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Title

Practice continuity of care and quality of preventive services

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Studies have shown that patients who reported having a usual source of primary care, i.e., a physician or a practice, are more likely to obtain preventive care services such as cancer screenings. Yet, no study has assessed continuity of care as an indicator of quality for primary care practices and tested its association with the delivery of preventive services at practice level.

Objectives: 1) To assess variation in practice-level continuity of care in a national sample of primary care practices 2) To examine the association between practice-level continuity and performance of preventive services, by practice size.

Study design: Cross-sectional

Dataset: 2019 practice quality performance from the American Board of Family Medicine's PRIME registry

Population studied: All 837 primary care practices enrolled in the PRIME registry, including 368 solo, 305 small, 119 medium, and 15 large practices

Outcome measures: We calculated annual quality measures on 6 preventive care services for each practice, including breast, cervical, colorectal cancer screening, body mass index, cholesterol, and depression. We measured continuity of care at practice level by averaging physician-patient continuity scores within the practice following the Bice-Boxerman algorithm.

Results: Overall, nearly 80 percent of the practices achieved a 70% or higher continuity of care score, a threshold attained by 92% of solo, 74% of small, 55% of medium and only 20% of large practices. Compared to practices with lower (<70%) continuity, practices with higher continuity, on average, performed considerably better on all six preventive care measures: 83% vs. 40% for breast cancer screening, 82% vs. 30% for cervical cancer screening, 85% vs. 42% for colorectal cancer screening, 86% vs. 31% for body mass index screening, 93% vs. 26% for cholesterol test, and 85% vs. 15% for depression screening. These differences were consistently observed across all practice sizes.

Conclusion: We found considerable variation in measured continuity of care among a national sample of primary care practices- the larger the practice size, the less likely a practice would achieve a continuity of care score of 70% or higher. Nevertheless, we observed a consistent pattern between higher continuity of care and higher preventive care quality in all 6 screening measures and across all sizes of practices. Interventions aimed at enhancing measurable continuity may help practices to improve preventive services.