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LETTER

The Relationship Between Continuity of Care and Enhancement of Clinical Outcomes Among Patients with Chronic Conditions [Letter]

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Dear editor

We write to commend the authors Alsaad et al on their insightful study. This study offers valuable insights into the impact of having a regular primary care provider, namely on clinical outcomes and preventive service delivery for patients with diabetes and hypertension in Saudi Arabia.[1] However, exploring the understudied factors that contribute to continuity of care is crucial to realizing its full potential for improving health outcome measures. To achieve this, we outline several key areas that deserve further examination and contemplation.

Despite progress through extending continuity of care for chronic conditions like type 2 diabetes mellitus (DM2) and hypertension, described in the present study, concerns persist. A study by Hussein et al concluded that continuity of care with a primary physician, measured as Continuity of Care Index (COCi), did not significantly improve health indicators similarly defined in the present study, or the completion of preventative health screenings, for DM2 patients in Saudi Arabia.[2] This underscores the need for additional research and tailored interventions. Moreover, attaining optimal continuity and treatment outcomes in Saudi Arabia's primary care sector will require more than just ensuring a nominated, regularly-seen physician. Collaboration among healthcare providers, policymakers, and patients can be impactful for family medicine and other settings. Each group holds a vital role in this process. As Albalawi et al discusses, reported challenges include resource allocation, administrative processes, patient perceptions, and socio-demographic factors.[3] Policymakers should consider addressing resource allocation issues like uneven distribution of resources, workforce shortages, and insufficient information systems, as they significantly affect the quality of care.[3] Administrative challenges, such as access issues and communication barriers, can complicate continuous care delivery and lead to patient dissatisfaction.[3] Here, the implementation of e-health strategies and telehealth services may be furthered as part of a wider drive to maintain continuity of care by enabling remote consultations without financial barriers. The quality of life for healthcare practitioners, influencing their performance, is also crucial. As Allhaiby et al summarises, ensuring practitioners are satisfied with their living and working conditions, whether in urban or rural areas, can reduce workforce turnover and improve care quality.[4]

Patients themselves play a vital role to continuity of care, more specifically by adhering to prescribed treatments, and participating in disease prevention health screenings. However, factors such as high medication costs and insurance coverage significantly impact medication adherence, conceivably more so in socioeconomically disadvantaged groups, as Alsagoor notes in his study, highlighting the need for affordable healthcare solutions.[5]

In summary, the interplay of these roles and factors in fostering continuity of care and improving clinical outcomes highlights the importance of a cohesive healthcare system with effective communication, policy support, and patient engagement. Beyond expanding access to regular primary care providers, a multifaceted approach is necessary to tackle current challenges to improving continuity of care, engaging healthcare providers, policymakers, and patients alike. The strategies suggested above align with Saudi Arabia's Vision 2030, which ultimately seeks to enhance healthcare equality and efficiency.

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Disclosure

The author reports no conflicts of interest in this communication.

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