To the Editor:

In their recent publication, DeVore et al demonstrated an increase between 2009 and 2012 in the proportion of heart failure patients who were scheduled for outpatient follow-up within 7 days of discharge.1 Because continuity of care has been shown to be associated with less healthcare utilization (hospitalizations, emergency department visits) and better patient outcomes,2,3 it seems reasonable to hypothesize that one of the factors contributing to continued poor outcomes for patients with chronic diseases such as heart failure is fragmentation. We have previously shown that (in Canada) early follow-up after a hospitalization or emergency department visit for heart failure with physicians familiar with a particular patient is associated with lower readmission rates than early follow-up with any physician.4,5 Are the investigators able to determine what proportion of early follow-up appointments in Get With The Guidelines-Heart Failure hospitals were planned to be with a physician who had been involved with the patient’s care either before or during the index hospitalization? We think that continuity of care is one of the fundamental building blocks for any high-performing healthcare system and that the current guideline’s emphasis on prompt follow-up after hospitalizations or emergency department visits may lead to system changes that neglect the importance of continuity.

Disclosures

None.

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References

Letter by McAlister and Ezekowitz Regarding Article, "Temporal Trends and Variation in Early Scheduled Follow-Up After a Hospitalization for Heart Failure: Findings From Get With the Guidelines-Heart Failure"

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