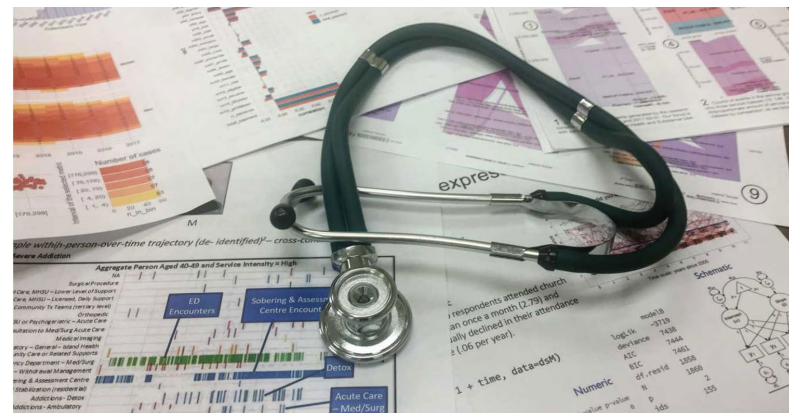


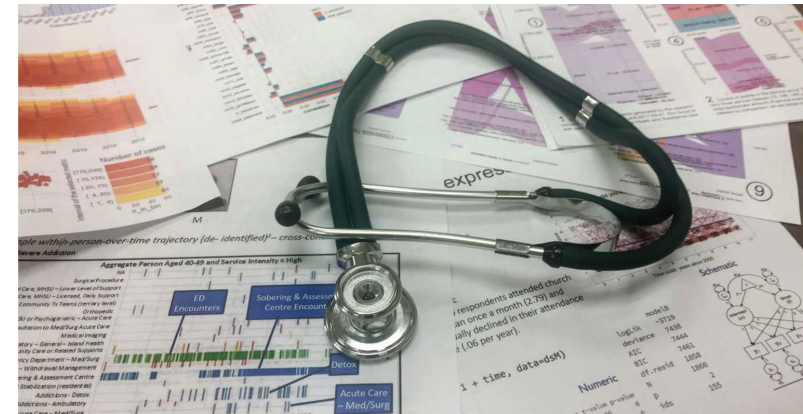


UNIVERSITY OF CENTRAL FLORIDA

github.com/dss-hmi/gss-2019-hsr

Thursday
April 25, 2019
12 pm - 3 pm
HPA II 247





01- *Olivia Randall-Kosich*

Reasons for starting and stopping medications for opioid use disorder: a qualitative analysis

02- *Stephen Mhere*


Reducing health care costs and improving health outcomes: Is patient-centered care the means to achieve the incongruent objectives?

03- *Rachel Totaram*

Participating in 12-step support groups while undergoing medication-assisted treatment for opioid use disorder: a qualitative study of individuals' experiences with stigma

04- *Xian-Cao*

A Comparative Analysis of home and community-based long term care between the USA and China



Reducing healthcare costs while improving health outcomes: Is the adoption of patient-centered care the way?

Stephen Mhere

Department of Public Affairs
College of Community Innovation and Education
University of Central Florida

April 20, 2019



Structure of Presentation

1. Statement of problem
2. Purpose of Study
3. Study Summary
4. Conclusions
5. Limitations/Discussion
6. Bibliography

Statement of Problem

- ❖ The continued rise of healthcare costs compels state governments to implement policies that reduce expenditure in programs like Medicaid

- ❖ **Problem**

- ❑ Critics of budget cuts argue that reductions compromise health outcomes

- ❖ **Solution**

- ❑ Policy proponents say by adopting patient-centered care (PCC) practices, expenditure can be reduced & health outcomes can be improved

Purpose of Study

- ❖ To assess the veracity of the statement that PCC implementation leads to healthcare cost reduction as well as the improvement of health outcomes.

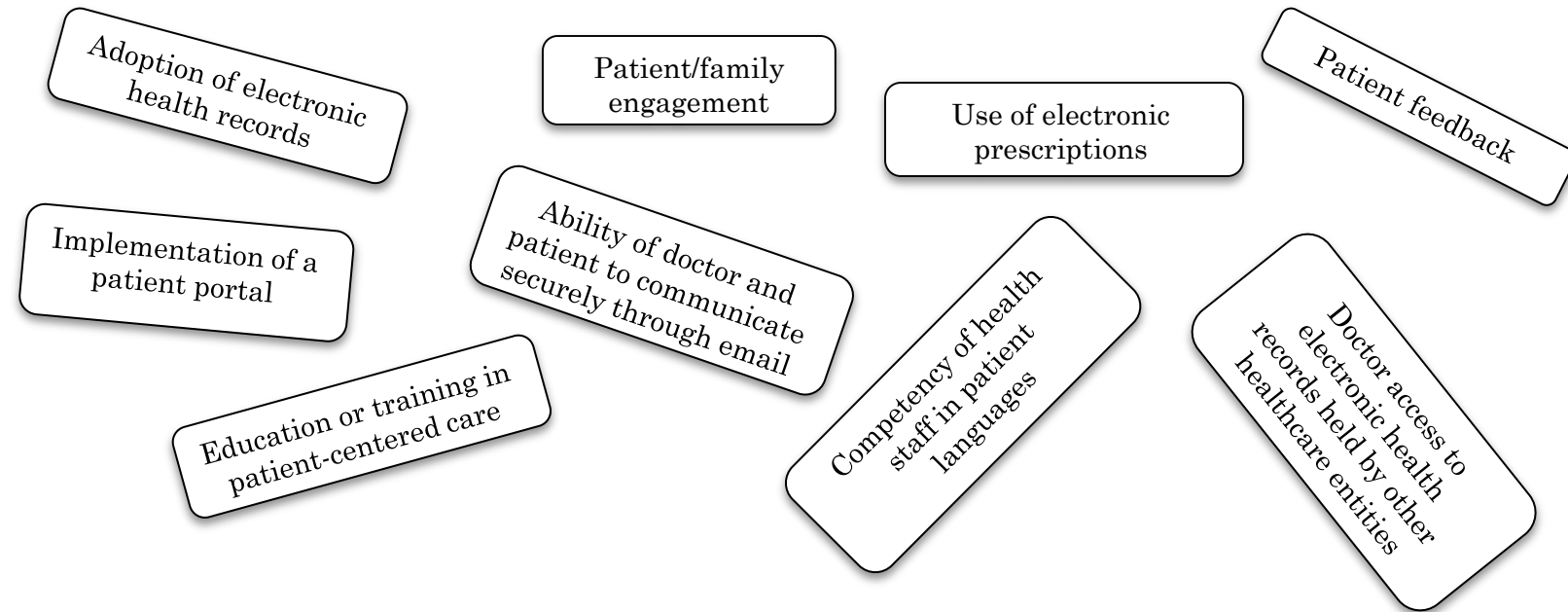
Study Summary

❖ Literature review

- ☐ Observational studies
- ☐ Comprehensive literature review articles
- ☐ Expert opinion in peer-reviewed journals
- ☐ Articles from grey literature

Literature Review Findings

❖ What are the attributes of PCC?



❖ Can PCC reduce costs and improve health outcomes simultaneously?

Yes, under the right settings and circumstances

Primary Research

❖ Unit of analysis:

- ❑ Primary Care Physician (PCP)/facility – one of the strongest determinants of a healthy society

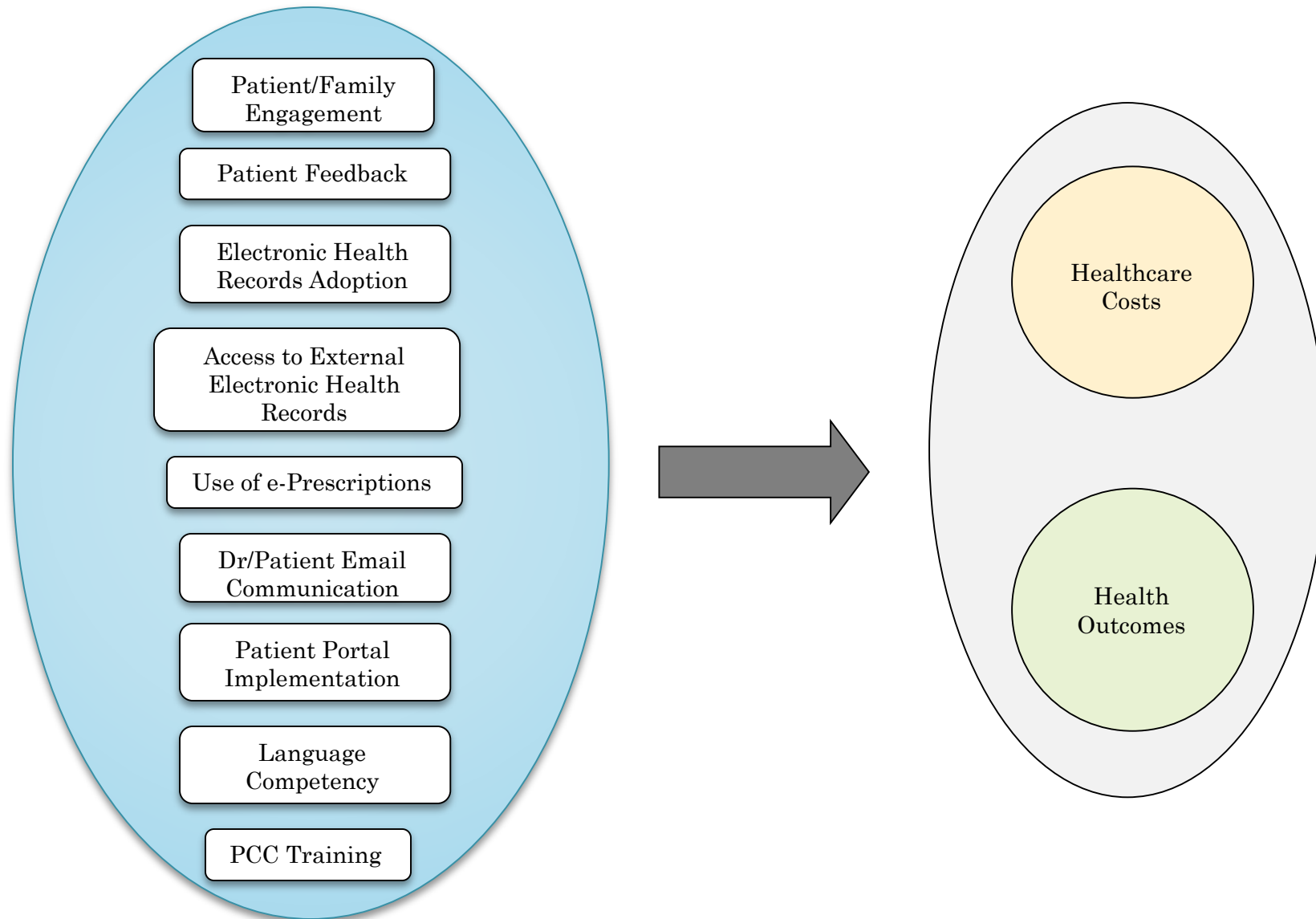
❖ Data collection method:

- ❑ Standardized interviewing using an electronic questionnaire – less intrusive compared to other methods

❖ Sample size:

- ❑ 43 PCPs (Medicaid providers in a small Midwestern city)
- ❑ 17 responded (39.5% response rate)

Conceptual Framework 1



Hypotheses

❖ Null Hypothesis (H_0):

- ❑ At least 75% of PCPs practice patient-centered care (= they have adopted five or more patient-centered care practices)

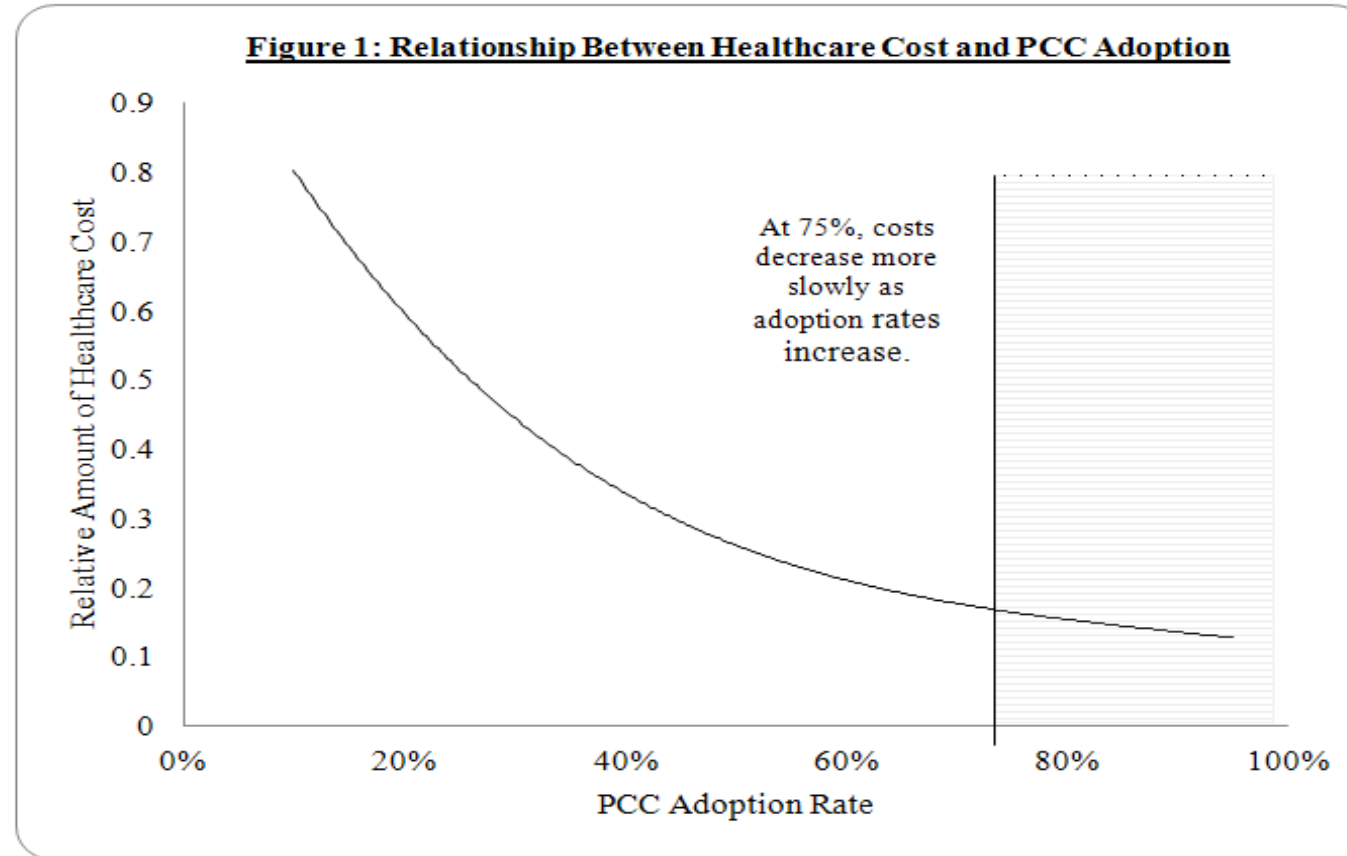
❖ Alternative Hypothesis (H_A):

- ❑ Less than 75% of PCPs practice patient-centered care

❖ Why 75%?

- ❑ No PCC benchmark identified in the literature
- ❑ Anthem BlueCross BlueShield of CO set a goal to have at least 75% of its PCPs nationwide to be patient-centered practitioners

Conceptual Framework 2



Source: Author's adaptation of the general relationship between two variables having an inverse variation approximating an exponential decay function.

Hypothesis Testing Using Proportion

❖ Hypotheses:

❑ $H_0: P = 0.75$ and $H_A: P < 0.75$

❖ Level of Significance, (α):

❑ $\alpha = 0.05$.

❖ Test Statistic:

❑ = PCPs deemed to have adopted PCP practices as defined (11 out of 17)

❖ Probability Calculation:

❑ Small sample \rightarrow Probability (P) is binomial \rightarrow Proportion can be used

❑ Binomial probability calculated = 0.2347

❖ Decision :

❑ Decision based directly on binomial probability calculated (= 0.2347)

❑ Greater than α (0.050)

❑ Null hypothesis cannot be rejected \rightarrow PCPs tested have adopted PCC

Conclusion

❖ Can PCC lower costs and improve health outcomes?

- ❑ Depends on PCC Adoption Rate of providers

- ❑ Suppose the PCC Adoption Saturation Rate is 75%, then:

- 1) Cost savings possible if PCC Adoption Rate $< 75\%$

- 2) Insignificant or no cost savings if PCC Adoption Rate $\geq 75\%$

Limitations

- ❖ **Geographical scope:** PCPs in an urban area; Not likely to be representative of PCPs in rural and peri-urban areas (external validity concern). Generalizability problem
- ❖ **Small sample size:** May not be reliable for accurate estimation or modeling of population (external validity). Generalizability problem
- ❖ **EHR ambiguity:** Questionnaire didn't give respondents to clarify whether EHR adopted was basic or fully functional with decision-support capabilities (internal validity problem).
- ❖ **PCC Benchmark:** The 75% PCC adoption saturation rate not derived from evidence-based research. Could be flawed, potentially leading to flawed decision-making (internal validity problem).

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Thank you!

Questions? Comments?

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