Objective (50/50 words):
To evaluate the impact of continuity of care with family physicians on hospitalization rates for Ambulatory Care Sensitive Conditions and emergency department visit rates for Family Practice Sensitive Conditions. To illustrate how patient level physician billing data can be linked with hospital data to follow patients through the health system.

Approach (94/100 words):
Using 2007/08 – 2012/13 patient-level physician billing (PLPB) data from Alberta and Saskatchewan, a patient-provider usual provider continuity (UPC) index was calculated. The PLPB data was then linked with the 2012/13 Discharge Abstract Database and the 2012/13 National Ambulatory Care Reporting System to identify hospitalizations for ACSCs and emergency department visits for FPSCs. Cost estimates for ACSCs and FPSCs were calculated from the Canadian MIS Database.
Regression analyses were conducted to identify any association between continuity of care and ACSC and FPSC related visits. Patients and provider characteristics were examined for possible associations with relational continuity.

Results (123/125 words):
Overall, patients were treated by the same family medicine physician 60.2% of the time in Alberta and 56.2% of the time in Saskatchewan, and relational continuity of care increased as patient age increased. Those hospitalized for an ACSC tended to be older and living in rural areas; while those visiting an ED with a FPSC were more likely to be younger and living in rural areas.
One of the key predictors of hospital use for ACSCs and FPSCs is continuity of care with a family physician. As continuity of care increases, the odds of being hospitalized for an ACSC or visiting an ED for a FPSC decreases. Other factors associated with ACSC hospitalizations and FPSC visits include age and rurality and health status.

Conclusion (48/50 words):
High continuity of care positively affects the health of patients and our health care system. As health care delivery evolves, it will be important to look at the importance of the patient-provider relationship and its impact on preventing the unnecessary use of hospital services for ACSCs and FPSCs.