AJMC Authors Create Way to Measure Lack of Care Coordination, and Relationship to Cost

The theory that a lack of coordination leads to poor health outcomes and higher costs drives US healthcare policy. But for the first time, a new study in The American Journal of Managed Care measures this phenomenon—and confirms it.

Plainsboro, N.J. (PRWEB) May 14, 2015 -- When care is uncoordinated, especially among those with chronic conditions, health suffers, patients end up in the hospital and costs rise. That’s the theory that drives much of the current thinking in US healthcare policy and especially reforms going on in Medicare.

But until now, this hypothesis was largely untested. Authors led by Brigham R. Frandsen, PhD, set out to change this, and their new study in The American Journal of Managed Care quantifies and confirms what has long been believed: the more poorly coordinated or “fragmented” the care is, the worse things are for the patient, and the more care costs.

“The effects were sizable, and suggest that policy makers and clinical leaders may need to pay greater attention to reducing fragmentation in order to improve care and reduce healthcare spending,” the authors wrote in “Care Fragmentation, Quality, and Costs Among Chronically Ill Patients.” The full article can be found here.

Using a database of more than 500,000 claims from a large commercial insurer, the authors created a “fragmentation index” based on the patterns of care from patients’ primary care providers—care across multiple providers would be considered more fragmented, and care across fewer providers less so. Researchers used regression analysis to examine the relationships among the level of fragmentation, the quality of care, and the cost of care.

Of particular concern to the researchers was the challenge of trying to determine whether fragmented care itself—not the poorer health profiles of the patients involved—drove less ideal health outcomes and higher costs. To address this among patients with chronic conditions, who are the focus of payment reform efforts in Medicare and beyond, researchers used a fragmentation score that was based on other patients in each primary care practice, thus removing the effect of the chronic condition.

In doing so, researchers found substantial and costly differences in the quality of care between practices that do a good job of coordinating care and those that do not.

Patients of primary care physicians with the most fragmented practice styles were most likely to receive care that departed from clinical best practices: 32.8% of these patients received such care, compared with 25.9% of patients in practices with the least fragmentation. Also, patients in the most fragmented practices had higher rates of preventable hospitalizations than their counterparts in the most coordinated practices: 9.1% vs 7.1%.

Finally, high fragmentation was associated with $4,542 in higher cost: $10,396 in the most fragmented compared with $5,854 in the least fragmented.

Of concern for Medicare officials, the authors report that the profile of a patient receiving highly fragmented care was older, more likely to be female, and more likely to suffer from diabetes, ischemic heart disease, hypertension, congestive heart failure, or chronic obstructive pulmonary disease.
About the Journals

The American Journal of Managed Care celebrates its 20th year in 2015 as the leading peer-reviewed journal dedicated to issues in managed care. Other titles in the franchise include The American Journal of Pharmacy Benefits, which provides pharmacy and formulary decision-makers with information to improve the efficiency and health outcomes in managing pharmaceutical care, and The American Journal of Accountable Care, which publishes research and commentary on new healthcare delivery models facilitated by the 2010 Affordable Care Act. AJMC’s news publications, the Evidence-Based series, bring together stakeholder views from payers, providers, policymakers and pharmaceutical leaders in oncology and diabetes management. To order reprints of articles appearing in AJMC publications, please call (609) 716-7777, x 131.

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