Continuity of Care in Infancy and Early Childhood Health Outcomes

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BACKGROUND AND OBJECTIVES: Continuity of care is a key aspect of the patient-centered medical home and improves pediatric outcomes. Health care reform requires high-quality data to demonstrate its continued value. We hypothesized that increased provider continuity in infancy will reduce urgent health care use and increase receipt of preventive services in early childhood.

METHODS: Continuity, using the Usual Provider of Care measure, was calculated across all primary care encounters during the first year of life in a prospectively-constructed cohort of 17 773 infants receiving primary care from birth through 3 years at 30 clinics. Health care utilization and preventive care outcomes were measured from ages 1 to 3 years. Confounders, including chronic conditions, number of sick visits in the first year, socioeconomic status, and site, were addressed by using multivariable regression models incorporating a propensity score.

RESULTS: Demographics associated with the lowest continuity quartile included white race (adjusted odds ratio [aOR] 1.43; 95% confidence interval [CI] 1.25–1.64), Medicaid insurance (aOR 1.41; 95% CI 1.23–1.61), and asthma (aOR 1.59; 95% CI 1.30–1.93). Lower continuity was associated with more ambulatory care-sensitive hospitalizations (adjusted incidence rate ratio 2.74; 95% CI 1.49–5.03), ambulatory sick visits (adjusted incidence rate ratio 1.08; 95% CI 1.05–1.11), and lower odds of lead screening (aOR 0.61; 95% CI 0.46–0.79). These associations were stronger for children with chronic conditions. Continuity measured during well visits was not associated with outcomes.

CONCLUSIONS: Continuity may improve care quality and prevent high-cost health encounters, especially for children with chronic conditions. Novel solutions are needed to improve continuity in the medical home.

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