Continuity of Patient Care in Alberta

The degree to which patients experience a series of healthcare events as coherent, connected, and consistent with their medical needs and personal context.

Context

The mandate of the Health Quality Council of Alberta (HQCA) spans a wide range of activities including surveying Albertans on different aspects of their experiences with the healthcare system. Over the years, our surveys have highlighted the negative association between poor coordination of care and healthcare access, quality, and satisfaction.

The HQCA also studied and reported on the strong relationship between continuity to a primary care provider and reduced levels of healthcare utilization.

Our concern with continuity was further crystalized with the 2013 Continuity of Patient Care Study which, through the lens of a single patient's journey, identified that current processes in Alberta's healthcare system may not always be sufficiently reliable to ensure patients' continuity of care.

Key Informant Interviews with Albertans

Albertans rely heavily on their family physician throughout the patient journey. Trusting relationships over time enable good communication and exchange of relevant information between patients and health professionals and between health professionals. This also creates good coordination of care.

Focus Groups with Providers

Focus groups further validated the importance of trusting relationships with providers over time, as well as shared responsibility for managing and coordinating healthcare services.

Contribution to Safe Transitions in Care

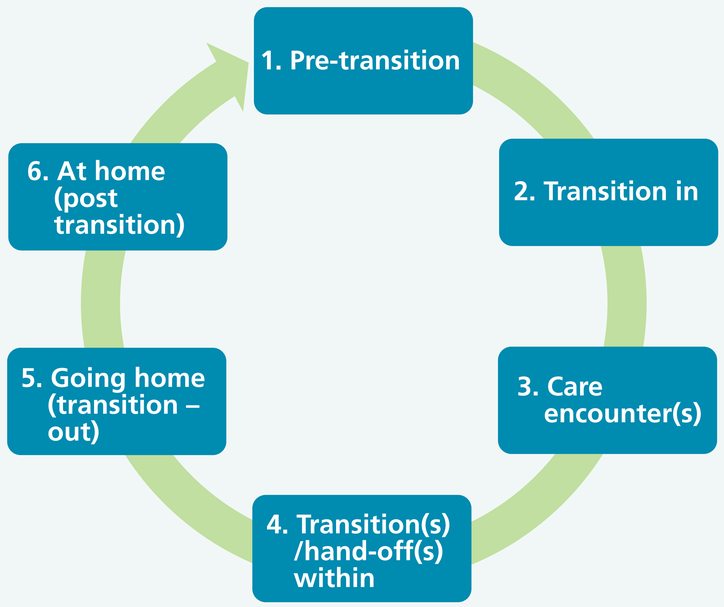
The HQCA's upcoming report will identify key factors leading to a seamless or fragmented patient journey. Stage one findings suggest that the largest potential gaps in information and management continuity occur during transitions; these issues are explored in stage two.

Objectives

Given the critical role of continuity, the HQCA conducted an in-depth study engaging Albertans to explore and identify factors that influence their experience of a seamless or fragmented patient journey.

Preliminary Findings

Preliminary findings in stage one suggest 6 phases of a generic patient journey:

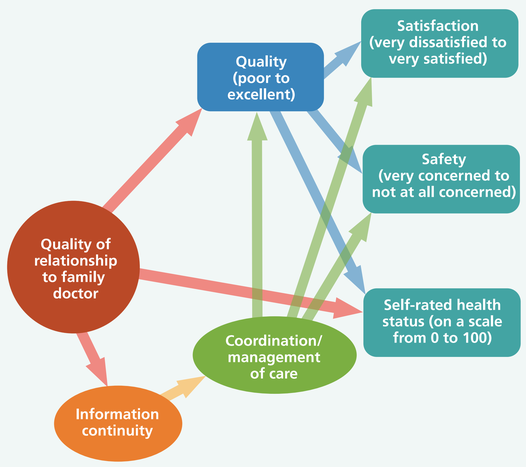


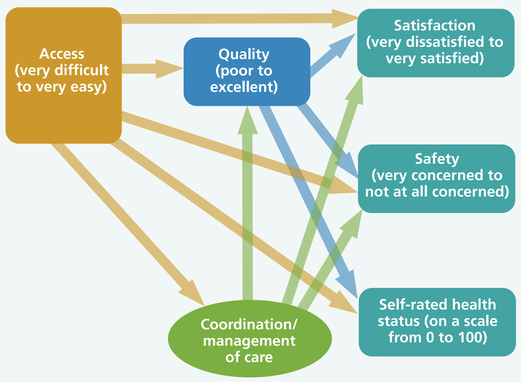
Each phase is associated with specific gaps in continuity, but also generic gaps at all transitions.

People Most at Risk to Fall through the Gaps

Qualitative results suggest that people with chronic, complex health problems (conditions that cut across specialty areas) appear most at risk to fall through the gaps.

Another at-risk group are those who are "unattached" (i.e., no trusting relationship with a primary care provider) and not able to, or have no experience with, actively coordinating their own health services.

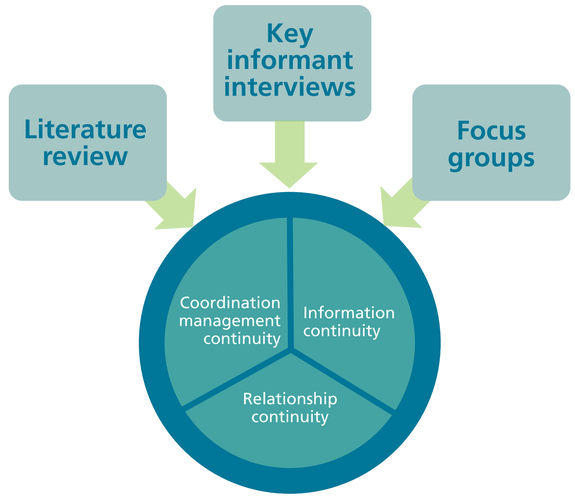




Study Methodology

This study employed a mixed methods approach, broken down into two stages, qualitative and quantitative.

In stage one, a literature review, as well as findings from 40 key informant interviews and subsequent focus groups with providers informed stage two, the development of a continuity of care scale:



Continuity of Care Measurement Scale

Reliable and valid measures of the three components of Continuity of Care were developed, based on stage one findings, using a variety of methods (focus groups, cognitive interviewing, and psychometric testing with the application of item response theory).

The resulting scales were included in the HQCA's bi-annual *Satisfaction and Experience Health Care Services* survey in 2014; along with other patient reported items addressing access, quality, safety, satisfaction, and health status. The results were analyzed using structural equation modelling to create a system level Continuity of Care model which predicts key issues and outcomes, and identifies gaps related to Continuity of Care in Alberta.

Lessons Learned

Stage one and two findings suggest that the role of the family doctor, in the context of a strong patient-doctor relationship, enables information and management continuity, which in turn impacts quality, satisfaction, and safety. These factors can be measured and monitored for change over time.