



HATTIESBURG CLINIC STUDY

Hattiesburg, MS

Physician-led care teams ensure the highest quality care by utilizing the training, education, and expertise of each member of the care team.

Beginning in 2011, the Hattiesburg Clinic conducted a decade-long review of quality metrics and utilization information on their primary care physicians and advanced practice professionals (APP). Then, in 2016, the Hattiesburg Clinic became a Medicare Accountable Care Organization (ACO) where they added robust cost data to their warehouse of statistics on practice patterns of physicians and APPs. The Hattiesburg Clinic then partnered with Press-Ganey to survey 208,000 patients to adequately measure their experience with the clinic's physicians and APPs.

The study sought to determine whether APPs in relationship with a collaborating physician would be able to do three main things while seeing less-complex patients than their physician partners: →

1

Provide similar quality of care.

2

Keep costs relatively stable.

3

Meet patient's expectations to where they were at least equally satisfied with their health care delivery.

The Findings

Over the 10-year period, the study found clear and consistent results. By allowing nurse practitioners and physician assistants to function independently, the clinic failed to meet their goals in the primary care setting of providing patients with an equal value-based experience.

The study reviewed four sets of data that brought them to this conclusion: Quality, Cost, Utilization, and Patient Experience.

Quality

Across 10 different quality measures, the data showed that physicians performed better on 9 of the 10.

Notably, there were double-digit differences in flu vaccination rates and pneumococcal vaccination rates. This came as a surprise, as these are typically considered “process” measures that can be adequately handled by non-physician staff.



Cost

Among non-ESRD (End-Stage Renal Disease), non-nursing home Medicare ACO patients, the spend was nearly \$43 higher per member per month for patients with an APP compared with that for those with a primary care physician. For an ACO the size of the Hattiesburg Clinic with over 20,000 patients, this cost differential translated to an additional \$10.3 million in spending per year across the attributed population. After risk-adjustment for patient complexity, the difference widened even further to \$119 per member per month of increased cost for patients with an APP when compared to patients with a primary care physician.

PATIENT COST



ER TRIPS/SPECIALISTS



PHYSICIAN RATING



Utilization

Among the 20,000 patients in the Hattiesburg Clinic who were neither ESRD nor nursing home patients, those who had an APP were 1.8% more likely to visit the emergency room than those who had a primary care physician. This was despite these being younger and healthier patients according to demographic data and risk scores.

A second utilization metric the clinic evaluated was the use of specialist referrals by primary care physicians. Here, the data found that **APPs had an 8% higher referral rate per disease to specialists than primary care physicians did.** This is an especially interesting pattern because those

APPs were working in collaborative relationships with supervising physicians; however, they still referred patients to specialists much more frequently than their collaborating physician did.

Patient Experience

Across 6 domains measured by Press-Ganey, according to CMS CAHPS patient satisfaction questions, scores were relatively similar between physicians and APPs. **Patients rated physicians higher in “Overall Rating of Provider,” and physicians also had higher average scores across the 6 domains.** The differences were more pronounced in specialty care versus primary care.

Conclusion

APPs are a crucial part of the patient care team; however, based on the wealth of information and experiences when nurse practitioners and physician assistants function independently, MiACCT strongly believes that physician-led health care teams are the best model for delivering value-based care.