

Continuity of Care and the Cost of Treating Chronic Disease

Strengthening coordination of care in the U.S. health care system is a priority for policymakers and the medical community. Poor coordination of care can drive up costs and harm patient health, especially for patients with chronic illnesses who see many different providers across many different settings. Some new models of care, such as the patient-centered medical home, focus on improving coordination as a way to provide affordable, high-quality care. Are these new models having the desired effect?

To answer this question, RAND researchers studied one important aspect of care coordination: continuity of care—the extent to which a patient’s care visits occur with the same provider. Researchers reviewed insurance claims data to gauge the association between continuity of care, costs, and patient outcomes during episodes of care for Medicare patients with one or more of three chronic diseases: congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and type 2 diabetes mellitus (DM).

Researchers used a continuity of care (COC) index to measure the number of providers and/or practices involved in a patient’s care during a 365-day episode of care. The index ranges from 0 (each visit involved a unique provider) to 1 (all visits were billed by a single provider). An increase in the COC index reflects either fewer providers involved in a patient’s care or a concentration of visits among fewer providers.

Findings from this study show that modest improvements in continuity of care correlate with sizable reductions in service use, complications, and costs:

- Higher levels of care continuity for CHF, COPD, and DM patients were consistently associated with lower rates of hospitalizations, emergency room visits, and complications.
- An 0.1-unit increase in the COC index (which ranges from 0 to 1) was associated with episode-of-care costs for CHF, COPD, and DM patients that were on average 5 percent lower.

While improving continuity of patient care in the health care system has proved challenging, the results from this study underscore the benefits of effective care continuity and the importance of pursuing programs and policies that will further strengthen care continuity. Looking forward, it will be important to monitor the impact of future health care reforms on the continuity—and, in turn, quality—of care.

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