



# Rhode Island Coordinated Health Planning Project: *Primary Health Care & Hospitalizations in Rhode Island*

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Andrew Bazemore, MD MPH

Joining by phone:

Stephen Petterson, PhD, Miranda Moore PhD

Agreement No.: CHPP 12/13-01

# Graham Center

## THE ROBERT GRAHAM CENTER **exists to...**

Improve individual and population health by enhancing the delivery of primary care.

The Center aims to achieve this vision through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels.

# Agenda

- Recap: Past presentation
  - Primary Care Workforce in RI: Gaps & Surplus
    - West Greenwich – all 22 physicians have moved!!
- Impact of Primary Care Arrangements on Outcomes of Interest (hospitalizations)
  - People
    - Specialty
  - Practices
  - Systems

# Why Primary Care?

- Starfield (and many others), 2005 Milbank:
  - Health Care Systems built around primary care have
    - Lower costs
    - Higher quality
    - Broader access

# Direct Patient Care Primary Care Physicians in RI

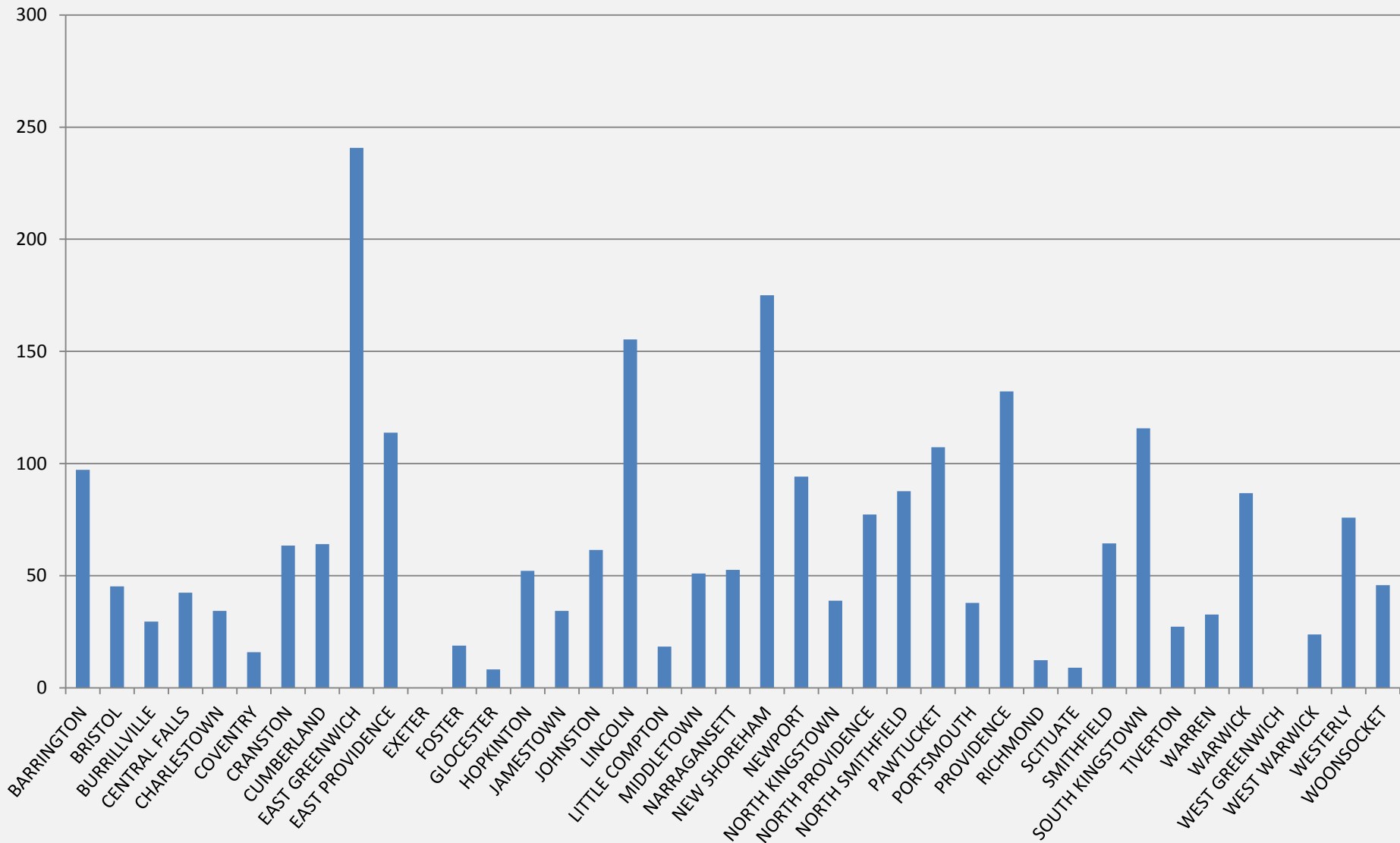
	Rhode Island			Nation		
	Adj. Total Providers (unadj. count)	% of All PC Providers	% of All Providers	Adj. Total Providers (unadj. count)	% of All PC Providers	% of All Providers
<b>PC</b>	<b>841 (1,008)</b>	<b>100.0%</b>	<b>32.8%</b>	<b>209,220 (246,638)</b>	<b>100.0%</b>	<b>33.3%</b>
FM	202 (220)	24.0%	7.9%	81,484 (89,734)	38.9%	13.0%
GER	15 (17)	1.8%	6.0%	3,196 (3,474)	1.5%	0.5%
GP	18 (21)	2.1%	7.0%	8,093 (9,747)	3.9%	1.3%
IM	391 (511)	46.5%	15.2%	71,546 (94,001)	34.2%	11.4%
PD	216 (239)	25.7%	8.4%	44,901 (49,682)	21.5%	7.1%
<b>Specialists</b>	<b>1,726 (1,844)</b>		<b>67.2%</b>	<b>419,405 (445,755)</b>		<b>66.7%</b>
<b>TOTAL</b>	<b>2,567 (2,852)</b>		<b>100.0%</b>	<b>628,624 (692,393)</b>		<b>100.0%</b>

# Physicians/100K Population

	Primary Care		Specialists	
	Rate	State Rank	Rate	State Rank
<b>Rhode Island</b>	<b>80.2</b>	<b>8</b>	<b>165.8</b>	<b>6</b>
Connecticut	71.3	20	170.5	4
Maine	96.3	2	154.3	8
Massachusetts	87.9	4	198.0	2
New Hampshire	86.5	5	151.4	12
Vermont	92.8	3	146.3	13
New England	84.1		178.5	
Nation	66.0		133.0	

Source: AMA Physician Masterfile and National Plan and Provider Enumeration System Data; 2011 Population Estimates from Census Bureau

# Primary Care Physician-to-Population Rates

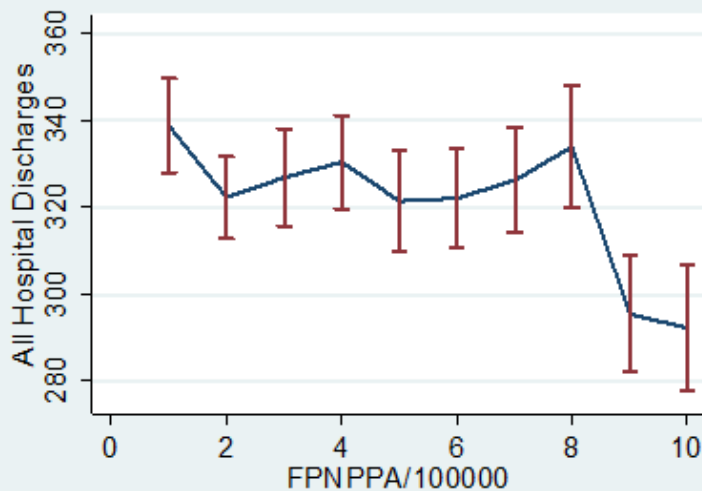
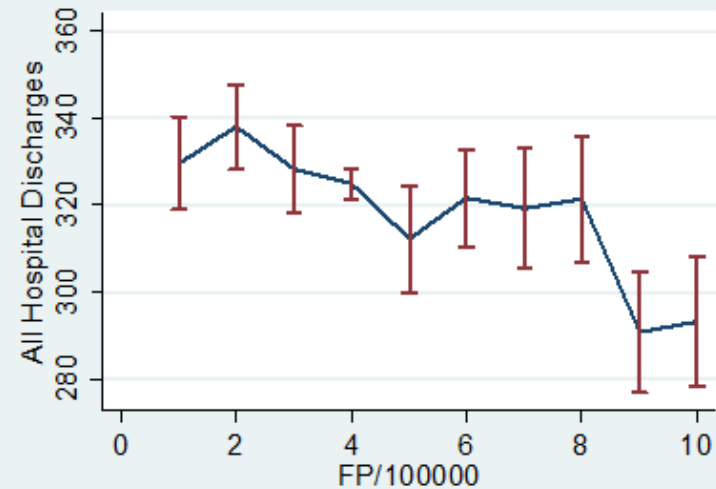
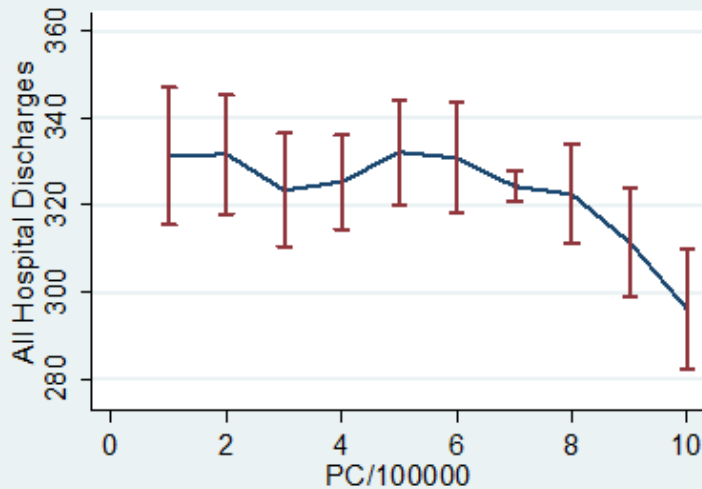


# Primary Care Interventions

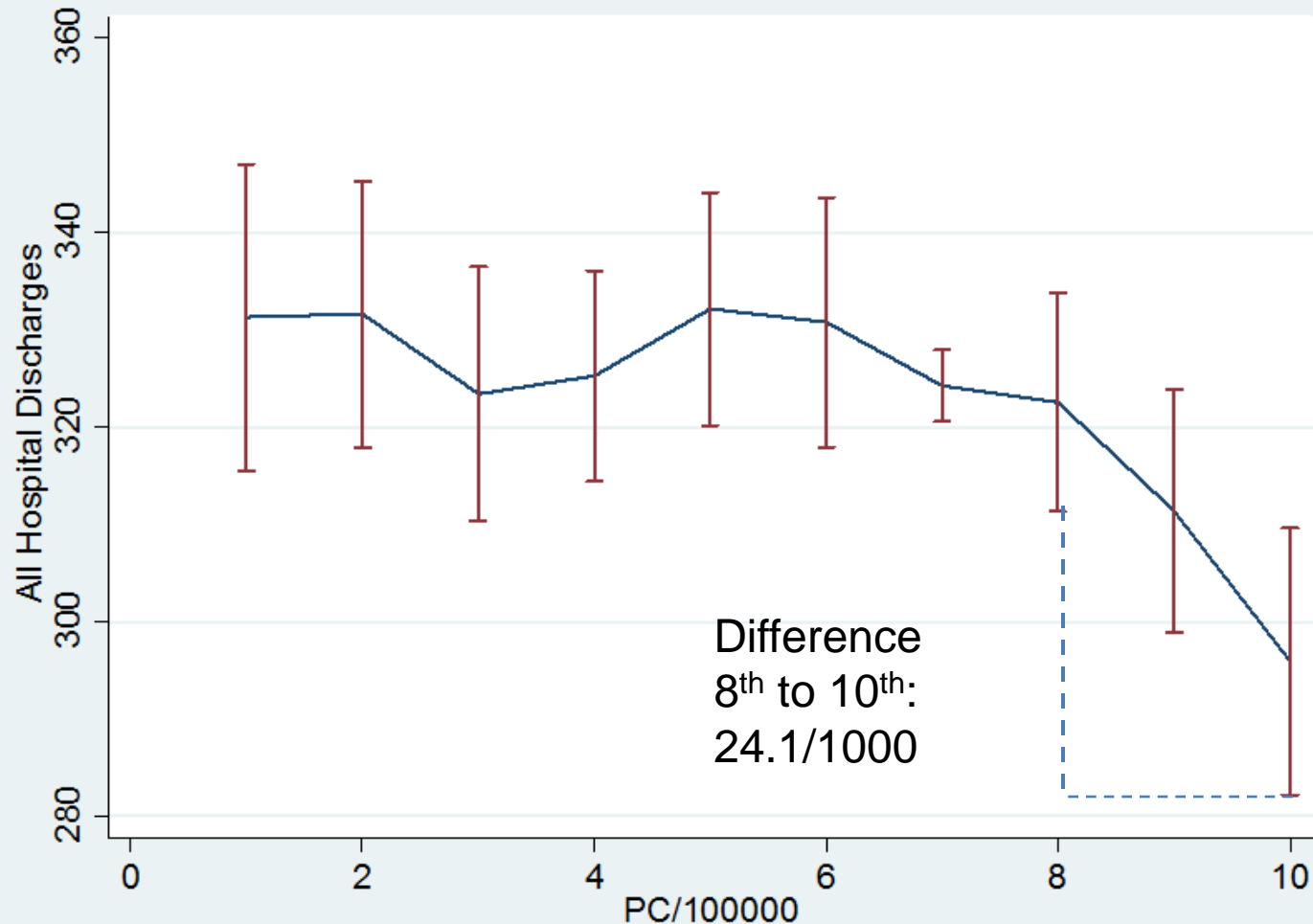
- The People (Workforce adequacy) – supply and distribution
- The Practice (Architecture)– transformed practice delivery
- The System (Organization) – integrated systems



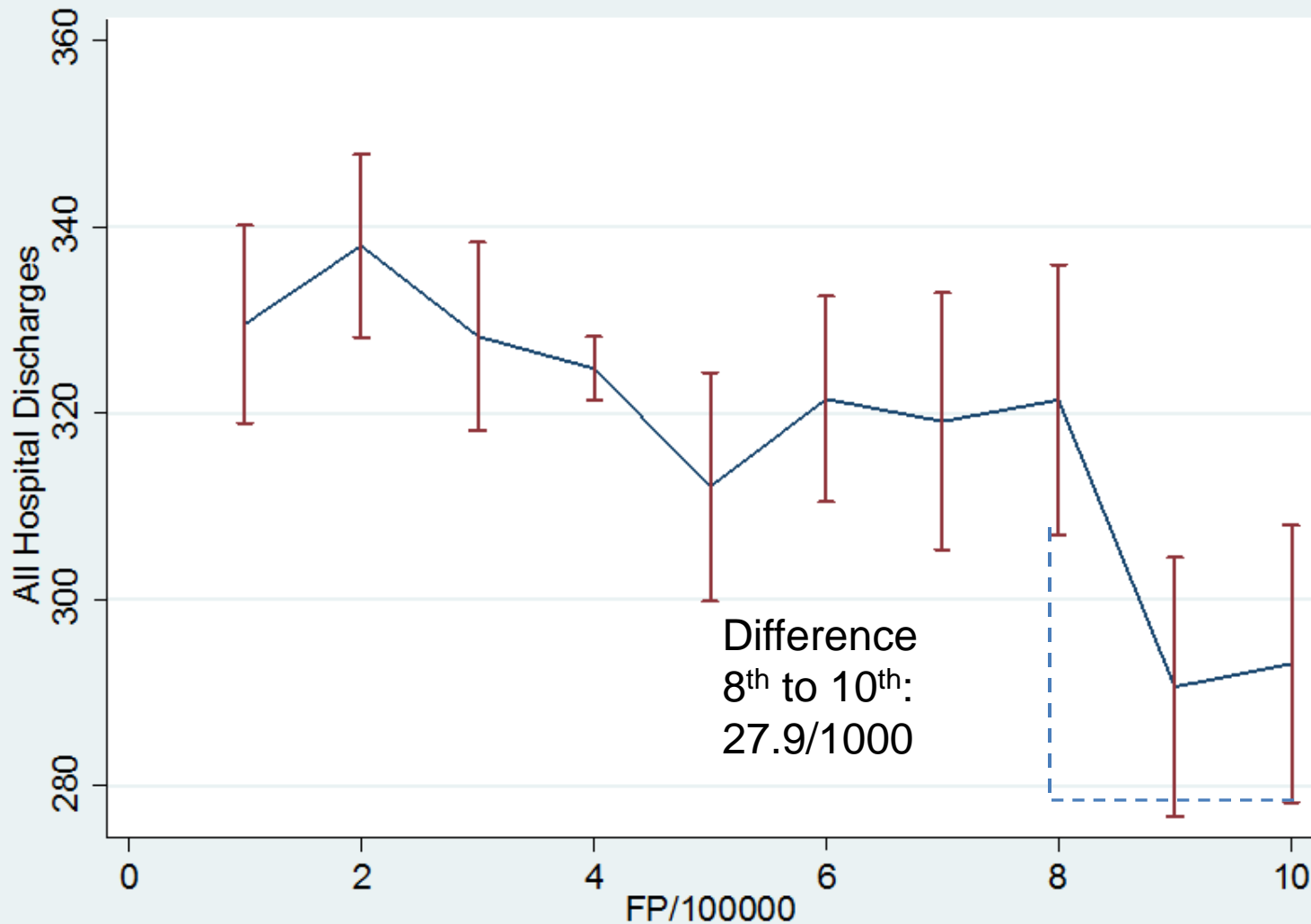
# Increasing Primary Care supply: Reduction in hospital discharges



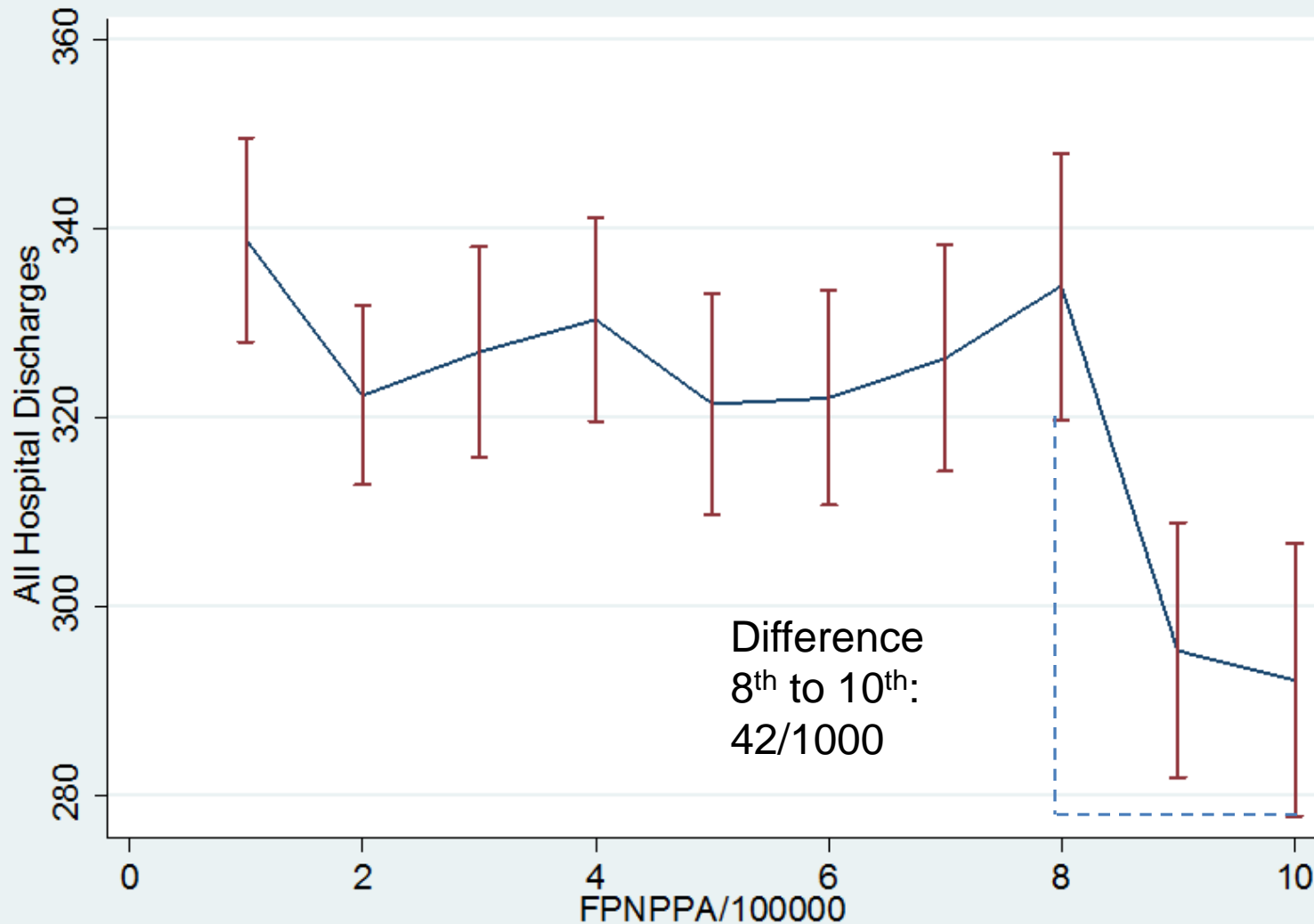
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# Increasing Primary Care supply: Reduction in hospital discharges



# The Practice - State PCMH Initiatives & Impact on ER Visits/Hospitalizations

- Studies primarily industry reports to date
- ER utilization rate decreasing by 10% to 70%
- Hospitalization rates decreasing by 6% to 53%

State	PCMH Trial	% Reduction ER visits	% Reduction in Hospitalizations	Yrs Studied
Alaska	Alaska Native Medical Ctr	50.0%	53%	10 yr span, unspecified
California	BCBS of California ACO Pilot(2012)		15%	2012
Florida	Capital Health Plan, 2012	37.0%		2003-2011
Michigan	BCBS of Michigan	10.0%		Unspecified
Minnesota	Health Partners	39.0%	24%	2004-2009
Nebraska	BCBS of Nebraska	27.0%	10%	2011
New Jersey	BCBS of New Jersey	26.0%	21%	2011
New York	Capital District Physicians' Health Plan		24%	2008-2010
North Carolina	Blue Quality Physician's Prgram	70.0%		2011
North Carolina	Community Care of north Carolina	23.0%		2003-2010
North Dakota	BCBS of North Dakota- MediQHome Quality Program 2012	24.0%	6%	2005-2006
Ohio	Humana Queen City Physicians	34.0%		2008-2010
Pennsylvania	Geisinger Health System ProvenHealth Navigator PCMH model		25%	2005-2010
Pennsylvania	UPMC		13%	2009
South Carolina	BCBS of South Carolina	25.9%		2008-2011
Vermont	Vermont Medicaid	31.0%		2008-2010
Washington	Group Health of Washington	29.0%	11%	2006-2007, 2008

# Rhode Island PCMH Experience: CSI

- Chronic Care Sustainability Initiative (CSI)
- 16 practices/80,000 patients
  
- 8% reduction in hospital discharges
- 1.2% decrease in ED visits
- Commercial population only
  - No Medicaid/Medicare FFS
  - Should yield conservative estimate

# The System (integrated systems): Wellmed

- For-profit primary care clinic
  - Network of 23 practices in San Antonio, TX partnered with a Medicare Managed Care Plan
  - Training staff to their culture across settings
    - Very low staff turnover compared to market, well-paid
    - Medical Assistant school/Health coaches
      - Execute pre/post physician visit tasks, F/u, enter most EMR data
    - 2 week orientation(new MDs) + shadowing best
    - Train/place own case managers in hospitals
    - Nursing home teams (NP-led)
  - Innovative
    - Disease Management Programs
    - Big community space for exercise classes, computer classes, nutrition/cooking classes
    - Podiatry, Rheumatology, Dermatology rotate through (Now hiring Cardiology)

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# Primary Care Interventions in Rhode Island: Potential Impact on Hospitalizations and Capacity Needs?

The Graham Center analyzed three different ways to organize the primary care system in Rhode Island and how they could each potentially dampen bed need.

It is critical to note that these primary care arrangements are isolated examples of positive interventions in select areas, for unique populations. Planners should not necessarily assume that the results of these programs can be applied in full to Rhode Island.

# Primary Care Interventions in Rhode Island: Potential Impact on Hospitalizations and Capacity Needs?

Population Type	Hospitalization Rate per 1,000 Member Months or Beneficiary Years						Potential Excess Bed Range	
	Program	Comparison Group	Initiative Group	Difference	% Change	% Difference	Low Bed Estimate: 2,218 needed beds	High Bed Estimate: 2,467 needed beds
<i>Limited RI population</i>	PCMH (CSI-RI)	8.45	7.93	(0.52)	-6.15%		136	152
					*(-8.1%)			
<i>Nationwide Medicare</i>	PC to POP Optimal Ratio	322	298	24		-7.45%	165	184
<i>Medicare: Texas and 7-state region</i>	ACO (WellMed)	239	134	105		-43.9%	974	1,084

\* 8.1% decrease includes the 6.15% decrease in the CSI group, plus 1.95%, which is the avoided increase in hospitalization in the Rhode Island general population (9.22 to 9.40 hospitalizations per 1,000 member months)

Bed Estimates Data Source:

Analysis of Rhode Island Bed Need, Lewin Group prepared for the Rhode Island Healthcare Planning & Accountability Advisory Council

# Conclusions

- Primary care physician/population ratios are higher in RI than in most states
  - smaller proportion of FPs than other states
  - PC/pop optimization may still have impact on hospitalizations
- Further transformation of Primary care practices and Systems may result in measurable and meaningful decreases in hospitalizations
  - Estimated reduction in hospitalizations: 6.2%-43.9%

# Questions

**THE END**