

IMPROVING RELATIONAL CONTINUITY – A THREE-MINUTE READ

DID YOU KNOW?

Patients benefit from seeing the same family physician for **80 per cent or greater** of their primary healthcare visits. This number represents 'high continuity.' **Aim for it.**

WHY DOES THIS MATTER?

Improving continuity for even **10 per cent** of your patient panel – especially for chronic conditions such as COPD – could have a significant impact on...

- Quality of life Hospitalizations
- ED visits Cost to the healthcare system



After returning home from a hospital stay due to COPD, approximately **1 in 5** Canadian patients will be **readmitted within 30 days.**

PRACTICAL TIPS

Know your patients

- Identify your panel
- Identify at-risk patients
- Create a disease registry
- Use your HQCA Primary Healthcare Panel Report



Form a team

- Commit to quality improvement
- Leverage multi-disciplinary strengths
- Delegate responsibilities to members best suited for care, outreach, and identifying at-risk patients



Streamline office processes

- Use your EMR to proactively book at-risk patients for appointments



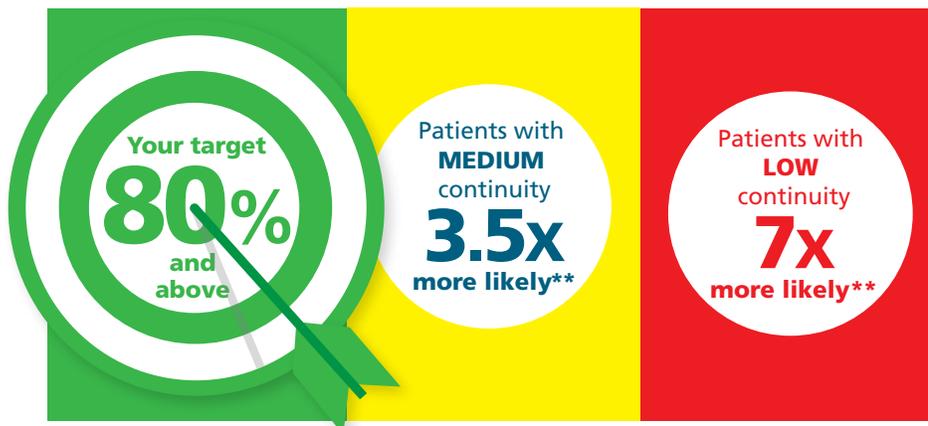
Evaluate efforts

- Are at-risk patients seen regularly?
- Measure patient experiences
- Watch for ED or hospital admissions and revisit strategies and processes, if necessary



WHAT CAN YOU DO?

Start by moving patients to higher levels of continuity. For example, COPD patients with **lower continuity** are **more likely** to be **hospitalized again.***



*Source: Alberta administrative data from 2012/13 to 2016/17.
**When compared to COPD patients with high continuity

Highs and lows of continuity

HIGH

Patients see you 80% or more of the time

MEDIUM

Patients see you between 50% and 80% of the time.

LOW

Patients see you less than 50% of the time

LEARN MORE

- Relational continuity
- TOP relational continuity CPG
- Primary Healthcare Panel Reports