



## Public Summary

April 2015

Using unidentifiable patient-level physician billing data from Alberta and Saskatchewan from 2007 to 2013, this report examines the relationship between continuity of care and the use of avoidable hospitalizations for ambulatory care sensitive conditions (ACSCs), including diabetes and angina, and unscheduled emergency department visits for family practice sensitive conditions (FPSCs).

### *Additional Resources*

The following companion product is available on **CIHI's website**:

- Report

### *Talk to Us*

For data-specific information:  
[physicians@cihi.ca](mailto:physicians@cihi.ca)  
[phc@cihi.ca](mailto:phc@cihi.ca)

For media inquiries:  
[media@cihi.ca](mailto:media@cihi.ca)

# Does having a relationship with a family medicine physician reduce the use of hospital services?

## *Continuity of Care With Family Medicine Physicians: Why It Matters*

According to this CIHI report, continuity of care with a family medicine physician can help reduce hospitalizations and emergency department use. High continuity of care has also been linked to improved patient health, as it allows many conditions to be diagnosed early and managed effectively.

This report looks at unidentifiable patient-level physician billing data from Alberta and Saskatchewan and determines that increased continuity of care with a family physician is linked to reductions in hospitalizations for people with chronic diseases. It is also linked to reductions in emergency department visits for conditions that may be more efficiently managed in the primary health care setting. By decreasing the use of hospital services for ACSCs and FPSCs, there is the potential to deliver health care more cost-effectively.

### **Key findings**

- On average, patients visited the same family medicine physician 60.2% of the time in Alberta and 56.2% of the time in Saskatchewan.
- Continuity of care was highest among older patients. Those age 65 and older visited the same family physician 71.9% of the time in Alberta and 66.4% of the time in Saskatchewan.
- Patients with high continuity of care were the least likely to be hospitalized for an ACSC. The odds of being hospitalized were 29% higher in Alberta and 73% higher in Saskatchewan for those with low continuity of care.
- Patients with high continuity of care were the least likely to visit an emergency department for an FPSC. The odds of visiting an emergency department were 43% higher in Alberta for those with low continuity of care.