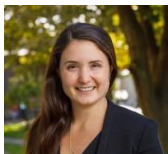


# Understanding the Business Value of the Patient-Provider Relationship

April 9, 2020  
1:00-2:00 p.m. EST



# Today's Speakers



**Adrienne Sabety**

Ph.D. Candidate in Health Policy Economics, Harvard University



**Wayne Burton, MD**

Chief Medical Officer, American Express (Retired)



**Pam Hymel, MD**

Chief Medical Officer, Walt Disney Parks and Resorts



**Tim Kowalski, MD**

Chief Medical Officer, Progressive Casualty Insurance



**Brian Gifford, PhD**

Research Director, IBI

# Agenda

- **About IBI**
- **Introduction of IBI Research Fellowship Program**
- **Research Findings**
- **Why Does This Matter for Employers?**
- **Employer Panel Discussion**

# About IBI

**National research & educational non-profit focused on employee wellness & productivity**



1,300+ corporate members

## **Develop & provide:**



Research



Data



Tools



Learning  
opportunities

## **So business leaders can:**



Understand the toll that illness takes on employee productivity



Recognize the competitive advantages of investments in employee health and make informed decisions accordingly.



# IBI Fellowship

## Research fellowship provided to graduate students to:



Expand & improve evidence base for investments in policies & programs that promote healthy and productive working lives



Cultivate next generation of health and productivity scholars



**Adrienne Sabety**

Ph.D. Candidate in Health Policy  
Economics, Harvard University

# **The Value of Service Sector Relationships in Health Care**

# Executive Summary

- Do primary care provider (PCP) relationships matter to patients? **Yes!**
- **Strategy:** How are *Medicare* patients impacted by loss of PCP
- **Findings:**
  - Patients **value** relationships at **\$300-\$400** per year
  - Moderately important for patients' **health** and **wellbeing** (50 deaths per 100,000)
  - Relationship keeps **medical costs** down (\$16,052 Medicare costs)
  - Negative effects minimized in **team clinics**
- **Implications:**
  - COVID-19—patients more likely to visit emergency department if
    - PCPs unavailable / telemedicine
    - Patients scared to visit PCP
  - Negative effect on hospital/clinics → lose patients when PCP leaves
  - Relationship affects patients' (=workers) health and wellbeing
    - Changing networks may *increase* costs
    - Onsite clinics may *decrease* costs

# Primary Care Context in United States

➔ Context suggests relationship may not matter ←

- Standardized good: gatekeeper, referrals, preventive care
- Electronic health records ubiquitous
- Growth of:
  - Narrow networks restricting patients' options
  - Onsite clinics within companies
  - Retail clinics
  - Primary care provided by teams of providers (e.g. NP, PA)
  - Growth in clinics' scope (e.g. multispecialty) and size (e.g. larger systems)



# How are patients impacted by loss of PCP?

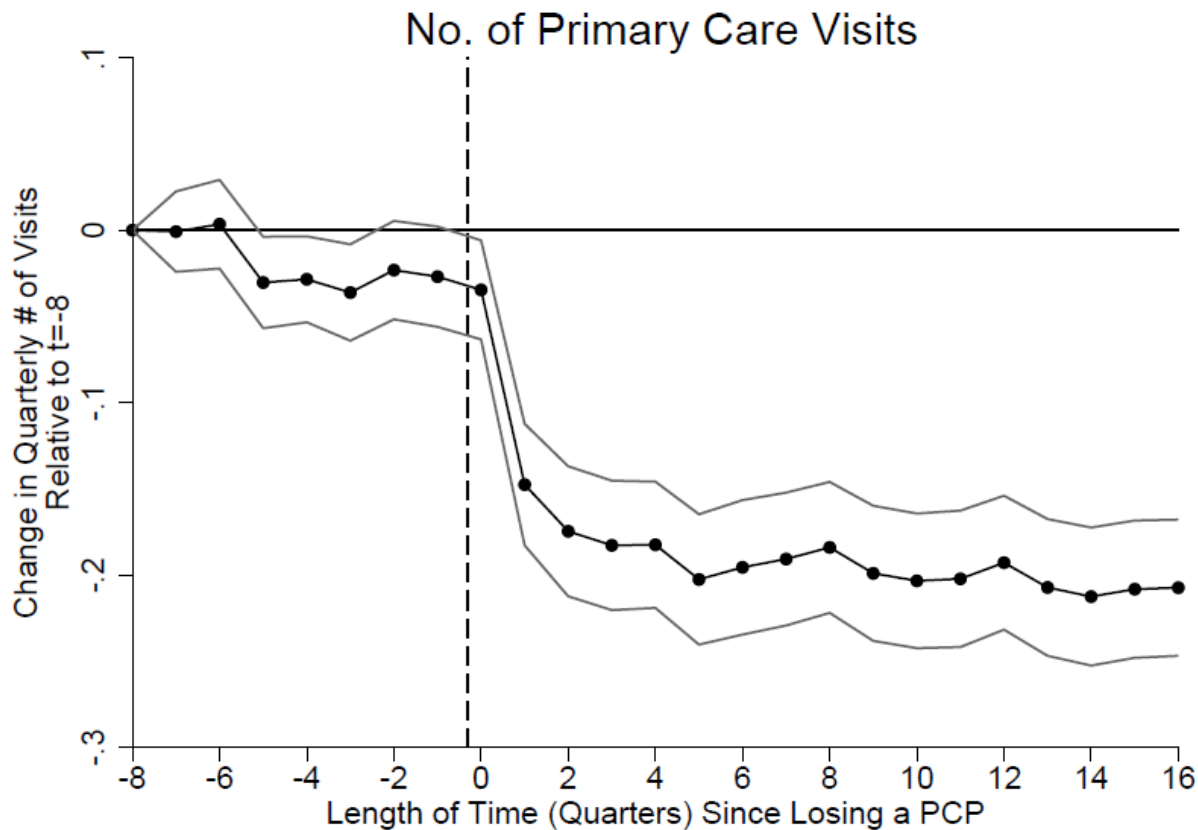
- Patients **value** relationships
  - Switch to specialists patients have a relationship with for primary care long-term
  - Value >**\$300-\$400** per year
    - Drive 233 extra miles *per visit* to follow PCP
- Relationship moderately important for patients' **health** and **wellbeing**
  - Patients receive less preventive care long-term → increase 50 deaths per 100,000
  - Adverse events increase in the short-run (emergency department and inpatient admissions)
- Relationship keeps **medical costs** down
  - PCP exit increases patients' spending \$4,640 and Medicare spending \$16,052 per exiting PCP

# Results

# How are patients impacted by loss of PCP?

- Identifying impact:
  - Leverage PCP retirements and far-away relocations
  - Match departing and staying PCPs
  - Use difference-in-differences design to compare patients:
    - Health care utilization and outcomes

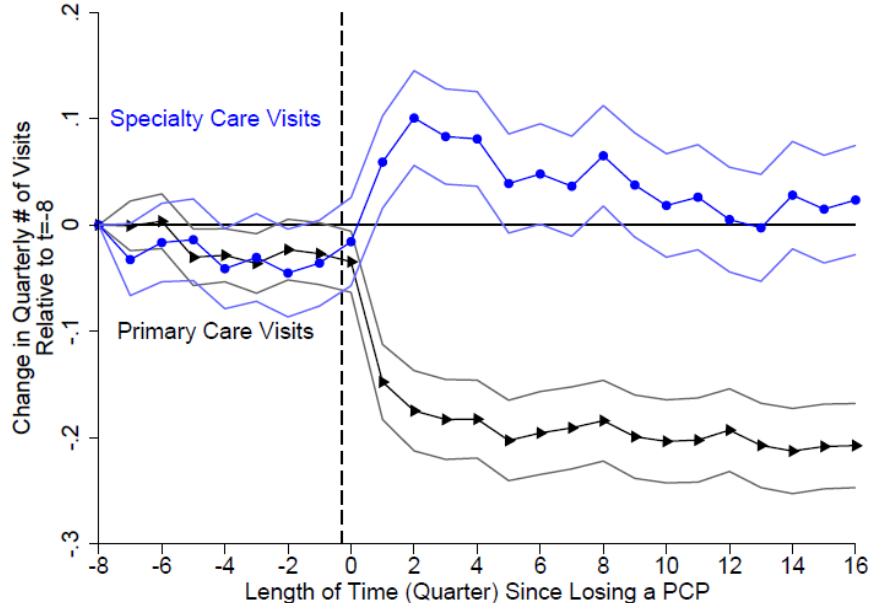
# Primary care visits decrease by 17% for at least four years after loss of a PCP



# Patients Switch to Specialists ..for Primary Care

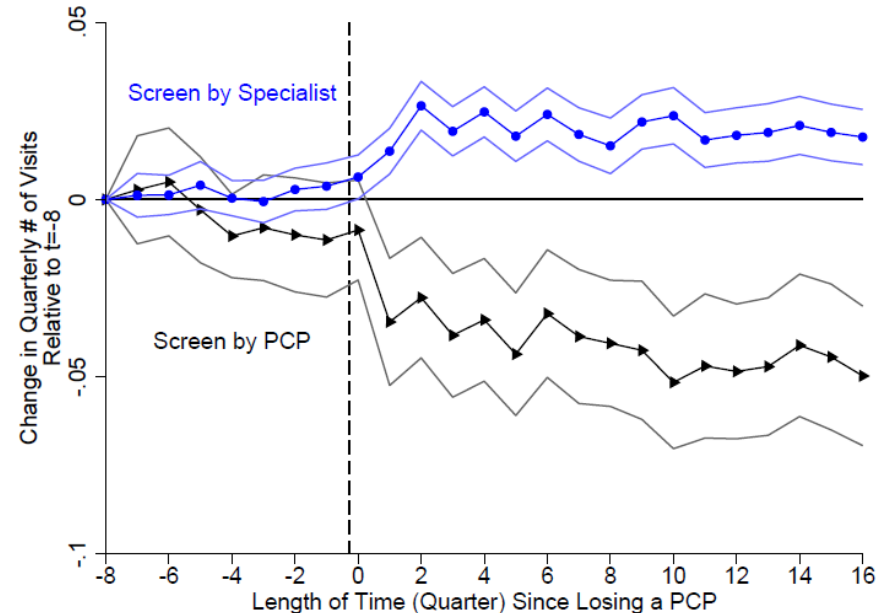
- Decrease PCP visits 0.9 visits annually
- Increase SP visits 0.5 visits annually

## Outpatient Visits



- Decrease -0.14 screens by PCP annually
- Increase 0.10 screens by SP annually

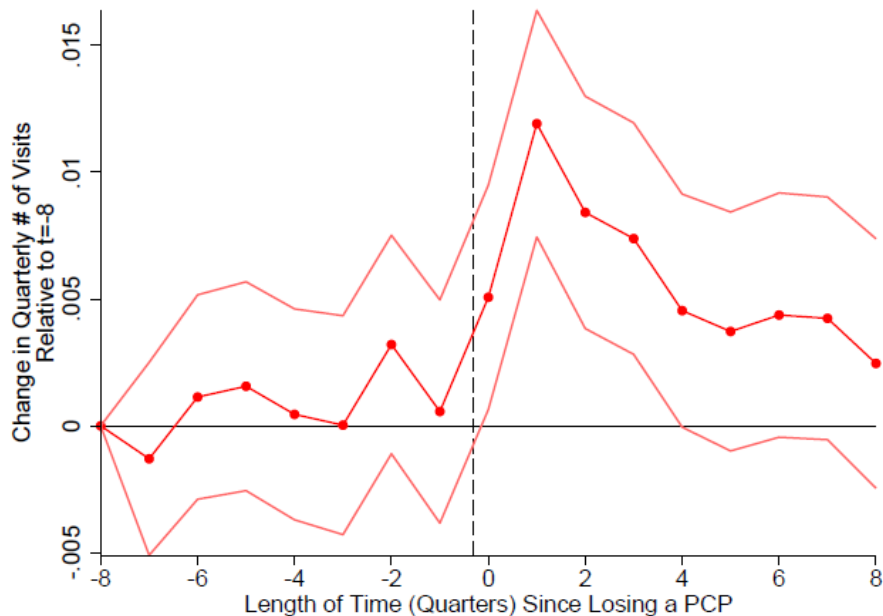
## Preventive Screens



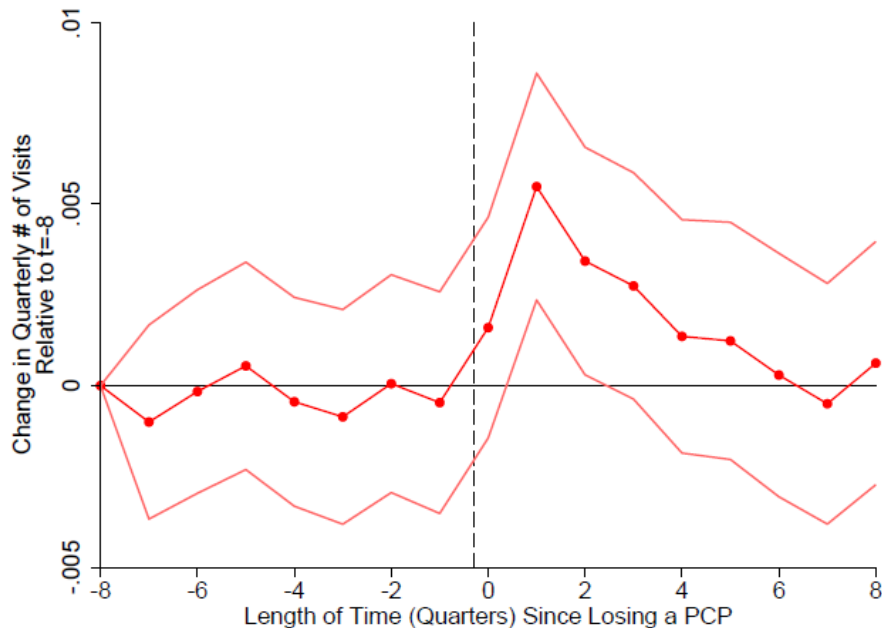
# ED visits increase 4% 1 year after exit

→ Half of increase driven by PCP Treatable conditions ←

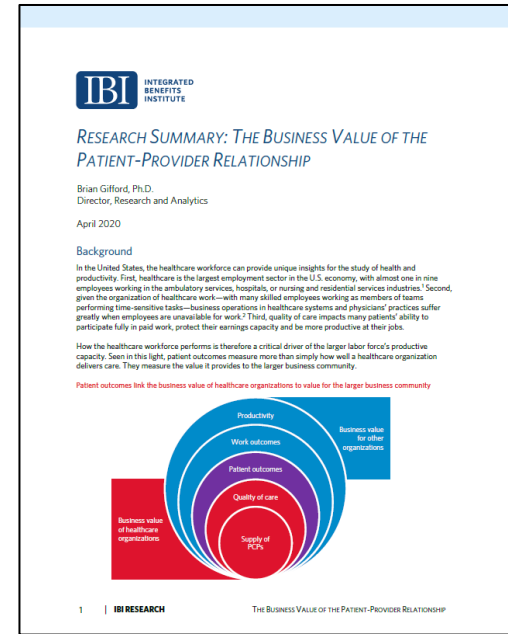
## Emergency Department (ED) Visits



## ED Visit PCP Treatable



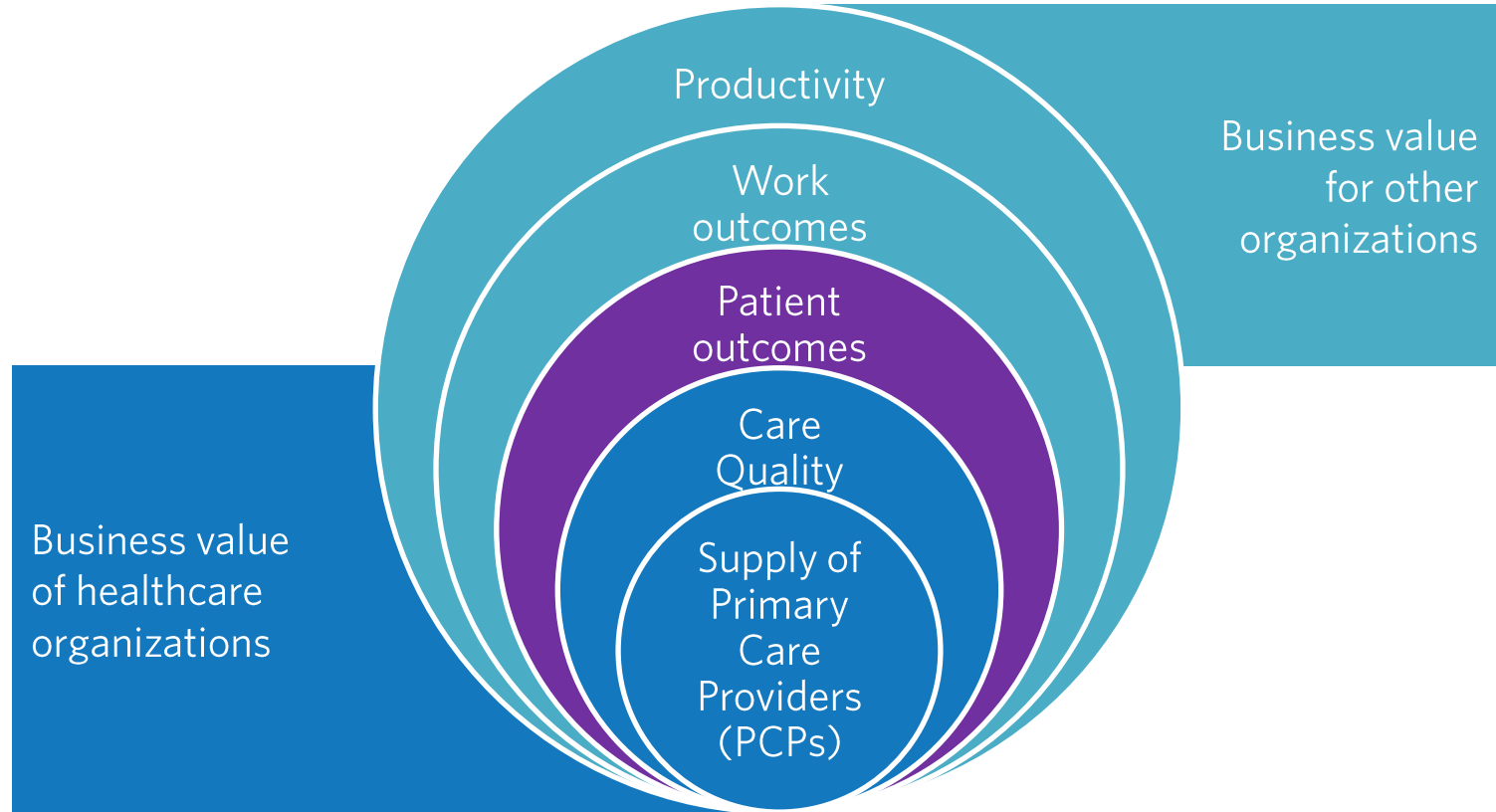
# Why Does This Matter to Employers?



IBI members can view the newly released research report here:

<https://www.ibiweb.org/the-business-value-of-the-patient-provider-relationship>

# Patient outcomes link the business value of healthcare to the larger business community

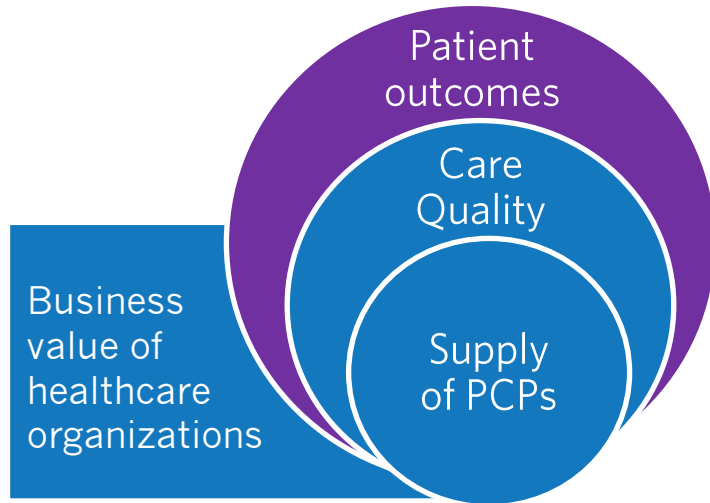




# Clinics and Health Systems are Employers:

Disruptions in the patient-provider relationship threaten a clinic's business operations

**Loss of a doctor compromises clinic's ability to provide the same level of patient care.**



## After a PCP's departure:



Patients visit the same clinic half as often



This loss of business is sustained for 4+ years after



Remaining doctors see more patients per month for 2 years after

# Client Relationships are Key in Health and Other Industries

**When there are disruptions in patient-provider relationships such as:**



Provider Departure or  
Extended Leave



Provider Retirement



Changes in Network

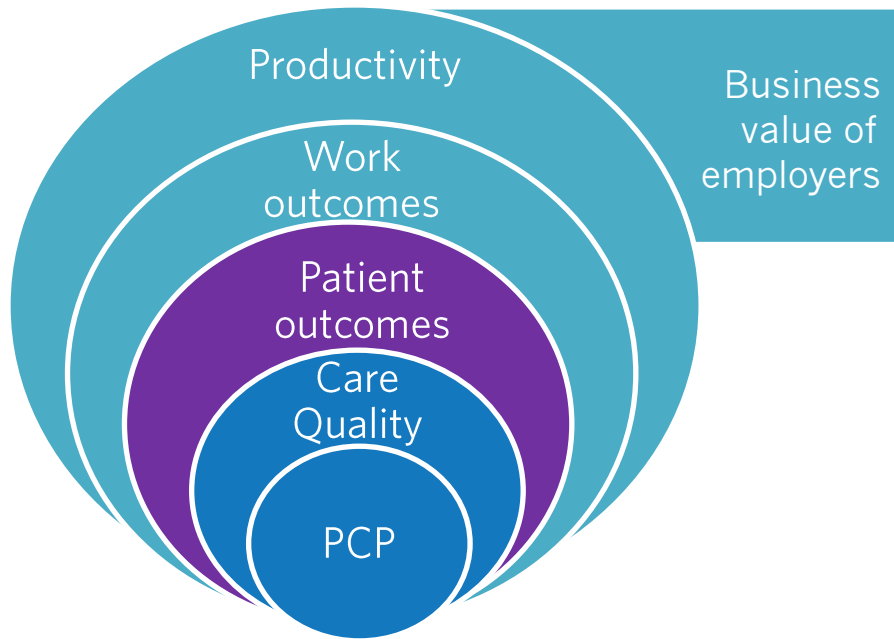
**There is a loss in:**



Tacit knowledge or “soft”  
historical information of  
the patient

**which is important to  
maintaining the same  
level of care.**

# Plan design changes disrupt ongoing patient-provider relationships



## When disruptions occur, employers may see:

- ↑ Utilization of costlier specialty and emergency care treatments
- ↑ Productivity losses from sick days and disability leaves
- ↑ Operational loss due to deficit of historical knowledge when extended absences occur

# Practical Guidance for Employers



IBI members can view the newly released research report here:  
<https://www.ibiweb.org/the-business-value-of-the-patient-provider-relationship>



1. Educate Employees about the Value of Having a Medical Home



2. Enlist Services of Ancillary Providers and Navigation Vendors to Fill Gaps



3. Contract Directly for Primary Care Services



4. Mine Data to Measure Impact of Disruption & Fine Tune Disease Management

# Panel Discussion



**Wayne Burton, MD**

Chief Medical Officer, American Express (Retired)



**Pam Hymel, MD**

Chief Medical Officer, Walt Disney Parks and Resorts



**Tim Kowalski, MD**

Chief Medical Officer,  
Progressive Casualty Insurance

# Question or Comments?

To submit live questions, click on **Q & A** at the bottom of the screen, type your question into the box, and click **Send**.

## **Contact Information:**

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Links to the research report, slides, and webinar recording will be sent out after the webinar.