



Comparison of Primary Care Received by New Hampshire Medicaid Members at Different Practice Settings in 2006

Presentation to the New Hampshire CHIS
Users Group Meeting, April 1, 2010

Purpose

Describe variations in health care access, quality, service utilization and payments for New Hampshire Medicaid members receiving primary care in five different practice settings:

- Hospital-based clinics and outpatient departments
- Federally Qualified Health Centers (FQHC)
- Rural Health Centers (RHCs)
- Stand-alone office-based physician practices
- Dartmouth Hitchcock (DHC) clinics

Data Source/ Study Population

- Based on administrative eligibility and claims data from New Hampshire Medicaid.
- Calendar year (CY) 2006
 - Some HEDIS measures reflect two-year period (2005-2006).
- NH Medicaid-only members (N=88,184)
 - Dually-eligible for Medicare and Medicaid, including enrollees in the Medicare Savings Programs (MSPs) are excluded.

Study Questions

- Where do NH Medicaid members receive primary care?
- Are there differences by eligibility, age, geography in where members receive primary care?
- How does members' access to preventive and primary care vary by primary care (PC) setting?
- How does members' care for specific child and adult conditions vary by PC setting?
- How does member service utilization vary by PC setting?
- How do per member per month payments vary by PC setting?

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Study Measures

- Member characteristics
 - Age, gender, eligibility, geography, mental health diagnoses, health status (CRG).
- Service utilization (standardized for age, gender, CRG)
 - Total and by categories of service (e.g. inpatient, outpatient, pharmacy)
 - Inpatient utilization for Ambulatory Sensitive Conditions (ACS) (i.e. asthma, bacterial pneumonia, dehydration, gastroenteritis, and urinary tract infection).
 - ED Use for conditions more appropriately treated through primary care.
 - Inpatient, ED, and MH Specialist use for those with mental health diagnoses.
- Access and effectiveness of care measures (NCQA HEDIS)
 - Children and adolescents' access to primary care practitioners (CAP) and adults' access to preventive/ambulatory health service (AAP)
 - Use of appropriate controller medications for asthma; appropriate antibiotic use for upper respiratory infections; appropriate strep testing for children with pharyngitis; selected tests for comprehensive diabetes care; breast cancer screening; cervical cancer screening; and colorectal cancer screening.
- Payment (standardized for age, gender, CRG)
 - Per member per month payments

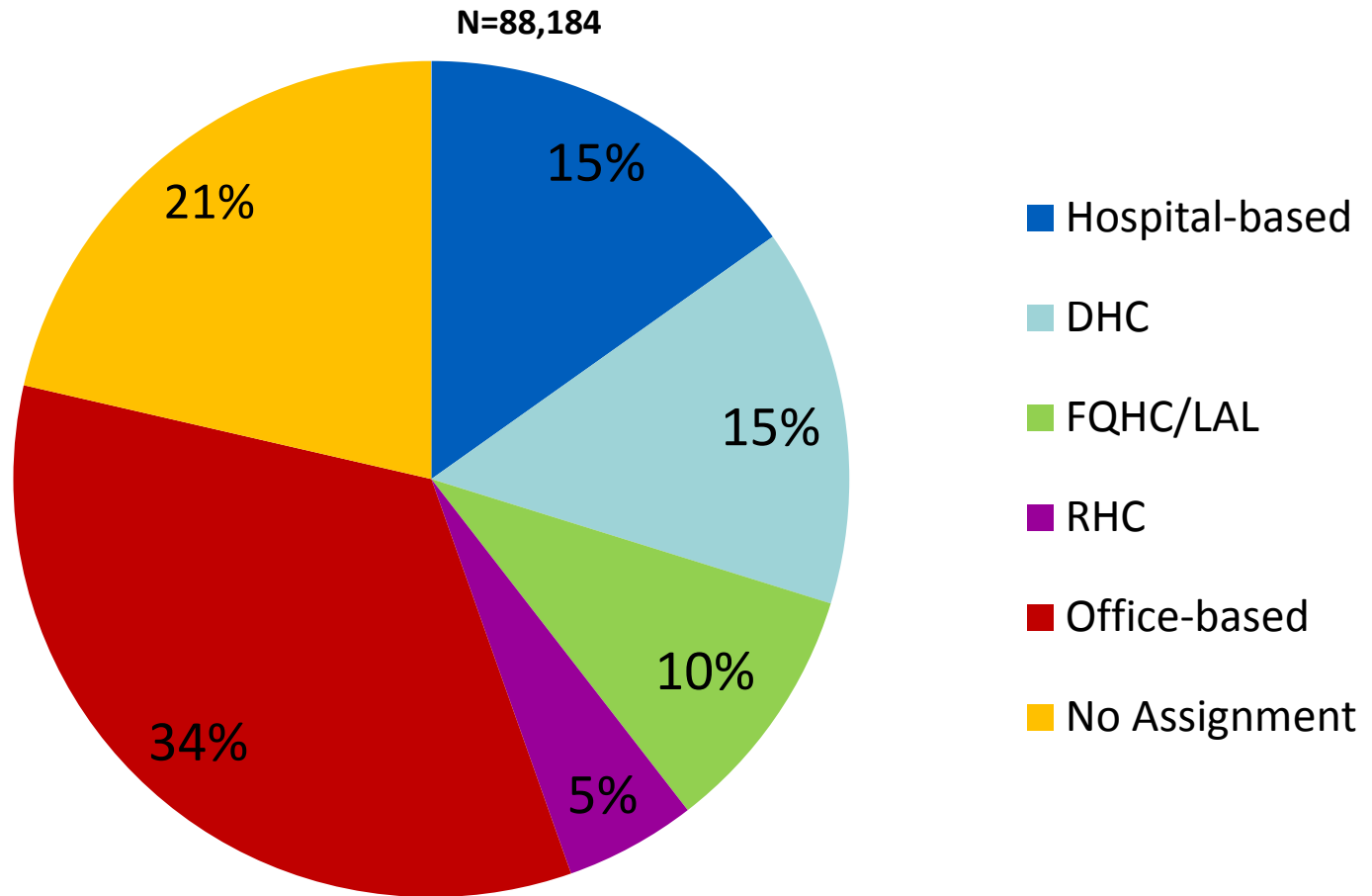
Provider Assignment to Primary Care Setting

- All providers offering primary care to NH Medicaid members based on procedure codes, revenue codes, specialty type, and category of service identified on 2006 claims.
- Assigned to practice type based on category of service and billing provider identification numbers.
- Excluded from assignment
 - ✓ Non-NH-based providers,
 - ✓ Specialty and non-traditional primary care settings (e.g. inpatient hospitals, mental health clinics) that billed for a primary care procedure/ service.

Member Assignment to Primary Care Setting

- Assigned based on setting at which member received the majority of his/her primary care visits (as defined by procedure and revenue codes) in 2006.
- If enrollee sought primary care an equal number of times at two or more settings, assigned to the last primary care provider they visited.
- Unit of analysis is practice setting not provider. Members could be receiving services from more than one provider in a practice setting.
- Members with no primary care assignment:
 - received primary care from specialty or non-traditional primary care site;
 - received sick care only, no primary care;
 - did not receive any care in 2006.

NH Medicaid Members by Primary Care Practice Setting, 2006



Average Member Age and Health Status by Primary Practice Setting, CY 2006

N=69,311

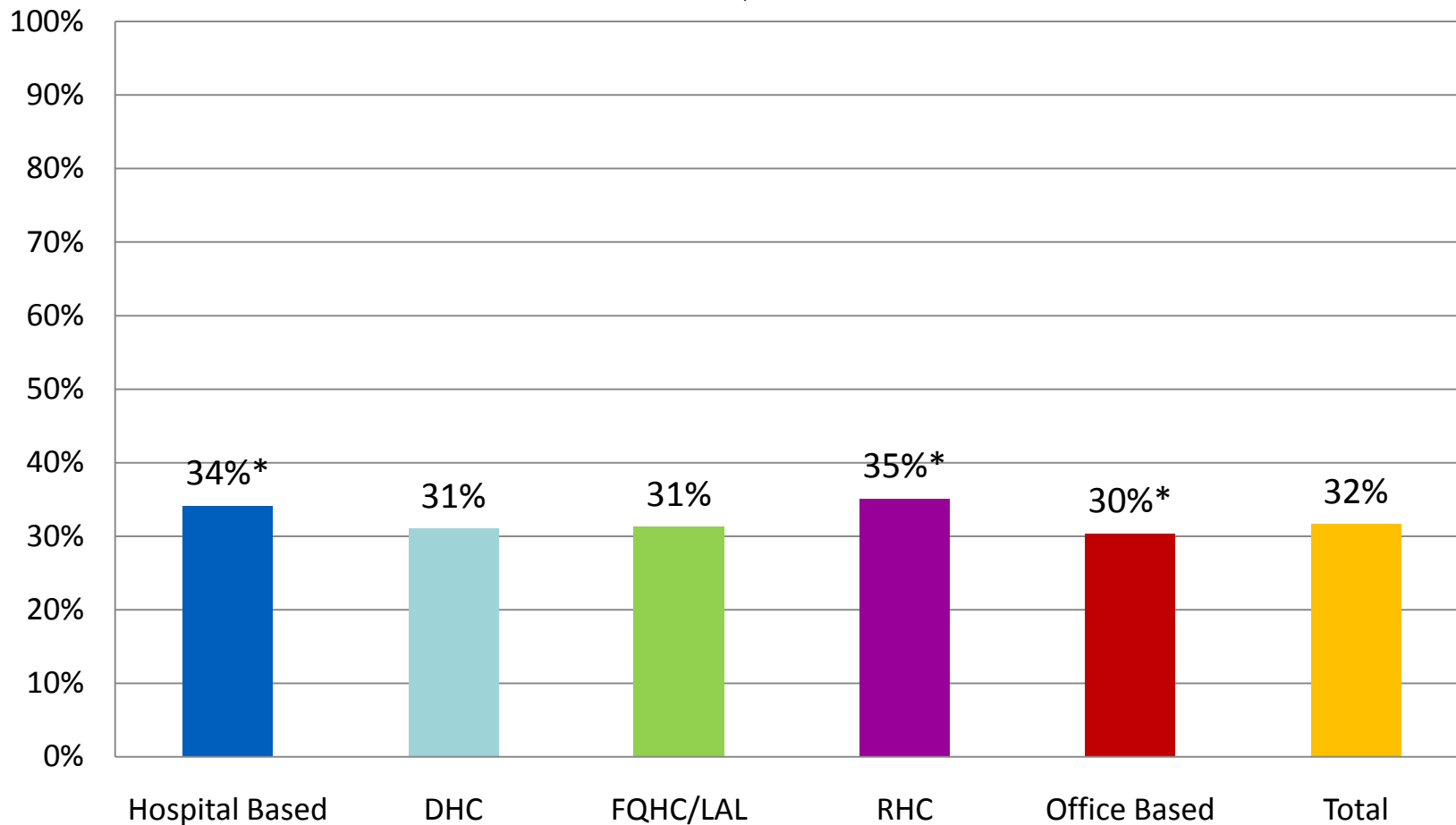
	Hospital-based	DHC	FQHC/ LAL	RHC	Office-Based	Total with PC
Average Monthly Members	13,397	12,890	8,551	4,477	29,996	69,311
Average CRG Risk Weight	1.018*^	0.860*	.840*	.895	.954^	.931
Average Age	15.6*	13.5*	16.8*	13.4*	14.9	14.9

*Statistically significant difference from total NH Medicaid members receiving primary care.

^Statistically significant difference from all other primary care settings

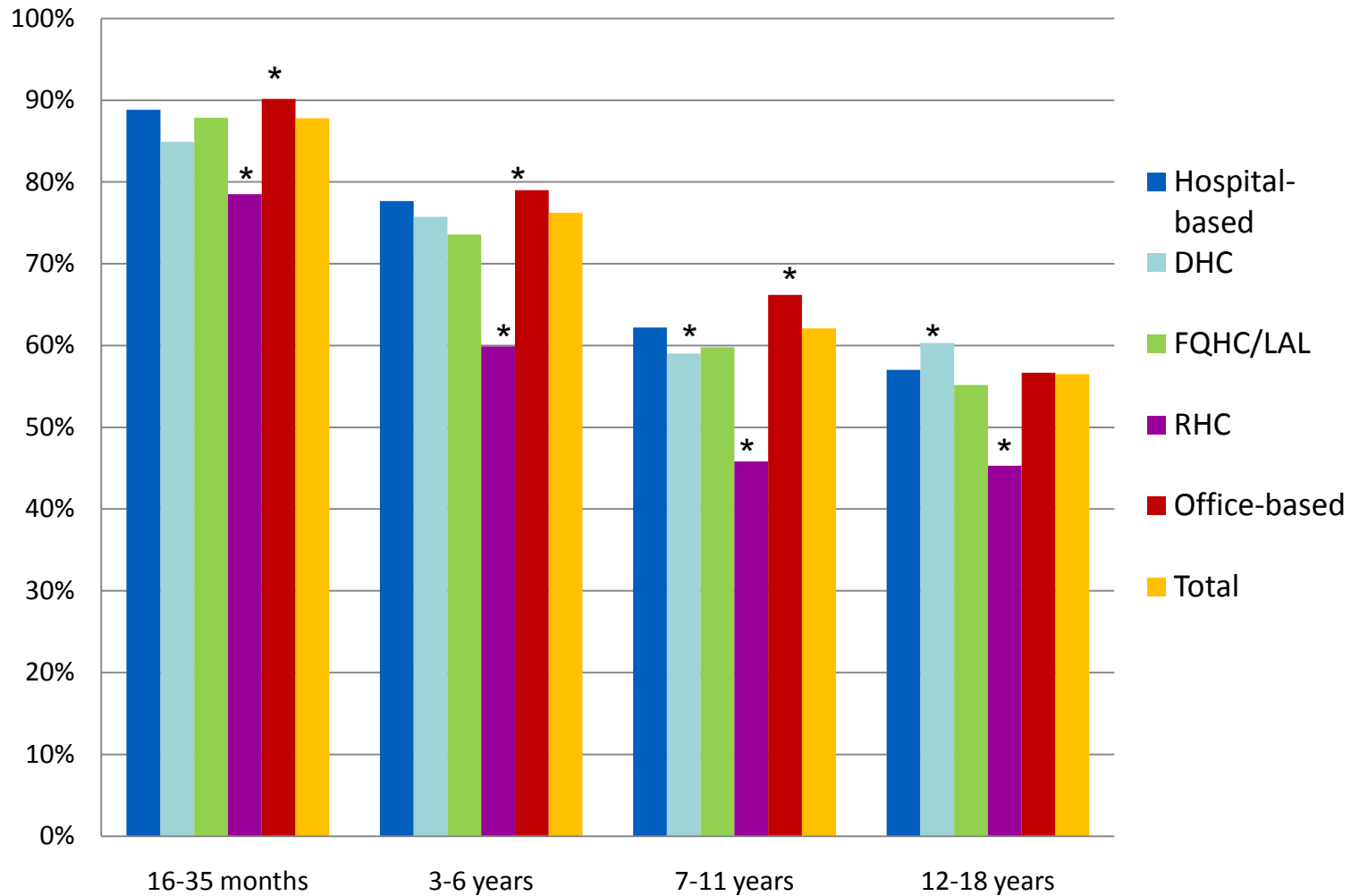
Prevalence Rates of Any Mental Health Disorders for NH Medicaid Members by Practice Setting, 2006 (standardized by age and gender)

N=69,311



*Statistically significant difference from total NH Medicaid members receiving primary care

Percent of Children and Adolescents with Well-Child Visit During the Year by Age and Practice Setting, 2006



*Statistically significant difference from total NH Medicaid members receiving primary care

Percentage of Children with Appropriate Medication or Testing for URI, Pharyngitis, and Asthma, CY 2006

Measure	Hospital-based	DHC	FQHC/LAL	RHC	Office-based	Total NH Medicaid Members w/PC	National 2007 NCQA Medicaid Managed Care HEDIS Data
Pharyngitis with Strep Test	58.0%*	85.6%*	79.3%	76.5%	76.2%	75.5%	56.0%
URI with no antibiotic	88.0%	89.3%	84.9%	76.4%*	88.4%	87.8%	83.4%
Appropriate Medication for Members with Persistent Asthma							
5-9 years	91.6%	92.5%	94.1%	100%*	94.6%	93.9%	89.6%
10-17 years	90.0%	90.8%	82.0%	85.1%	86.1%	87.3%	87.0%
18-56 years	82.3%	78.8%	76.8%	85.7%	86.2%	82.6%	84.7%

*Statistically significant difference from total NH Medicaid members receiving primary care

Adult Cancer Screening Prevention by Practice Setting, CY 2006

Measure	Hospital-based	DHC	FQHC/ LAL	RHC	Office-based	Total NH Medicaid w/ PC	National 2007 NCQA Medicaid Managed Care HEDIS Data
Breast Cancer Screening[†]							
42-51	47.2%	55.6%	56.0%	42.0%	53.2%	52.1%	45.6%
52-64	54.9%	64.1%	60.1%	55.6%	55.9%	57.5%	54.8%
Total (42-64)	50.3%	59.0%	57.8%	48.5%	54.4%	54.4%	49.1%
Cervical Cancer Screening	61.9%	67.1%*	66.9%*	59.7%	58.7%*	62.2%	65.7%
Colorectal Screening	28.2%	34.0%	26.4%	33.3%	28.1%	28.9%	NA

[†]2007 National Medicaid HEDIS breast cancer screen rates reflect screening for women age 42 to 69.

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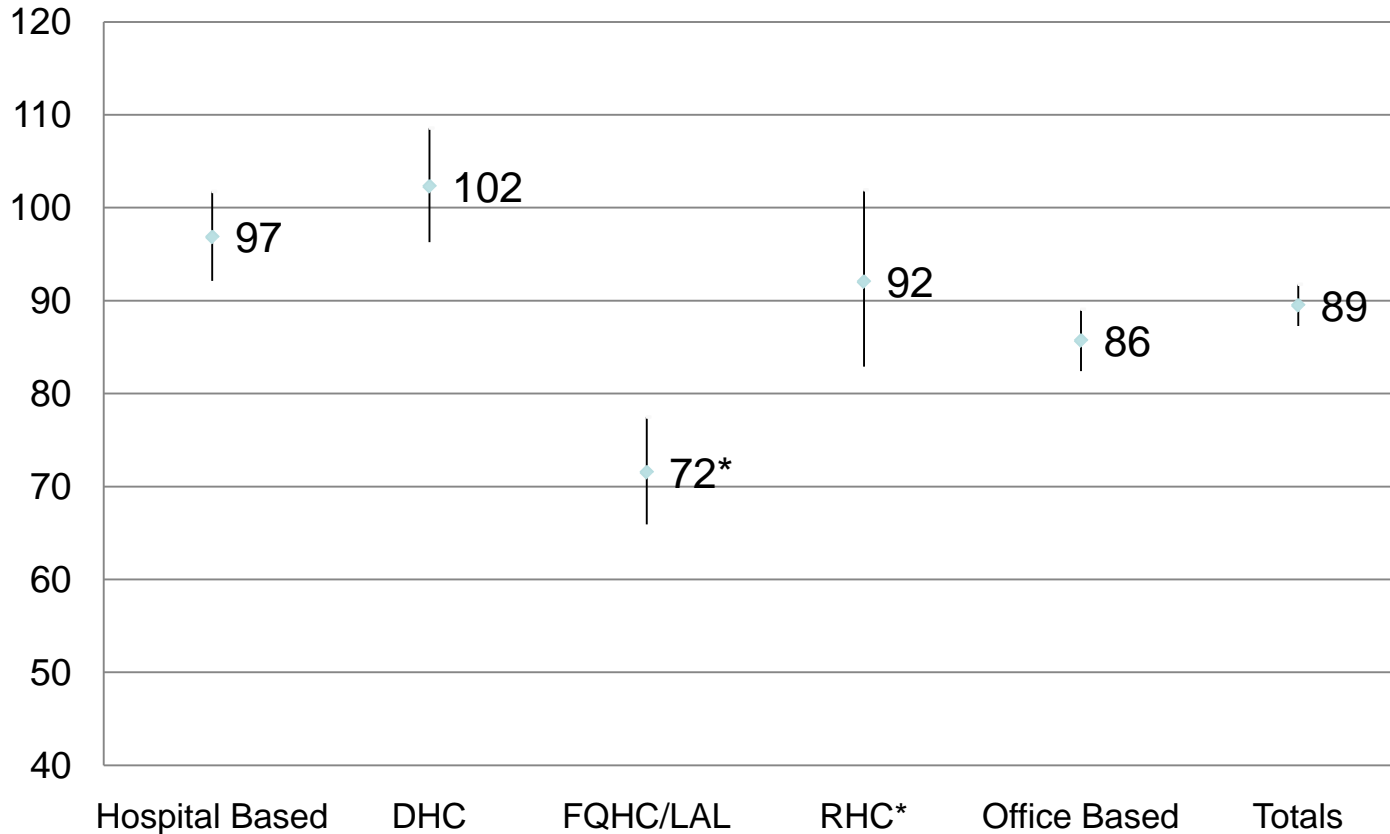
Service Utilization per 1,000 Members and by Medical Service Categories by Practice Setting, 2006

(standardized for age, gender, and CRG)

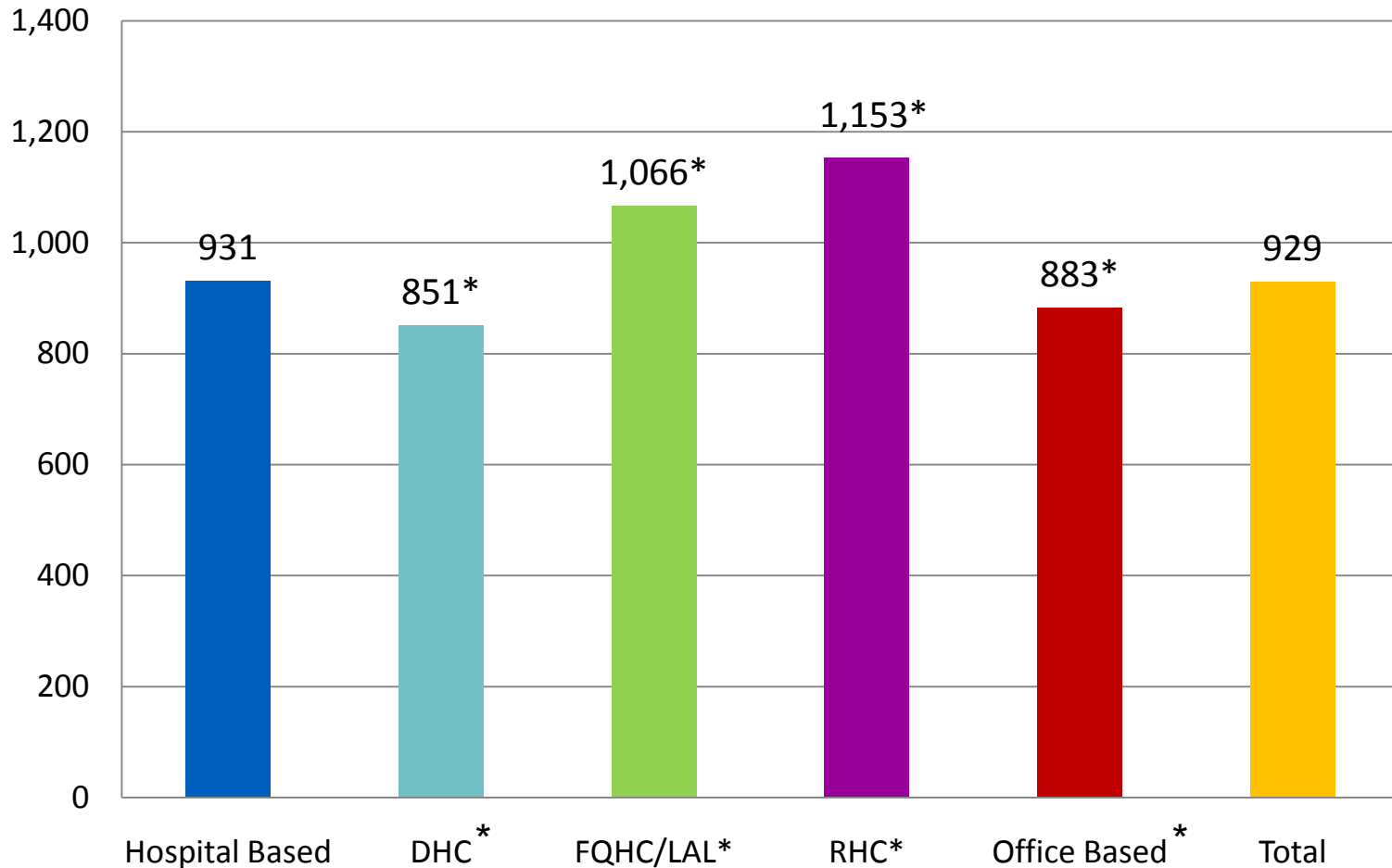
Service Category	Hospital-based	DHC	FQHC/LAL	RHC	Office-based	Total
Total	38,820*	39,345*	34,738*	37,540*	37,808	37,881
Inpatient	204	198	214*	198	178*	194
Outpatient	6,773*	2,206*	3,267*	3,051*	2,823*	3,627
Physician	4,817*	7,678*	3,000*	2,479*	7,553*	6,110
Other Professional	7,297*	7,927*	12,873*	10,213*	7,638*	8,382
Rx	13,122	14,185*	11,970*	13,778*	13,015*	13,131
Behavioral Health	4,049*	3,877*	3,130*	3,778*	3,407*	3,610

*Statistically significant difference from total NH Medicaid members receiving primary care.

Inpatient Utilization Rates Excluding Pregnancy-related Admissions per 1,000 Members by Primary Care Setting, 2006 (standardized for age, gender and CRG)



Outpatient Emergency Department Visit Rate per 1,000 Members by Primary Care Setting, 2006 (standardized for age, gender and CRG)



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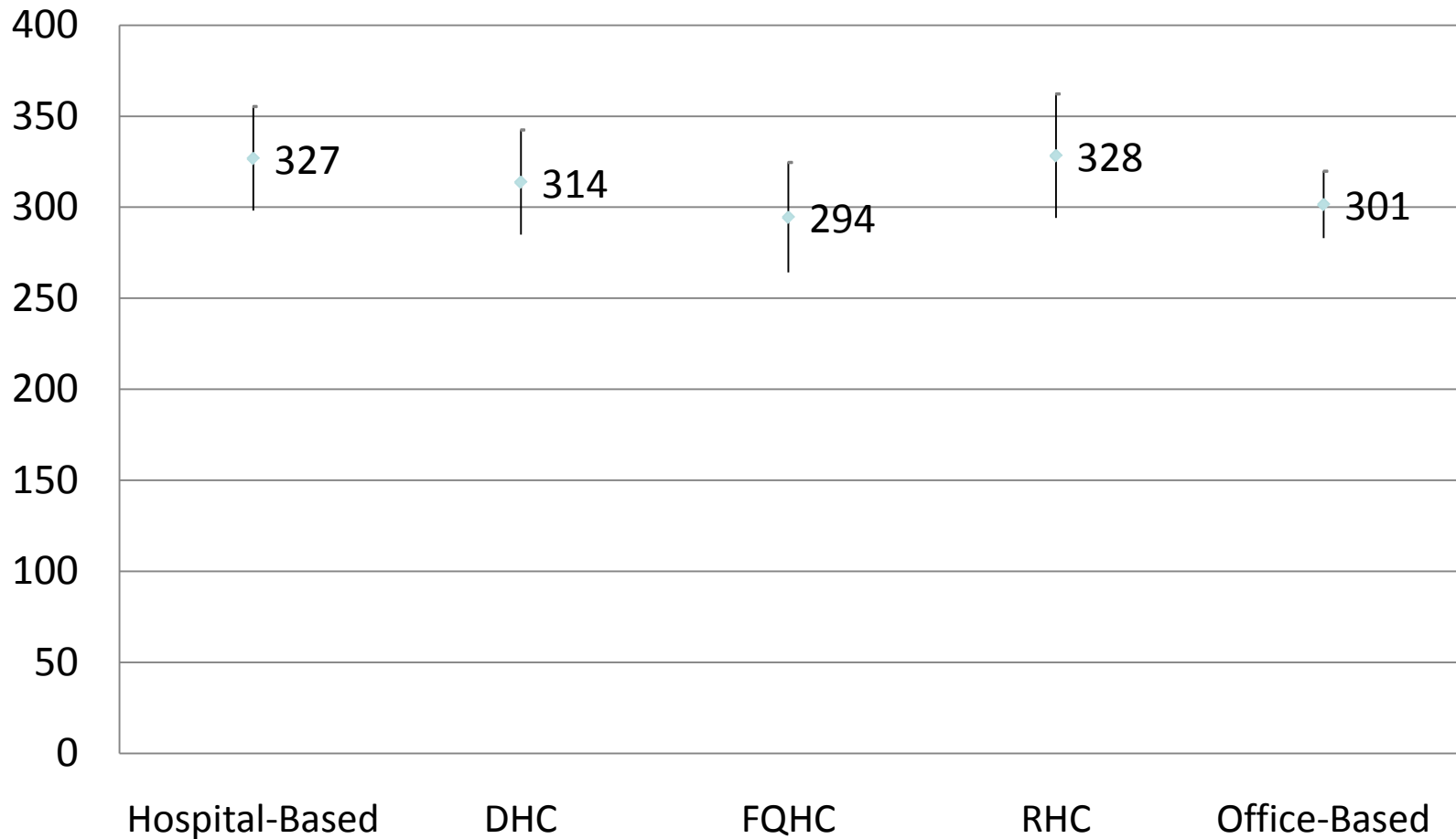
Potentially Avoidable Inpatient Hospitalizations and Outpatient ED Rates per 1,000 Members by Setting, CY2006

(standardized for age, gender, and CRG)

	Hospital-based	DHC	FQHC/ LAL	RHC	Office-based	Total*
Inpatient ACS Conditions						
<i>Rate per 1,000 Members[†]</i>	9.3(140)	10.2 (121)	7.0 (55)	9.0 (39)	7.6 (229)	8.4(584)
<i>Total Payments</i>	\$421,611	\$288,139	\$124,494	\$91,141	\$546,881	\$1,467,581
<i>Average Payments</i>	\$3,012	\$2,381	\$2,264	\$2,337	\$2,388	\$2,513
ED Selected Conditions potentially more appropriately treated in primary care						
<i>Rate per 1,000 Members</i>	295 (4084)	244* (3000)	349* (3230)	394* (1732)	271* (7988)	289 (20034)
<i>Total Payments</i>	\$843,597	\$662,093	\$667,601	\$277,171	\$1,650,510	\$4,100,972
<i>Average Payment per Visit</i>	\$207	\$221	\$207	\$160	\$207	\$205

*Statistically significant difference from total NH Medicaid members receiving primary care.

Total Per Member Per Month (PMPM)s for Medical Care by Primary Care Setting Excluding Pregnancy and High-Cost Users, 2006 (standardized for age, gender and CRG)



Summary of Findings

- Most NH Medicaid members received primary care from stand-alone office practices, hospital-based or DHC practices.
- Some differences in patient populations served by setting:
 - Hospital and office-based serve sicker patients;
 - FQHCs serve more adults;
 - RHCs and hospital-based higher MH prevalence.
- In most primary care settings, NH Medicaid members are getting appropriate care compared to national Medicaid HEDIS rates, but there is still room for improvement (e.g. cervical/colorectal cancer screenings).

Summary of Findings (cont.)

- For many care effectiveness measures, no significant differences across NH practice settings (diabetes, breast cancer, appropriate medications for persistent asthma).
- Children are significantly more likely to receive well-child visits at office-based settings and less likely at RHCs.
- DHC and FQHCs have higher rates and office-based practices have lower rates of cervical cancer screenings.
- Some differences in service utilization and payments by setting
 - Significantly lower overall service use and lower inpatient utilization excluding pregnancies in FQHCs
 - Higher ED rates (total and selected conditions) for patients served by FQHCs and RHCs and lower rates in DHC and office-based practices.
 - No significant differences in PMPMs after excluding pregnancy and high-cost users.

Other Follow-Up Studies

- 2008 Primary Care Update
 - Revised practice setting categories
 - Combines hospital-based and office-based settings reflecting more recent changes in NH Medicaid payment policies
 - Modified method for DHC assignment
 - Added effectiveness of care measures
 - ADHD medication
 - Imaging for low back pain
 - Spirometry for COPD
 - Cholesterol screening for cardio vascular conditions
 - Inappropriate antibiotics for bronchitis
- Variations in primary care by geography; and
- Analysis of persons not receiving primary care.