



Two Continuity Studies Done at Kaiser

These were internal studies, not published, that I developed. Since I no longer work at Kaiser, and these were internal, I do not have access to the study or to the raw data (Mark Murray).

Likelihood of Return Visit

We looked at 1,000 visits to “urgent care” where patients did not see their own providers, 1,000 visits for “acute care” into the practice where they saw a partner/colleague provider and compared these to 1,000 visits for “acute care” where patients saw their own providers. We then looked at return visits by the same patients within the next two weeks. Patients seen in urgent care were four times more likely to return within two weeks and patients seeing a partner were twice as likely to return within two weeks as the patients who saw their own provider.

Since in that environment visits are a cost (variable cost) we compared the cost of a patient going to his/her own provider to patients being seen in these other situations and, obviously, the cost was by far the lowest when patients saw their own provider the first time. The providers are paid on salary so to them the cost was really not an issue either on the cost/expense side (there was no consequence to them) or on the revenue side since the number of patients or the code level of the visit had no effect on salary.

Visit Length

We looked at the length of provider time actually spent in a face to face visit with a patient. We looked at three levels or “types” of visits: acute, routine and “physical/annual exam. We looked at 1,000 of the first two and 200 of the last one. When patients did not see their own linked/continuity/panel provider the acute visits were 7.5 minutes longer, the routine 10 minutes longer and the “physical” 12 minutes longer than if they saw their own linked provider. When we looked at the visit itself we found that establishing credibility, establishing rapport and getting a history took longer amounts of time when patients saw an unfamiliar provider.