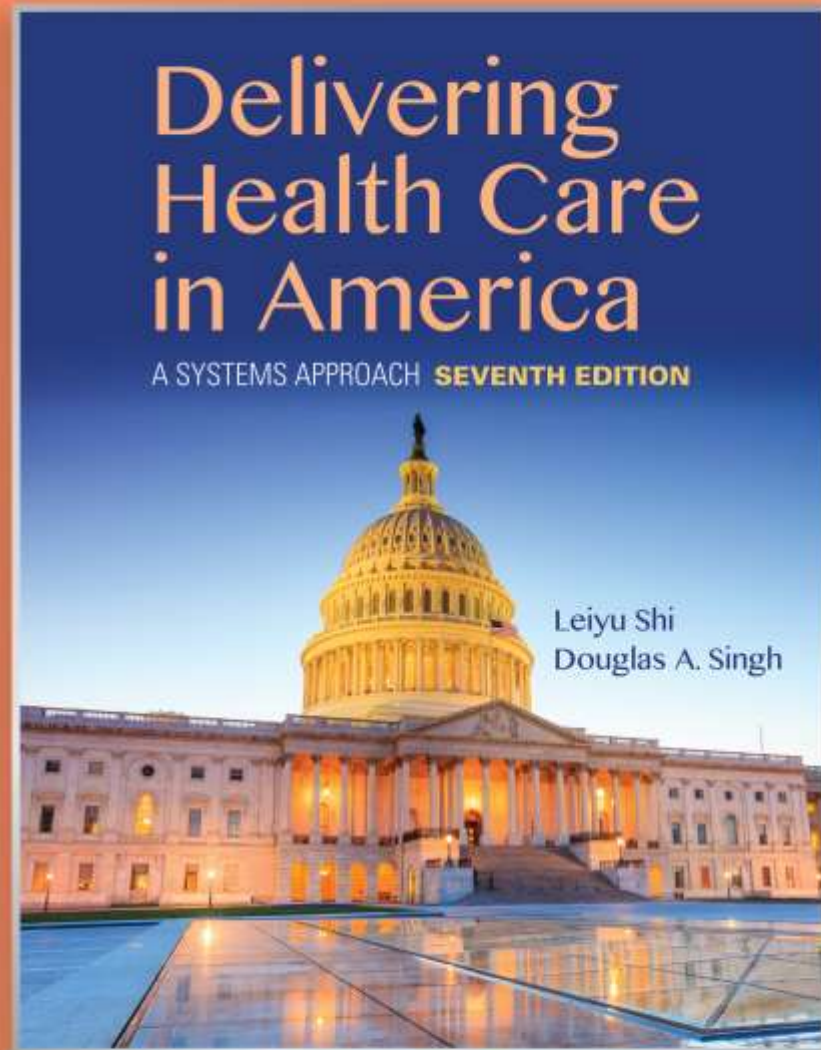


# Chapter 7

## Outpatient and Primary Care Services



# Learning Objectives

- Outpatient, ambulatory, and primary care
- Principles behind patient-centered medical homes and community-based primary care
- Reasons for dramatic growth in outpatient services
- Various types of outpatient settings and services
- Role of complementary and alternative medicine
- Primary care delivery in other countries
- Impact of ACA on primary care

# Introduction

- The terms outpatient and ambulatory are used interchangeably.
- Hospitals provided majority of outpatient care.
- Independent providers faced capital constraints.
- Consumer demand fueled growth of complementary and alternative medicine.
- ACA addresses access for poor and vulnerable.

# What Is Outpatient Care?

- Outpatient services or ambulatory care
- Ambulatory care
  - Diagnostic and therapeutic services for the walking patient
  - Used synonymously with community medicine
- Outpatient services
  - Services not provided with an overnight stay

# Scope of Outpatient Services

- Primary care is the foundation for ambulatory health services.
- Services other than primary care are an integral part of outpatient services.
- Technological advances allow treatments to be provided in ambulatory care settings.

# Table 7-1: Owners, Providers, and Settings for Ambulatory Care Services

Past	Present
<i>Owners/Providers</i>	
<ul style="list-style-type: none"> <li>■ Independent physician practitioners</li> <li>■ Hospitals</li> <li>■ Community health agencies</li> <li>■ Home health agencies</li> </ul>	<ul style="list-style-type: none"> <li>■ Independent physician practitioners</li> <li>■ Hospitals</li> <li>■ Community health agencies</li> <li>■ Managed care organizations</li> <li>■ Insurance companies</li> <li>■ Corporate employers</li> <li>■ Group practices</li> <li>■ National physician chains</li> <li>■ Home health companies</li> <li>■ National diversified health care companies</li> </ul>
<ul style="list-style-type: none"> <li>■ Hospital outpatient departments</li> <li>■ Physicians' offices</li> <li>■ Outpatient surgery centers</li> <li>■ Hospital emergency departments</li> <li>■ Home health agencies</li> <li>■ Neighborhood health centers</li> </ul>	<ul style="list-style-type: none"> <li>■ Physicians' offices</li> <li>■ Walk-in clinics/urgent care centers</li> <li>■ Retail clinics</li> <li>■ Outpatient surgery centers</li> <li>■ Chemotherapy and radiation therapy centers</li> <li>■ Dialysis centers</li> <li>■ Community health centers</li> <li>■ Diagnostic imaging centers</li> <li>■ Mobile imaging centers</li> <li>■ Fitness/wellness centers</li> <li>■ Occupational health centers</li> <li>■ Psychiatric outpatient centers</li> <li>■ Rehabilitation centers</li> <li>■ Sports medicine clinics</li> <li>■ Hand injury rehabilitation clinics</li> <li>■ Women's health clinics</li> <li>■ Wound care centers</li> </ul>

Data from Barr, K. W., and C. L. Breindel. 2004. Ambulatory care. In: Health care administration: Planning, implementing, and managing organized delivery systems. L. F. Wolper, ed. 4th ed. Burlington, MA: Jones & Bartlett Learning. pp. 507–546.

# Primary Care

- Plays a central role in a health care delivery system.
- Distinguished from secondary and tertiary care by duration, frequency, and intensity.
- Secondary and tertiary care are more complex and specialized.

# Secondary Care

- Usually short term
- Sporadic consultation from a specialist
- Includes hospitalization
- Routine surgery
- Specialty consultation
- Rehabilitation



# Tertiary Care

- Most complex level of care
- Uncommon conditions
- Institution based
- Highly specialized
- Technology-driven
- Rendered in large teaching hospitals

# Health Care Service Frequency

- Primary care
  - 75–85% of population requires only primary care
- Secondary care
  - 10–12% requires referral to short-term secondary care
- Tertiary care
  - 5–10% require tertiary care

# World Health Organization Definition

- World Health Organization (WHO, 1978)
- Three elements for understanding primary care
  1. Point of entry
  2. Coordination of care
  3. Essential care

# Institute of Medicine Definition

- IOM defined primary care
  - Comprehensively addresses any health problem at any stage of patient's life
  - Coordination ensures a combination of health services to best meet the patient's needs
  - Continuity of care administered over time
  - Emphasizes accessibility and accountability

# Primary Care and the Affordable Care Act

- Four primary care provisions
  - Increased Medicare and Medicaid payments
  - New incentives for primary care providers working in underserved areas
  - Expansion of the health center program and strengthening of the capacity of health centers
  - Creation of additional training programs

# New Directions in Primary Care

(1 of 2)

- Patient-centered medical homes (PCMH)
  - Team-oriented approach for special-needs children requiring constant care coordination
  - Initially consisted of an interdisciplinary team of physicians and allied health professionals
  - Studies demonstrated a positive impact
  - PCMH assessment tools

# New Directions in Primary Care

(2 of 2)

- Community-oriented primary care elements
  - Reducing exclusion and social disparities
  - Organizing health services around people's needs
  - Integrating health into all sectors
  - Pursuing collaborative models of policy dialogue
  - Increasing stakeholder participation

# Primary Care Providers

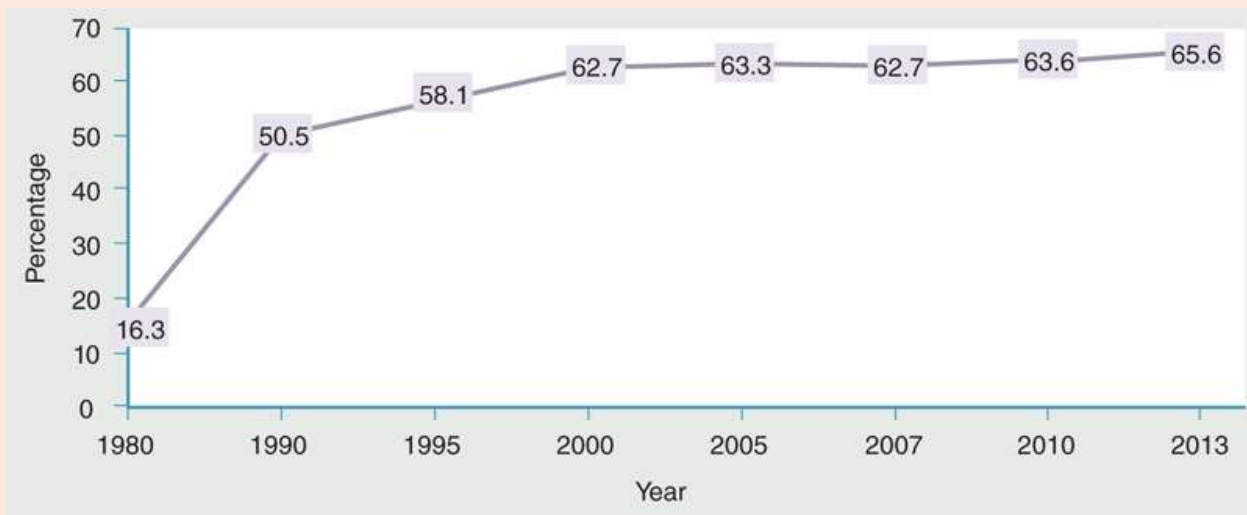
- U.S. primary care practitioners
  - Not restricted to physicians trained in general and family practice
  - Includes internal medicine, pediatrics, and obstetrics and gynecology
- Nonphysician practitioners (NPPs)
  - Nurse practitioners (NPs), physician assistants (PAs), and certified nurse-midwives (CNMs)



# Growth in Outpatient Services

- Reimbursement
- Technological factors
- Utilization control factors
- Physician practice factors
- Social factors

# Figure 7-2: Percentage of total surgeries performed in outpatient departments of U.S. community hospitals, 1980–2013.



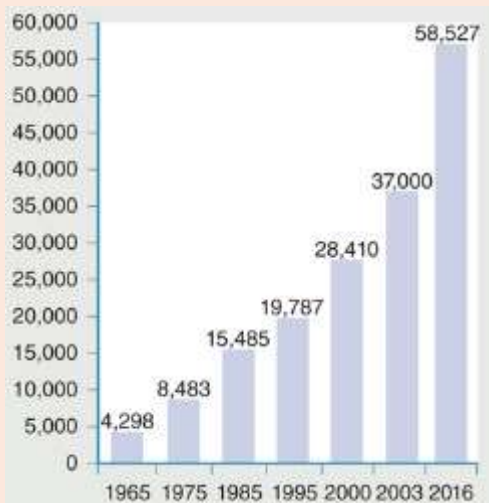
Data from National Center for Health Statistics. 2016. Health, United States, 2015. U.S. Department of Health and Human Services. p. 281.

# Types of Outpatient Care Settings and Methods of Delivery (1 of 6)

- Private practice
- Hospital-based services
  - Clinical services
  - Surgical services
  - Emergency services
  - Home health care
  - Women's services

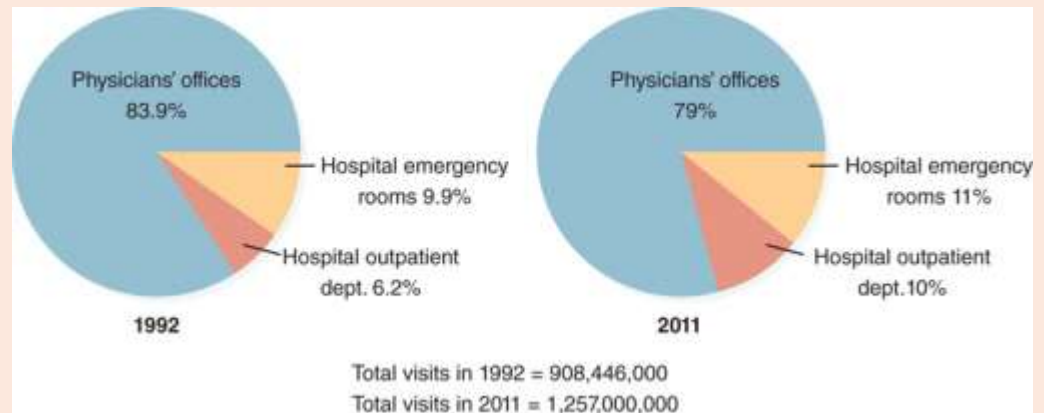
# Types of Outpatient Care Settings and Methods of Delivery (2 of 6)

Figure 7-3 Growth in the number of medical group practices in the United States.



Data from Medical Group Management Association. Medical group fast facts. Available at: [http://www.mgma.com/uploadedFiles/Store\\_Content/Surveys\\_and\\_Benchmarking/8523-Table-of-Content-MGMA-Performance-and-Practices-of-Successful-Medical-Groups.pdf](http://www.mgma.com/uploadedFiles/Store_Content/Surveys_and_Benchmarking/8523-Table-of-Content-MGMA-Performance-and-Practices-of-Successful-Medical-Groups.pdf); SK&A . 2016. Medical group practice list. <http://www.skainfo.com/databases/medical-group-practice-list>. Accessed January 2016; VHA Inc. and Deloitte & Touche. 1997. Environmental assessment: Redesigning health care for the millennium. Irving, TX: VHA Inc.; SMG Solutions. 2000. Report and directory: Medical group practices. Chicago, IL: SMG Solutions.

Figure 7-4 Ambulatory care visits in the United States.



Data from National Center for Health Statistics. 2016. Health, United States, 2015. U.S. Department of Health and Human Services. p. 265.

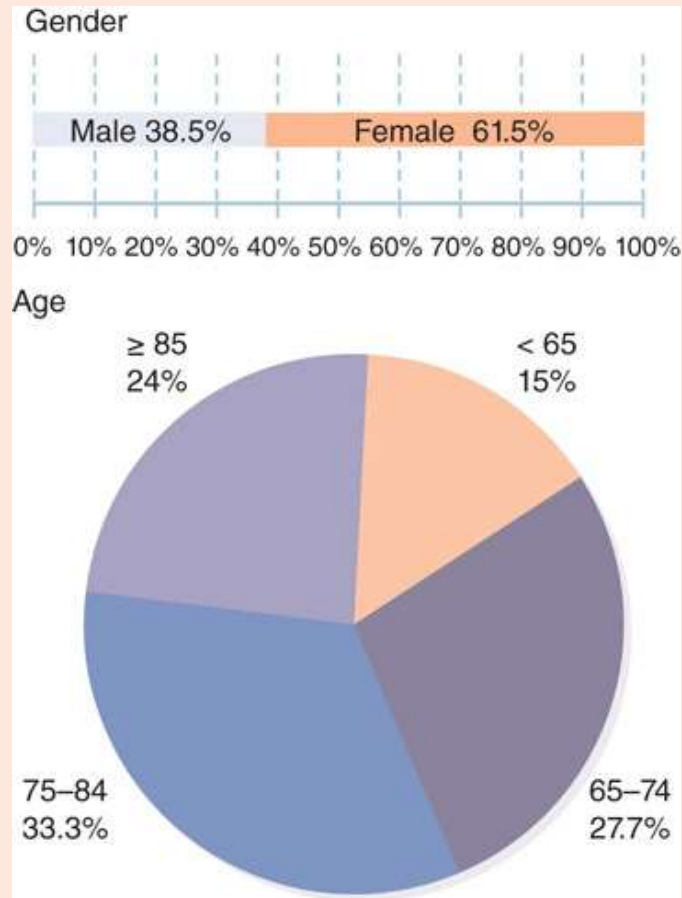
# Types of Outpatient Care Settings and Methods of Delivery (3 of 6)

- Freestanding facilities
  - Walk-in clinics
  - Urgent care centers
  - Surgicenters
- Retail clinics
- Mobile medical, diagnostic, and screenings
  - EMTs and paramedics

# Types of Outpatient Care Settings and Methods of Delivery (4 of 6)

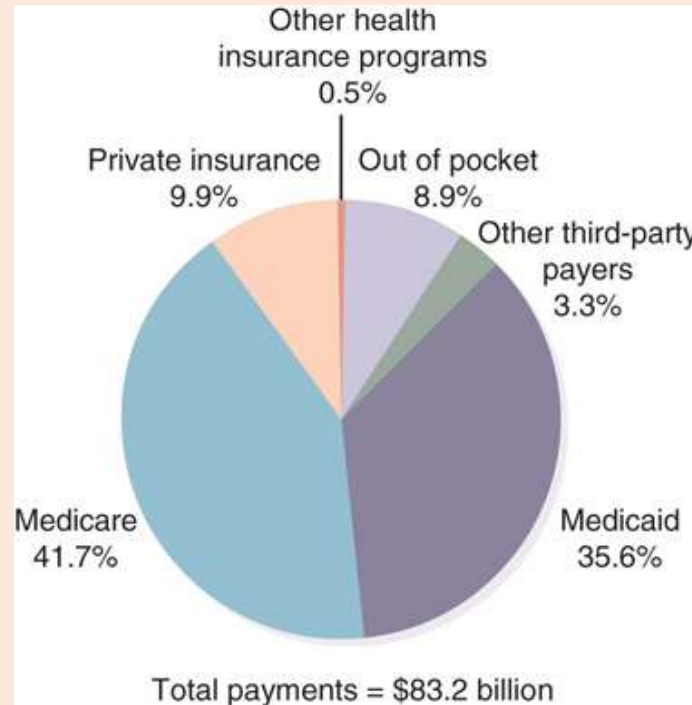
- Home health care
- Hospice services
  - Comprehensive services for terminally ill with life expectancy of 6 months or less
  - Palliation with psychosocial and spiritual support
  - Specific conditions for Medicare certification

# Figure 7-6: Demographic characteristics of U.S. home health patients, 2013.



Data from Alliance for Home Health Quality and Innovation. 2015. Home Health Chartbook 2015. Available at: [http://ahhq.org/images/uploads/AHHQ\\_2015\\_Chartbook\\_FINAL\\_October\\_Aug2016Update.pdf](http://ahhq.org/images/uploads/AHHQ_2015_Chartbook_FINAL_October_Aug2016Update.pdf). Accessed February 2017.

# Figure 7-7: Estimated payments for home care by payment source, 2014.



Data from National Center for Health Statistics. 2016. Health, United States, 2015. U.S. Department of Health and Human Services. p. 298.



# Table 7-4: Home Health and Hospice Care Patients Served at the Time of the Interview, by Agency Type and Number of Patients in the United States, 2007.

<b>TABLE 7-4</b> Home Health and Hospice Care Patients Served at the Time of the Interview, by Agency Type and Number of Patients in the United States, 2007		
<b>Number of Patients</b>	<b>Home Health Care Only</b>	<b>Home Health and Hospice Care (Mixed)</b>
<i>Mean (Standard Error)</i>		
Number of home health care patients	109.0 (9.2)	177.7 (17.7)
<i>Percentage Distributions (Standard Error)</i>		
Total	100.0	100.0
0–25	16.0 (4.3) <sup>1</sup>	9.8 (2.4) <sup>1</sup>
26–50	21.3 (4.2) <sup>1</sup>	25.1 (6.4) <sup>1</sup>
51–100	29.0 (4.0)	18.4 (3.1)

**TABLE 7-4** Home Health and Hospice Care Patients Served at the Time of the Interview, by Agency Type and Number of Patients in the United States, 2007 (*continued*)

Number of Patients	Home Health Care Only	Home Health and Hospice Care (Mixed)
101–150	10.8 (2.3) <sup>1</sup>	9.4 (1.9) <sup>1</sup>
151 or more	23.0 (3.5)	37.4 (4.8)
Number of Patients	Hospice Care Only	Home Health and Hospice Care (Mixed)
<i>Mean (Standard Error)</i>		
Number of hospice care patients	78.1 (6.4)	39.1 (5.7)
<i>Percentage Distributions (Standard Error)</i>		
Total	100.0	100.0
0–25	29.5 (5.4)	57.6 (5.6)
26–50	22.1 (4.9)	24.5 (5.9)
51–100	21.2 (4.0)	6.3 (1.4) <sup>1</sup>
101–150	9.9 (2.5) <sup>1</sup>	<sup>2</sup>
151 or more	11.6 (2.3) <sup>1</sup>	<sup>2</sup>

Reproduced from Park-Lee E.Y., and F. H. Decker. 2010. Comparison of home and hospice care agencies by organizational characteristics and services provided: United States, 2007. National Health Statistics Reports no. 30: 1–23.

# Types of Outpatient Care Settings and Methods of Delivery (5 of 6)

- Ambulatory long-term care services
  - Nursing homes
  - Case management
  - Adult day health care
- Public health services
- Community health centers

# Types of Outpatient Care Settings and Methods of Delivery (6 of 6)

- Three characteristics of free clinics
  - Services provided at no charge or nominal charge
  - Clinic not directly supported or operated by a government agency
  - Services delivered by trained volunteer staff
- Other clinics
- Telephone access

# Complementary and Alternative Medicine (CAM) (1 of 2)

- Reasons for CAM growth
  - Most seek CAM therapies following Western treatments that have not helped
  - Want to avoid/delay complex surgeries or toxic allopathic treatments
  - Feel in control when empowered with medical and health-related information
  - Want practitioners to take time to listen to them

# Complementary and Alternative Medicine (CAM) (2 of 2)

- National Center for Complementary and Alternative Medicine's (NCCAM) objectives
  1. Explore complementary and alternative healing practices in the context of rigorous science
  2. Train complementary and alternative medicine researchers
  3. Disseminate authoritative information to the public and professionals

# Utilization of Outpatient Services

(1 of 3)

- Visits to physicians
  - Physicians in general and family practice (22.8%)
  - Physicians in internal medicine (13.6%)
  - Pediatrics (11.1%)
  - Obstetrics and gynecology (6.4%)
  - Doctors of osteopathy (6.7%)

# Utilization of Outpatient Services

(2 of 3)

<b>TABLE 7-5 U.S. Physician Characteristics, 2013</b>	
<b>Physician Characteristics</b>	<b>Number of Visits (in Thousands)</b>
All visits	922,596
<i>Physician Specialty<sup>1</sup></i>	
General and family practice	210,771
Internal medicine	125,776
Pediatrics	102,172
Obstetrics and gynecology	59,402
Orthopedic surgery	47,858
Ophthalmology	43,168
Dermatology	25,157
Cardiovascular diseases	36,722



# Utilization of Outpatient Services

(3 of 3)

Psychiatry	38,062
Otolaryngology	16,225
Urology	20,741
General surgery	17,892
Neurology	14,376
All other specialties	164,274
<i>Professional Degree</i>	
Doctor of medicine	860,503
Doctor of osteopathy	62,094
<i>Specialty Type<sup>1</sup></i>	
Primary care	490,831
Medical specialty	252,615
Surgical specialty	179,150
<i>Geographic Region</i>	
Northeast	196,630
Midwest	179,358
South	332,422
West	214,186
<i>Metropolitan Status</i>	
Metropolitan statistical area	841,369
Non-metropolitan statistical area	81,227

Reproduced from Centers for Disease Control and Prevention (CDC). 2013. National Ambulatory Medical Care Survey: 2013 summary tables. Available at: [https://www.cdc.gov/nchs/data/ahcd/namcs\\_summary/2013\\_namcs\\_web\\_tables.pdf](https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2013_namcs_web_tables.pdf). Accessed April 2017.

# Table 7-6: Principal Reason for Visiting a Physician

**TABLE 7-6** Principal Reason for Visiting a Physician

Principal Reason for Visit	Number of Visits
All visits	922,596
Progress visit, not otherwise specified	81,738
General medical examination	74,062
Postoperative visit	30,472
Cough	25,061
Medication, other and unspecified kinds	20,930
Hypertension	16,049
Prenatal examination, routine	16,032
For other and unspecified test results	15,817
Counseling, not otherwise specific	14,649
Diabetes mellitus	14,127
Knee symptoms	13,802
Back symptoms	13,655
Stomach pain, cramps, and spasms	13,011
Gynecologic examination	12,158
Well-baby examination	11,879
Skin rash	10,825
Shoulder symptoms	10,745
Symptoms referable to throat	10,328
All other reasons	496,051

"Modified from Centers for Disease Control and Prevention (CDC). 2013. National Ambulatory Medical Care Survey: 2013 summary tables. Available at: [https://www.cdc.gov/nchs/data/ahcd/namcs\\_summary/2013\\_namcs\\_web\\_tables.pdf](https://www.cdc.gov/nchs/data/ahcd/namcs_summary/2013_namcs_web_tables.pdf). Accessed April 2017."

# Primary Care in Other Countries

(1 of 2)

- United Kingdom
  - Most comprehensive coverage with little or no patient cost sharing
- Canada
  - Covers physician visits but medication coverage varies
- Australia, New Zealand, and Germany
  - Varying degrees of cost sharing

# Primary Care in Other Countries

(2 of 2)

- Australia, Canada, France, Germany, Switzerland, and the U.S.
  - Payers typically use fee-for-service payments
  - Employ performance incentives
- Mostly privatized in all countries mentioned except Iceland and Sweden

# Summary

- Ambulatory services increased outside the hospital setting.
- Ambulatory services transcend basic and routine primary care services.
- Primary care has become specialized.
- Numerous outpatient services have emerged.
- A variety of settings for services have developed.