

Study Finds Continuity of Doctor-Patient Relationship Can Be Life-Saving

By Mario J. Paredes

RESEARCHERS in the United Kingdom have found evidence that patients who keep seeing the same physician across time every time they seek care have a lower mortality rate. The findings strongly suggest the literally vital importance of doctors and patients building up a relationship over time.

A genuine bond with their doctors, the researchers suggests, makes patients feel comfortable to reveal non-strictly medical aspects of their lives that nonetheless may affect their health; and this enables physicians to make ever more informed decisions in providing holistic, comprehensive care.

Earlier research, reported *The Guardian*, had already shown that what's known as "continuity of care" is linked to patients better following medical directives, a better uptake of vaccines and fewer visits to the emergency room. Now the quality of the doctor-patient relationship is shown to affect the patients' death rate.

In our hi-tech era, it is still the human factor that counts, stressed one of the researchers, Sir Denis Pereira Gray, who worked with a team of scholars from the Universities of Exeter and Manchester in the United Kingdom. Gray told *The Guardian*: "Basically we are saying that at a time when the emphasis in the reports in the press are all about new machines and new technology, that [this research] shows the human side of medicine is still very important and even a matter of life and death."

Professor Philip Evans of the University of the University of Exeter Medical School, defined continuity of care as that what "happens when a patient and a doctor see each other repeatedly and get to know each other over time." Such a relationship," he told the BBC, "leads to be better communication, patient satisfaction, adherence to medical advice and much lower use of hospital services."

The researchers reviewed findings of 22 studies in nine countries, including the US, the UK, South Korea and Israel. Results also suggested the importance of patients' connections with surgeons and other specialists, including psychiatrists, with one study showing that colorectal surgery patients were twice as likely to die within the year if they had a different surgeon when they were readmitted.



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Of course, in the US as in other nations, even privately insured patients might find it challenging to gain access to the same providers each time they need medical help, particularly when it comes to specialists, such as surgeons. For America's poor relying on Medicaid as traditionally administered, the chances for continuity of care have been practically nil.

Prone to waste and fraud, the system has been labyrinthine, to put it mildly, with patients routinely challenged to find a doctor, any doctor, in the first place. The traditional formula is also transaction-based, with physicians logging office visits and tests administered, without a clear roadmap to providing patients with consistent, holistic care—care that takes into account not just medical issues but that is also alert to the social determinants of health.

These include housing, employment, education and other factors—such as mental and emotional conditions—that often have a major impact on a person's health.

The non-medical dimensions of a patient's life are precisely those that, as the UK study suggests, are gradually revealed as a doctor-patient relationship develops over time. In fact, the British findings offer an endorsement of a unique Medicaid experiment in New York State currently in the fourth year of a five-year mandate, the Delivery System Reform Incentive Payment program (DSRIP).

DSRIP is an example of Value-Based Care, as the program financially rewards physicians whose patients have better health outcomes over the longer term; it is a potent example of Value-Based Care, a program that puts patients and their interests at the very heart of health-care reform. Primary Care Physicians and other providers are no longer paid according to the number of office visits or tests administered—but based on how well patients are doing over time.

That long-term wellness, again, depends on the provision of care that takes the whole person into account, the medical, mental, cultural and social factors that determine a person's wellbeing. And at the heart of this process is the quality of the doctor-patient relationship.

Enter SOMOS Community Care, one of 25 so-called Performing Provider Systems (PPSs) in New York State operating under the DSRIP mandate. SOMOS is unique in being the only physician-led network, with the other PPSs being massive hospital-based systems, in which genuinely personal attention for patients is just hard to come by.



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Most of SOMOS's 3,000 doctors are primary care physicians living and working in the very same neighborhoods that are home to their patients—and in many cases sharing the same cultural background. That means needy New York City residents have ready access to a dedicated, competent physician, a doctor, who, moreover, is welcoming to his patients.

Access to doctors, not surprisingly, or lack thereof, was noted as a key barrier to creating “continuity of care,” in commentary on the findings of the UK study.

SOMOS promotes the development of doctor-patient relationships in a variety of ways, in some regards putting it on a fast track. Its growing cadre of Community Health Workers (CHWs) train the staff of practitioners to do much of the digital record-keeping that is an essential part of DSRIP, thus freeing up the doctor to focus his or her attention on the patient rather than the computer or tablet screen. The physician has time and mental space to get to know the patient, to ask pertinent questions, to show genuine interest, to promote that all-important sense of trust.

SOMOS CHWs also make house-visits, to take stock of those social determinants of health, including cultural tendencies that have an impact on the health of the patient and family members. CHWs also make sure appointments are kept and medicines are taken. All along, the CHWs keep office staff and the doctors apprised of the various critical factors that have an impact on patients' lives.

All of this work, all of these mechanisms and protocols—carefully monitored and recorded, as prescribed by the complex DSRIP playbook—have as a practical objective keeping patients out of emergency rooms and hospitals. Combined, the 25 PPSs are on track to exceed the spring 2020 target of saving New York taxpayers \$12B in unnecessary hospitalizations.

For SOMOS, the road ahead (also post-DSRIP, when SOMOS will continue as a for-profit entity) hinges on the quality and the primacy of the doctor-patient relationship, the restoration—or, better put, the re-iteration—of the position of the primary care physician as the family doctor, as trusted community figure, whose care and concern for his or her patients are key elements in the healing process. The news out of England is a welcome affirmation that SOMOS is on the right track.