such as the Bice-Boxerman, Patient-sided continuity/Usual provider continuity index (UPC), Sequential Continuity (SECON) and others, as well as study specific measures using survey responses. The pre-existing scales tend to examine either the density,dispersion, or sequence of physician visits. In general, more visits to a single primary care physician will result in a higher continuity score.

Existing research on primary care continuity's impact on healthcare policy outcomes can be grouped into two categories: cost and utilization. As it pertains to cost, the vast majority of studies found that improved primary care continuity reduces a variety of healthcare costs. This includes total costs, ED costs, inpatient costs, primary care costs, and costs for specific conditions or treatments. Drug and pharmaceutical costs were the only form of costs that didn't uniformly decrease as continuity increased across each study that examined it.

Many different forms of healthcare utilization were assessed, but most commonly hospitalizations or emergency department(ED) utilization were analyzed. For hospitalizations, Ambulatory Care Sensitive Conditions(ACSC) hospitalizations, diabetes-related hospitalizations, and all-cause hospitalizations were most frequently analyzed. Most studies that measured it found that continuity decreased the likelihood or rate of hospitalizations. ED visits showed a similar pattern, with continuity reducing ED utilization. There was some variation in these studies' outcomes, with one study finding that continuity had a greater impact on urban populations, and others analyzing the likelihood of using the ED as compared to

other healthcare services, such as primary care.

Many studies did not limit their utilization to hospitalizations and ED visits. Several studies analyzed the impact of continuity on the likelihood of receiving desirable utilization, such as utilization for a variety of cancer screenings, testing for other diseases, and immunizations, among others. Continuity appeared to be less related to this form of utilization, with only approximately half of the 12 studies that examined it finding that continuity increased desirable utilization. However, this could possibly be due to a lack of volume of studies analyzing it, as ED utilization and hospitalizations were examined in a significantly greater number of studies. Similarly, other forms of undesirable utilization were also analyzed by several studies. This type of utilization includes measurements of overuse of medical procedures, over-prescribing medications, and total inpatient and outpatient days, among others. These also revealed conflicting results, with studies finding that continuity reduced utilization of some forms of undesirable utilization, but had no effect on some, and even increased utilization for a few procedures. Lastly, 11 studies analyzed some form of primary care utilization. These measures included, but were not limited to, using primary care resources during scheduled or out-of-hours times, the frequency of primary care visits, and the likelihood of using primary care over other healthcare services. Overall, about half of the studies found that better continuity led to improved primary care utilization.

In summary, the majority of the evidence indicates that continuity of care will improve policy outcomes, though the association may differ for different types of outcomes. Continuity has been heavily researched throughout the past 2 decades. The findings of such studies overwhelmingly indicate that primary care continuity should be promoted. More research should continue to be conducted to improve our understanding of primary care continuity, specifically in the areas of utilization where less research has been conducted(desirable utilization and primary care utilization). However, the existing evidence has proven to be sufficient to indicate that future policy should promote primary care continuity and build on the efforts of prior healthcare policy.

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1. https://www.ncbi.nlm.nih.gov/books/NBK55818

Evidence that Continuity of Care is Valued by Patients:

The Continuity of Care quality measure was developed with extensive input from patients and physicians during measure development, implementation, and testing. Crowd-sourced samples of 412 patients, 525 primary care physicians, and 85 health care payers were asked to describe what value in primary care means to them and the same question was asked in a 2 1/2-day international conference consisting of 70 primary care and health services experts (with funding by AHRQ) - Continuity of Care was clearly identified as a primary care function of critical importance to both patients and physicians.There is more evidence over three decades to support Continuity of Care's value to clinicians, patients and our health care system than for most other current measures in CMS' portfolio.

The following journal articles demonstrate that patients value this measure:

1. A UK study found that seeing a known and trusted doctor was especially important to patients with chronic, complex, and emotional problems. doi:10.1186/1471-2296-7-11

2. Other recent research in primary care in Europe has found that patients seek interpersonal continuity of care with a GP in order to have sense of security based on four core foundations – (1) coherence (2) confidence in care (3) trusting relationship and (4) access. 10.1093/fampra/cmi103.

3. Earlier studies confirm the importance of empathy, relationship, and a sense of partnership. PMID: 8517195

4. Consulting the regular doctor, trust and satisfaction with consultations are associated, and patients

who consult a doctor they trust report the highest levels of satisfaction with consultations. https://doi.org/10.1080/0283430310000528

5. A group studied priorities for care among 225 patients attending the medical clinics of a university teaching hospital. Eight attributes of medical care were considered: continuity, coordination, comprehensiveness, availability, convenience, cost, expertise, and compassion. Continuity of care was the highest priority for these patients, while cost and convenience were lowest. https://doi.org/10.1097/00005650-198302000-00010

6. A study demonstrated consistent and significant positive relationship exists between interpersonal continuity of care and patient satisfaction. 10.1370/afm.91

7. Self-reported continuity of care is strongly associated with higher patient satisfaction. This suggests that improving continuity of care may improve patient satisfaction with physicians as well as with their health care organization. 10.1111/j.1525-1497.2005.40135.x

8. Available literature reflects it is likely a significant association exists between interpersonal continuity and improved preventive care and reduced hospitalizations. 10.1370/afm.285

9. A study demonstrated evidence of relationships between the attributes of FM and the service outcomes measured by indicators of satisfaction, health, and cost. User satisfaction was associated with accessibility, continuity of care, consultation time and the doctor–patient relationship. Improvement in patient's health was related to continuity, consultation time, doctor–patient relationship and the implementation of preventive activities. Coordination of care showed mixed results with health outcomes. Continuity, consultation time, doctor–patient communication and prevention were cost-effective in the primary care setting. doi:10.1093/fampra/cmi112

Developer Response

N/A

NQF Response

Thank you for your comment. Since the measure was recommended by the Standing Committee and the comments do not require deliberation by the Standing Committee, the Spring 2021 post comment meeting will not be convened. Please reach out with any questions.

NQF Committee Response

N/A