Chapter 7: Outpatient Services and Primary Care

Lecturer: Monika M. Wahi, MPH, CPH

Learning Objectives

At the end of this lecture, student should be able to:

- Give an example of a health outcome which is improved in a population with good access to primary care
- Name and describe one of the domains of primary care
- Describe one outpatient setting, and in that setting, one way primary care can be delivered
- Name one subpopulation in the U.S. which currently has reduced access to primary care, and say why

What is Primary Care?

Definitions

- What is “outpatient care”?
  - “Ambulatory” used, but not interchangeable with “outpatient”
  - “Outpatient” refers to any health care services that do not require an overnight stay in an institution of health care delivery
- What is “primary care”?
  - Not as easy to explain.

Definitions of Primary Care

WHO DEFINITION

- Primary health care, not primary care
- "Essential health care that is based on practical, scientifically sound, and socially acceptable methods and technology."
- Accessible to community in acceptable way
- Cost is fair for individual and country
- "First level contact" between individuals and health care system

IOM DEFINITION

- IOM Committee on the Future of Primary Care
- Preferred, but not only, route of entry into the health care system
- "The provision of integrated, accessible health care services by clinicians who are accountable for addressing a majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

Levels of Care

Primary Care

- Prevention, diagnostic, therapeutic svcs., health education, minor surgery
- Primary care is an "approach to providing health care"

Secondary Care

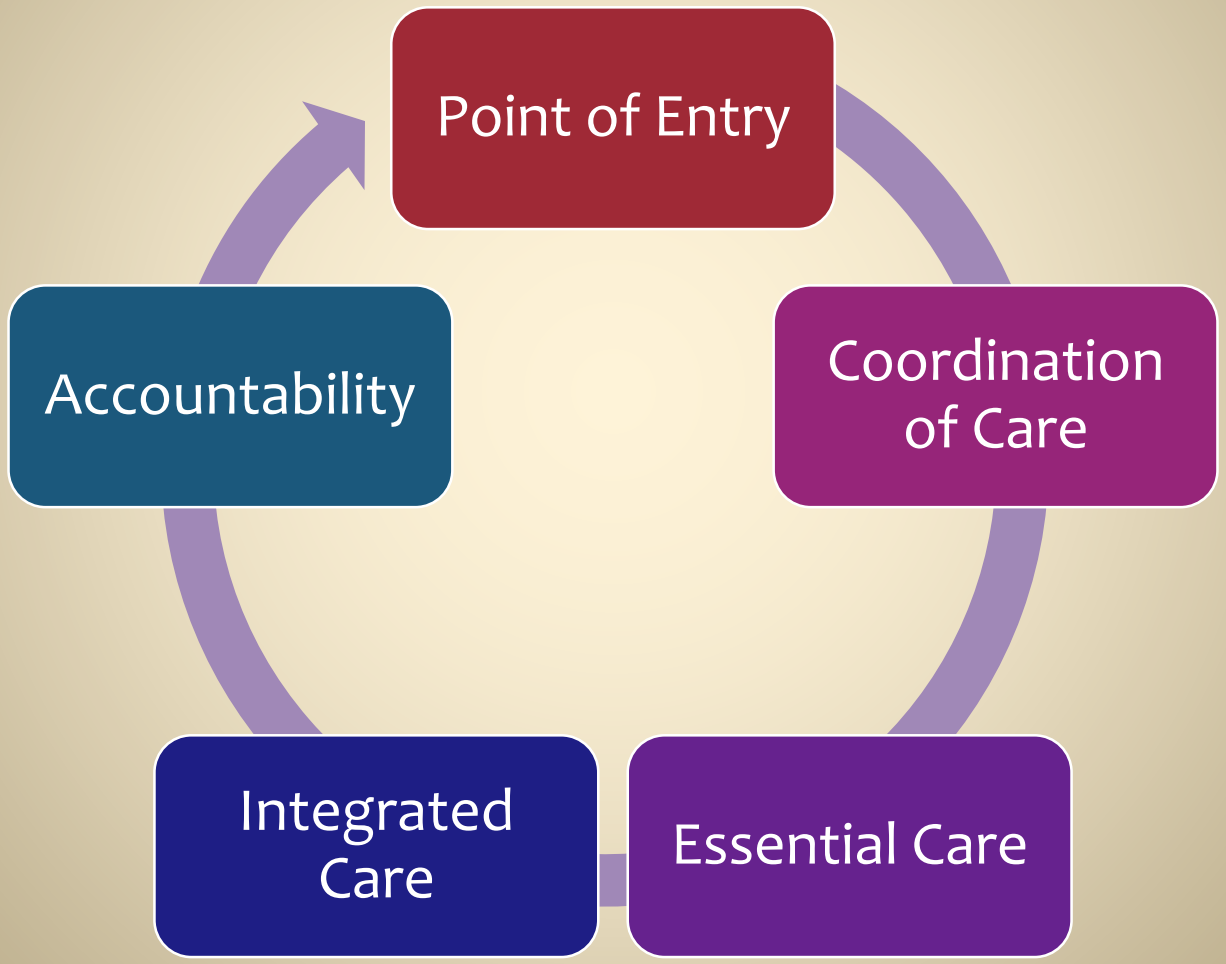
- Short-term
- Sporadic consultation with specialist for advanced interventions not available in PC

Tertiary Care

- For conditions that are relatively uncommon
- Institution-based, highly-specialized (e.g. open-heart surgery)

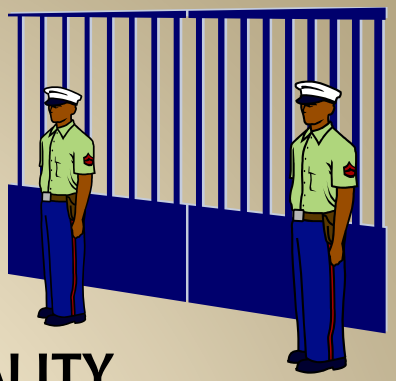
Domains of Primary Care

WHO and IOM overlap in certain "domains" of primary care



From Exhibit 7.3 (page 172).

Point-of-entry



IDEAL

- First contact allows gatekeeping
- Protects patients from unnecessary procedures/overtreatment
- Community-based – widely available everywhere, routine, inexpensive, appropriate tech
- Can refer on for "expensive" procedures

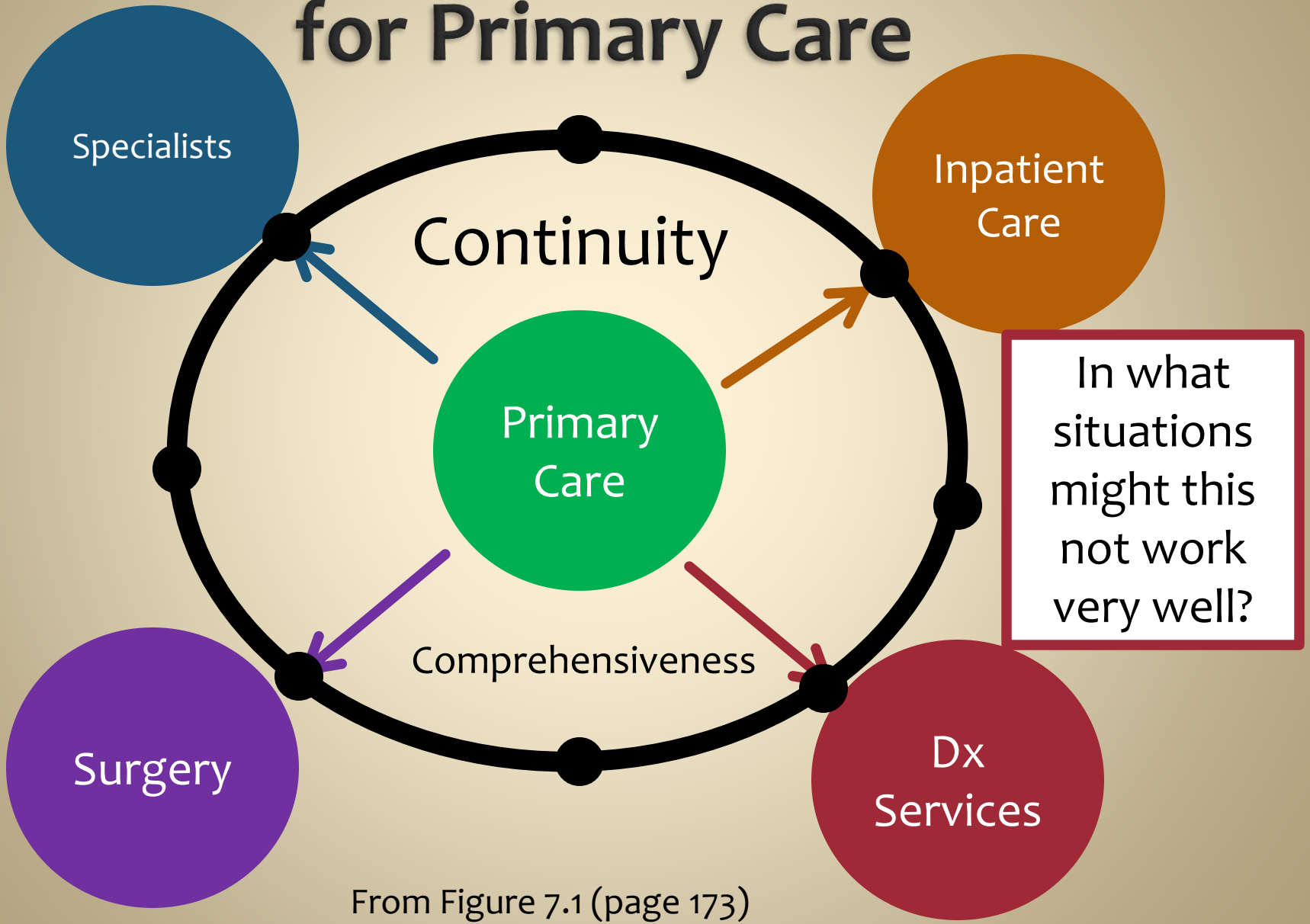
CURRENT REALITY

- Gatekeeping may not work because not enough PCPs
- Lack of PCPs may cause system to malfunction, thus denying treatment
- Lack of PCPs may lead patients to get unnecessary tx anyway
- Not widely available, and may be very costly

Coordination of Care

- PC clinicians are advisors and advocates
- Refers to specialized care
- Advice on diagnoses and therapies
- Discuss treatment options
- Continuing care/chronic conditions
- Continuity, comprehensiveness

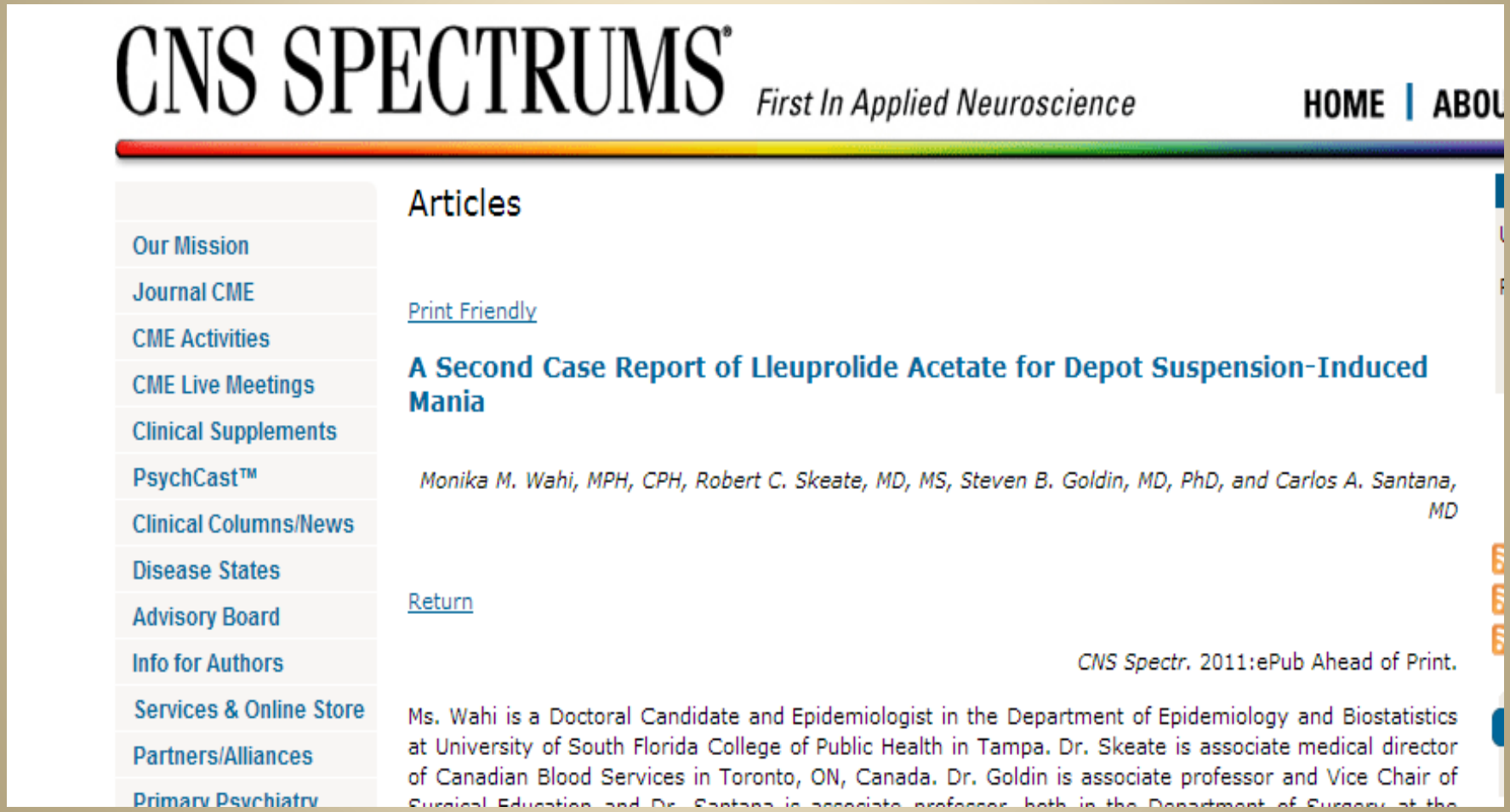
Coordination Role for Primary Care



In what situations might this not work very well?

From Figure 7.1 (page 173)

What about when something weird happens?



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Articles

Print Friendly

A Second Case Report of Lleuprolide Acetate for Depot Suspension-Induced Mania

Monika M. Wahi, MPH, CPH, Robert C. Skeate, MD, MS, Steven B. Goldin, MD, PhD, and Carlos A. Santana, MD

Return

CNS Spectr. 2011:ePub Ahead of Print.

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Primary Care Works!

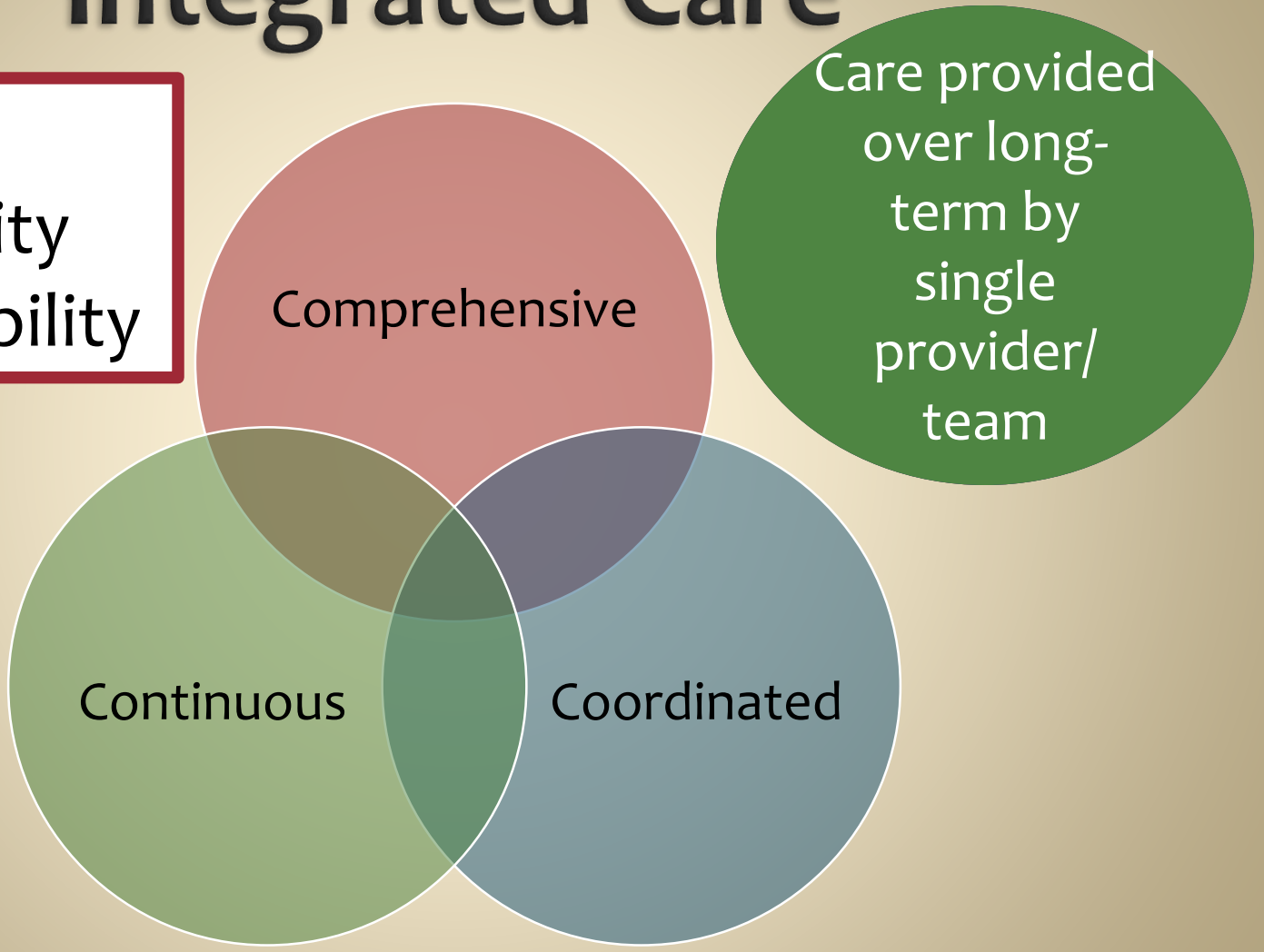
- Countries with PC orientation have better health levels, higher satisfaction with health services, and lower expenditures overall
  - Weak PC infrastructures associated with poorer health and higher costs
- In U.S. states with higher PCP/patient ratio have better health, lower hospitalization for PC issues
- Adults with PCPs as their main go-to for health care have lower death rates and incur lower costs
- Closely linked with specialty care – appropriateness of interventions and outcomes better with specialist when referred by PC vs. self-referral

Essential Care

- Primary care = essential care, meaning it leads to the optimization of not just individual health, but population health.
- Requires minimization of “disparities”
- Money talks – financing the key element to health care, and without national financing in U.S., difficult
- Mixture of private and public financing in U.S. = fragmentation, so hard to “steer the ocean liner”
- Primary care model embraced by MCOs, but current role limited to low-cost general medicine and gatekeeping, thus controlling access to the rest of the health care system

Integrated Care

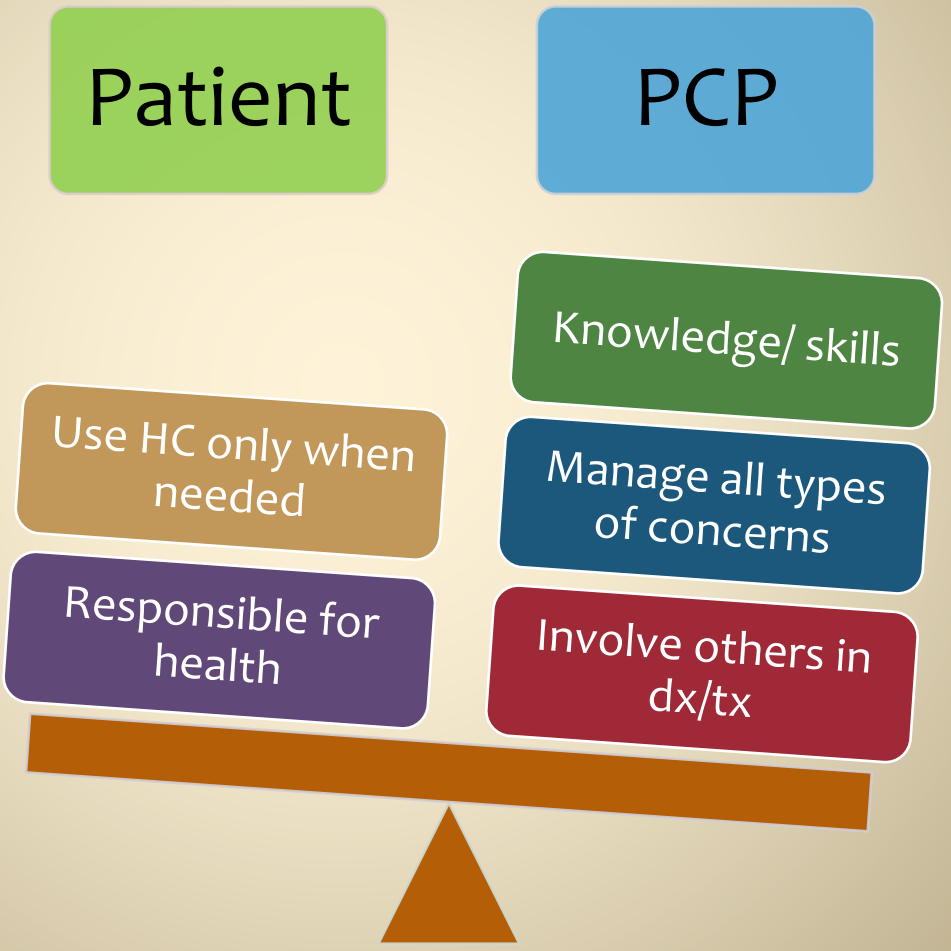
IOM:
- Accessibility
- Accountability



Accountability

IOM:

- Both pts and PCPs have accountability
- May not be equal
- Will change over time
- Mutual trust, respect, responsibility

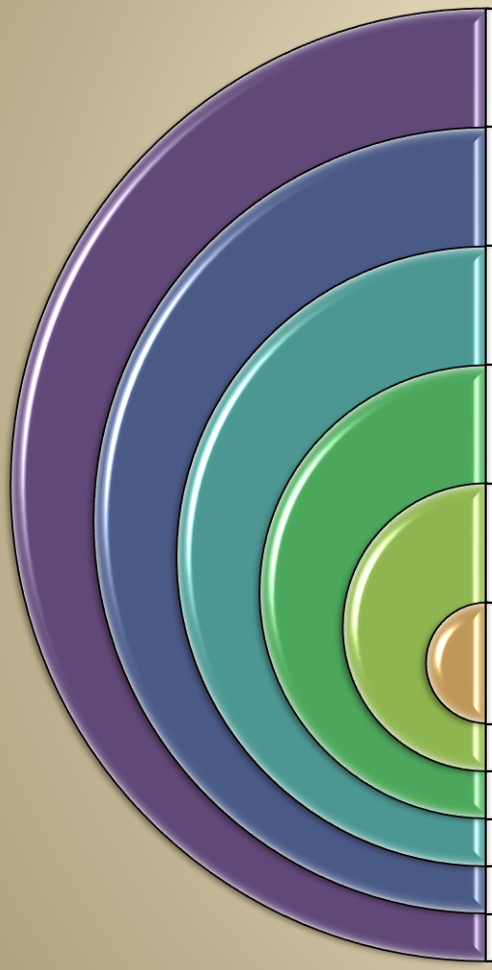


What is Outpatient Care?

Primary Care and Outpatient Care

- Primary care – a philosophical approach
- Outpatient care – actual care that happens in various settings that are not inpatient
  - Can be care by a specialist – which would not be primary care
  - Often primary care happens here – but what about hospitalists?
- Primary care that is accessible in the community should take place in an outpatient care setting
  - But there are a lot of settings….

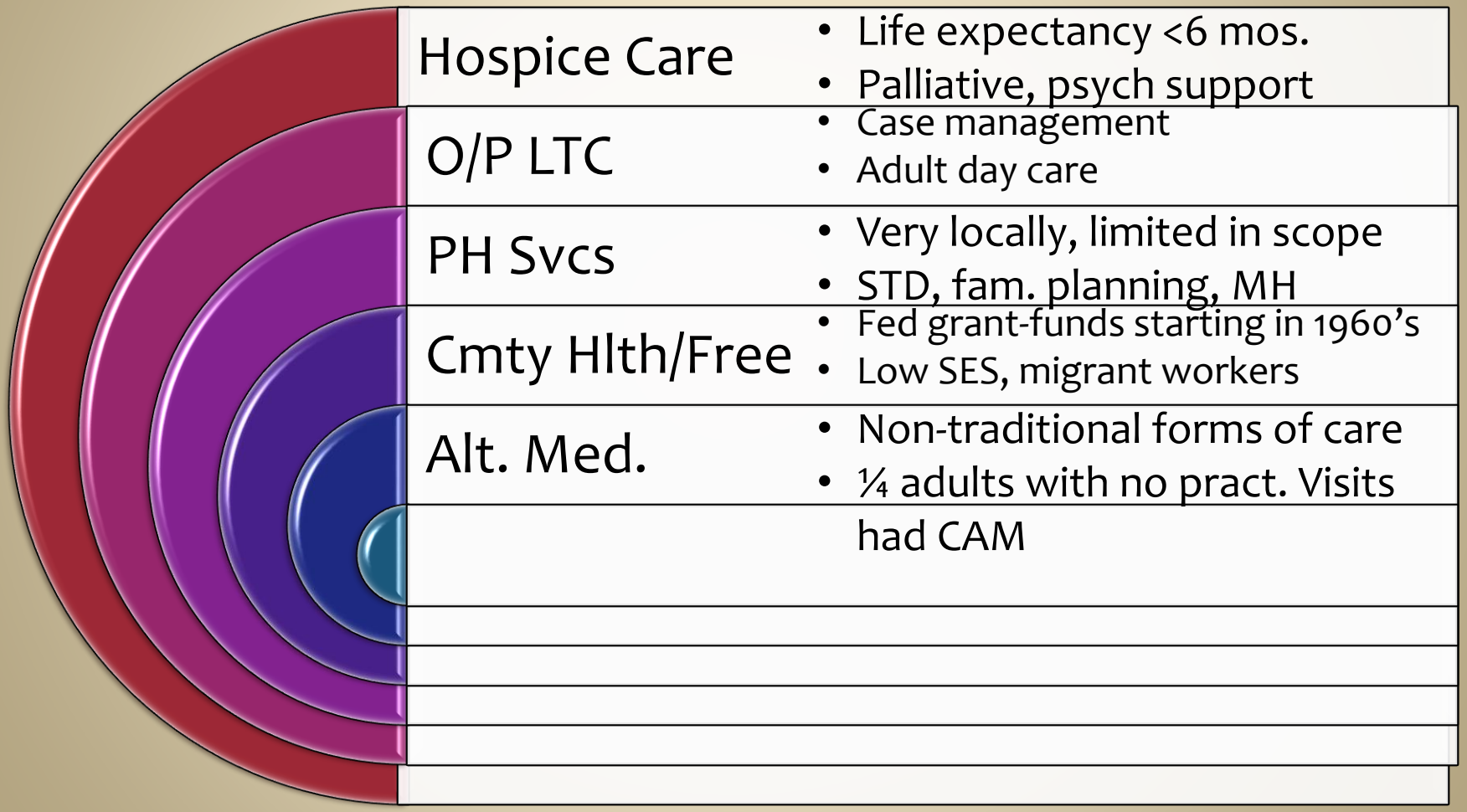
O/P Care Settings/Methods



Private Practice	• Office-based practitioners • Rise of MCOs
Hospital O/P	• Inpatient reduced/discouraged • Clin, surg, home hth, women's ER
Freestanding	• Walk-in, urg. care, surgicenters • Rehab, dental, retail health
Mobile	• Mammo, MRI, at malls/fairgrnds • Small towns and rural cmnties
Phone Triage	• Specially trained nurses • Guidance/stand. protocols
Home Care	• Alternative to institutionaliz. • Nurs. care, rehab, many svcs.

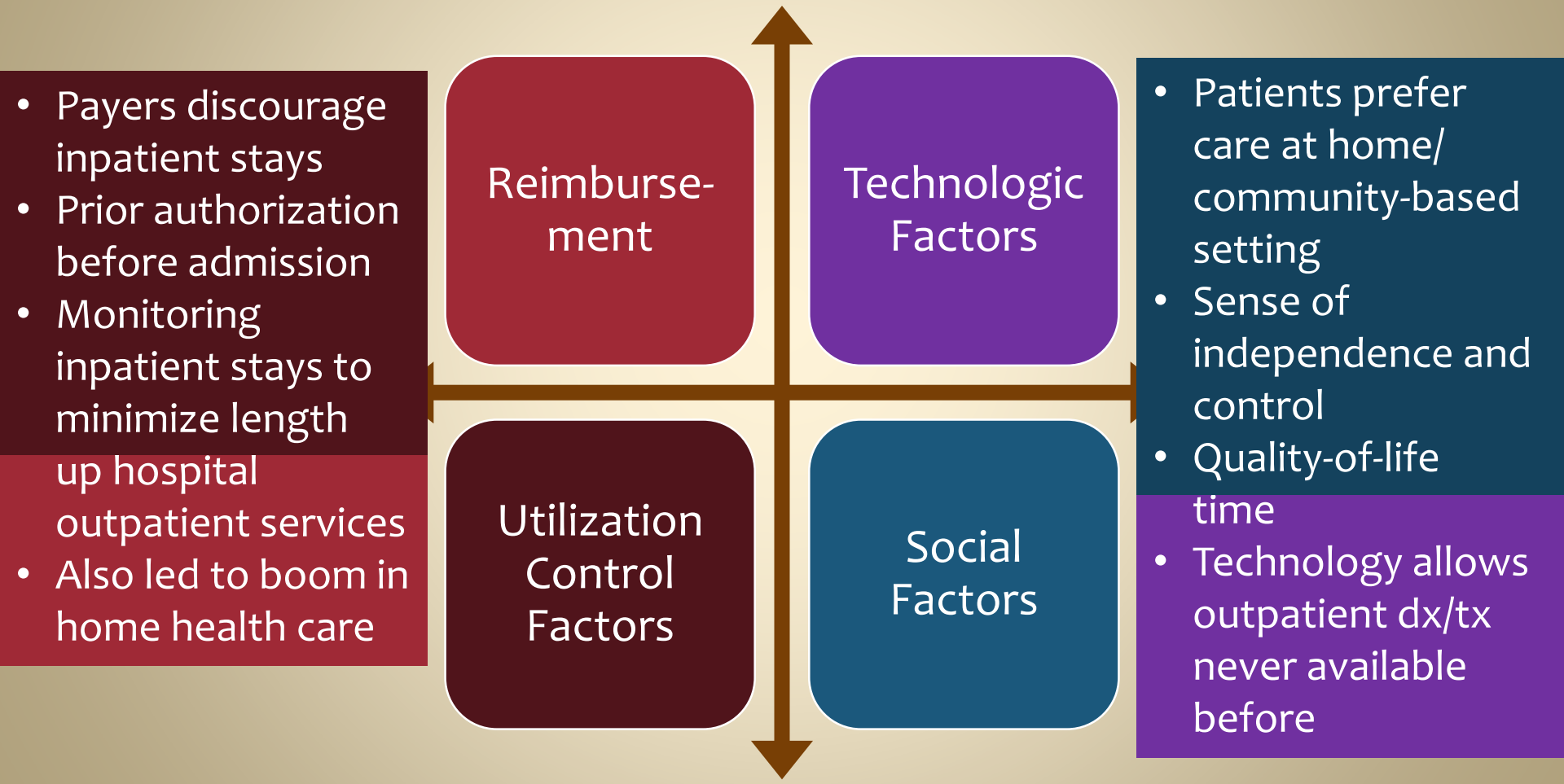
From Exhibit 7.1 (page 161)

O/P Care Settings/Methods



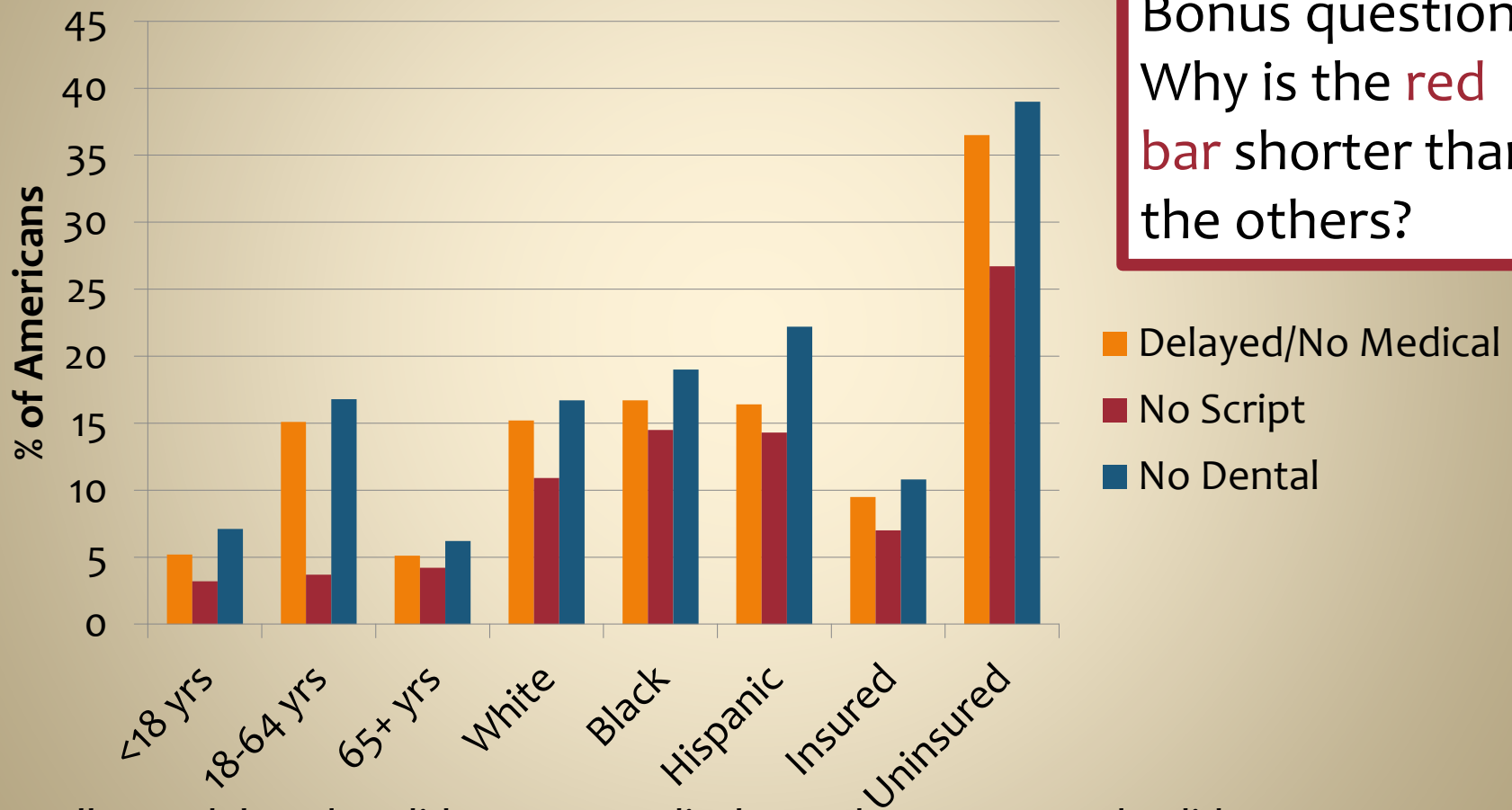
From Exhibit 7.1 (page 161)

Factors Affecting Outpatient Care



Americans and Current Primary Care Access and Services

Access to Primary Care



Bonus question: Why is the red bar shorter than the others?

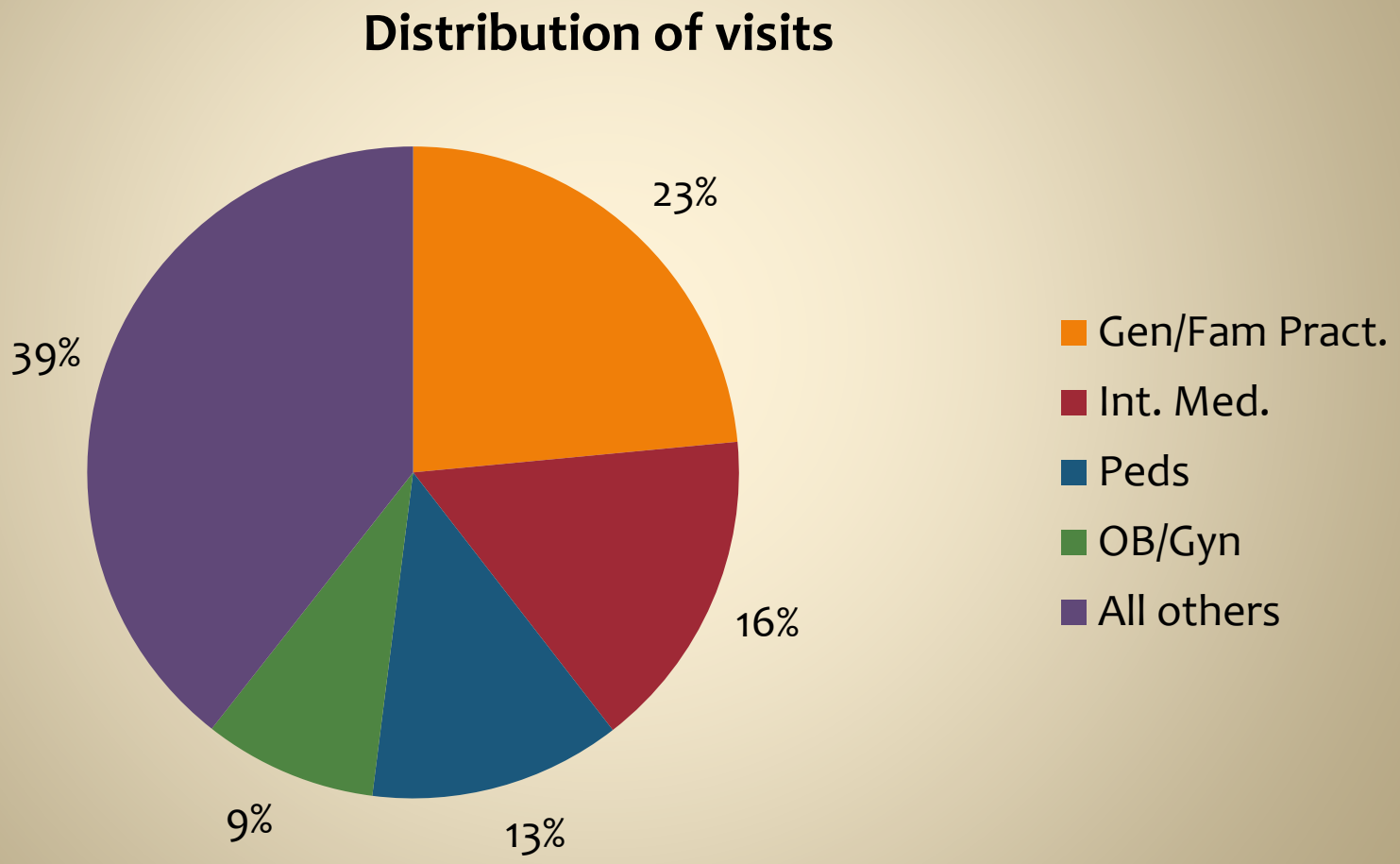
Yellow = delayed or did not get medical care due to cost, red = did not get a prescription due to cost, and blue = did not get dental due to cost (2009).

From Exhibit 7.2 (page 162)

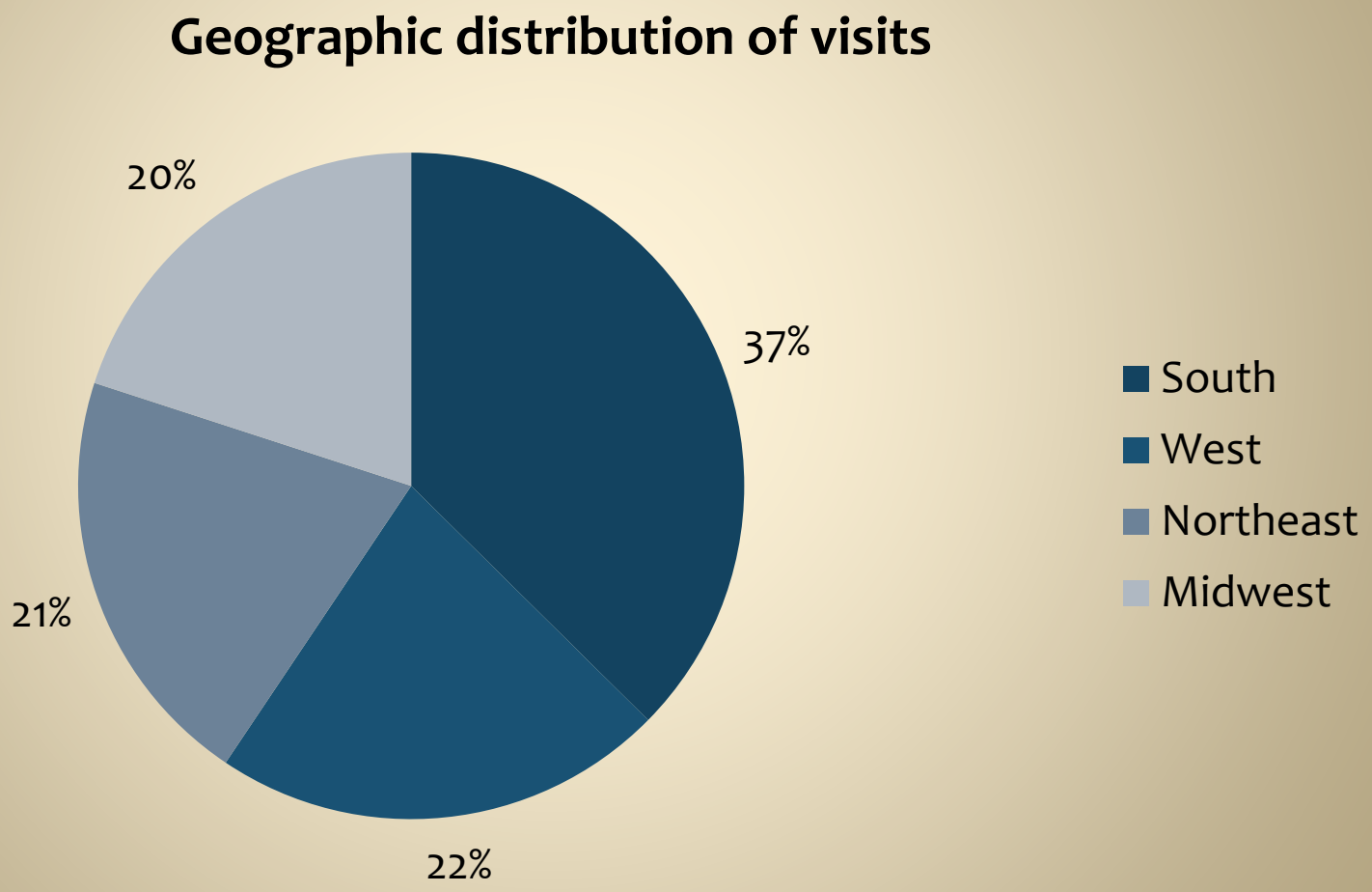
Outpatient Services in the U.S.

- 2008 National Ambulatory Medical Care Survey
- Americans made 960 mil visits, more than 3 per person, to office-based physicians
  - DO's = 7.3% of visits
- 91.5% took place in metropolitan areas
  - Visits per person were higher in metropolitan areas (3.5) than rural areas (1.6)
  - Visits per person highest in Northeast (3.6) and lowest in Midwest (2.9)

Who are we visiting?



Where are we visiting them?



Issues in Primary Care

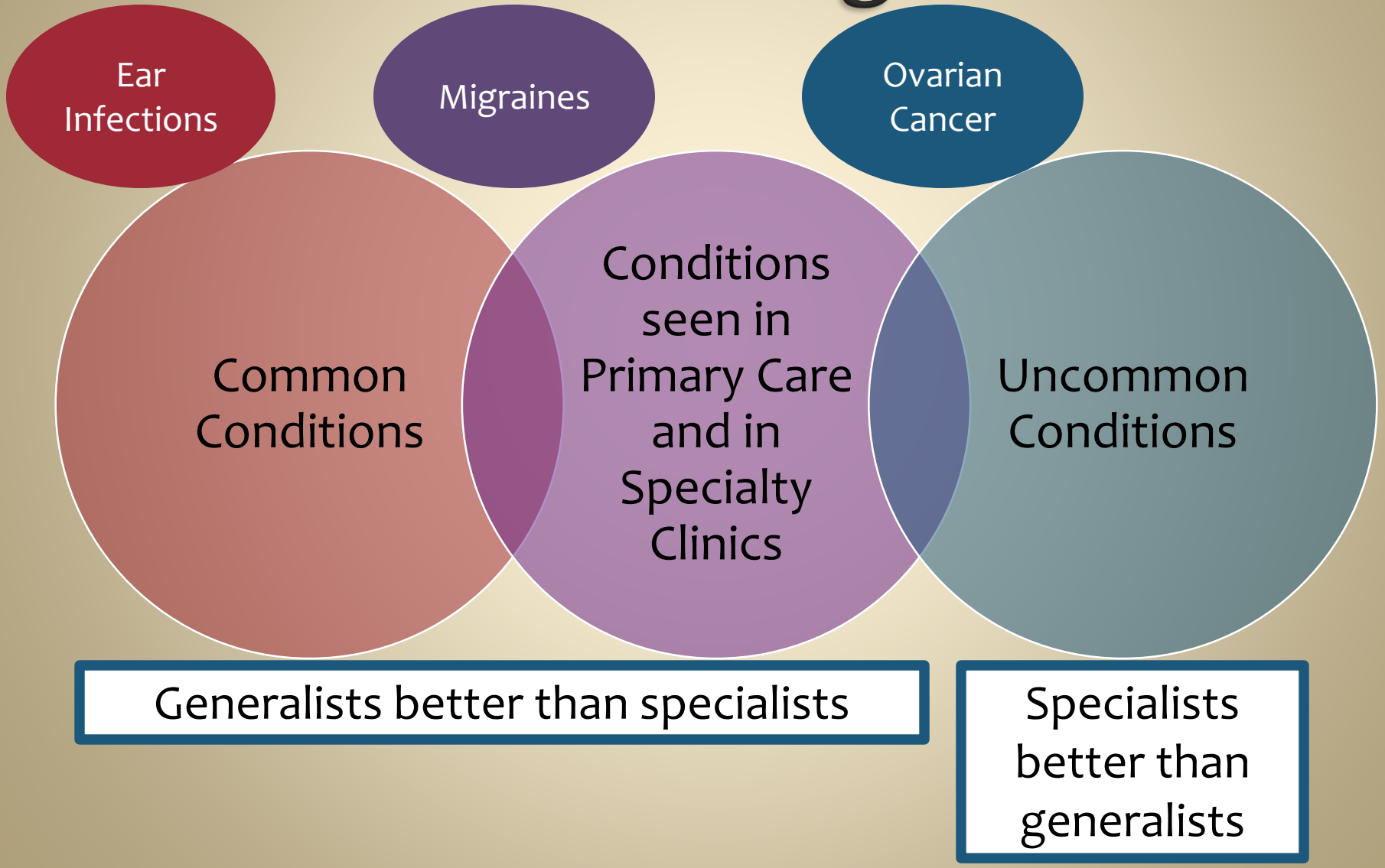
Community-Oriented Primary Care

- 1978 International Conference on Primary Health Care (WHO)
  - People through the world had little control over their own health care
- Personal ownership= better health outcomes
- Requires partnership between clinicians/pts
- "Community-oriented primary care" is primary care plus
  - Concern for population as well as individual
  - Broader than strict medical, encounter-based activities (e.g., emotional and spiritual wellbeing)

Secondary Prevention

- Preventing existing conditions from getting worse
  - Not really a charge for primary care
- However, studies show secondary prevention can be positively affected
  - Good primary care = improved access to care, health outcomes

Disease Management



Hospitalizations/ER Care

Poor primary care resources result in higher rates of hospitalization that could have been prevented

- Kids with good primary care/involved PCP
- Adolescents with regular PC source has more preventive svcs, fewer ER

How Primary Care Lowers Overall Cost of Health Care

Care for common illnesses is more expensive if given by specialist vs. generalist, and health outcomes are the same

Effect of PCP[illegible] on Health

"..lower supply of specialists enhances the likelihood that PCPs will screen their patients for such cancers."

PCPs

- Rates of se[illegible]port[illegible] poor health
- Diagnosis of colorectal cancer delayed
- Greater risk of uncontrolled hypertension (men)

- Higher rates of better health
- Fewer low-birthweight babies
- Better outcomes/access for children

Morbidity and Mortality (M&M)

- Said another way: sickness and death
- "Ecologic studies" show association between higher PCP/individual ratio and lower M&M
  - What is an ecologic study?
- Are you serious? Having more PCPs can lower the death rate??
  - Affects life expectancy, stroke, postnatal and total mortality
- "Time series" studies show association, too
  - Same place studied over time
  - As ratio changes, M&M changes in step

Medical Home

- In 2006, American College of Physicians recommended a new model for primary care
- Advanced Medical Home practices include:
  - Providing patient-centered care based on Chronic Care Model
  - Using evidence-based guidelines
  - Applying appropriate health information technology
  - Demonstrating "best practices"
  - Consistently/reliably meeting needs of patients
  - Being accountable for quality and value of care provided
- Can our current U.S. health care system do all of the above the way it is?

"Medical Home" Approach

- One doctor deemed "personal physician" as primary, continual medical contact
- Doctor coordinates a directed team of caregivers across the health care system to wholly care for patient
- Implemented in small scale, and studies show it improves:
  - Patient health and satisfaction
  - Improvement in care quality (reduction in medical errors)
  - Cost savings without causing worse health outcomes
- Key to why this works: Chronic disease care

Conclusion

- Primary care is conceptually related to outpatient care
  - Many outpatient settings where primary care can be delivered
- Using a primary care approach on a population (e.g., by way of Medical Home) can reduce cost while keeping quality steady
- Increasing access to primary care (by way of outpatient services) improves population health and decreases M&M
- Too many specialists and not enough PCPs reduces chances domains of primary care will play out, even with outpatient services available

Learning Objectives

At the end of this lecture, student should be able to:

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