

Strategies designed to foster continuity of care are unlikely to improve health behavior

Abstracted from: Ettner S. The relationship between continuity of care and the health behaviors of patients: Does having a usual physician make a difference? *Med Care* 1999;37:547–555.

BACKGROUND Changes in the US health industry may mean that some groups have less access to a regular physician. Previous studies have found that having a usual source of care is associated with greater service use and can lead to earlier cancer screening among women.

OBJECTIVE To assess the relationship between continuity of care and health behaviors.

SETTING United States of America.

METHOD Cross-sectional survey that controlled for many potential confounding factors, including greater concern about health, demographic and economic status, health insurance, and work hours. Results were tested for sensitivity using instrumental variables and two stage least-squares regression.

LITERATURE REVIEW No explicit strategy; 34 references.

PARTICIPANTS 3140 adults from the 1995 Mid-Life in the United States study of non-institutionalized residents, for which the response rate was 60.8%.

MAIN OUTCOMES Exercise, obesity, vitamin taking, smoking quits, reported drug or alcohol abuse, preventive medical visits.

MAIN RESULTS Almost 75% of the sample had a usual physician and appeared representative of the US population, except they had higher income. People with a regular physician were 3 times more likely to have had a preventive visit during the past year. People from lower socio-economic groups with a regular physician were only half as likely to report drug or alcohol abuse. There was no significant difference for exercise, obesity, vitamin taking, or stopping smoking. The size of the results was sensitive to the methods used.

AUTHORS' CONCLUSIONS Strategies to foster regular patient-provider relationships are unlikely to significantly improve health behavior. The effect on having a preventive medical visit could be an artefact caused by reporting bias, as people who have visited the physician recently may be more likely to say they have a regular physician. However, the sample probably disproportionately excluded non-English speakers, the homeless, lower class and the poorly educated, who may benefit from having a regular physician. A more comprehensive set of health behaviors might provide more significant results.

Commentary

Having a 'usual source of care' is a favored measure of health-care access. Underlying this measure is the assumption that a physician who knows a patient can be more effective. Indeed, prior studies have found that having a usual source is associated with more appropriate medical care use. Using methods that adjust for possible confounding factors, the author confirmed earlier work on more appropriate use of preventive care, but found little impact on other health behaviors. Of five health behaviors examined, only one showed a favorable association with usual source: abuse of drugs or alcohol, a finding limited to those with incomes below the median. Difficulty drawing a causal connection between having a usual source and substance abuse, despite appropriate statistical methods, leads one to view even this limited finding with caution. Why did this analysis not find a stronger association between having a usual source and better health behaviors? Perhaps the usual source measure is

flawed, or perhaps physicians, even when they have a continuous (usual source) relationship with a patient, do a poor job of behavioral counseling. Both are probably true.

There is reason to believe, however, that having a usual source is not the same thing as having a continuous, personal doctor-patient relationship. Studies have shown that other factors, such as the length of the doctor-patient relationship, are as or more important. Moreover, the effect of having a 'usual source' may be changing, as managed care requires more people to select (or be assigned to) a primary care physician whether or not they have a relationship with that physician. Even so, the results reported here suggest that the physician role in health behavior counseling may not be up to the task.

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