

Study: Individuals with primary care physician continuity have better cancer survival

September 9 2021



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Research led by scientists at the University of South Carolina's Arnold School of Public Health, Yale University School of Medicine and Johns Hopkins School of Medicine has found that patients with continual care from the same primary care physician have lower death rates from cancer compared to individuals without continuity of care. They found better survival but no accompanied end-of-life care intensity with primary care physician care continuity. The researchers published their study in *Health Services Research*.

"With the increasing number of [cancer](#) survivors, smooth care transition before and after [cancer diagnosis](#) becomes vital for patients' long-term survival," says Peiyin Hung, assistant professor of health services policy and management at UofSC and lead author on the study. "Continuity of care with one's primary care [physician](#) is advocated as a way of not only improving cancer outcomes but also decreasing the intensity of end-of-life care."

A close relationship between patients and their [primary care physicians](#) makes it more likely that individuals diagnosed with cancer will share their values and preferences regarding treatment. The continuous involvement of the physician often includes her/his facilitation of information exchange between patients and their cancer specialists and other care providers. This partnership has been shown to improve survival and reduce the need for aggressive care at the end-of-life period.

This study builds on previous research by assessing the impact of continuity of primary care physician care among more than 85,000 Medicare patients with poor-prognosis cancer (e.g., lung, colorectal, kidney, esophagus, bladder, brain and nervous system). Slightly more than 71 percent of the participants had primary care physician continuity of care and tended to be older, married, non-Black, non-Hispanic. The authors' analysis of the data revealed that participants who had continual

care from the same primary care physician had improved survival without raising aggressive end-of-life care.

"End-of-life care for patients diagnosed with advanced cancer is often aggressive and not necessarily aligned with patient preferences," Hung says. "The long-term relationship between an individual and the primary care physician may enhance patient-centered decision making across physicians, cancer specialists and other care providers. Efforts to improve primary care physician [continuity of care](#) over time may benefit patients with poor-prognosis cancer without increasing their [end-of-life](#) care burdens."

More information: Peiyin Hung et al, Primary care physician continuity, survival, and end-of-life care intensity, *Health Services Research* (2021). [DOI: 10.1111/1475-6773.13869](https://doi.org/10.1111/1475-6773.13869)

Provided by University of South Carolina

Citation: Study: Individuals with primary care physician continuity have better cancer survival (2021, September 9) retrieved 5 May 2024 from <https://medicalxpress.com/news/2021-09-individuals-primary-physician-cancer-survival.html>

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