

Implementation of Evidenced-Based Care Management Practices Among Independent Physician Associations Serving Elderly Medicare Advantage and Dual Eligible Program Beneficiaries

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Abstract

Problem

Scholars and policy makers have highlighted the importance of preventing hospital admissions and readmissions for individuals with a chronic condition, who account for a large percentage of the nation's healthcare spending. Providing effective care management strategies can help reduce emergency department use, inpatient admissions or readmissions, thereby reducing rising health care costs. However, implementing effective care management strategies may be more difficult for Independent Physician Associations (IPAs) that contract with multiple insurers and managed care organizations.

Methodology

The research synthesized peer-reviewed literature to identify best practices in chronic-disease management for Medicare beneficiaries. A series of key informant interviews were conducted to explore barriers and facilitators to adapting two of these best practices, home visits and multi-disciplinary care teams, in IPA settings. The key informant interviews were conducted with executives, medical directors, and care managers who had significant experience in implementing best practices in IPA environments.

Results

Several themes were identified in the key informant interviews and include improved use of electronic medical records, enhanced IPA provider engagement and communication, optimizing outreach to patients in IPAs that cover large geographic rations, use of provider incentives to increase participation in best practices, and understanding the structure of the revenue model for each IPA.

Recommendations

The research suggests the need to: augment the existing communication strategy between the IPA central administrative office and the provider network, assess the IPA's revenue model to determine readiness to implement best practices, evaluate the number of high volume providers affiliated with the IPA in order to assess ease of implementation of best practices, employ a robust risk stratification system to determine which patients should receive best practice related interventions, include a social worker and pharmacist on care teams, conduct face-to-face patient visits in the home settings of high-risk patients, incorporate transitional care into best practice interventions, and encourage consistent provider involvement as it relates to best practice interventions.

Additional research is needed among IPAs nationally to further explore the effects of best practices on vulnerable populations. A particular area that needs attention is standardizing how results of interventions are collected, evaluated, and reported.

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