

Continuity of care tied to lower expenditures, hospitalization

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were 14.1 percent lower for beneficiaries cared for by physicians in the highest versus the lowest quintile of the Bice-Boxerman continuity score (\$6,958 versus \$8,092); between the highest and lowest continuity quintiles, the odds of hospitalization were 16.1 percent lower (odds ratio, 0.839).

"In summary, this study contributes to the overwhelming evidence of the value of continuity care," the authors write. "Continuity is one of a handful of core tenets of primary care that should be incorporated into official primary [care](#) measures as we shift from paying for services to paying for value."

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(HealthDay)—Continuity of care scores are significantly associated with lower expenditures and hospitalization rates, according to a study published in the November/December issue of the *Annals of Family Medicine*.

Andrew Bazemore, M.D., M.P.H., from the Robert Graham Center for Policy Studies in Washington, D.C., and colleagues used Medicare claims data for 1,448,952 beneficiaries obtaining care from a nationally [representative sample](#) of 6,551 [primary care physicians](#) to calculate four physician-level, claims-based continuity measures. To create physician-level scores, researchers averaged patient-level continuity scores attributed to a single physician. They assessed the correlations between total Medicare Part A and B expenditures and hospitalization.

The researchers found that continuity scores were highly correlated (correlation coefficients, 0.86 to 0.99); for each, greater continuity was correlated with similar outcomes. The adjusted expenditures

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