

■ Editorial

Continuity of Care

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The American Academy of Family Physicians defines continuity of care as “the process by which the patient and his/her physician-led care team are cooperatively involved in ongoing health care management toward the shared goal of high-quality, cost-effective medical care.”¹⁾ Haggerty et al.²⁾ identified three types of continuity in every discipline: informational, management, and relational. Informational continuity can be defined as “the use of information on past events and personal circumstances to make current care appropriate for each individual,” management continuity as “a consistent and coherent approach to the management of a health condition that is responsive to a patient’s changing needs,” and relational continuity as “an ongoing therapeutic relationship between a patient and one or more providers.”²⁾ Some literature has examined the relation between continuity of care and cost of care and has reported that the cost of care is reduced when the relationship is longer.^{3,4)}

In the present issue, Kim et al.⁵⁾ evaluated the association between hospital charges and patients’ continuity of care using the National Health Insurance Service—Cohort Sample Database. The authors found, after adjusting for many confounding factors, that there was a negative correlation between hospital charges and many continuity of care indexes and concluded that hospital charges declined gradually with increasing continuity of care.

These results are similar to findings from previous research that reported that the cost of care was reduced when the relationship was longer.⁴⁾

This study clearly demonstrates that continuity of care can benefit from not only improved physician–patient relation-

ships and improved medical outcomes through improved quality of care but also reduced healthcare costs and economic benefits. It can be said that it is necessary to make various policy efforts (strengthening of the primary care system, establishment of a system for usual care physicians) to improve the continuity of patient–doctor relationship in this fragmented medical care context.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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