

Providing Primary Care to an Uninsured Population in Clark County, Washington, Is Associated with Reduced Utilization Of Emergency Department and Inpatient Services

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PRESENTATION FORMAT: 15 minute oral presentation

TOPIC/TARGET AUDIENCE: Health care payment innovation; primary care outcomes; triple aim

ABSTRACT: In 2010, amidst the Great Recession, 13.4% of Clark County residents were unemployed and over 56,000 residents were without health insurance. To address the community's needs, PeaceHealth Medical Center created a pilot program to provide primary care to the region's uninsured. The program, called Direct Primary Care (DPC), was modeled after the Direct Primary Care Coalition's retainer-based model that provides unlimited access to primary care services for a low monthly fee. No insurance is billed. A longitudinal study of DPC members with no previous history of health insurance, enrolled for at least 90 days during 2010 to 2013, was created and negative binomial regression methods were employed to examine the association between enrollment in DPC and the rates of emergency department (ED) and inpatient (IP) encounters. After adjusting for the effects of age, gender, membership type, number and type of chronic conditions, enrollment in DPC was associated with an overall 37% (95% CI = 4-59%) reduced rate of ED encounters and an overall 64% (95% CI = 36-80%) reduced rate of IP encounters. As intended, outpatient/ancillary service utilization increased 112% (95% CI = 37-226%). This model provides a cost-effective approach to treat vulnerable populations not covered under Medicaid Expansion.

OBJECTIVE(S): Define the population served by PeaceHealth's DPC program based on two membership types: those who self-select for the DPC program and those who were recruited to the program following an IP or ED encounter and were granted a 4-month free membership period (to stabilize an acute medical event).

Interpret the relative rates and rate ratios associated with IP and ED encounters for the patient population before and after gaining access to primary care, based on membership type and types of chronic conditions.

Assess the relevance of the DPC program after Medicaid Expansion and the self-sustaining potential for this model in providing primary care to populations not eligible for Medicaid or for subsidies through the Health Insurance Exchange.

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