NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Continuity and Relationships Among Patients, Physicians, and Care Teams (CARE PACT)

Priority 1 (Research Category)

Secondary data analysis

Presenters

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Abstract

Context: A patient's relationship with their primary care physician (PCP) or advanced practice provider (APP) is instrumental in their healthcare journey. Examining continuity and relationships in a new way—focusing on both PCP continuity from the physician/APP perspective, and looking at care team size from the patient perspective—will shine a new light on challenges in achieving continuity several years into the patient-centered medical home (PCMH) movement. Continuity is particularly critical in the resource constrained setting of federally qualified health centers (FQHCs) that treat populations with complex medical and behavioral health needs.

Objective: 1) evaluate the number of providers involved in a patient's care over time; 2) evaluate PCP continuity with patients in their own panel and patient continuity with their designated primary care provider; and 3) explore factors correlated with continuity measures.

Study Design and Analysis: We conducted a secondary data analysis of EHR data which include n=10,279,755 encounters among n=278,406 unique patients. We also collected organizational characteristics from 19 FQHCs via survey.

Dataset: EHR data include: PCP/APP characteristics (specialty, location), patient demographics (age, ethnicity, responsible provider), and encounter data (type, date, provider). Organizational characteristics include size, PCMH certification, and presence of central scheduling.

Population Studied: Patients and PCPs/APPs within a national network of FQHCs over a 15-year period.

Outcome Measures: Patient-level continuity metrics include the Usual Provider of Care Index (UPC), defined as the number of visits a patient has with their most frequent provider divided by their total number of visits. We also calculated the number of PCPs/APPs seen over 1- and 5-year intervals. The

provider-level continuity index was calculated by dividing the number of in-panel visits by the total number of visits over the last year.

Results: 43% of designated providers were from non-primary care specialties. Over the last year, the aggregate provider continuity index was 0.53 and the aggregate patient UPC was 0.74. When expanding the analysis to a 5-year interval, the aggregate patient UPC dropped to 0.47. Full results to be presented at the meeting.

Conclusions: While continuity was relatively strong in the short term, it was less robust over the long term. Short term continuity measures may be inadequate in a longitudinal field like primary care