

Continuity of Care

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Continuity of care is an important guiding principle for the health system and should apply across all interfaces and levels of care as patients transition from or through various facilities / services / providers / settings / teams. While the focus of this position statement is General Practice, many of its recommendations apply to the wider health system.

Background

1. Continuity of care is a key feature of successful healthcare systems and a core value within General Practice.
2. Continuity of care has been defined as “the extent to which a person experiences an ongoing relationship with a clinician, and the coordinated clinical care that progresses smoothly as the patient moves between different parts of the health service”.¹ It is often described as having three main components: **relationship continuity** (seeing the same person or team), **management continuity** (continuity of clinical management and coordination of care between caregivers and across organisational boundaries) and **informational continuity** (continuity of patient records and information).
3. Patients vary in their desire for relationship continuity of care and the trade-offs they make between speed of access, convenience and continuity. This varies according to their personal characteristics, the acuity of their health problem, and the nature of their condition.² There is a tension between access to care and relationship continuity. While access may be prioritised when dealing with short term, low impact, health issues, many patients prefer to wait for a known and trusted GP for issues they consider more serious or long term.³
4. Relationship continuity is at the heart of General Practice and is associated with a number of benefits. Of particular note is that relationship continuity is associated with increased trust and security in the doctor-patient relationship.⁴ This supports ‘wait and see’ management of self-limiting conditions, reducing unnecessary and possibly harmful medical intervention.⁵ Other benefits of continuity of care include increased patient satisfaction,⁶ increased uptake of preventative procedures such as screening and immunisation,⁷ increased adherence to medication,⁸ and better patient understanding and self-management of chronic diseases such as diabetes.⁹ Relationship continuity is seen by many GPs as a core element of their professional role. It builds deep knowledge to support efficient consultations about complex problems.
5. Higher rates of relationship continuity within General Practice can have a beneficial effect on other parts of the healthcare system, including reductions in prescribing, hospital referrals, admissions and the use of ED,¹⁰⁻¹³ resulting in reduced overall costs of healthcare.¹⁴ Importantly, a recent systematic review found that increased continuity of care is also associated with lower mortality rates.¹⁵ Research with Māori patients in primary care indicates that relationship continuity of care with a trusted GP is an important determinant of access to care and is needed if Māori patients are to engage with General Practice.¹⁶
6. The modern healthcare environment has resulted in increased challenges to continuity of care. These arise from various factors including changing models of care, extended scopes of

practice, funding barriers and commissioning arrangements, part time practice, and expanded hours of services. Nevertheless, other developments such as the increased use of telehealth in General Practice and improvements in electronic health records may mitigate some of these challenges.

Position and Recommendations

The NZMA recognises the importance of continuity of care and the benefits it has for patients and the overall health system. Accordingly, we recommend the following:

1. Policy and decision makers in health need to be aware of the value of continuity of care, including how this enhances the doctor-patient relationship, quality of care and contributes to better health outcomes and improved cost-effectiveness of healthcare.
2. New healthcare policies and initiatives should be subject to an impact assessment for continuity of care. Continuity of care must be given due consideration in all initiatives that seek to improve access to care.
3. The commissioning and funding of primary care services should encourage relationship continuity, collaboration and avoid fragmentation of services.
4. Nationally consistent discharge summaries and referral letters should be developed and used to improve information quality and co-ordination of care across boundaries. National guidelines for the handover of care are needed.
5. A nationally available, standardised, shared electronic health record that all healthcare providers can access and update should be developed and implemented as a priority.
6. Where multiple health providers are involved in the care of patients, there is a need for clear lines of responsibility and accountability, including for the follow up of test results.
7. When planning for and responding to the threats of infectious diseases including pandemics such as COVID19, continuity of care must be given appropriate consideration, particularly for patients with chronic illnesses.
8. Patient input is essential to guiding decisions about continuity of care. All doctors, practices and organisations should be aware of the importance of continuity of care and take appropriate measures to encourage and support this wherever possible.

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