

Physician empanelment and patient re-visit  
intervals in the era of healthcare reform:  
An analysis of appropriate follow-up times for patients with chronic conditions  
in a Federally Qualified Health Center (FQHC)

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# Introduction

- In an era of healthcare reform the number of individuals who historically have not had access to care, now have the access to preventative healthcare.
- Patients now have opportunity to go to facility of their first choice.
- Increased patient demand
- Concern for access with increased pressure to reduce healthcare cost
- Time?



# Background

- A substantial portion of outpatient office visits are follow-up visits.<sup>1</sup>
- Frequency of follow-up intervals does not necessarily impact outcomes.<sup>1</sup>
- Managing follow-up visit and intervals has potential to reduce costs per person and improve access without compromising or restricting care.<sup>1</sup>
- Data indicate patient health status does not dominate physician follow-up visits, rather physicians appear to have characteristic scheduling tendencies that greatly influence the length of the revisit intervals.<sup>2</sup>
- Postponing or prolonging the return-visit interval does not compromise quality, doing so can greatly increase the capacity to see more patients.<sup>3</sup>
- Much work performed by primary care practitioners that does not require professional-level training could be delegated to team members.<sup>3</sup>
- Data from the 2009 Medical Expenditure Panel Survey found that young adults ages 18–26 had the lowest health utilization rate of any age group.<sup>4</sup>
- Lack of access to health services and poor utilization contribute to low rates of receipt of preventive health services in young adults.<sup>4</sup>

# Methodology

- PubMed Search
  - Keywords in Search Engine: re-visit intervals, follow-up intervals, longitudinal care, physician panels, diabetes, hypertension, diabetes RVI (re-visit intervals)
  - Past 10 years
- Data Collection: AltaMed
- AltaMed Provider Survey
  - E-mailed link via Survey Monkey
  - 5 questions
  - 1 week

# Results

## Enterprise Analytics Department

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**Report Name: Average utilization for patients with Diabetes, Hypertension and Hyperlipidemia**

Condition	Pt_Count	Visits	Average Annual Utilization
Diabetes	14,210	89,767	6.32
Hypertension	21,113	120,054	5.69
Hyperlipidemia	27,359	154,424	5.64
All 3 conditions	7,006	50,794	7.25

# Results

## Provider Survey Summary:

**What do you believe is the appropriate follow up interval for a patient with stable hypertension (<140/90)?**

3 months: 23.73%      6 months: 52.54%

**What do you believe is the appropriate follow up interval for patients with stable hyperlipidemia (e.g. on a statin per new lipid guidelines)?**

6 months: 57.63%      1 year: 28.81%

**What do you believe is the appropriate follow up interval for a patient with stable diabetes (e.g. HA1C < 7)?**

3 months: 38.98%      6 months: 45.76%

**On a scale from 1-5 (1=very worried, 5=not worried), how worried would you be about increasing the follow up interval for your patients with stable diabetes by 1 month? (e.g. if you typically see such patients every 3 months, how worried would you be about increasing to every 4 months)**

4: 33.90%      5: 35.59%

**If your patients with stable diabetes received a "check in" phone call/message/portal communication, would this help you feel more comfortable extending the follow up interval? (1=very helpful, 5=not helpful)**

1: 30.51%    2: 28.81%    3: 16.95%    4: 8.47%    5: 15.25%



# Discussion

- Stable uncomplicated hypertension: 6mo >1 yr
- Stable and uncomplicated diabetes: there are no guidelines to support appropriate follow-up intervals
- Stable and uncomplicated hyperlipidemia: there are no guidelines to support appropriate follow-up intervals
- Implications for Further Study:
  - Guidelines for controlled Diabetes and Hypercholesterolemia re-visit intervals
  - Provide patient survey: do patients want to come in more often?
  - Do patient “check-in” calls impact quality of care?

# Recommendations

- Identify providers of highest utilizing patients with uncomplicated hypertension- what are the variables amongst them?
  - Tendencies to provide very high numbers of re-visits compared to expected levels provide clues for targeting education regarding practice guidelines and existing practice norms.<sup>7</sup>
- Provide ongoing yearly provider guidelines/education seminar to maintain organization-wide baseline

# References

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