

## Starfield Summit Issue Brief

### DISCUSSION TOPIC:

- ▶ Advancing teamwork between the medical home and medical neighborhood

#### Why This Is Important (*brief description*):

- ▶ Fragmentation is at the root of many of the inexcusable gaps in quality and value in U.S. health care.
- ▶ With every referral to a specialist, PCPs introduce the risk of fragmented care. Indeed, the most prevalent source of fragmentation in medicine today may be the ambulatory referral: referral volumes have more than doubled over the past decade.
- ▶ The quality of communication and coordination between PCPs and specialists has diminished to a dangerous level. At an organizational level, an attitude of “us vs. them” often prevails, which can then translate into an adversarial relationship among providers. At a practice level, the EMR functions to expand the quantity of information exchanged between providers, often at the cost of high quality, relevant details.
- ▶ Growing referral rates parallel a trend of reduced comprehensiveness in primary care practice. Reversing this trend is a major challenge, but essential if primary care wishes to deliver on the promise of high value care.

#### What We Think We Know (*bulleted evidence + seminal references*):

- ▶ Referrals have doubled in volume between 1999-2009.
- ▶ Family medicine physicians have been reducing their scope of services broadly: in pediatrics, maternal care/ obstetrics, procedures, in-patient settings, etc.
- ▶ Many gaps exist in the quality of information conveyed from primary care to specialists, and vice versa
- ▶ A large portion of specialist visits are taken up by established patients who return for longitudinal care
- ▶ PCPs who provide more comprehensive care have lower total costs of care for a given population
- ▶ Innovations such as eConsults have been shown to reduce referral rates by up to 30% by enabling PCPs to get specialty input while maintaining responsibility for patients' care

Barnett ML, Song Z, Landon BE. Trends in physician referrals in the United States, 1999-2009. Arch Intern Med. 2012 Jan 23;172(2):163-70.

Bazemore A, Petterson S, Peterson LE, Phillips RL Jr. More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations. Ann Fam Med. 2015 May-Jun;13(3):206-13.

Chen AH<sup>1</sup>, Murphy EJ, Yee HF Jr. eReferral--a new model for integrated care. N Engl J Med. 2013 Jun 27;368(26):2450-3.

Davis A, Gilchrist V, Grumbach K, James P, Kallenberg R, Shipman SA. Advancing the primary/specialty care interface through eConsults and enhanced referrals. Ann Fam Med. 2015 Jul-Aug;13(4):387-8.

Forrest CB, Glade GB, Baker AE, Bocian A, von Schrader S, Starfield B. Coordination of specialty referrals and physician satisfaction with referral care. Arch Pediatr Adolesc Med. 2000 May;154(5):499-506.

Phillips RL Jr, Green LA. Making choices about the scope of family practice. J Am Board Fam Pract. 2002 May-Jun;15(3):250-4.

(for additional references, see under Policy section)

## QUESTIONS FOR GROUP DISCUSSION (*PRECONFERENCE*)

### Questions for Group Discussion (*add brief answers post-conference*)

- ▶ Consider the impact of the following factors on growing referral rates: (1) medical training, (2) workforce factors, (3) patient demand, and (4) payment models.
  - Which are most powerful influencers?
  - Which would you start with to seek to “right size” referral rates? How?
  - If primary care were to prioritize comprehensiveness as a means to high value care, what would need to happen to enable it?

### Ideas Worthy of Policymaker Attention (*lists ideas for policy preconference, refined ones post-conference*)

- ▶ How can payment models align incentives between primary care and specialty care, to ensure “right care, right place” for patients and to maximize quality of communication and coordination?

Taylor EF, Lake T, Nysenbaum J, Peterson G, Meyers D. Coordinating care in the medical neighborhood: critical components and available mechanisms. White Paper (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO2). AHRQ Publication No. 11-0064. Rockville, MD: Agency for Healthcare Research and Quality. June 2011.

American College of Physicians. The Patient-Centered Medical Home Neighbor: The Interface of the Patient-Centered Medical Home with Specialty/Subspecialty Practices. Philadelphia: American College of Physicians; 2010: Policy Paper.

Association of American Medical Colleges. Innovations at the Interface of Primary and Specialty Care. Washington, DC, Mar 2016: Report.

### Important Unanswered Questions & Ideas Worthy of Research Community Attention

- ▶ Are referral rates inversely related to comprehensiveness?
- ▶ What are most effective approaches to enhance comprehensiveness in primary care?
- ▶ What are most effective approaches to improve collaboration between specialists and PCPs?
- ▶ Do PCP's even want to provide comprehensive care anymore?
- ▶ Do patients want PCP's to provide comprehensive care anymore?