

# Physician Peer Webs: Practical Obstacles to Coordinating Care

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Supported by Funding from:

Center for Health System Change

National Cancer Institute (R01 to Dr. Bach)

Robert Wood Johnson Foundation

American Medical Group Association

# One Quantifiable Dimension of the Burden of Care Coordination

Each Medicare patient typically sees 7 physicians in a year, but ***which*** 7 physicians varies from patient to patient

→ How many physicians does a PCP have to consciously work with in order to effectively participate in care coordination for all his/her patients?

# Medicare Care Patterns Are Important In Determining Coordination Burden

- Challenges
  - No defined provider network
  - No gatekeeper for physician referrals
  - ***No current mechanism for tracking referrals***
  
- Vulnerable populations particularly important
  - more hospitalizations, sites of care, and need for specialty care
  - Added costs and greater potential for cost savings

# Study Populations

- 4,879 Primary care physicians who responded to the 2000-2001 Community Tracking Study Physician Survey
  - Non-Federal, completed training, clinical care  $\geq 20$  hours/week
  - Clustered sample, nationally representative
  - General internists, general practitioners, family practitioners, geriatricians, internal medicine/pediatrics
- Linked using UPINs to complete Medicare claims for 593,248 beneficiaries they treated in year 2000
  - 65 yrs or older
  - Without ESRD or disability

# Analysis

- Number of ***other practices*** in the PCP's "web" in a year
  - Exclude UPIN outliers, PCPs billing from multiple MSAs
- $(\# \text{ practices in web}) / (\# \text{ practices in MSA})$
- Repeat analyses considering ***individual physicians*** in the "web"
- ***NB: this is a counting exercise, not an examination of care relationships***
  - Intent is to assess potential magnitude of coordination burden

# Primary Care Physicians and Their Patients

Practice type, n (%).	Total = 4,879
Solo/2-person	1,783 (38)
Small group (3-10)	875 (17)
Medium group (11-50)	324 (7)
Large group (>50)	165 (3)
Medical school	277 (4)
Hospital office/other	1,272 (26)
% Practice revenue from capitation, n (%)	
None	1,775 (40)
1-25%	1,661 (33)
26-50%	902 (16)
>50%	541 (10)
Number of Medicare patients per PCP, median (IQR)	185 (73-362)

# Size of a Primary Care Physician's Peer Web

	Median N of practices	IQR
Number of practices	226	158-357
Only for "their own" patients	86	39-137
Not counting inpatient visits	170	105-261
Not counting ER visits	194	115-306
Dropping "snowbirds"	155	96-252
N practices in one month	22	11-39
Number of physicians, number	394	217-642

# Variation in Size of Peer Webs (practices) by Characteristics of the PCP's practice

	Median	IQR
Practice type		
Solo/2-person	229	151-364
Small group (3-10)	257	160-390
Medium group (11-50)	264	150-424
Large group (>50)	209	150-283
Medical school	198	114-338
Hospital office/other	212	128-325

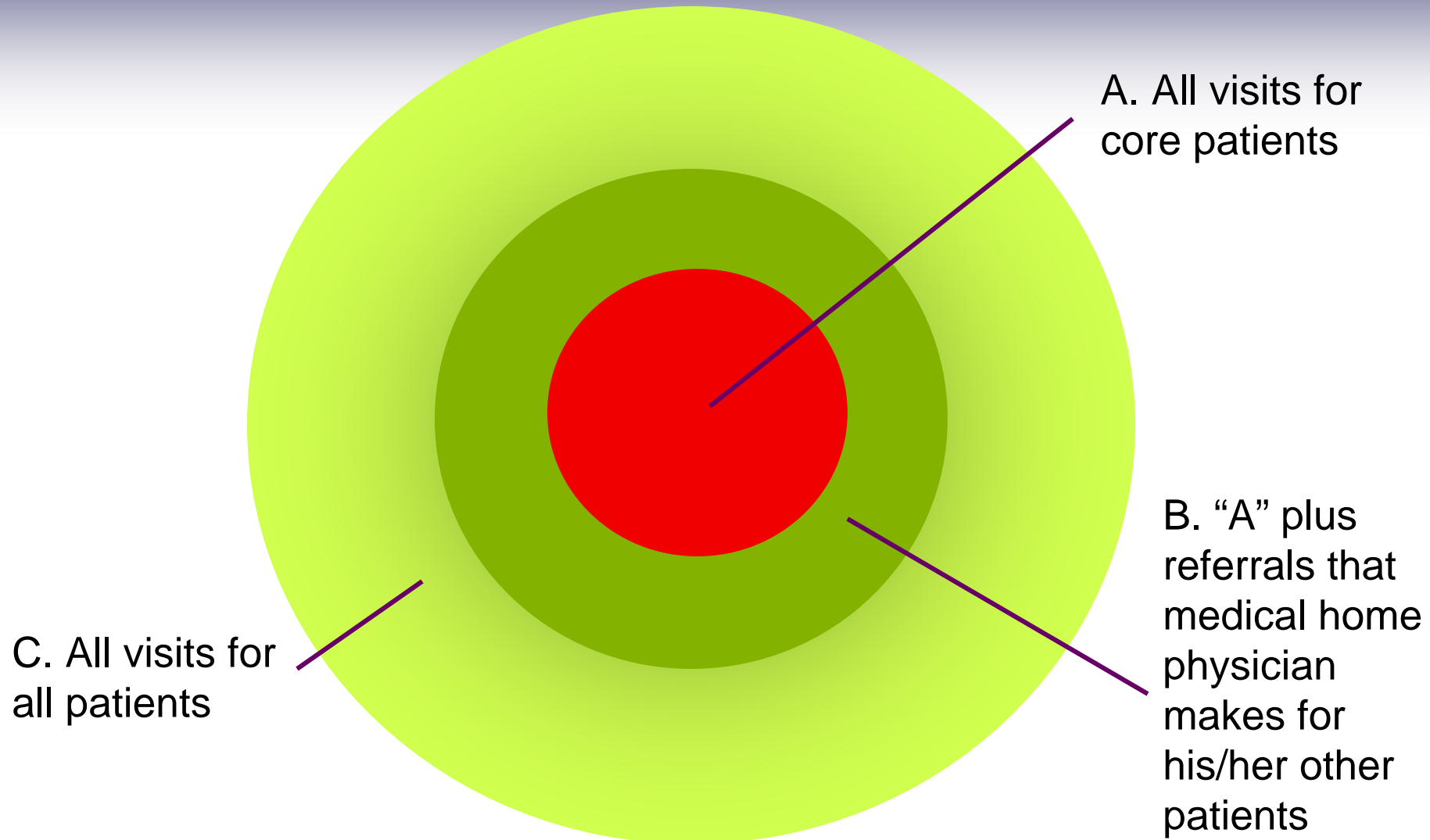
# Summary

- In one year PCPs typically “share” patients with 394 other physicians in 226 different practices, just for their Medicare patients
- Size of peer webs varies by practice type and geography

# Questions

- Can doctors coordinate care given current care patterns?
- Will rising use of hospitalists expand web size?
- How much larger are peer webs when non-physician providers are considered?
- What proportion of visits are due to referrals originating with the medical home vs. other physicians' referrals vs. patient self-referrals?
- How does a physician's participation in coordination shift along the radius of their peer web?

# Where Might Responsibility for Care Coordination Shift or Be Shared?



# Conclusions and Implications

- Coordination may require changing how care is organized
  - Can physicians vary their own web size?
  - Does payment policy need to drive web size reduction?
  - Can inter-operability of EHR's be an entry criterion into a particular web?
- Critical value of discerning the source of referrals
  - Existing REF\_UPIN field - underutilized
  - Could include a code for “patient self-referral”
  - More **direct accountability** (vs. episode grouper, other guesswork)