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Healthcare Provider Utilization and Patient Outcomes: The Call for Enhanced Coordinated Care for Medicare Beneficiaries

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Healthcare provider utilization and patient outcomes: The call for enhanced coordinated care for Medicare beneficiaries

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ABSTRACT

Background: The use of complementary and alternative medicine (CAM) and other non-physician health care providers (dentists, optometrists, etc.) has steadily increased in the United States; however, the associated outcomes reported in the Medicare beneficiary population are limited. Objective: To evaluate the utilization of different healthcare providers by Medicare beneficiaries and assess resultant beneficiary outcomes. Methods: Fourteen outreach events targeting Medicare beneficiaries were conducted throughout Northern/Central California during the 2014 open enrollment period. Trained student pharmacists (working under licensed pharmacist supervision) provided beneficiaries with comprehensive medication therapy management (MTM) services. During each intervention, demographic, quality-of-life, health behavior and health provider/service utilization data were collected. Results: Of 620 respondents, 525 (84%) and 84 (14%) reported using at least one non-physician healthcare professional or CAM provider, respectively. Beneficiaries who reported using non-physician healthcare providers positively correlated with the number of prescription medications taken (r=0.342, p<0.001). The total number of providers seen was positively correlated with the number of interactions with prescription medications. Many of these interactions were considered important and likely to impact health outcomes. Conclusion: Many beneficiaries have multiple chronic conditions and increasingly utilize a variety of healthcare professionals. As such, bridging the communication chasm between these professionals can improve outcomes and reduce medication-related problems. Medication therapy management (MTM) services can help bridge this gap.

OBJECTIVE

To evaluate the utilization of different healthcare providers used by Medicare beneficiaries and assess resultant clinical and humanistic patient outcomes.

METHODS

• Fourteen community health fairs targeting Medicare beneficiaries were held in cities across central/northern California during the 2014 Medicare open enrollment period.
• Trained student pharmacists, under supervision of licensed pharmacists, offered Medication Therapy Management (MTM) services to all beneficiaries.
• Demographic, quality-of-life, medication use, health behavior, and health provider/service utilization data were collected (Table 1).

Table 1: Patient Demographics

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex, No. (%)=025</td>
<td>Female</td>
</tr>
<tr>
<td>Age, No. (%)=027</td>
<td>Male</td>
</tr>
<tr>
<td>Race, No. (%)=017</td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Non-white</td>
</tr>
</tbody>
</table>

STATISTICAL ANALYSIS

• Descriptive statistics were reported on beneficiary demographic and healthcare provider/use (Table 1).
• The Chi-Square test was used to examine the relationship between use of healthcare providers and self-reporting of health status over the past year, confidence in managing chronic health conditions, and smoking status.
• The Mann-Whitney test was used to examine the relationship between the number of medication related problems (MRPs) identified and non-prescription medication use as a function of health care provider utilization.
• Spearman’s correlation was used to determine the association between healthcare provider use and number of medications prescribed.
• Alpha was set at 0.05.

CONCLUSIONS

• The number of providers seen with prescriptive authority positively correlated with the number of prescription medications taken (r=0.342, p<0.001).
• The total number of providers seen was positively correlated with the number of MRPs identified (r=0.179, p<0.001).
• The number of healthcare providers seen was significantly higher in the health fair/poor health group compared to excell/good health (p<0.01).

REFERENCES

1. University of the Pacific. 2013. Healthcare provider utilization and patient outcomes: The call for enhanced coordinated care for Medicare beneficiaries. 2. Medicare beneficiaries, 85% of whom are seniors, have complex needs including the following:
3. On average take 5-6 medications/month
4. 50% have 3 chronic health conditions
5. Beneficiaries frequently require care from multiple providers and are particularly vulnerable to challenges related to transitions of care between healthcare settings.
6. Poorly executed care transitions can result in negative patient outcomes (e.g., medication errors and polypharmacy).
7. General practitioners may provide geriatricians with an incomplete or incorrect patient medication list; thereby increasing the risk of adverse drug events and drug interactions.
8. Although it is known that age and health care utilization are positively correlated, it remains unclear whether increased use of health services prevents morbidity or improves quality of life.
9. A steady increase of CAM providers and product use was observed between 2002-2007.
10. • CAM products have been found to have clinically significant interactions with prescription medications. Many of these interactions are not known or not reported.
11. Coordination of care is identified by the Institute of Medicine as a key strategy to improve the effectiveness, safety, and efficiency of the health care system.
12. The Patient Protection & Affordable Care Act (ACA) includes access to care coordination as a cost component to improve the quality and cost-effectiveness of health care.