Continuity

Continuity refers to a long-term healing relationship between a person and his or her primary care provider or care team over time. There are at least three types of continuity considered to be important for primary care:

- Relational continuity – An ongoing therapeutic relationship between a patient and one or more providers.
- Informational continuity – The use of information on past events and personal circumstances to make current care appropriate for each individual.
- Management continuity – The extent to which services delivered by different providers are timely and complementary such that care is experienced as connected and coherent. It can also be thought of as a consistent and coherent approach to the management of a health condition that is responsive to a patient’s changing needs.
### Continuity is a core function of High-Quality Primary Health Care

#### System
- Governance & Leadership
  - Primary Health Care Policies
  - Quality Management Infrastructure
  - Social Accountability
- Health Financing
  - Payment Systems
  - Spending on Primary Health Care
  - Financial Coverage
- Adjustment to Population Health Needs
  - Surveillance
  - Priority Setting
  - Innovation & Learning

#### Inputs
- Drugs & Supplies
- Facility Infrastructure
- Information Systems
- Workforce
- Funds

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- Population Health Management
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  - Community Engagement
  - Empowerment
  - Proactive Population Outreach
- Facility Organization & Management
  - Team-based Care Organization
  - Facility Management Capability & Leadership
  - Information Systems Use
  - Performance Measurement & Management Outreach
- Access
  - Financial
  - Geographic
  - Timeliness

#### Outputs
- High Quality Primary Health Care
  - First Contact Accessibility
  - Continuity
  - Comprehensiveness
  - Coordination
  - Person-centered

#### Outcomes
- Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
  - Childhood Illness
  - Infectious Disease
  - NCDs & Mental Health
  - Palliative Care
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
Continuity is a core function of High-Quality Primary Health Care

- First Contact Accessibility
- Continuity
- Comprehensiveness
- Coordination
- Person-Centered
What is Continuity?

**What it is:** Learn more about the core principles and goals of Continuity and its role in PHC improvement.

How do I assess my performance?

**What it is:** Learn more about some indications that improvements might be relevant in your context and what you can achieve by focusing improvements on Continuity.

**Vital Signs Profile:** Use the information in your Vital Signs Profile to help determine relevant areas for improvement.

How do I get started?

**What others have done:** Learn from implementation approaches and challenges in other country contexts.

**How to succeed:** Consider your country context, what elements are not functioning properly, and what needs to be in place to support effective improvements.

**What to ask:** Use guiding questions to help determine how you might begin to plan and enact reforms in your country context.

Guided by the above considerations and relevant resources, start to build out an improvement plan with your CE lead and/or focal point.
What can my country achieve by focusing on Continuity?

Goals & Outcomes

✓ Reduces care fragmentation
✓ Can improve patient-provider trust, patient satisfaction, and communication
✓ Associated with improved preventive care and reduced inpatient hospitalization
✓ Supports the delivery of care that is responsive to a patient’s changing needs
✓ Better coordination for the seamless transition of patient care across settings and providers
Continuity – How do I assess my performance?

Learn more about whether you should focus on Comprehensiveness in the Vital Signs Profile.
How do I assess my performance?

Use the information in the Vital Signs Profile to help determine relevant areas of improvement.

Completion of a Vital Signs Profile gives countries a holistic understanding of PHC strengths and weaknesses, a critical first step in the measurement for improvement pathway.
What are other indications that Continuity might be an appropriate area of focus?

**Other Indications**

- **Weak information systems and information systems use**
  Systems for gathering and sharing information and data across levels of care are not functioning properly (not interoperable or interconnected, poor quality, etc.) or used to promote a continuous care experience.

- **Long wait times or other barriers to timely access**
  Patients experience barriers to accessing PHC services in a timely manner, often resulting in long wait times to see providers and overcrowding at PHC and non-PHC facilities.

- **Poor patient-provider relationships and poorly managed care teams**
  Primary care teams are not well-managed or appropriately communicated to patients and systems to ensure timely and complementary service delivery.

- **Inflexible, inconsistent care**
  Care management plans are not adaptive to patient’s complex needs and a lack of a consistent care team leads to disruptions in a patient’s care experience.
Continuity – What is it?

Continuity refers to a long-term healing relationship between a person and his or her primary care provider or care team over time. There are at least three types of continuity considered to be important for primary care:

- Relational continuity - An ongoing therapeutic relationship between a patient and one or more providers;
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Learn more about the core principles of Continuity and what you can achieve by focusing improvements in the What it is section.
What is Continuity?

“Continuity is the degree to which a series of discrete healthcare events is experienced as coherent and connected and consistent with the patient’s medical needs and personal context.”

Three types of continuity are considered important for high-quality PHC: relational continuity, informational continuity, and management continuity.

What is Continuity?

“Continuity is the degree to which a series of discrete healthcare events is experienced as coherent and connected and consistent with the patient’s medical needs and personal context.”

Three types of continuity are considered important for high-quality PHC: relational continuity, informational continuity, and management continuity.

Why it’s important

**Health Systems Strengthening**
Models of care that emphasize continuous, coordinated are central to building sustainable and equitable health systems and infrastructure and reducing redundancy and waste.

**Supports coordinated, person-centered care**
Better coordination follows from continuity for the seamless transition of care that is responsive to a patient’s complex needs across settings and providers.

**Improved patient experience and clinical outcomes**
Systems that deliver continuous PHC enjoy stronger patient-provider relationships with higher rates of patient satisfaction and less care fragmentation.

What is Continuity?

“Continuity is the degree to which a series of discrete healthcare events is experienced as coherent and connected and consistent with the patient’s medical needs and personal context.”

Three types of continuity are considered important for high-quality PHC: relational continuity, informational continuity, and management continuity.

Types of continuity important for PHC

- **Relational**
  Relational continuity establishes "an ongoing therapeutic relationship between a patient (and often their family) with one or more providers"

- **Informational**
  Informational continuity ensures that the information relevant to a patient’s care is made available to both the patient and provider at the right place and the right time, throughout a patient’s care experience

- **Management**
  Management continuity enables a consistent and coherent approach to the management of a health condition that is responsive to a patient’s changing needs

Visual aid: Continuity

Continuity creates an environment in which patients experience discrete healthcare events as coherent, connected, and consistent with their medical needs and personal context.

**High-Quality Primary Health Care IS**

**Continuous**

Continuity is critical for care teams, case management, and the full patient journey:

- **CARE TEAM**
  Every member of the team communicates fully.

- **CASE MANAGEMENT**
  Patient information is constantly updated and accessible to all.

- **PATIENT JOURNEY**
  Patient has a consistent experience at each care interaction.

**Communication**

**Patient History**

**Primary Care Team**

**Specialists/Hospital**

**From Infancy**

**Care Interactions**

**Through Adulthood**
Deeper dive: Implementing continuity in practice

<table>
<thead>
<tr>
<th>Relational</th>
<th>Informational</th>
<th>Management</th>
</tr>
</thead>
</table>

### Supportive interventions

- **Longitudinal service delivery models**
  - that establish ongoing relationships between patients and providers and prioritize person-centered care
- **Care experiences that promote collaboration between patients and providers** in the creation of care management plans and protocols

### How to mitigate challenges

- Enhance patient access and relational continuity through **empanelment structures**
- Promote a **culture of active listening and accountability** and invest in building and retaining a consistent **core staff** that is accessible and acceptable to the community

<table>
<thead>
<tr>
<th>Supportive interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interoperable, interconnected <strong>information systems and communications technology</strong> with broad, fundamental capacities to document care information, patient context, and patient preferences throughout a patient’s care experience</td>
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</table>

### Supportive interventions

<table>
<thead>
<tr>
<th>Informational</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Align <strong>information systems</strong> with national priorities and local needs and invest in infrastructure and training that supports effective information systems use</td>
</tr>
</tbody>
</table>

### Supportive interventions

- **Systems that support access to timely care**, such as open-access scheduling, contingency plans, and capacity allocation strategies
- **Person-centered care management plans**, such as longitudinal care plans

### How to mitigate challenges

- Implement systems for **proactive, regular monitoring and management** of patient care
- Invest in **redesigning systems to improve continuity of care** without compromising timeliness and resources to sustain these systems

### How to mitigate challenges

- **Longitudinal service delivery models** that establish ongoing relationships between patients and providers and prioritize person-centered care
- **Care experiences that promote collaboration between patients and providers** in the creation of care management plans and protocols

### How to mitigate challenges

- Enhance patient access and relational continuity through **empanelment structures**
- Promote a **culture of active listening and accountability** and invest in building and retaining a consistent **core staff** that is accessible and acceptable to the community
Derive information from **What others have done**, **What to ask** and **How to succeed** to help determine where and how you might begin to plan and enact forms in your country context.
The guidance and recommendations described within the Continuity module are not intended to provide a one-size-fits-all solution.

The considerations involved in planning and implementing strategies will depend on your local context.

Sample activities

- **Consider** implementation challenges and approaches in other country contexts
- **Consider** how the features of your health system, such as how decisions get made and the role of the private sector, will impact your improvement plans
- **Identify** key elements that need to be in place to support improvements
- **Use the guiding questions in the Improvement Strategies** to spur thinking about Continuity in your country context and stimulate ideas for improvement
- **Start to develop** an improvement plan
Planning for improvement in your context

While the specific considerations involved in planning and implementing strategies will depend on your context, you might consider...

- **Factors that impact relational continuity:**
  - PHC workforce availability, accessibility, acceptability, and quality
  - Patients’ access to convenient, timely PHC

- **Factors that impact informational continuity:**
  - Performance, accessibility, and use of information systems
  - Quality, reliability, and accessibility of patient information across levels of care

- **Factors that impact management continuity**
  - Patient’s access to convenient, timely care
  - Management of care teams and patient-provider relationships
Learn from what others have done

**Continuum of Care Services | Bihar, India**
Improving provider’s capacity to coordinate care through the Continuum of Care Services mobile health tool

**Portuguese National Network for Integrated Continuous Care | Portugal**
Strengthening the delivery of integrated, continuous care across levels of care through the Portuguese National Network for Integrated Continuous Care
Bihar, India: At-a-glance context

- South Asia | East India
- Lower-Middle Income
- Multiple languages
## India: At-a-glance context

<table>
<thead>
<tr>
<th>GDP per capita ($PPP)</th>
<th>Human Development Index</th>
<th>Life expectancy at birth</th>
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<tbody>
<tr>
<td>$7,056</td>
<td>0.64</td>
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</table>

<table>
<thead>
<tr>
<th>Percentage of population living in rural areas</th>
<th>Percentage of population living under $1.90 per day</th>
<th>Population</th>
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</thead>
<tbody>
<tr>
<td>66%</td>
<td>21%</td>
<td>1.34B</td>
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</table>
Learn from what others have done: Bihar, India

Why reforms were needed

• The Saharsa district in Bihar, India is marked by high levels of poverty and barriers to accessing quality health services

• Despite efforts to improve access to vital services through a network of health centers and frontline workers, a lack of coordination among the health workforce and insufficient resources have inhibited effective service delivery

Approach

In 2012, the Continuum of Care Services (CCS) was launched to improve the capacity of frontline workers to deliver essential and quality MNCHN services across the continuum of care

The CCS is a comprehensive mobile health tool with a suite of modules built upon the government’s Integrated Family Health Initiative’s framework for MNCHN service provision.

The CCS incorporates various checklists, diagnostic assessments, records, and counselling support aids to better equip the health workforce with the tools and knowledge to deliver appropriate care.
Learn from what others have done: Bihar, India

What supporting elements need to be in place

- **Information systems and information systems use:** Frontline health workers (FLWs) have been able to increase access to effective, timely services through the effective use of the comprehensive mobile health tool.

- **Provider competence and performance measurement and management:** To capacitate FLWs with the skills and resources needed to deliver continuous, high-quality care, the tool includes various supervision mechanisms including task scheduling, performance monitoring, and technical support.

- **Coordination and facility organization and management:** To support the effective use of CCS, the content within the tool is made specific to the roles and responsibilities of different users within the frontline health management structure, with built-in features for health workers to share relevant cases.
Learn from what others have done: Bihar, India

- The use of the tool by FLWs has made strides to increase the number of women accessing critical care at the right time, with a demonstrated increase in contact by a FLW for the appropriate management of conditions after the first 24 hours of delivery from 6.7% to 59.5% in the first year of its adoption.

- Improved the quality and experience of care, including the comprehensiveness of home visits.

- In light of the successes of the CCS, CARE India is proposing to scale the system in Bihar and pursue further integration with the Mother and Child Tracking System, India’s national database to track pregnancies and newborns.
Portugal: At-a-glance context

Europe & Central Asia | Southern Europe

High Income

Portuguese-speaking country
## Portugal: At-a-glance context

<table>
<thead>
<tr>
<th></th>
<th>GDP per capita ($PPP)</th>
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<tbody>
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<td>$21K</td>
<td>0.85</td>
<td>81</td>
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<tr>
<td>Percentage of population living in rural areas</td>
<td>35%</td>
<td></td>
<td></td>
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<td>Percentage of population living under $1.90 per day</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Population</td>
<td>10.29M</td>
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</table>
Learn from what others have done: Portugal

Why reforms were needed

• Ongoing issues with accountability, efficiency, and cost-containment in the health system

• Economic and political pressures on the public health system

• Issues with workforce retention, motivation, and availability in the public sector

Approach

The Portuguese National Network for Integrated Continuous Care (RNCCI) was introduced in 2007 as a joint initiative of the Ministry of Health and Social Solidarity to provide integrated and continuous care to dependent people.

The RNCCI is designed to provide patients and providers with continuous health monitoring information and support through the use of an online data management system.

Individuals within the RNCCI undergo a needs assessment with comprehensive care teams to create a personalized care plan that is coordinated across members within an individual’s care team.
Learn from what others have done: Portugal

- Leverages care coordination and quality assurance mechanisms to promote better case management across providers in the RNCCI network.
- Provides patients and providers with continuous health monitoring information and support through interoperable, electronic data management systems.
- Supports the delivery of comprehensive, person-centered care through the creation of personalized care plans that follow a patient across their care journey.
Learn from what others have done: Portugal

- **Coordinated, multisectoral stakeholder engagement:** The network cuts across private, public, and non-profit sectors to provide long-term, comprehensive and coordinated services, with a focus on community-based care.

- **Interoperable, interconnected information systems:** The online data management system GestCareCCI supports smoother care transitions and simplifies tracking the patient across settings of care, promoting better information and management continuity between relevant providers.

- **Quality management infrastructure and performance measurement and management:** The RNCCI is decentralized and organized into three levels of coordination at the national, regional, and local/provider level with quality indicators collected at each level through compulsory data submissions.
What elements should be in place to support effective improvements in Continuity?

- Governance & Leadership
- Primary Health Care Policies
- Quality Management Infrastructure
- Social Accountability
- Health Financing
  - Payment Systems
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  - Financial Coverage
- Adjustment to Population Health Needs
  - Surveillance
  - Priority Setting
  - Innovation & Learning
- System
- Inputs
- Service Delivery
- Outputs
- Outcomes

**System**
- Drugs & Supplies
- Facility Infrastructure
- Information Systems
- Workforce
- Funds

**Inputs**
- Population Health Management
  - Local Priority Setting
  - Community Engagement
- Empowerment
  - Proactive Population Outreach
- Facility Organization & Management
  - Team-based Care Organization
  - Facility Management Capability & Leadership
  - Information Systems Use
  - Performance Measurement & Management

**Service Delivery**
- Access
  - Financial
  - Geographic
  - Timeliness
- Availability of Effective PHS Services
  - Provider Availability
  - Provider Competence
  - Provider Motivation

**Outputs**
- High Quality Primary Health Care
  - First Contact Accessibility
- Effective Service Coverage
  - Health Promotion
  - Disease Prevention
  - RMNCH
  - Childhood Illness
  - Infectious Disease
  - NCDs & Mental Health
  - Palliative Care

**Outcomes**
- Health Status
- Responsiveness to People
- Equity
- Efficiency
- Resilience of Health Systems

Social Determinants & Context (Political, Social, Demographic & Socioeconomic)
To facilitate the continuous delivery of high-quality primary health care across providers and facilities, a national quality improvement plan that integrates standardized care plans, diagnostic protocols, training programs, and accreditation systems should be in place.
What elements should be in place to support effective improvements in Continuity?

The effective use of information systems empowers and engages patients and improves communication among team members to promote continuity of care.

Continuity of care relies on information systems with broad capacities to track and manage the health of a patient across time and location.
What elements should be in place to support effective improvements in Continuity?

By establishing a point of care for individuals and simultaneously holding providers and care teams accountable for actively managing care for a specific group of individuals, **empanelment** can promote a continuous care experience.
What elements should be in place to support effective improvements in Continuity?

To promote continuity in service delivery, the facilities that deliver this care must be well-organized and well-managed and accompanied by a skilled and motivated workforce, inputs, infrastructure, and information systems.
What elements should be in place to support effective improvements in Continuity?

Respect and trust between providers and patients can improve communication and provider motivation and contribute to the formation of continuous relationships over time.
Questions to ask to help you get started

The specific considerations involved in planning and implementing strategies will depend on your local context.

The questions listed may be a useful starting place to determine how you might begin to plan and enact reforms in your context.

What should be considered to begin improvements?

- What information systems are in place (if any) to ensure continuity of patient information across care encounters and across levels of care?
The specific considerations involved in planning and implementing strategies will depend on your local context.

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What should be considered to begin improvements?

- What information systems are in place (if any) to ensure continuity of patient information across care encounters and across levels of care?

- How does timeliness affect continuity of care from a patient perspective? Are patients often deterred from seeking care from the same provider due to lack of accessibility?
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- How are facility managers promoting a culture of interpersonal continuity among providers and patients?
Recap: Continuity

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  - Social Accountability

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- Proactive Population Outreach

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- Timeliness

Primary Health Care Performance Initiative
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Patient has a consistent experience at each care interaction.

Patient History

FROM INFANCY

THROUGH ADULTHOOD

Care Interactions