

CONTINUITY OF CARE IN A UNIVERSITY-BASED OUTPATIENTS DEPARTMENT

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This study was carried out between the 1st and 7th of June 1989. Selection criteria required patients to be 15 years old or over. The study included 391 cases from the Outpatient Department, Family Medicine Division, National Taiwan University Hospital.

The research methodology utilized visit-based measurements (including known-provider continuity, sequential continuity, and discounted fraction of care continuity) to evaluate the continuity of care situation. In addition, the implications and significance of the different values arising from the above measurements were investigated.

Our research produced the following values: 1) known-provider continuity, 0.6803; 2) sequential continuity, 0.5678; 3) discounted fraction of care continuity, 0.5127.

Reviewing all age groups, the middle-aged group received the best continuity of care. The following factors were key determinants of good

continuity of care: 1. benefits provided by medical insurance; 2. prior appointment with consulting physician; 3. length of time between patient visits; and 4. experience of consulting physician.

We concluded from our research that, the continuity of care for diabetes, hypertension and other chronic diseases was superior to that for all other diseases. However, the values for known-provider continuity for musculo-skeletal disorders were similar to those for diabetes, but were lower than those for both diabetes and hypertension for the other two values. These variants may be used to predict patient attitudes with respect to outpatient care.

In conclusion, by using the above three mentioned measurements, we can quantify the quality of continuity of care and thereby evaluate the continuity of care in outpatient departments.

(J Natl Public Health Assoc (ROC) 1990; 10(1) : 11-18)

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