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# Effect of Advanced Patient Scheduling on Patient and Resident Continuity

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## Background/Introduction

- Continuity has been shown to build patient trust and decrease utilization of healthcare and emergency departments, healthcare costs, preventable hospitalizations, unnecessary medical procedures, and duration of work disability for low back pain<sup>1-8</sup>
- Continuity clinics are a central aspect of residency training<sup>9</sup>
- New ACGME family medicine residency program requirements as of 2023 include guidelines regarding continuity of care with specific targets for patient and resident-sided continuity<sup>12</sup>
- We hypothesized that opening resident clinic schedules 6 months ahead would improve both patient- and resident-sided continuity of care

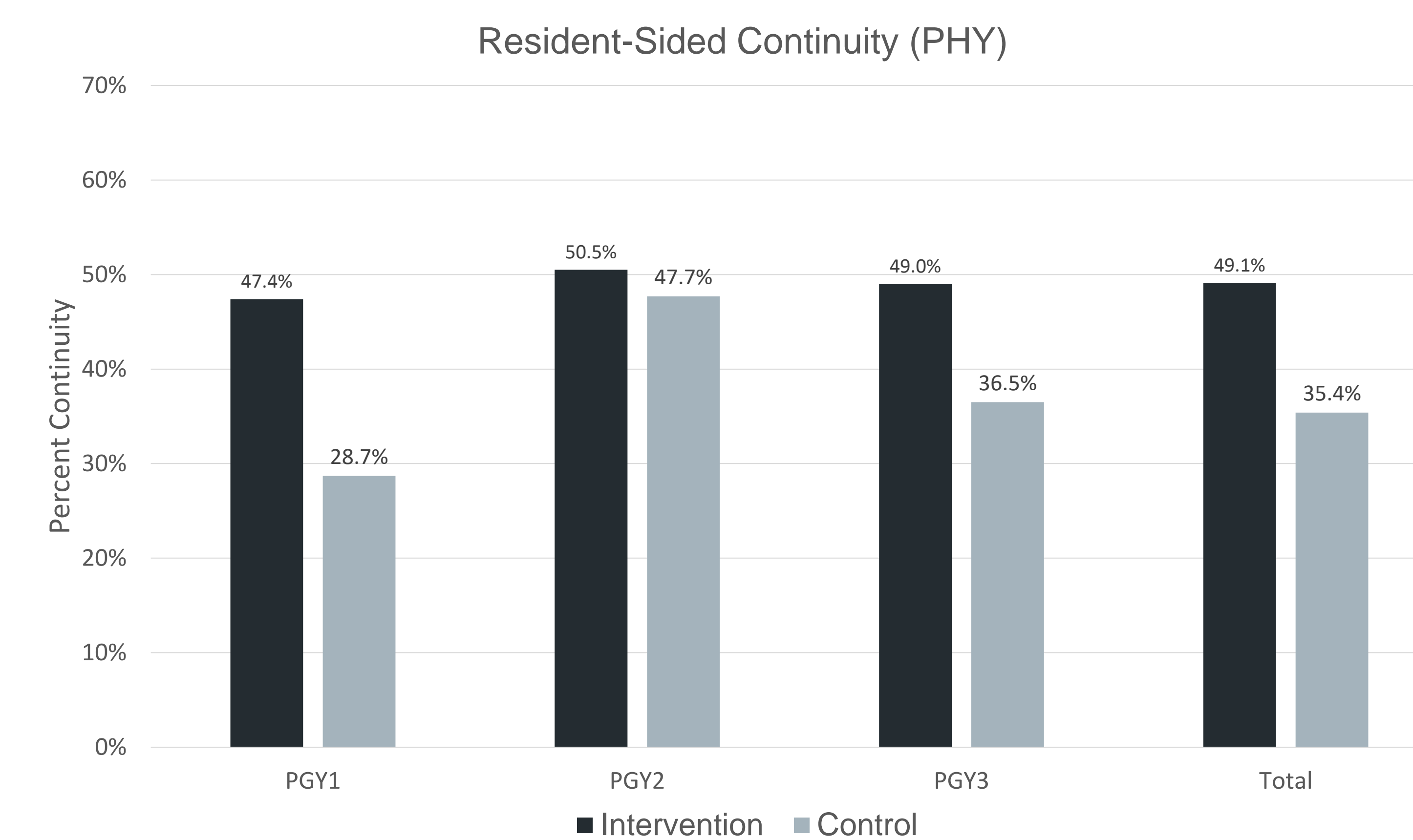
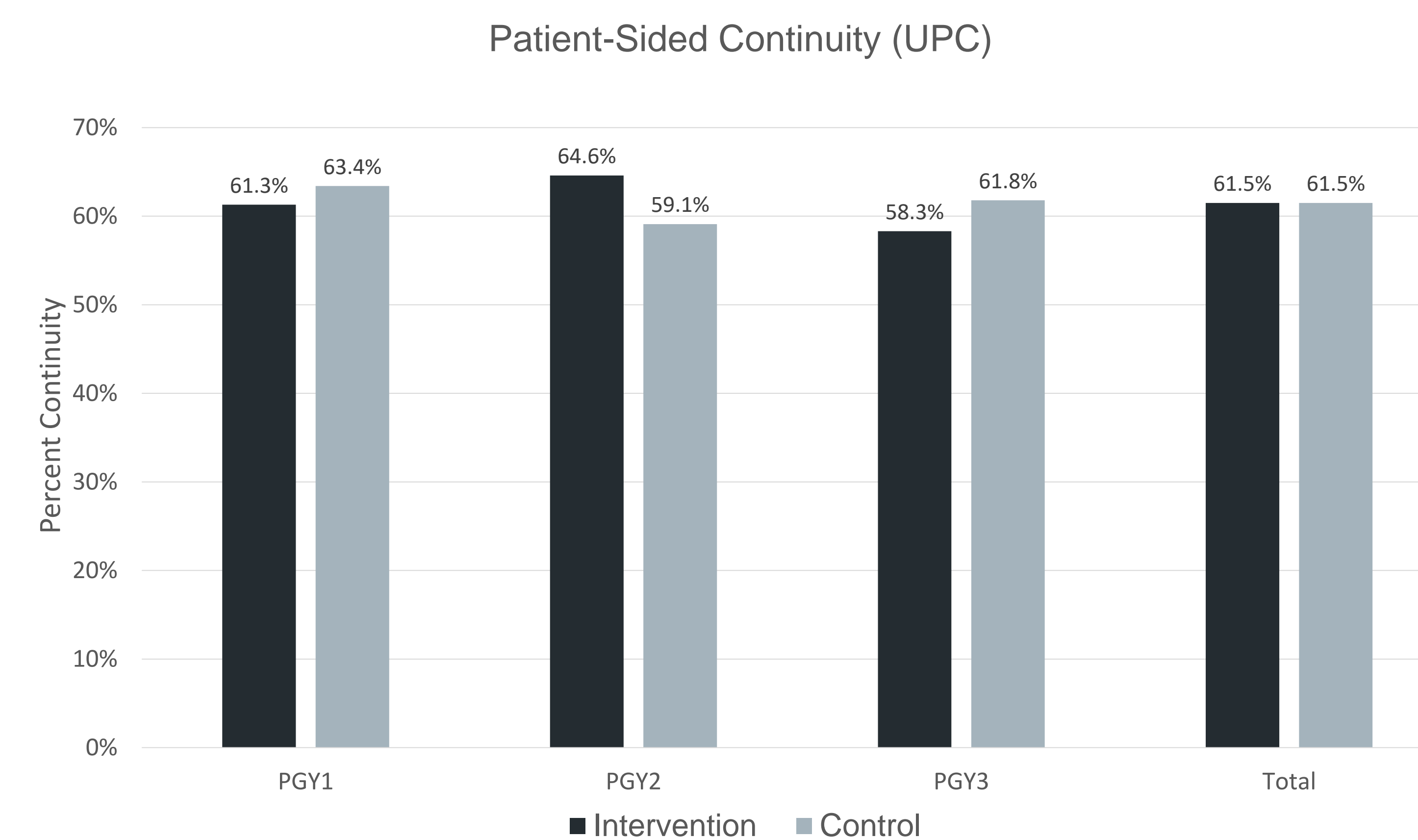
## Objective/Purpose

- The objective of this study was to determine if opening resident clinic schedules further in advance (6 months v 1 month) would improve continuity of care

## Methods

- Controlled clinical trial
- Intervention was performed at a family medicine residency clinic located within a university medical center in the Midwest
- Control was a separate resident clinic located at a community hospital and within the same family medicine residency program
- Primary outcome measured was patient-sided and resident-sided continuity over 6 months following intervention
- Patient-sided continuity was measured using Usual Provider of Care (UPC)<sup>10</sup>:  $\frac{\text{visits with PCP}}{\text{all visits}}$
- Resident-sided continuity was measured using Continuity of Physician (PHY) formula<sup>10,11</sup>:  $\frac{\text{visits with assigned patients}}{\text{all visits}}$

## Results



- Intervention group demonstrated 13.7% higher resident-sided continuity, but no difference in patient-sided continuity compared to control
- While the intervention and control groups had the same total number of residents, the control group had a higher percentage of PGY1 residents (58% vs 37%)

## Discussion

- Opening resident clinic schedules further in advance improved resident-sided continuity of care, but not patient-sided
- This study demonstrates a method for increasing continuity of care
- An intervention of advanced scheduling is feasible for numerous programs, and may help improve continuity rates to meet new ACGME requirements
- Future studies should increase study duration, and use more homogeneous sample groups

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