Editorial

Response to “Relationships between Acute and Postacute Care Providers: Measurement and Estimation”

I thank Drs. Konetzka and Werner for their thoughtful and obvious expert commentary on our paper (Graham et al. 2017). Our goal was to generate interest in the idea of operationalizing and assessing inpatient provider-level continuity. I am confident that the accompanying Editorial will further interest in and discussions on the topic well beyond the impact of our study alone.

Choosing the term “continuity” was neither easy nor unanimous. Rahman et al. (2013) used “referral linkages,” and Konetzka and colleagues (2016) used “informal vertical integration” to describe similar volume-based referral patterns between hospitals and skilled nursing facilities obtained from claims data. I like the term “connectedness,” as suggested in the Editorial; however, there is no precedent for its use in the literature. Ultimately, we selected “continuity” because we could effectively extend the construct, including assumptions and limitations, from the extensive and familiar literature on patient-provider continuity. Our focus was on clearly describing how we measured patient flow rather than on coining a definitive term.

The cautionary tale regarding the potential implications of selection bias is well founded. Although we (briefly) note the likelihood of unmeasured factors in the limitations section, we obviously did not elaborate on those concerns or suggest alternative approaches (e.g., instrumental variables) to account for unmeasured confounding. I cannot agree more with Drs. Konetzka and Werner’s argument that associations alone are not enough to inform health care delivery and policy. Rigorous quasi-experimental and mixed-methods studies are both needed to advance the terminology and better

understand the mechanisms underlying provider-level continuity... or connectedness.

In closing, I appreciate Drs. Konetzka and Werner's efforts and expertise in this "debate-commentary" as well as *HSR* editors Drs. Zinn and Scanlon for soliciting this commentary and providing the space for a collective publication. As noted in their opening statement, there is indeed growing interest in the relationships between acute and postacute care providers and patients' transitions between them. I welcome additional comments and suggestions and look forward to seeing this line of research mature as other health services researchers apply new perspectives, research designs, and analytic techniques.

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REFERENCES

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