

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

BEERs criteria (p<0.01)

Therapeutic duplication

(p<0.01)

52.4%

Severe drug-drug interaction

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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 were significantly (p<0.05) more likely to indicate being 'very confident' in managing their chronic health conditions. The number of providers seen with prescriptive authority was positively correlated with the number of prescription medications taken ( $r_s$ =0.342, p<0.001). The total number of providers seen was positively correlated with the number of drug-related issues identified (r<sub>s</sub>= 0.179, p<0.001). Beneficiaries using acupuncturists were significantly (p<0.05) less likely to report having chronic pain.

**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 humanistic outcomes and minimize medication related issues of Medicare beneficiaries. Coordinated care, a key strategy for improving healthcare delivery under the Affordable Care Act, is a step in the right direction.

#### **BACKGROUND**

- Medicare beneficiaries, 85% of whom are seniors, have complex medical needs including the following:
  - On average take 5-6 medications/month
  - 50% have ≥ 3 chronic health conditions<sup>1</sup>
- Beneficiaries frequently require care from multiple providers and are particularly vulnerable to challenges related to transitions of care between healthcare settings.<sup>2</sup>
- Poorly executed care transitions can result in negative patient outcomes (e.g., medication errors and polypharmacy).<sup>2, 3</sup>
- General practitioners may provide geriatricians with an incomplete or incorrect patient medication list; thereby increasing the risk of adverse drug events and drug interactions.<sup>4</sup>
- 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.<sup>5</sup>
- ❖ A steady increase of CAM providers and product use was observed between 2002-2007.<sup>6</sup>
  - CAM products have been found to have clinically significant interactions with prescription medications. Many of these interactions can be avoided.<sup>7</sup>
- 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.<sup>2</sup>
- The Patient Protection & Affordable Care Act (ACA) includes access to care coordination as a critical component to improving the quality and cost-effectiveness of health care.8

## **OBJECTIVE**

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

## **METHODS**

1029 Medicare beneficiaries seen at outreach events

659 individuals were

provided MTM

services

626 beneficiaries

answered questions

regarding the use of

healthcare services

- 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).

#### **STATISTICAL ANALYSIS**

- Descriptive statistics were reported on beneficiary demographic and healthcare service/provider use (Table 1).
- ❖ The Chi-Square test was used to examine the relationship between use of healthcare providers and self-rating of health status over the past four weeks, 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 health provider use and number of medications prescribed.
- ❖ Alpha was set a priori to 0.05.
- Statistics were performed via IBM SPSS Statistics 21 (IBM, Armonk, NY).

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#### **RESULTS Table 1:** Patient Demographics Value (%) Sex, No. (%) (n=503) 318 (63.0%) Female taken ( $r_c$ =0.342, p<0.001). 185 (37.0%) Age, No. (%) (n= 573) 34 (5.9%) 267 (46.6%) 65-74 75-84 185 (32.3%) 85+ 87 (15.2%) 75.0 (9.4) Mean (SD) good/good health (p<0.01). Figure 2. 342 (55.4%) Use of 275 (44.6%) Non-white **physicians** in the past year 54 (9.4%) associated 520 (90.6%) outcomes with the number of 97.1% 608 (97.1%) Physician seen in the past year physician

134 (22.0%)

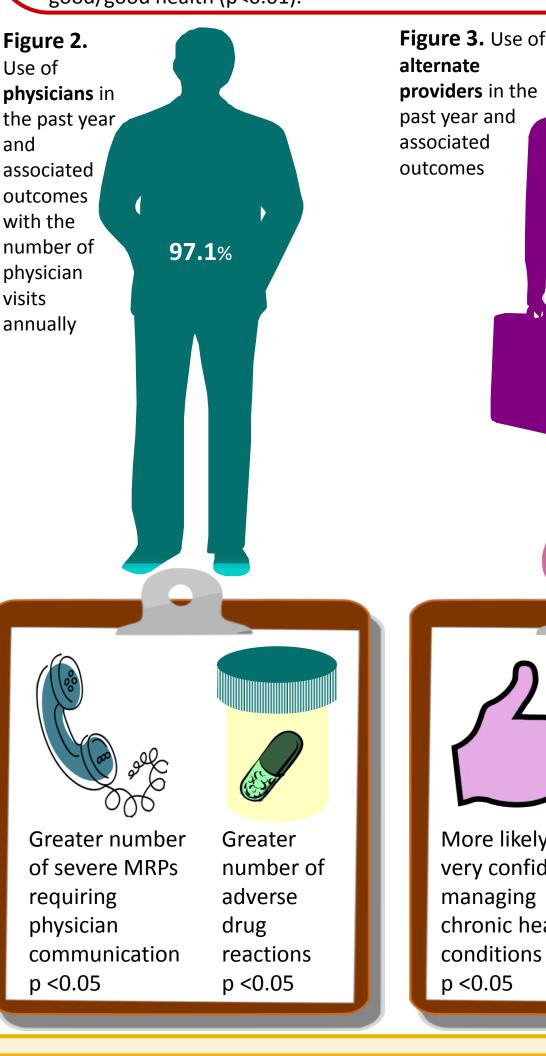
26 (4.3%)

#### Race, No. (%) (n= 617) Hispanic, No. (%) (n=575) **Healthcare Provider Use in Past Year** Physician No. (%) (n=626) Routine visits in past year, median 4.0 Alternate Provider, No. (%) (n=622) 429 (69.0%) Dentist 423 (67.8%) **Optometrist** 122 (19.8%) **Physical Therapist** 35 (5.7%) **Psychologist** Complementary and Alternative Medicine Provider, No (%) (n=621) 65 (10.4%) Chiropractor 28 (4.5%) Acupuncturist 2 (0.3%) 4.0 **Total Providers Used, Median Prescription Medications Used, Median** 4.0 **Severe Drug Related Issues Requiring Prescriber** 100 (27.2%) Contact, No. (%) (n=368) Self-Reported Health Status, No. (%) (n=626) 79 (12.6%) Excellent 141 (22.5%) Very Good 244 (39.0%) Good 122 (19.5%) 40 (6.4%) Poor **Confidence in Managing Chronic Health** Conditions, No. (%) (n=610) 450 (73.8%)

Somewhat

Not at all

#### Figure 1. MRPs 100.0% The number of providers seen with prescriptive authority positively correlated that were associated with 80.0% with the number of prescription medications the use of a The total number of providers seen was significantly 60.0% positively correlated with the number of greater number MRPs identified ( $r_s = 0.179$ , p<0.001). of providers 40.0% ❖ The number of health care providers seen was significantly higher in those with 20.0% fair/poor health compared to excellent/very 0.0%







## **CONCLUSIONS**

- A variety of health care providers were used by ambulatory Medicare beneficiaries with 84.0% and 14.0 % using at least one alternate or CAM provider, respectively, in 2013.
- Increased use of multiple providers was associated with a greater number of MRPs and medication burden. Pharmacists can effectively provide medication reconciliation services to build an accurate medication list, optimize drug use, and limit MRPs.
- Seneficiaries seeing a CAM provider used more non-prescription products, were more likely to have a drug-condition interaction, and be prescribed a medication(s) without an indication.
- Use of alternate health care providers was associated with improved humanistic outcomes including increased confidence in managing their chronic health care conditions and a lower reported rate of smoking.
- Greater use of health care providers in beneficiaries with worse reported health status may indicate that they may be seeking help from additional providers to address unmet health needs.
- ❖ It is imperative to implement strategies that improve coordination of care in order to minimize medication related problems and improve outcomes as Medicare beneficiaries increasingly use an array of health care providers.