

ORGANIZATIONAL BARRIERS TO CHRONIC ILLNESS CARE

Access to chronic illness care for the under-insured, safety-net population is a major health policy problem. High-cost conditions such as diabetes and heart failure have been targeted for quality improvement by health policy makers. However, the structure inherent in many academic provider groups may not be optimal to achieve the associated tasks.

Healthcare providers who provide care for significant numbers of the safety-net population are struggling to find sustainable ways to provide quality care for chronic conditions. Prevailing delivery models that rely heavily on one-on-one patient-physician encounters (traditional model) may not be optimal in certain vulnerable populations or certain delivery settings. This project attempts to determine the economic viability and effectiveness of an ambulatory medical service delivery model organized around specialty-based clinics within an academic practice group serving significant numbers of the safety-net population. Our working hypothesis is that arrival rates (rates of completed scheduled appointments) in our academic practice group are significantly lower than the 85%–90% rate quoted for other practices.

We found low rates of completed scheduled appointments for patients with certain chronic conditions. These findings are one indicator that the traditional model is not adequate in some settings to address the deficiencies identified by the chronic care model. Continued translational research focusing on operationalizing the chronic care model, in a way that is economically feasible for all provider groups, is required.

METHODS

This study was undertaken to describe the baseline rates of completed scheduled appointments within an academic practice group serving significant numbers of the safety net-population. The practice group is in the initial phases of redesigning its ambulatory service delivery processes, in recognition that the current status of ambulatory operations was not meeting the needs of stakeholders. Low rates of completed scheduled appointments and their negative financial consequences, severely limit the ability of the practice group to meet its educational and service missions.

The specific aim of this study was to determine the average rate of completed scheduled appointments for patients with a history of congestive heart failure or diabetes, across all practice sites and medical specialties within the practice group. Our hypothesis was that rates of completed scheduled appointments in our academic practice group were significantly lower than the 85%-90% rate quoted for other practices.

Data Analysis

The study was completed using scheduling and claims data extracted from the groups' practice management database. These data were used to create a SAS® database, on which all analyses

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were performed. Average arrival rates were calculated for congestive heart failure, and diabetes.

RESULTS

From the data collected and analyzed, we found that the arrival rates of patients in our academic practice group were significantly lower than the expected successful arrival rate of patients elsewhere.

CONCLUSION

We found low rates of completed scheduled appointments for patients with certain chronic conditions. These findings are an indicator that the traditional model is not adequate in some settings to address the deficiencies identified by the chronic care model. The economic implications of these findings represent a threat to the continued viability of academic practice groups who care for significant numbers of the under-insured.

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