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Title

Impact of an Intensive Primary Care Service on Health Services Utilization in a High-Utilizer Patient Population

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

Richard Young, MD, Kari Teigen, MPH, Somer Blair, PhD

Abstract

Context: High-utilizer patient populations reflect poor health for those patients and high resource use for health systems. Few studies of high-utilization patient programs found improvements in the intervention groups compared to controls. Objective: To measure the impact on healthcare system utilization of an intensive primary care (IPC) service from 2019 through 2022. Study Design and Analysis: Mixed Methods: cohort study of Pre-/Post-IPC enrollment, plus thematic analysis of transcripts of interviews of the IPC team and patients. Setting: Safety net hospital/clinic system in Fort Worth, Texas. Population: 143 patients with 2+ hospital admissions or 4+ emergency department (ED) visits for medical indications in 6 months. Intervention: A personal family physician and community health worker were assigned to each consenting patient. Outcome Measures: ED visits, inpatient admissions, and total visits to the hospital for 1 year pre-/post-IPC contact. Results: The control group was defined as patients who had only one contact with the IPC physician (n=17). Patients in both groups averaged approximately 12 ED visits, 5.7 inpatient/observation hospital admissions, and 19 total visits to the hospital in the year prior to IPC contact. Patients in the IPC intervention group (2+ contacts, n=126) had a significant decrease in ED visits (12.4 to 9.3 [25% decrease], p=.02), inpatient admissions (4.5 to 3.6, [20% decrease], p=.03), and total hospital visits (19.2 to 14.4 [25% decrease], p=.002). The control group had non-significant increased ED visits and total hospital visits (13.3 to 15.9, 19.7 to 20.6, p=NS for both), and decreased inpatient admissions (4.7 to 3.3, p=.11). Total ED visits decreased for the intervention group pre-/post-IPC: 1,563 to 1,175, but increased from 205 to 241 for the controls; total hospital visit changes were 2,429 to 1,824; 312 to 320. Themes that emerged in the interviews were the importance of personalized physician care that often did not follow standard guidelines, patient engagement, patient work systems, physician accessibility, and a trusting relationship. Conclusions: This IPC program likely improved the health and utilization of a cohort of extremely high utilizers. Future research should

include a pre-specified control group, target patient subgroups with additional support, and offer additional care capacity options.

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