BY WILLIAM G. WILKOFF, M.D.

LETTERS FROM MAINE

The Cost of Continuity

"Welcome to the Bowdoin Medical Group, Mrs. Talbot. We're happy you've chosen to bring your children to see us. You look familiar. Have you been living here in Brunswick for a while?"

"Yes, we moved here about 6 years ago, but I got tired of never being sure which doctor my children would see when I took them to the XYZ Clinic. We've heard that will happen less frequently here with your group."

Like "evidence-based," "continuity" is one of those warm fuzzy concepts that we pediatricians have been told to clutch to our breasts and cuddle with when the cold winds of change are stinging our faces.

But, which evidence are we to believe and who among us has the stamina to volunteer to be available to our patients 24/7/365?

Continuity can create a sense of security that we all enjoy whether we are seeking reassurance about our health or merely picking up our dry cleaning.

I contend that the reason Mr. Peterson continued to return to Cheers was not because the beer was cold and plentiful, but because he was always greeted with a resounding welcome of "Norm!!" every time he walked through the door.

Familiarity breeds comfort, not contempt.

But when it comes to the delivery of medical care, familiarity and continuity also foster safety and efficiency.

When the same physician sees the patient, the history-taking part of the encounter takes far less time and documentation needs to be far less detailed.

Those fragments of social and family history that may hold the key to the patient's recurring abdominal pains surface more quickly for a familiar face but may never appear for the physician/stranger.

In a survey of surgery and internal medicine residents, one investigator discovered that after the Accreditation Council for Graduate Medical Education (ACGME) duty-hour restrictions came into effect, the residents felt that continuity had decreased significantly and the quality of care had suffered slightly. It appears that errors attributable to physician fatigue may have been replaced with those related to discontinuous care.

One may argue that from time to time a patient may benefit from having his/her concerns considered by another physician with a different perspective.

However, when all is said and done, patients prefer being seen by the same physician and, in my view, receive better care when it is continuous.

But, continuity is costly. How many physicians have found themselves smoldering on the pyre of colleagues burned out in an attempt to be available to their patients 24/7/365?

Even the illusion of continuity created by well-crafted coverage arrangements can be expensive.

Documentation must be accurate and available to the surrogate provider when the patient is seen. Quality transcription and electronic medical records don't come cheap.

Dividing a larger group into smaller working units can provide the familiarity that patients want and need.

But, chopping a practice into bite-sized teams works only if everyone on the team buys into the concept that continuity is important.

In our group we feel that we do a pretty good job at having our patients see the same physician as often as possible.

However, we struggle with continuity at the front desk.

Our 8 a.m. to 7 p.m. (or later) office hours mean that receptionists change shifts once or twice each day. We would like our patients to be welcomed by a familiar face when they arrive. But, it just isn't happening.

I guess I shouldn't fret too much—we must be doing well enough to have earned a reputation that attracted Mrs. Talbot. ■

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