

Medical Home Cut ED Visits, Hospitalization

BY M. ALEXANDER OTTO

FROM A SYMPOSIUM HELD BY
SWEDISH MEDICAL CENTER

SEATTLE – After 2 years, a pilot medical home project in a Seattle suburb cut emergency department visits by 29% and hospitalizations by 6%, recouping \$1.50 for every \$1.00 invested.

“We thought it would take years to see savings,” but after 1 year, the pilot was “so successful that we’ve spread the model to all of our 26 primary care sites,” said Dr. Claire Trescott, primary care medical director at Group Health Cooperative, a nonprofit, Seattle-based health system.

Patients involved in the pilot reported better doctor interactions, better care, and increased access to care, compared with those at other Group Health clinics. Dr. Trescott reported at the symposium.

Work-life improved for physicians, too. Compared with colleagues at other clinics, those in the pilot had lower mean emotional exhaustion and depersonalization scores on the Maslach Burnout Inventory.

This “experience demonstrates that primary care investments in the form of the medical home can improve patients’ experiences ... and providers’ work environment, and at the same time save money,” said Dr. Robert Reid, an investigator with the Group Health Research Institute and lead author on a review of the project (Health Affairs 2010 May [doi: 10.1377/hlthaff.2010.0158]).

Group Health launched its medical home in 2007 at its Factoria, Wash., clinic. Managers “wanted to see if there really were savings and quality improvements from better primary care,” Dr. Reid said in an interview.

They also wanted to see if it would make the clinic a better place to work. The situation there had not been “favorable in terms of recruiting and sustaining the workforce,” Dr. Reid said.

Better staffing was the key change at Factoria. Managers hired additional physicians and nurses. They also hired more pharmacists, medical assistants, and licensed practical nurses, and increased their involvement in direct pa-

tient care. As a result, physician panels at Factoria dropped from 2,300 to 1,800 patients per doctor.

To deemphasize rapid patient turnover, Group Health eliminated productivity incentives for Factoria physicians.

Patients in the pilot were assigned to care teams; nurses, pharmacists, and other staff helped them manage their conditions with personalized care plans, medication monitoring, test result updates, chronic illness workshops, and other measures. When patients called the clinic, they were connected directly with their team, instead of having to struggle through a phone tree.

Daily, short, all-team meetings helped to coordinate the efforts, distribute tasks, and troubleshoot problems. To help with the planning, medical assistants called patients before each appointment to learn the reason for their visit.

The changes led to a drop in patient visits during the pilot, but visit duration went from a mean of 20 minutes up to 30.

There were also 80% more e-mail exchanges between patients and providers,

and 5% more telephone encounters, compared with other those at Group Health sites.

To assess the results, Dr. Reid and his colleagues compared the utilization and cost numbers for Factoria’s 7,018 continuously enrolled adults with those of the 200,970 adults enrolled at Group Health’s other clinics.

Primary care cost \$1.60 more per member per month in Factoria, and specialty care there approximately \$5.80 more per member per month.

But Factoria patients visited emergency departments and urgent care clinics less often, saving \$4 per member per month, and had fewer inpatient admissions, saving \$14.18 per member per month. Balanced against increased staffing and other costs, Factoria saved an estimated \$10.30 per member per month.

The pilot and review were both conducted by Group Health Cooperative. The investigators are employees and shareholders of Group Health Permanente, the physician group affiliated with the Group Health Cooperative. ■

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