Introduction

Relationship continuity of care (RCOC) refers to the relationship between a patient and a health care professional or team sustained over time. RCOC is associated with increased patient satisfaction, decreased healthcare costs, and increased preventive services. The study data consist of 5062 students and 15966 clinic visits. A quantifiable estimate of RCOC (qRCOC) per visit was calculated as the proportion of a student’s total visits that the student had with the same clinician over the total number of that student’s visits. R software (Version 4.1.2) was used to calculate qRCOC for the sample population and the differences in qRCOC between sub-populations of interest (ex. academic level, gender, race/ethnicity). 

Methods

- Study population: All UVA students who received in-person care on 2+ occasions from a physician or nurse practitioner in the medical services clinic at the SHWC during the 2018-2019 academic year.
- Data: Student demographics, clinician characteristics, and visit reasons were obtained/ inferred from the Student Health Research Database (SHRD), an IRB-approved de-identified database. 
- A quantifiable estimate of RCOC (qRCOC) per visit was calculated as the proportion of a student’s total visits that the student had with that visit’s provider over the total number of that student’s visits. 
- The study data consist of 5062 students and 15966 clinic visits. Mean qRCOC (weighted by number of visits) = 0.504 (Figure 1) - Interpretation: On average, half of a UVA student’s clinic visits are with the same clinician.
- Demographics: Male gender, Asian & Black race, oldest age range, and graduate/other status are associated with ↑ qRCOC (Figure 2).
- Type of visit reason is associated with qRCOC (Figure 2). Visit types with the highest qRCOC include:
  - Eating disorder
  - Cardiovascular concerns (ex. hypertension, syncope)
  - Transgender care
  - Other psychiatric issues (ex. anxiety, depression)
  - Hematologic complaints (ex. anemia, coagulopathy)

Results

- Table 1: Demographics of students
- Race/Ethnicity
  - White (Ref)
  - Hispanic
  - Black or African American
  - Multi-Race
  - Other/Unknown
- Gender
  - Cis-gender Male (Ref)
  - Cis-gender Female & Other
- Age
  - 22 years old or younger (Ref)
  - 23 – 32 years old
  - 33 years old or older
- Academic Level (Student)
  - Undergraduate (Ref)
  - Graduate/Other
- Citizenship Status (Student)
  - US citizen (Ref)
  - Foreign citizen

Discussion

- Race/Ethnicity: Our findings support the literature that some races may have ↑ RCOC than White/Caucasian people. 
- While the literature suggests no difference in RCOC between males and females, the male students in this population may have ↑ RCOC than female students, although clinical significance is small.
- Visit reasons related to mental health are associated with clinically significant ↑ RCOC. This has not been previously reported.
- Note: This sample population differs from those reviewed in the literature, especially with regard to age and co-morbidities.

Future Directions

- Expand analysis to the 2019-2020 and 2020-2021 academic years to ↑ sample size and investigate impact of COVID-19 on RCOC
- Possible interventions to improve RCOC:
  - Create formal clinician pairs/teams to improve care distribution
  - Educate patients on clinician availability and benefits of ↑ RCOC
  - Clinicians/schedulers encourage students to keep same clinician
  - Leverage patient portal – ex. display default/last-seen clinician