

Family Medicine Updates



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REDUCING HOSPITAL ADMISSIONS: SMALL PRIMARY CARE PRACTICES SHINE IN NATIONAL STUDY

Small-practice primary care physicians—a description that includes thousands of family physicians nationwide—may have 1 or 2 tricks up their sleeves to help keep their patients out of the hospital. That's the headline news from a recent *Health Affairs* study.¹

Specifically, the authors of the article found that practices with 1 to 2 physicians had 33% fewer preventable hospital admissions compared with practices with 10 to 19 physicians; practices with 3 to 9 physicians had 27% fewer admissions.

Andrew Ryan, PhD, MS, an associate professor of health care research and policy at Weill Cornell Medical College in New York, New York, talked to *AAFP News* about the research and its unexpected findings.

"The smaller practices in our sample, once we controlled for other characteristics, had significantly lower rates of ambulatory care-sensitive admissions," said Ryan. He added that the research team was surprised by what they found because of long-standing and widespread presumptions that larger practices provide better care.

"There are these economies of scale in larger practices that mean they can have more health information technology and more organized care processes such as nurse care managers," said Ryan. "And so, we were surprised (by the finding of fewer hospital admissions among smaller practices), because it looked like from the evidence that some of the larger practices actually do better in these indicators of patient management," he added.

But could it be that these small practices have something large practices don't? That's the big question, said Ryan.

"They could have better relationships with their patients; for instance, patients could have better access to physicians through phone calls and other means that might not be the case in larger practices, and that's one of the things that we speculate could be driving these results," said Ryan.

Indeed, in their discussion, researchers pointed to evidence that patients in smaller practices have an easier time snagging appointments when they need them. "It is also possible that physicians, patients and staff know each other better in small practices and that these closer connections results in fewer avoidable admissions," the authors observed.

"Our results suggest that the common assumption that bigger is better should not be accepted without question," they added.

It's important to note that the Agency for Healthcare Research and Quality defines ambulatory care-sensitive admissions as those for certain conditions—such as congestive heart failure—for which good primary care could prevent hospitalization. The researchers pointed out that nearly 4 million such adult admissions to US hospitals in 2010 came with a price tag of nearly \$32 billion.

They also estimated that nearly 40% of those 2010 admissions could have been avoided.

With that much money at stake, is it possible that these study results could turn heads and open new windows of opportunity for physicians in small-practice arrangements?

"Physicians in small practices have no negotiating leverage with health insurers, so insurers typically pay them much lower rates for their services than they pay physicians who practice in larger groups or are employed by hospitals," wrote the authors.

"This policy might be penny-wise and pound-foolish if it drives small practices out of existence and if further research confirms that small practices have lower ambulatory care-sensitive admission rates, and possible lower overall costs for patients' care, than larger groups," they added.

Study Methods, Additional Finding

Researchers used data from the National Study of Small and Medium-Sized Practices—conducted between July 2007 and March 2009—to analyze the association between hospital admission rates and key characteristics of practices that included size, ownership, processes used to improve care and external incentives offered to improve quality and control costs.

Authors used the private IMS Healthcare Organizational Services database to create the population from which they sampled practices for their research. Ultimately, researchers analyzed data from 1,045 practices and cross-linked that data to Medicare claims data to match patients to practices.

Practices were classified as physician-owned or hospital-owned and grouped by size according to the number of physicians in the practice: 1 to 2, 3 to 9, or 10 to 19.

In addition to the key findings already mentioned, researchers also noted that physician-owned practices had a lower ambulatory care-sensitive hospital admission rate (4.3 per 100 patients per year) than did hospital-owned practices (6.4 per 100 patients).

Next Steps

Ryan called for additional research, however, before making broad inferences about the quality of care provided by small versus large medical practices.

"Much of our existing evidence comes from research done in large academic medical practices, and those are very different from small-practice settings," said Ryan.

If new evidence shows that the health care system is moving in the wrong direction, then that evidence should be put in front of policy makers and other health care stakeholders, Ryan added. The small-practice experience and the "unique benefits to practicing in that environment" need to be acknowledged, he said.

Research authors noted that hospital leaders and large medical groups that absorb physician practices would do well to consider the advantages to preserving the small-practice environment within their organizations "while providing resources to help small practices proactively improve care for their populations of patients."

"Small practices have many obvious disadvantages," the authors concluded. "It would be a mistake to romanticize them. But it might be an even greater mistake to ignore them, and the lessons that might be learned from them, as larger and larger provider organizations clash to gain advantageous positions in the new world of payment delivery system changes catalyzed by health care reform."

References

1. Casalino LP, Pesko MF, Ryan AM, et al. Small primary care physician practices have low rates of preventable hospital admissions. *Health Aff (Millwood)*. 2014;33(9):1680-1688. <http://content.healthaffairs.org/content/early/2014/08/08/hlthaff.2014.043> 2014 Sep 1;33(9):1680-8z4.full.html

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PISACANO LEADERSHIP FOUNDATION NAMES 2014 PISACANO SCHOLARS

The Pisacano Leadership Foundation, the philanthropic arm of the American Board of Family Medicine (ABFM), recently selected its 2013 Pisacano Scholars. These 7 4th-year medical students follow in the footsteps of 95 scholar alumni who are practicing physicians and 16 current scholars who are enrolled in medical schools or family medicine residency programs across the country. The Pisacano Leadership Foundation was created in 1990 by the ABFM in tribute to its founder and first executive director, Nicholas J. Pisacano, MD (1924–1990). Each Pisacano Scholar has demonstrated the highest level of leadership, academic achievement, communication skills, community service, and character and integrity.



Darcy Benedict, a 2014 Pisacano Scholar, is at the University of Illinois at Chicago (UIC) College of Medicine enrolled in the joint MD/MPH program. She graduated from Colgate University in 2006 with a Bachelor of Arts in Psychology.

Upon entering medical school, Darcy was selected for the Urban Medicine (UMed) Program, a special track for developing physician-leaders to provide care for underserved urban communities, and the Patient-Centered Medicine (PCM) Scholars Program for students committed to social responsibility, community service, and patient welfare. As a member of UMed, Darcy has focused on providing health and wellness education to Chicago's Native American community; in 2012 she was invited to give a talk on nutrition and obesity at the annual American Indian Heritage Celebration at UIC. As a PCM Scholar, Darcy has worked with Chicago's homeless population providing care for individuals awaiting shelter placement.

As a family physician, Darcy's vision is to unite patient-centered, compassionate care with community outreach and advocacy to empower patients and their communities, and advance health equity for everyone, especially for the most marginalized populations.