



The Importance of Continuity of Care in Children with Asthma

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Commentary:

Continuity of care (COC) means the condition of “care over time by a single individual or team of health professionals,” [1] which is a cornerstone of primary care. With continuous care, patients tend to have higher quality of care, i.e., greater satisfaction, decreased emergency department (ED) visits and hospitalizations, and improved receipt of preventive services [2]. Physicians who have long-term relationships with their patients may better manage the chronic diseases because they are more familiar with their patients’ medical history and can effectively communicate with their patients. This was particularly found in patients with asthma. Love et al. [3] found a positive correlation between COC and patient perceptions of physician-patient communication.

Asthma is the most common non-communicable disease among children, whose airway inflammation is still present during clinical remission of atopic asthma [4]. The continuous treatment with inhaled corticosteroids for children with asthma leads to effective control of asthma and ensure the safety of long-term treatment for asthma [5-7]. Therefore proper disease management can avoid asthma attack or ED visit. The report “Global strategy for asthma management and prevention” from Global Initiative for Asthma emphasizes that effective asthma management requires a partnership between the patient (or the parent/carer) and the healthcare providers [8]. Physician-patient partnership can be developed through long-term relationship, in other words, COC. Numerous studies have revealed that higher COC can reduce asthma ED utilization in patients with asthma [9-11]. Our research, which was under the national health insurance system in Taiwan, supported the finding as well. The groups with medium and low COC had 21% (odds ratio [OR], 1.21; 95% CI, 1.06-1.39) and 38% (OR, 1.38; 95% CI, 1.21-1.58) higher asthma-related ED utilization, respectively, than the group with high COC [12].

Besides, Cabana et al. [13] found that if patients with asthma who discharged from ED presented for outpatient follow-up, they had an increased likelihood for repeat ED asthma visits. For these patients, continuity of care should strongly be enhanced. Therefore, improving the COC becomes important for the patients with asthma and healthcare providers. The healthcare providers could actively make the follow-up visit appointment and remind the patient (or the parent/carer) in advance. Government could initiate pay-for-performance program of asthma to motivate physicians and patients to improve the COC and self-care ability for reducing the ED visit and hospitalization.

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