

Impact of provider continuity on outcomes,  
intersection of ethnicity and underserved  
populations



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## OVERVIEW- THE BOTTOM LINE



- The more things change, the more they stay the same. Continuity of care is not new- (e.g. Medical Sociology and the “doctor/patient role”)
- We know that having a one on one relationship improves health outcomes and patient satisfaction.
- We know that culturally sensitive, dialogue and communication are important.
- We know that having providers follow standards of care is important.

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## OVERVIEW- THE BOTTOM LINE



- Our challenges are not so much that of determining whether there are disparities in continuity of care, rather our challenge is that of balancing quality of care with cost savings- a focus on immediate costs savings (via shorter visits) can result in compromises in the quality of care.
- Of course it only took 70 some odd years of research on access care to say what we know all along....so lets begin the journey...

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## OVERVIEW- SOME INITIAL THOUGHTS



- While the bulk of this presentation focuses on site and provider continuity of care, using a physician as a reference point, we should not overlook several subtleties in this area:
  - **Continuity of care focuses on the interaction between a provider (e.g. doctor, nurse, physician assistant, social worker) and a patient- which involves trust, cultural sensitivity, negotiation, patient advocacy and patient adherence (which may be more challenging for some conditions than others).**

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## OVERVIEW- SOME INITIAL THOUGHTS

- While the bulk of this presentation focuses on site and provider continuity of care, using a physician as a reference point, we should not overlook several subtleties in this area:
  - **Other names may also be used to describe this relationship between a provider and a patient, depending on the types of services provided and its relationship to the presenting problem (for example case management services).**
  - We may also need to understand how other medical supports (e.g. patient navigators, community health workers, peer counselors, promotoras) contribute to the understanding of what works in terms of the patient/provider relationship.

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## OVERVIEW- SOME INITIAL THOUGHTS

- Lets begin with two short scenarios: the first one is from the point of view of HIV/AIDS patients and focuses on the issue of racial concordance. The second one is a visualization exercise I would like for some of you to embark on while I am doing the presentation .

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## OVERVIEW- SOME INITIAL THOUGHTS

- First scenario- what comes first the chicken or the egg: An ongoing query made of clinical social workers working at the Evelyn Jordan Clinic at the University of Maryland- an outpatient adult HIV/AIDS clinic (1994-2006),\*
  - Over 3000 African American HIV positive patients are seen in this clinic every year.
  - A large portion of the case load are African American, poor, and injecting drug users.
  - **Question- who would you rather see- a black doctor or a white doctor?**
  - **Answer- it is the quality of care that is paramount.**

\*. Source- Personal Communications- Lydia M. Cornelius- Evelyn Jordan Center-Institute for Human Virology- University of Maryland

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## OVERVIEW- SOME INITIAL THOUGHTS

- Second scenario- lets' not lose perspective of what is really important here- we are talking about one of the most intimate encounters you will ever have outside of your home- so this is not just an academic issue: during the next 15 minutes (the average visit time and 5 minutes less than the scheduled presentation time) imagine you are in a patient room waiting to see your doctor. During the next 15 minutes the following things may occur:
  - Nurse assistant takes your weight and blood pressure
  - A Nurse make direct you to disrobe and take some preliminary tests.
  - **You wait on a bed- maybe with your feet swinging back and forth**

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## OVERVIEW- SOME INITIAL THOUGHTS

- During the next 15 minutes (the average visit time and 5 minutes less than the scheduled presentation time) imagine you are in a patient room waiting to see your doctor. During the next 15 minutes the following things may occur:
  - **Your doctor enters spends five minutes with you going through some exams, reading the chart and talking to you and you get a minute to respond.**
  - **You leave and it starts all over again with the next patient**

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## OVERVIEW- SOME INITIAL THOUGHTS

- During the next 15 minutes (the average visit time and 5 minutes less than the scheduled presentation time) imagine you are in a patient room waiting to see your doctor. During the next 15 minutes the following things may occur:
  - **Imagine at the same time you have questions for your doctor about your medication about the treatment plan, about what you read on the website and you want to have a dialogue.**
  - **While you are thinking about this ask your self how important is it for you to feel that your doctor is listening to you and meeting your needs.**

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## OVERVIEW- SOME INITIAL THOUGHTS

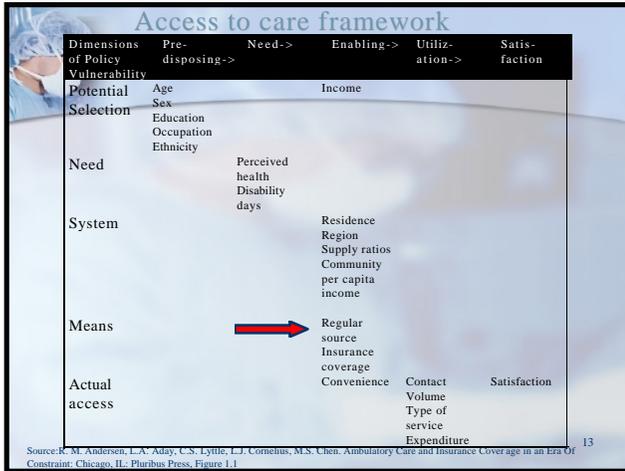
- During the next 15 minutes (the average visit time and 5 minutes less than the scheduled presentation time) imagine you are in a patient room waiting to see your doctor. During the next 15 minutes the following things may occur:
  - **If you're a doctor, imagine how it feels to know the types of services you can and should provide, the amount of time you should spend with your patient and not being able to because of reimbursement practices.**
  - **You are now at the center of the issue of continuity of care.**

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## Lets Start with a quick overview of a Conceptual Framework for examining continuity of care

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### OVERALL TRENDS

- The next series of slides highlights findings in continuity of care.
- Discussions of the difference between Site Continuity (having a usual or regular source of care) and provider continuity (seeing the same provider at that site)- studies suggest that having site continuity is better than no continuity at all and having provider continuity is even better. Second disparities between African Americans and others have persisted over a 40 year period.

### OVERALL TRENDS

- There is a well established literature, (based on conceptual models such as the Andersen/Aday model and the Health Belief Model) which found differences in the use of health services by site continuity of care, controlling for socio-demographic factors, health status and other factors.
- **Research on the additional importance of seeing a doctor of the same racial background (racial concordance) is mixed.**
- Continuity of care is related to improvements in health screenings and cost savings.

## OVERALL TRENDS

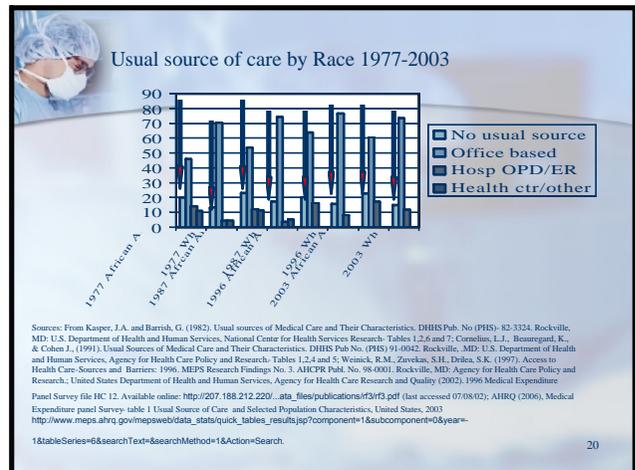
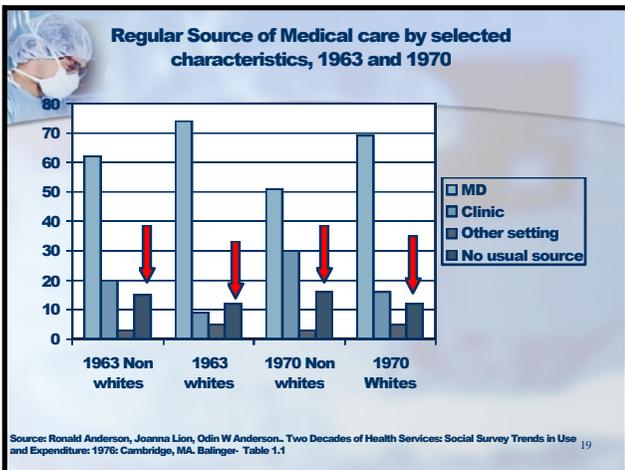
- National studies of access to medical care go back to the 1930s with the Committee on the Costs of Medical Care. However this earlier study did not provide analyses by race/ethnicity. Instead they noted that since Negroes were disproportionately poor they, like other low income Americans, lacked access to Medical Care.
- In the 1950s the Centers for Health Administration Studies at the University of Chicago started conducting national studies of access to care.

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## OVERVIEW

- The federal government (e.g. the National Centers for Health Statistics, the Agency for Health Care Research and Quality and the Centers for Medicare and Medicaid Services) have also been involved in tracking our progress in providing equity of access to health care.
- The next series of slides summarize these trends

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## Is Continuity of Care Cost Effective?

In a study which tracked the care received by 12,997 patients in six managed care sites over a one year period Raddish, Horn and Sharkey, 1999 found that patients who saw the same physician reported lower total pharmacy costs and fewer outpatient visits for Hypertension, Otitis Media, Arthritis, Peptic Ulcer Disease and Asthma than other patients.

Raddish, M. Horn, SD, Sharkey, P.D. Continuity of Care : Is it Cost Effective? (1999) The American Journal Of Managed Care. 5(6):727-734



## Is Continuity of Care Cost Effective?

- In a second study which tracked the care received by 4,134 over two years De Maeseneer, DePrins, Gosset, Hererick, 2003 found that patients who visited the same family physician over the two year period had lower total health costs than others.

De Maeseneer, JM, DePrins, Gosset, C., Heyerick, J. (2003). Provider Continuity in Family Medicine: Does it Make a Difference for Total Health Care Costs? Annals of Family Medicine 1 (3): 144-148.

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## Is Continuity of Care Cost Effective?

- In a third study which tracked the ambulatory visits reported by respondents to the 1987 National Medical Expenditure Survey over a one year period, Cornelius (1996) found that the mean annual expenditures for patients who saw the same doctor for at least half of their visits was \$2,279 while it was \$3,565 for other patients.

Cornelius, LJ. (1997). The Degree of Usual Provider Continuity for African Americana and Latinos. Journal of Health Care for the Poor and Underserved. 8(2): 170-185.

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## Site Continuity of care Vs. Provider Continuity

- In study of patients who received care in outpatient departments DeLia and colleagues reported that seeing the same physician at every visit was significantly correlated with recommending that usual source of care to others, while having a site as their usual source of care did not.

DeLia, D., Hall, A., Prinz, T., Billings, J. (2004). What Matters to Low-Income Patients in Ambulatory Care Facilities? Medical Care Research and Review. 61(5). 352-375.

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### Site Continuity of care Vs. Provider Continuity

- In an analysis of the 1996/97 Community Tracking Household Survey, Doescher, Saver, Fiscella and Franks (2004) found that compared to those with no regular care, persons who had site continuity (a usual source of care) reported increases of 10.4 percent for influenza vaccinations and 12.6 percent for mammography. They also reported an additional increase of 6.0 percent for influenza vaccination and 6.2 percent for mammography if they identified a regular doctor at their usual source of

Doescher, JG, Saver, BG, Fiscella, K., Franks, P. (2004). Preventive Care: Does Continuity Count? Journal of General Internal Medicine. 9: 632-637.

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### Site Continuity of care Vs. Provider Continuity

- In a chart review of medical services provided to a cohort 187 children over a two year period, Gill, Saldarriaga, Mainous and Unger (2002) found that compared to children with no continuity of care, children who had site continuity reported an increase of 13 percent in the receipt of a Diphtheria, tetanus, pertussis immunizations or polio shots, while children who were seen by the same doctor at this site reported an additional 6 percent in their immunization rates.

Gill, JM, Saldarriaga, Mainous, AG, Under, D. (2002). Does Continuity Between Prenatal and Well Child Care Improve

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### Racial Concordance

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### Racial Concordance and Continuity of Care

- In a study of a cohort of 1,241 adults receiving HIV care King and colleagues (2004) found that patient provider concordance was positively reported to the first use of protease inhibitors by African American patients.

King, WD., Wong, MD., Shapiro, MF, Landon, BE., Cunningham, WE. (2004). Does Racial Concordance Between HIV-Positive Patients and Their Physicians Affect the Time to Receipt of Protease Inhibitors? Journal of General Internal Medicine. 19: 1146-1153.

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## Racial Concordance and Continuity of Care

- In an analysis of the 1994 Commonwealth Fund Minority Health Survey, Saha and colleagues (1999) found that African American respondents who saw African American doctors were more likely than those who saw other doctors to rate their physician as excellent, to report receiving preventive care and to report receiving needed care.

Saha, S., Komaromy, M., Koepsell, T., Bindman, A. (1999). Patient-Physician Racial Concordance and the 29 Perceptive Quality and Use of Health Care. *Archives of Internal Medicine*. 139(9):997-1004.



## Racial Concordance and Continuity of Care

- In a study of 4,162 elderly patients over three years Konrad and colleagues (2005) found that while continuity of care was associated with the receipt of medication and the detection of hypertension the race of the provider was not associated with these outcomes.

Konrad, TR, Howard, DL, Edwards, LJ, Ivanova, A., Carey, TS. (2005). Physician-Patient Racial Concordance, Continuity of care and Patterns of Care for Hypertension. *American Journal of Public Health*. 95(12): 2186-2190.



## Racial Concordance and Continuity of Care

- In a study of primary care services provided to 1,200 children Stevens, Shi and Cooper (2003), found that patient provider concordance was not related to the receipt of medical services for minority children.

Stevens, GD, Shi, L., Cooper, LA (2003). Patient-Provider Racial and Ethnic Concordance and Parent Reports of the Primary Care Experience of Children. *Annals of Family Medicine*. 1 (20): 105-112.



## Concluding comments: Continuity of Care is Nice- Now if you can only keep the doctor working.....



## Concluding Thoughts

- As I share with you the last comment- think back to the slides at the beginning of the presentation where I asked you to visualize your office visit. Why should we discuss continuity of care if you can't even obtain the care you need?

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## Concluding Thoughts

- In the August 31<sup>st</sup> edition of the New England Journal of Medicine- Dr. Beverly Woo noted that primary care physicians are being pressured to see more patients in less time, facing increased responsibilities and receiving less compensation than specialists.
- This suggests that the exercise we went through may be more reflective of our challenges up the road than we want to admit.

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## Concluding Thoughts

- The point here is that it becomes difficult to focus on continuity of care when our providers are under pressure to do more with less.
- Questions? Feel free to send an email to [lcornelius@ssw.umaryland.edu](mailto:lcornelius@ssw.umaryland.edu)
- **THANKS!!!!!!**

Woo B. Primary care--the best job in medicine?. New England Journal of Medicine. 355(9):864-6, 2006 Aug 31.

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