Cultivating Collaboration: Building a Successful Collaborative Care Model in a RVU Clinical Environment

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Introduction
- Chronic conditions account for nearly 85% of the nation’s annual health expenditure, 50% of hospital admissions, and 75% of visits to primary care
- Integrated behavioral health in primary care and Patient-Centered Medical Home (PCMH) models of care suggest that interprofessional collaborative care could lower health care utilization and costs

Purpose
- To compare patient-level outcomes from 2016-2017 following the transition to an academic family medicine clinic with an interprofessional collaborative practice (IPCP) model of care.

Method
Setting:
- New family medicine clinic that is part of a large health system and an academic health partner in an area of an urban Midwest community that serves underserved and refugee populations designed for collaborative care
- Set in a community Relative Value Unit (RVU) billing model

Inclusion criteria in baseline year (2016) met one or more of the following:
- 3 or more Emergency Department (ED) visits in a 6-month period
- Hemoglobin A1c ≥ 9
- LACE score ≥ 10

Sample: 276 patients
- 2016: Baseline data based on inclusion criteria

Outcomes Metrics: ED Visits, hospitalizations, patient charges, hemoglobin A1c Values

Intervention (2017)
- 2017: 3 New family medicine clinic merger of 3 clinics and implementation of a model of IPCP
  - Team building and conflict engagement training
  - Huddles, pre-visit planning, and teamlets
  - Weekly Collaborative Care Conferencing

Results
- Observed absolute reduction in: ED visits by 16.7%, hospitalizations by 17.7%, A1c values by 0.8%, and a reduction in median patient charges by 48.2% (all p < .001)
- When considering only patients with at least one ED visit and/or one hospitalization in 2016, there was also a significant decrease in the average number of visits and hospitalizations in 2017 (p < .001)

Conclusions
- Intentional IPCP design can improve patient health outcomes and reduce cost
- Integration of IPCP with PCMH led to significant reduction in cost can be seen with collaborative care on top of the PCMH model
- IPCP models can be effectively implemented and produce positive outcomes in an RVU reimbursement system
- Although ED visit and hospitalization reduction is a positive for patient outcomes, it comes with controversy in a RVU based reimbursement system

Limitations
- The current study did not account for overhead costs of the models of care.
- A non-randomized cohort limits the generalizability of this study.

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