



Maine Quality Forum

*Patient Centered Medical
Home*

Maine Center for Public Health

October 15, 2008

Patient-Centered Medical Home

The Problem:

- **Diminishing Supply of Primary Care Physicians**
- **Increased Costs of Health Care Due to Avoidable Complications of Chronic Disease**

Primary Care: The provision of integrated, accessible, health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community

-IOM 1978

Primary Care: Measurable Features

- First-contact access for each new need
- Long term person-focused care (“Longitudinality”)
- Comprehensive care for most health needs
- Coordinated care when it must be done elsewhere
- Orientation toward family and community

Evidence for Primary Care Effectiveness: Physician Supply

- States with higher ratios of primary care to population had lower rates of all-cause mortality (including heart disease, cancer, stroke, infant mortality), low birth weight, and poor self-reported health (Starfield and Shi)
- Supply of primary care physicians associated with increase in life span and reduction in low birth weight (Vogel and Ackerman)
- Supply of specialists associated with increased all-cause mortality (Starfield)
- Increase of 1 PCP per 10,000 population (+12.6%) associated with -5.6% all-cause mortality (Starfield meta-analysis)

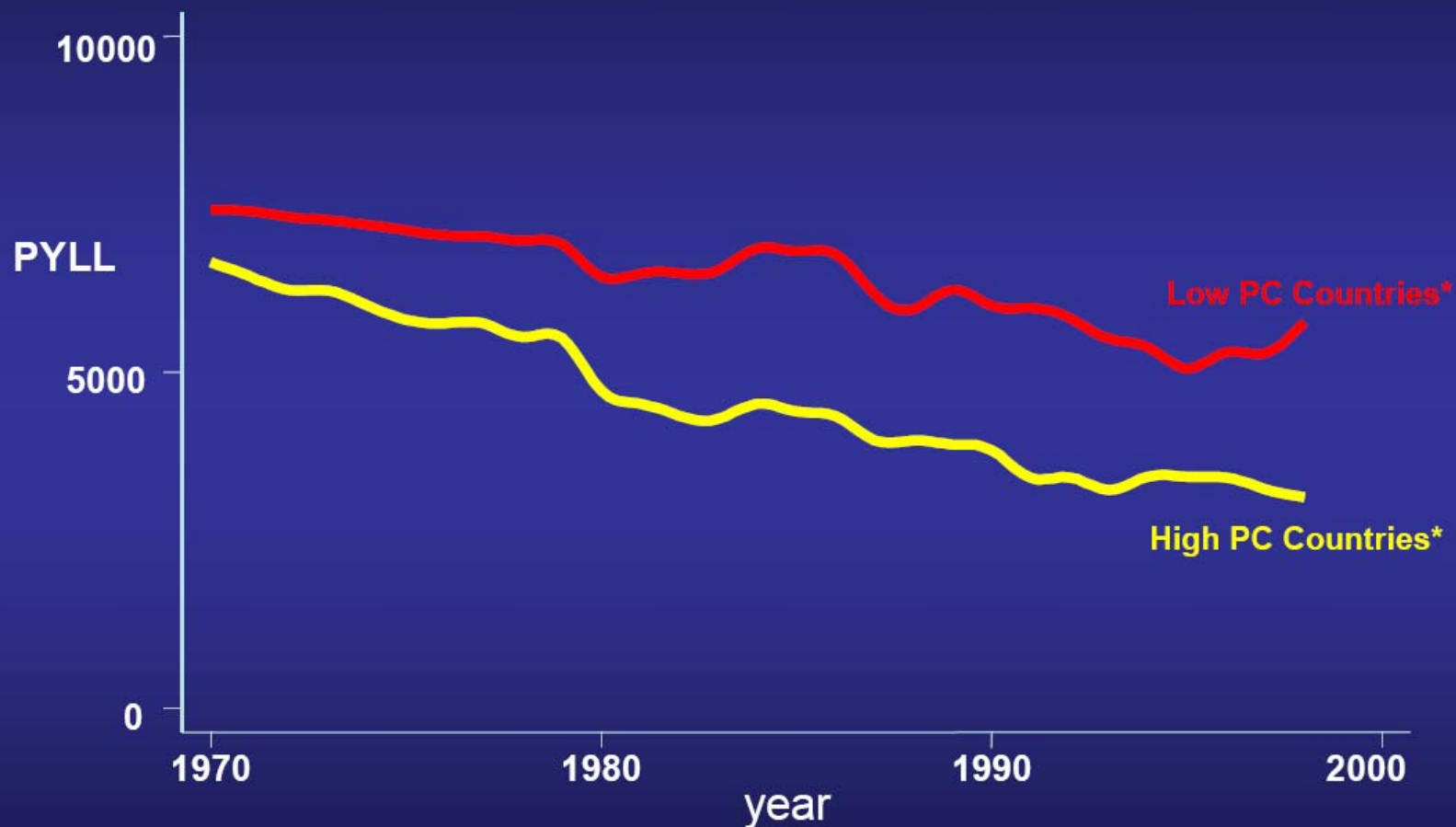
Evidence for Primary Care Effectiveness: PCP as Regular Source of Care

- Those with PCP as regular source of care have lower 5-yr mortality (Franks)
- Rural and low-income people receiving care in rural health centers are healthier, receive more indicated preventive services compared to general population (AHRQ 2004)
- FQHC pts more likely to have had Pap smear, pneumococcal vaccine and less likely to have low birth weight babies.

Evidence for Primary Care Effectiveness: International Comparisons

- Countries with high PC scores have better health outcomes including mental health outcomes
- Characteristics of primary care practices associated with high PC scores are
 - Comprehensiveness
 - Family Orientation
- Policy Characteristics of countries with high PC scores are
 - Universal coverage
 - Low or no cost sharing for primary care services

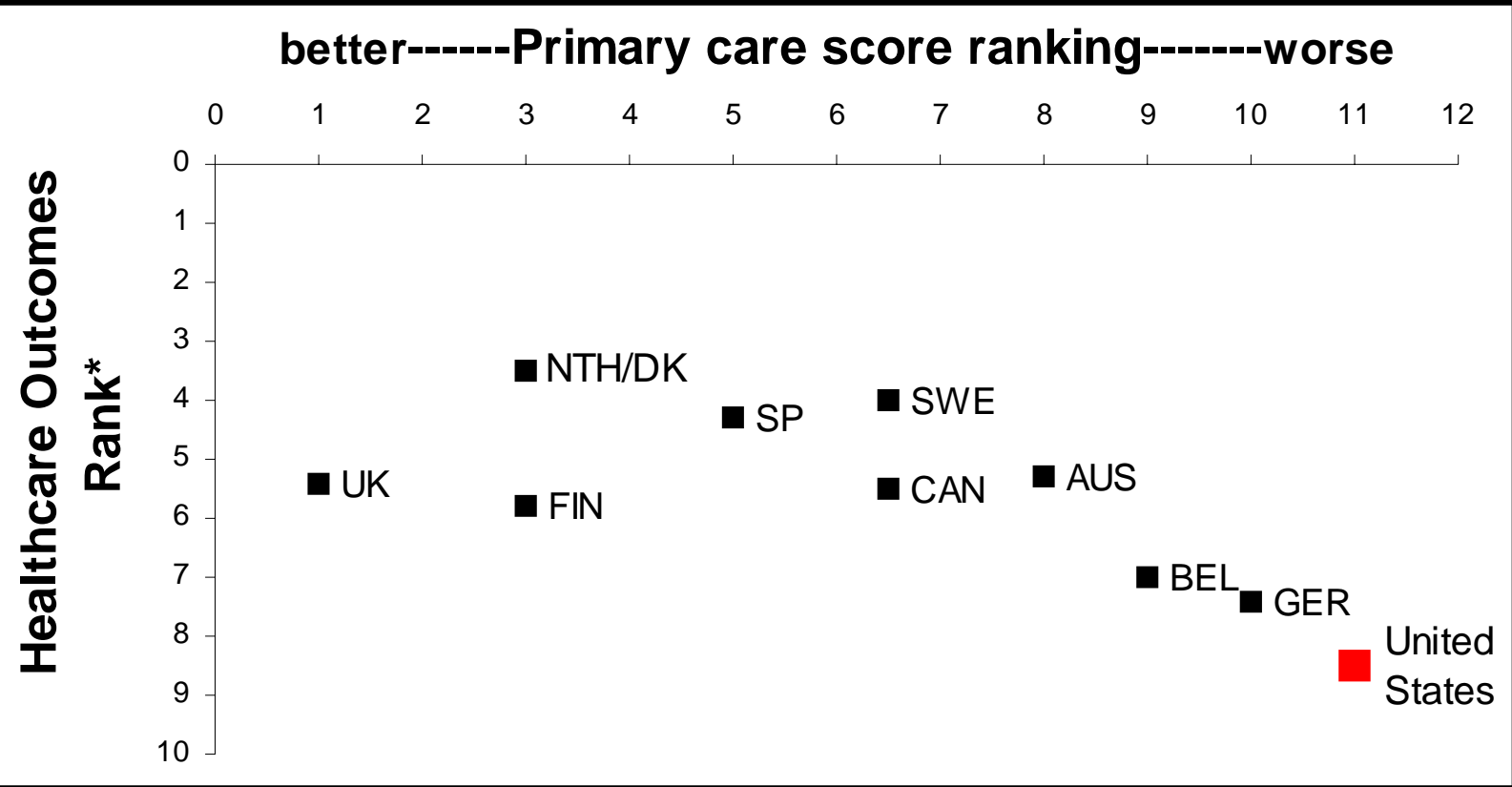
Primary Care Strength and Premature Mortality in 18 OECD Countries

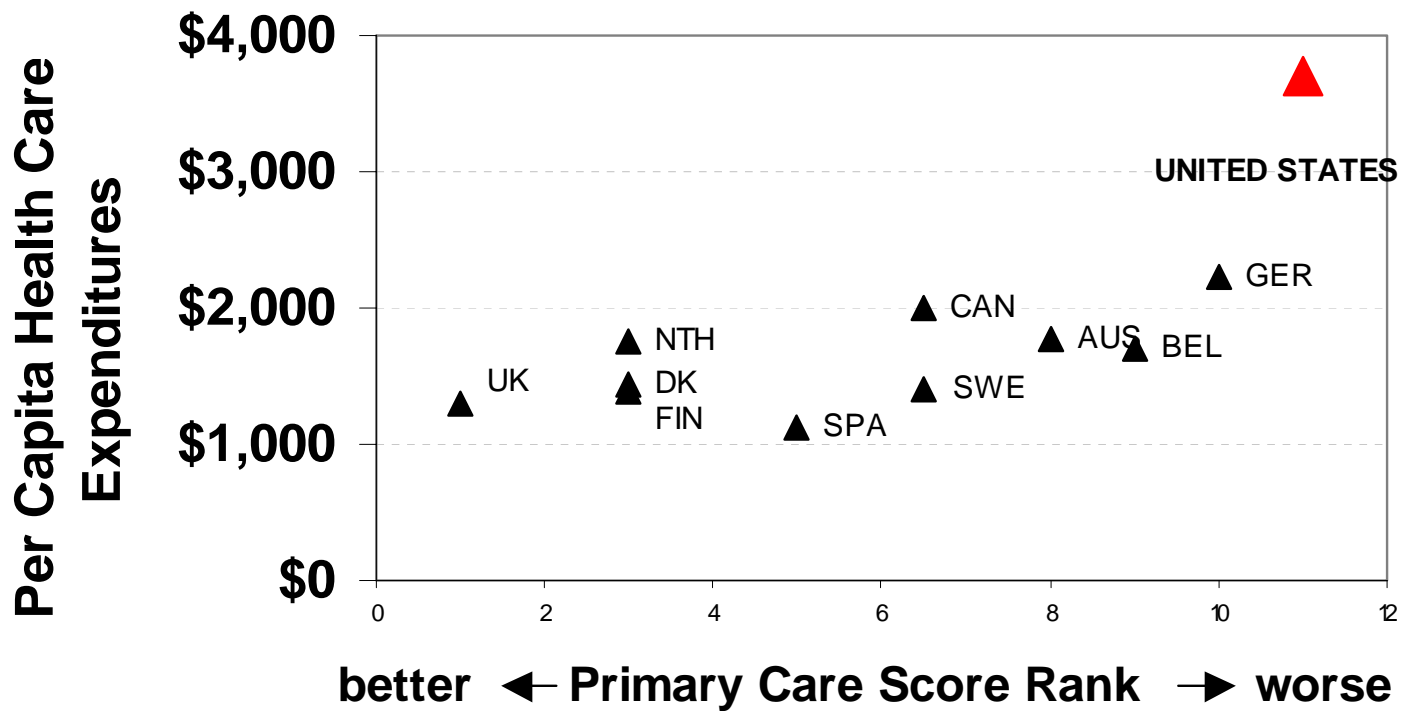


*Predicted PYLL (both genders) estimated by fixed effects, using pooled cross-sectional time series design. Analysis controlled for GDP, percent elderly, doctors/capita, average income (ppp), alcohol and tobacco use. $R^2(\text{within})=0.77$.

Source: Macinko et al, Health Serv Res 2003; 38:831-65.

Starfield 10/04
04-247





Dartmouth Atlas of Severe Chronic Illness Care 2008

- Study of care for Medicare beneficiaries in last 2 years of life
 - Substantial variability in cost
 - No association (inverse association) between intensity and cost, and outcomes and satisfaction
 - Higher cost areas characterized by more frequent specialist visits, more hospital days, and dying in ICU beds more often than in lower intensity areas

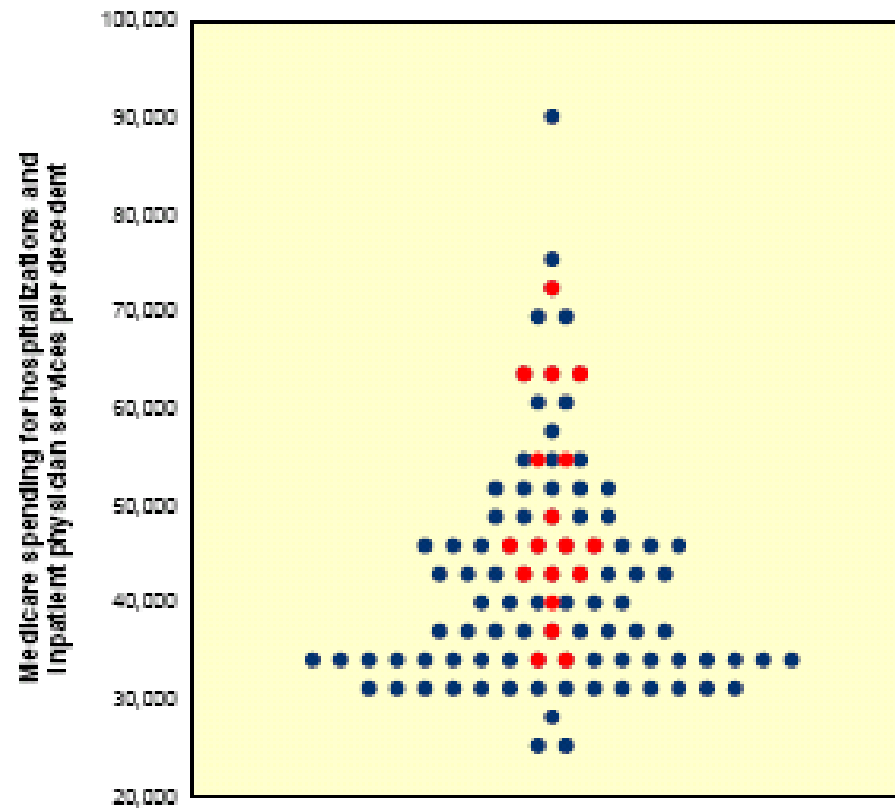


Figure 3.1. Medicare Spending for Hospitalizations and Inpatient Physician Services per Decedent in the Last Two Years of Life Among Patients with At Least One of Nine Chronic Conditions Receiving Most of their Care from Selected COH Integrated Academic Medical Centers (Deaths Occurring 2001–05)

Among COH integrated academic medical centers, per decedent Medicare reimbursements for inpatient care during the last two years of life varied by a factor of four, from about \$24,000 to almost \$92,000. Each point represents one of the 93 selected COH academic medical centers. The 18 hospitals on USN&WR's Honor Roll for 2007 are highlighted in red.

DARTMOUTH ATLAS 2008

	UCLA	UCSF
MD Visits	+72%	
Hospital Days	+37%	
% pts in ICU	63%	25%
Deaths associated with ICU care	38%	23%
Medicare copays	+56%	
PCPs in Workforce	23%	43%

Patient-Centered Medical Home Hospitalizations for ACSCs

- Hospitalization rates for ambulatory-care sensitive conditions are higher in regions with fewer PCPs (Parchman et al. J Fam Pract. 1994;39:123-8)
- Systems that link pts with PCPs are associated with fewer hospitalizations for ambulatory care sensitive conditions (Zhan et al. Health Serv Res. 2004;39:345-61)
- In California, adults in communities with poor access to primary care had higher hospitalization rates for a.s.c. than those in communities with greater access. (Bindman et al. JAMA 1995;274:305-11)

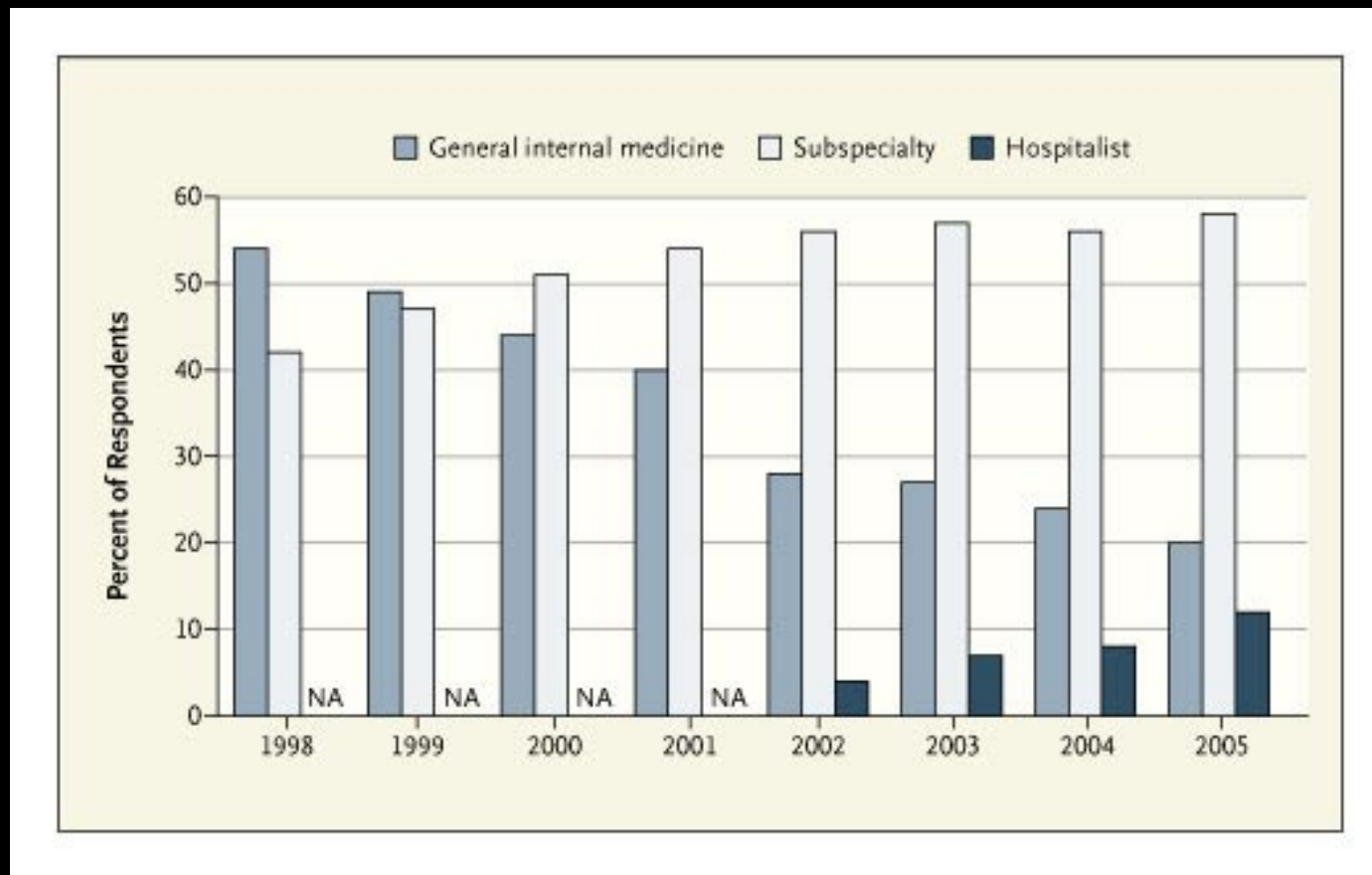
Ambulatory Care Sensitive Care Admissions in Maine 2003 (AHRQ PQI Indicators)

Bacterial pneumonia	4391
Congestive heart failure	4059
COPD	2894
Urinary tract infection	1303
Dehydration	1302
Diabetes long term complications	975
Adult asthma	897
Low birth weight	691
Angina without procedure	618
Diabetes short term complications	396
Diabetes lower extr. amputation	341
Perforated appendix	309
Hypertension	170
Uncontrolled Diabetes	96

Dwindling Numbers

	# US grads entering family medicine residency
1997	2340
2005	1132

Proportions of Third-Year Internal Medical Residents Choosing Careers as Generalists, Subspecialists, and Hospitalists

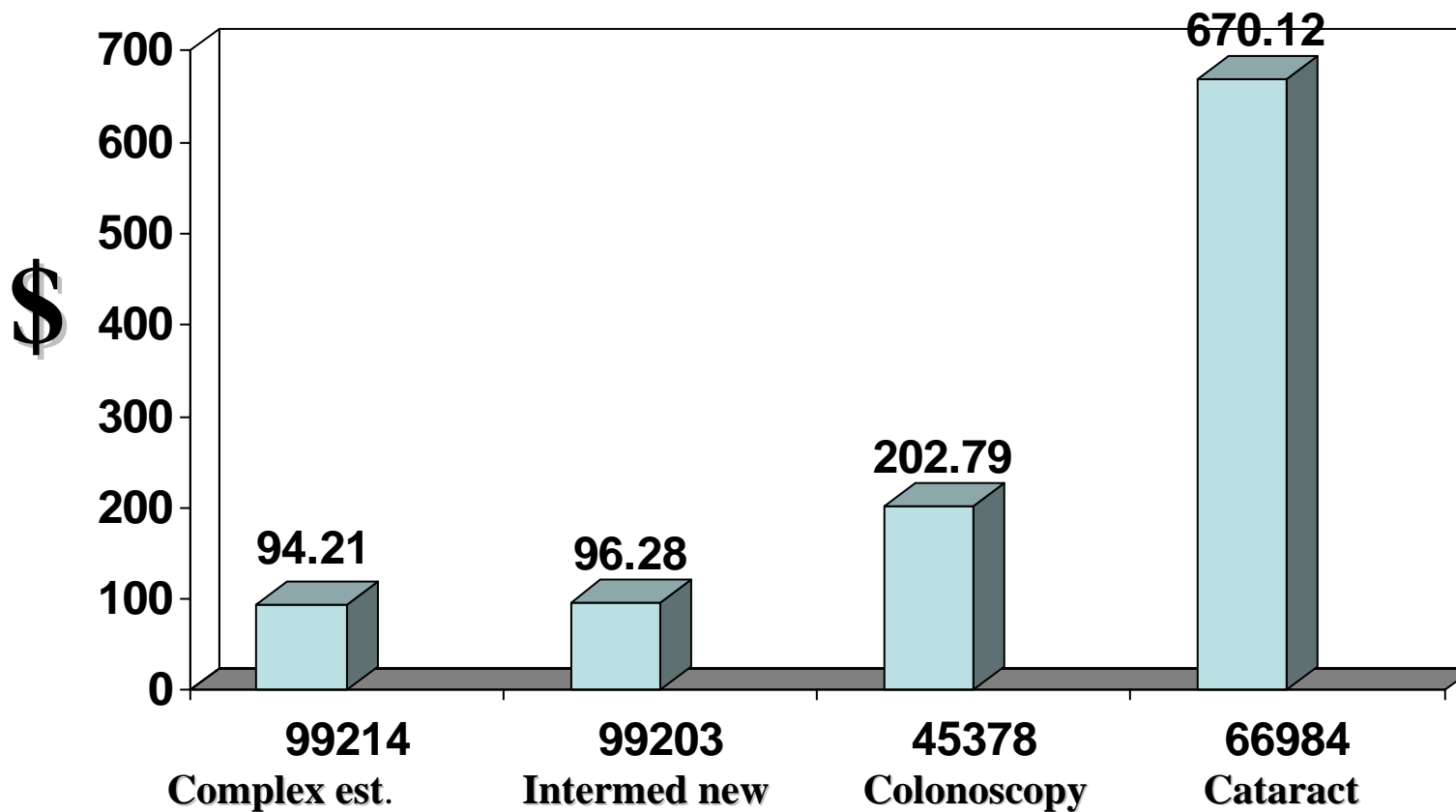


Bodenheimer T. N Engl J Med 2006;355:861-864



The NEW ENGLAND
JOURNAL of MEDICINE

2007 Medicare payment for 30 minutes physician time



Assumes GPCI approximately 1.0; CF 37.9

Median compensation, 1995-2004, MGMA data

In thousands of dollars, before taxes

	1995	2004	10-yr increase
All primary care	133	162	21%
Family practice	129	156	21%
Internal medicine	139	169	21%
All specialists	216	297	38%
Invasive cardiology	337	428	27%
Noninvasive cardiology	239	352	47%
Dermatology	177	309	75%
Gastroenterology	210	369	76%
Heme/Oncology	189	350	86%
Orthopedics	302	397	31%
Radiology	248	407	64%
Surgery, general	217	283	30%

The reality of the 15-minute visit

- **A study of 264 visits to PCPs using audiotapes: patients making an initial statement of their problem were interrupted by the physician after an average of 23 seconds. In 25% of visits the physician never asked the patient for his/her concerns at all [Marvel et al. JAMA 1999;281:283]**
- **In a study of 1000 physician visits, the patient did not participate in decisions 91% of the time [Braddock et al. JAMA 1999;282;2313]**
- **42% of primary care physicians report not having adequate time with their patients [Center for Studying Health System Change national physician survey]**

Primary care is broken: the 50% rule

- **Asking patients to repeat back what the physician told them, half get it wrong [Schillinger et al. Arch Intern Med 2003;163:83]**
- **Asking patients: “Describe how you take this medication” -- 50% don’t understand how to take it and take it differently than prescribed [Schillinger et al. Medication mis-communication, in Advances in Patient Safety (AHRQ, 2005)]**
- **50% of patients leave the physician office visit without understanding what the physician said [Roter and Hall. Ann Rev Public Health 1989;10:163]**

Poor coordination of care

- **Coordination of care**
 - **US academic medical center, adult referrals**
 - **68% of referrals -- specialists reported they had received no information from PCP**
 - **25% of the time specialty consultation reports had not reached PCP 4 weeks after specialty visit**
 - **Lack of time important contributor to poor referral process**

Gandhi et al. JGIM 2000;15:626

Poor coordination of care

- **Coordination of care**
 - **Information transfer between hospital-based and primary care physician**
 - **PCP involved in discussions about discharge plan: 3% of the time**
 - **PCP notified that patient had been discharged: 17-20% of the time**
 - **PCP never received discharge summary: 25% of the time**
 - **Discharge summary did not include lab reports: 38% of the time**
 - **Discharge summary did not include discharge meds: 21% of the time**
 - **PCP cared for post-hospital patient before receiving discharge summary: 66% of the time**

Kripalani et al. JAMA 2007;297:831

Primary care can't do it

- A primary care physician with an panel of 2500 average patients will spend 7.4 hours per day doing recommended *preventive care* [Yarnall et al. Am J Public Health 2003;93:635]
- A primary care physician with an panel of 2500 average patients will spend 10.6 hours per day doing recommended *chronic care* [Ostbye et al. Annals of Fam Med 2005;3:209]



*I never thought running righty
would be so much fun!*

Patient-Centered Medical Home

Maine Policy Statements

- **123rd Legislature's Commission to Study Primary Care Medical Practice (Dec. 2007)**
 - Develop a Pilot Project
 - Align MaineCare's PCCM Fees with the PCMH Concept
 - Evaluate MaineCare's Clinical Management Contract
- **Maine Quality Forum Advisory Council**
- **State Health Plan (April 2008)**
 - Develop PCMH Pilot early 2009

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