

## Primary Care of HMO Patients in Nursing Homes

Reuben DB, Schnelle JF, Buchanan JL, Kington RS, Zellman GL, Farley DO, et al. Primary care of long-stay nursing home residents: approaches of three health maintenance organizations. *J Am Geriatr Soc* 1999;47:131-8.

### Study Overview

**Objective.** To describe how 3 group-model health maintenance organizations (HMOs) provide primary care for long-stay nursing home residents and to compare this care and its outcomes with that of fee-for-service (FFS) Medicare residents at the same nursing homes.

**Design.** Cross-sectional interviews and retrospective medical chart reviews for the previous year.

**Setting and participants.** Three group-model HMOs located in 3 regions (New England, the West Coast, and the West) that provided services to at least some patients at 20 community-based nursing homes. A total of 215 HMO and 187 FFS residents were involved.

**Main outcome measures.** Rate of emergency department (ED) visits and rate of hospitalization.

**Main results.** All HMO primary care programs utilized teams consisting of physicians and either nurse practitioners (NPs) or physician's assistants (PAs), provided resources to help nursing homes improve the early detection of acute illness, and managed acute conditions on site. Each HMO program provided more total (physician plus NP/PA) visits per month than did FFS care (2.0 versus 1.1, 1.3 versus 0.6, and 1.4 versus 0.8 visits per month; all  $P < 0.05$ ).

The HMO that provided the most total visits had a significantly lower percentage of residents transferred to EDs (6% versus 16%,  $P = 0.048$ ), fewer ED visits per resident (0.1 versus 0.4 per year,  $P = 0.027$ ) and fewer hospitalizations per resident (0.1 versus 0.5 per year,  $P = 0.038$ ) compared with FFS care. These differences remained significant in multivariate analysis. However, the other 2 programs were not as successful in reducing ED and hospital utilization.

### Conclusion

HMO programs for nursing home residents provide more primary care and have the potential to reduce ED and hospital inpatient use compared with FFS care. However, not all programs are associated with decreased ED and hospital inpatient utilization.

### Commentary

Ineffective primary care and increased use of acute emergency and hospital care characterize health care delivery for nursing home residents in the United States [1]. The immediate need for better primary care in this setting will be compounded as the number of older individuals grows and the use of nursing homes to meet their custodial needs increases.

The HMOs in this study should be lauded for attempting to improve the delivery of primary care to this population. This study illustrates that a managed care emphasis on providing integrated, aggressive primary care can reduce the clinical and economic burden of overall care, particularly by reducing ED and hospital utilization.

### Applications for Clinical Practice

Currently, primary care programs cover less than 2% of HMO residents in nursing homes [2]. As more programs are instituted, they must be evaluated to determine which practices promote the delivery of the most clinically and economically effective care.

### References

1. Boulton C. Long-term care in its infancy. *J Am Geriatr Soc* 1999; 47:250-1.
2. Farley DO, Zellman G, Ouslander JG, Reuben DB. Use of primary care teams by HMOs for care of long-stay nursing home residents. *J Am Geriatr Soc* 1999;47:139-44.

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