Physician empanelment and patient re-visit intervals in the era of healthcare reform: An analysis of appropriate follow-up times for patients with chronic conditions in a Federally Qualified Health Center (FQHC)

Evelyn Escobedo Pol
AltaMed Health Services Corporation
Los Angeles, CA
Introduction

• In an era of healthcare reform the number of individuals who historically have not had access to care, now have the access to preventative healthcare.

• Patients now have opportunity to go to facility of their first choice.

• Increased patient demand

• Concern for access with increased pressure to reduce healthcare cost

• Time?
Background

• A substantial portion of outpatient office visits are follow-up visits.¹
• Frequency of follow-up intervals does not necessarily impact outcomes.¹
• Managing follow-up visit and intervals has potential to reduce costs per person and improve access without compromising or restricting care.¹
• Data indicate patient health status does not dominate physician follow-up visits, rather physicians appear to have characteristic scheduling tendencies that greatly influence the length of the revisit intervals.²
• Postponing or prolonging the return-visit interval does not compromise quality, doing so can greatly increase the capacity to see more patients.³
• Much work performed by primary care practitioners that does not require professional-level training could be delegated to team members.³
• Data from the 2009 Medical Expenditure Panel Survey found that young adults ages 18–26 had the lowest health utilization rate of any age group.⁴
• Lack of access to health services and poor utilization contribute to low rates of receipt of preventive health services in young adults.⁴
Methodology

• PubMed Search
  • Keywords in Search Engine: re-visit intervals, follow-up intervals, longitudinal care, physician panels, diabetes, hypertension, diabetes RVI (re-visit intervals)
  • Past 10 years

• Data Collection: AltaMed

• AltaMed Provider Survey
  • E-mailed link via Survey Monkey
  • 5 questions
  • 1 week
## Results

### Enterprise Analytics Department

**Report Name:** Average utilization for patients with Diabetes, Hypertension and Hyperlipidemia

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pt_Count</th>
<th>Visits</th>
<th>Average Annual Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>14,210</td>
<td>89,767</td>
<td>6.32</td>
</tr>
<tr>
<td>Hypertension</td>
<td>21,113</td>
<td>120,054</td>
<td>5.69</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>27,359</td>
<td>154,424</td>
<td>5.64</td>
</tr>
<tr>
<td>All 3 conditions</td>
<td>7,006</td>
<td>50,794</td>
<td>7.25</td>
</tr>
</tbody>
</table>
Results

Provider Survey Summary:

What do you believe is the appropriate follow up interval for a patient with stable hypertension (<140/90)?

- 3 months: 23.73%
- 6 months: 52.54%

What do you believe is the appropriate follow up interval for patients with stable hyperlipidemia (e.g. on a statin per new lipid guidelines)?

- 6 months: 57.63%
- 1 year: 28.81%

What do you believe is the appropriate follow up interval for a patient with stable diabetes (e.g. HA1C < 7)?

- 3 months: 38.98%
- 6 months: 45.76%

On a scale from 1-5 (1=very worried, 5=not worried), how worried would you be about increasing the follow up interval for your patients with stable diabetes by 1 month? (e.g. if you typically see such patients every 3 months, how worried would you be about increasing to every 4 months)

- 4: 33.90%
- 5: 35.59%

If your patients with stable diabetes received a "check in" phone call/message/portal communication, would this help you feel more comfortable extending the follow up interval?

(1=very helpful, 5=not helpful)

- 1: 30.51%
- 2: 28.81%
- 3: 16.95%
- 4: 8.47%
- 5: 15.25%
Discussion

• Stable uncomplicated hypertension: 6mo >1 yr
• Stable and uncomplicated diabetes: there are no guidelines to support appropriate follow-up intervals
• Stable and uncomplicated hyperlipidemia: there are no guidelines to support appropriate follow-up intervals
• Implications for Further Study:
  • Guidelines for controlled Diabetes and Hypercholesterolemia re-visit intervals
  • Provide patient survey: do patients want to come in more often?
  • Do patient “check-in” calls impact quality of care?
Recommendations

• Identify providers of highest utilizing patients with uncomplicated hypertension - what are the variables amongst them?
  • Tendencies to provide very high numbers of re-visits compared to expected levels provide clues for targeting education regarding practice guidelines and existing practice norms.  

• Provide ongoing yearly provider guidelines/education seminar to maintain organization-wide baseline
References


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