

Continuity of primary care reduces hospitalizations in people with chronic kidney disease

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People with chronic kidney disease (CKD) require levels of acute care three to eight times higher than the general population for comorbidities such as hypertension, diabetes and cardiovascular disease. It is unclear how regular access to primary care influences subsequent acute care use.

In a study published in *The Annals of Family Medicine*, researchers from the University of Calgary sought to determine if poor continuity of care is associated with higher rates of all-cause and potentially preventable acute care use, as well as sub-optimal prescribing of guideline-recommended medications.

The researchers found that hospital use increased among patients who experienced poorer continuity of care. Poor continuity also resulted in sub-optimal prescribing of a recommended statin. Researchers concluded that poor continuity of care is associated with increased health care use in general among those with CKD. They recommend the use of targeted strategies that strengthen patient-provider relationships and provide guidance to physicians about recommended prescribing.

More information: Christy Chong et al, Determining the Association Between Continuity of Primary Care and Acute Care Use in Chronic Kidney Disease: A Retrospective Cohort Study, *The Annals of Family Medicine* (2022). [DOI: 10.1370/afm.2813](https://doi.org/10.1370/afm.2813)

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