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# Nursing Home Patients Fare Better with On-Staff Primary Care Providers

## Alternative models to ensure primary care access in nursing facilities

## SUMMARY

Health Research in Albany, N.Y., conducted a three-year demonstration project that examined differences in cost and quality among four alternative staffing models allowed under Medicaid for delivering primary care services in nursing homes.

This project was part of the Robert Wood Johnson Foundation (RWJF) national program *Changes in Health Care Financing and Organization* (HCFO) (for more information see the Program Results Report).

### Key Findings

The researchers found that:

- The experimental closed staffing model showed both cost savings and improved quality of care when compared to the open staffing model control group.
- Nursing home residents in the closed staffing model facilities experienced fewer total hospital admissions, shorter lengths of stay when hospitalized, and fewer visits to the emergency room.
- The total cost savings to Medicaid and Medicare in these facilities was $1.7 million, or approximately $508 per patient per year.
- The process of care was significantly better in the experimental group during the demonstration period.
- A survey of residents showed that significantly more patients in the experimental group felt that they were examined more carefully, were able to express feelings, had better access to care, and felt the doctor cared and was friendly during the demonstration period.

The researchers concluded that having primary care providers on staff assures that nursing homes can provide care to residents as soon as it is needed.

## Funding

RWJF provided a $438,525 grant from July 1992 to March 1996.

## THE PROBLEM

More than 80 percent of the nursing homes in New York State use an open staffing model to provide medical services to residents. This model allows physicians to "follow" patients into a nursing home and provide medical care to them while they are in residence, while a closed staffing model uses the services of physicians and other providers who are employees of the home.

A significant concern with the open staffing model is that physicians typically have few patients in any given nursing home and therefore may not visit the facility often enough to provide necessary preventive and screening services.

## THE PROJECT

This three-year demonstration project examined differences in cost and quality among four alternative staffing models allowed under Medicaid for delivering primary care services in nursing homes. The closed staff models included:

- staff nurse practitioners with physician collaboration
- staff physician assistants with physician supervision
- staff physicians only.

Twenty nursing homes were designated as experimental facilities using one of these three models. Sixteen additional nursing homes were designated as the control group, using the more typical open staffing model. In experimental facilities, investigators conducted a survey of residents before and after implementation of the staffing models to assess what they valued about their primary care provider.

For both control and experimental nursing homes, data were collected on the process, outcomes, and cost of providing care.

The objective of the demonstration was to determine if placing medical practitioners on staff at nursing facilities has an impact on the cost and quality of or access to primary care.

## FINDINGS

The experimental closed staffing model showed both cost savings and improved quality of care when compared to the open staffing model control group. Nursing home residents in the closed staffing model facilities experienced fewer total hospital admissions, shorter lengths of stay when hospitalized and fewer visits to the emergency room. The total cost savings to Medicaid and Medicare in these facilities was $1.7 million, or approximately $508 per patient per year.

Although Medicaid incurred added costs for paying salaries of providers on staff at the nursing homes, overall, nursing home residents in the experimental model incurred lower Medicaid costs for home care, long-term care, and inpatient and outpatient care than residents in the control group. However, there was no difference in the average number of billed physician visits between the open and closed model groups in either the pre- or post-demonstration period.

The researchers did not find statistically significant differences in quality indicators. However, using a measurement tool that examined the process and frequency of care, as well as how providers managed certain diagnoses and complications, the investigators determined that the process of care was significantly better in the experimental group during the demonstration period.

In addition, a survey of residents showed that significantly more patients in the experimental group felt that they were examined more carefully, were able to express feelings, had better access to care, and felt the doctor cared and was friendly during the demonstration period. The researchers concluded that having primary care providers on staff assures that nursing homes can provide care to residents as soon as it is needed. In addition, nursing homes that have nurse practitioners and physician assistants on staff can institute more sub-acute services—such as intravenous therapy—and keep sicker patients in need of close monitoring out of the hospital.

### Communications

The researchers made presentations at the Gerontological Society of America's scientific meetings and the Agency for Health Care Policy and Research annual meetings and published an article in *Nursing Home Medicine* (see the Bibliography).

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