PHYSICIAN PRACTICE
OPTIONS™
A PRACTICAL RESOURCE TO SUCCEED IN HEALTH CARE January 15, 2002

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Unconventional Group Embraces Innovation

When patients call the inTandem Medical Group in Portland, Ore., they are greeted by the receptionist with the following question: "How can I make your day easier?" This is just one example of how this group is taking an unusual approach to patient care.

The group's innovative ideas are part of its bold strategy for starting a medical practice, which involves rethinking everything from office design to e-mail communication between patients and providers. Perhaps most unusual is the $350 annual fee (not covered by insurance) that each patient pays for the expanded level of service and access that inTandem promises to deliver.

No Chairs, No Waiting

When patients call to schedule an appointment at inTandem, they get same-day or next-day appointments. When they visit the office, they do not start out in the waiting room because there is no waiting room, and they may spend up to an hour or more with their physician. But sometimes they won't even visit the office; instead, they might talk on the phone or exchange e-mail messages with their doctor.

Judging from the practice's steady growth (averaging about 15 new patients a week, toward a goal of 2,000) and patient approval ratings, the strategy is working.

Opened in July, inTandem is a pilot practice created by GreenField Health System. GreenField was founded by three veterans of more traditional health care practices who are determined to push the limits of traditional medical care delivery to show that improvements can be made. The two physicians and one health care executive are financing the venture with their own funds and bank loans.

Charles Kilo, MD, MPH, an internist and research fellow for the Institute for Healthcare Improvement in Boston, and the former head of IHI's Idealized Design of Clinical Office Practices, founded GreenField along with Steven Gordon, MD, a Portland-area internist, and Jill Arena, a health care executive formerly with Providence Health System in Portland. The trio aim to create practices that are technologically savvy and that serve people by embracing innovation from other industries. They also provide consulting services to other practices interested in changing the status quo. They focus on three core elements: service, relationship, and reliability.

Patient-Focused Care

"Service is what the patients see," says Eric Murray, MD, one of inTandem's four internists. "We want to make the clinic more patient-focused than office-focused in order to make things more convenient for our patients." A big part of that convenience comes from the use of open access scheduling, which enables patients to schedule same-day or next-day appointments, even for routine needs.

Being more patient-focused also

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Education Enhances Care Efficiency

Physicians who treat patients with rheumatoid arthritis often find that two strategies—patient education and patient self-management—are helpful in enhancing the efficiency of the care they provide and can improve the quality of care they deliver as well.

The goal of treatment for rheumatoid arthritis is to delay, not cure, the onset of the disease's more severe symptoms. "Although there is no known cure for rheumatoid arthritis, patient education and patient self-care can provide significant opportunities to improve a patient's quality of life. What's more, together with specific drug therapy, these strategies will help to modify the progression of the disease," says Warwick Charlton, MD. "In addition, educating patients with rheumatoid arthritis about the disease and the strategies that enable them to self-manage their disease can help to reduce the need for heavy physician involvement in their care." Charlton is chief medical officer of Accordant Health Services, a disease management firm in Greensboro, N.C.

Prevalence and Cost

The National Center for Chronic Disease Prevention and Health Promotion, which is part of the federal Centers for Disease Control and Prevention in Atlanta, says that arthritis (in all of its forms) is one of the most prevalent diseases in the United States. In 1999, the National Institutes of Health reported that approximately 43 million Americans had arthritis. By 2020, partly as a result of the aging of the population, an estimated 60 million Americans—more than 18% of the population—would suffer from some form of the disease, the NIH also reported.

This projected increase in prevalence of rheumatoid arthritis is due to two factors, Charlton says. "First, rheumatoid arthritis is a disease with a higher prevalence among older individuals, and our population as a whole is aging," he explains. "Second, more treatment options are available for rheumatoid arthritis now than there were in the past, so physicians and patients are more interested in diagnosing and treating the disease. In other words, the visibility of rheumatoid arthritis resulting from new developments in pharmaceuticals has driven attention to the condition." (See table, page 9.)

This attention to rheumatoid arthritis is reflected in the growing costs of care. "Rheumatoid arthritis accounts for a larger proportion of health care costs than it has in the past, especially since the newer medications available for rheumatoid arthritis can be quite expensive," Charlton says.

Currently, all forms of arthritis in the United States generate costs of almost $65 billion annually. According to the American College of Rheumatology in Atlanta, rheumatoid arthritis results in more than 9 million physician visits and more than 250,000 hospitalizations each year.

What's more, the cost of rheumatoid arthritis care is increasing. According to *Rheumatoid Arthritis Benchmarks 2000*, the average cost of an episode of care for rheumatoid arthritis was $1,867 in 1999, up from $1,476 in 1997. These average costs varied considerably by region, from about $1,300 in the Northeast to about $2,300 in the Midwest. Such variation is not unusual in health care. The report notes that the variation in rheumatoid arthritis care costs is driven by differences in physician practices with regard to inpatient and specialist services and the medications prescribed.

Education and Management

As greater numbers of rheumatoid arthritis patients require care, and as the disease gains visibility as a result of rising costs, physician practices will benefit from strategies that maximize practice efficiency. Typically, strategies that focus on patient education and patient self-management can accomplish this goal. "Physician practices have an opportunity to educate patients with rheumatoid arthritis about their disease and how to manage it," Charlton explains. "Improving patients' self-management skills can generate practice efficiencies and improve care quality."

Typically, patients welcome the opportunity to receive more information about their condition and to be involved in their care. "Patients increasingly want to participate in their own health care, and fully understand their conditions and treatment options," Charlton says. "They want to be part of the health

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—Warwick Charlton, MD, Accordant Health Services

Rising Costs of Care

The cost (AWP) of treating patients with rheumatoid arthritis varies depending on medication, dosage, and per-week cost.

Product	Price per pack/unit ($)	Maintenance dosage	Weekly cost ($)	52-week cost ($)
Anakinra	288.75 (7 x 1-ml syringe)	1-ml SC injection/day	288.75	15,015
Etanercept	155.70 (25 mg)	25 mg/twice weekly	311.40	16,193
Hydroxychloroquine	109.55 (bottle of 100 200-mg tablets)	400 mg/day	15.34	798
Infliximab	691.61 (2x 100-mg vials)	18 doses per year (67-kg patient)	——	12,449
Leflunomide	259.49 (30 x 20 mg)	20 mg/day	60.55	3,148
Methotrexate	363.48 (100 x 2.5 mg)	15 mg/week (average)	21.80	1,134
Sulfasalazine	121.00 (bottle of 500 500-mg tablets)	2 to 3 gms/day	10.16	529

Source: *Red Book* December 2001 Update, Medical Economics Publishing Co., Montvale, N.J., and *Practice Options* research.

care team, because they are obviously the ones with the most vested interest in their health."

Often, physician extenders, such as physician assistants or nurse practitioners, help to educate patients about their condition and explain to them the opportunities that exist for self-management of their disease. "The time physicians have to spend with patients is limited, typically less than 15 minutes per visit," Charlton points out. "Patients do not tend to recall much more than one or two messages conveyed during a single office visit. More time than that is required to educate patients suffering from a complex disease like rheumatoid arthritis and to reinforce messages about appropriate ongoing management of the condition." Which is why physician extenders can play an important role in helping patients understand their disease.

Ensuring Compliance

Many studies have shown that educating patients improves their compliance with drug regimens. Compliance is particularly important in the management of diseases such as rheumatoid arthritis, in which the treatment options are heavily oriented toward medication therapies. Educating patients about the proper use of a medication, and managing their expectations concerning the effect of the medications, can enhance the efficiency of a physician's practice.

"The patients who understand the purpose and effects of their drug therapies will be less likely to call their physician to question minor side effects," Charlton says. "In addition, these patients are less likely to stop taking the drug due to these side effects and then, as their condition worsens, present again to the physician for additional care."

Improved medication compliance is an example of how greater patient understanding can improve the overall effectiveness of rheumatoid arthritis care. "A physician might simply write a prescription for a patient and expect that the patient will take the medication properly," Charlton says. "But a physician will improve the patient's compliance with the drug regimen if he or she fully explains to the patient the goal of the therapy and any possible side effects that may occur. The physician might say, for example, 'This medication is effective in treating rheumatoid arthritis. Although you may not notice any reduction in the pain you have when you take it, and you might experience some side effects, like gastrointestinal upset, headache, or nausea, the medication will benefit you over the long term because it will slow the course of the disease. Therefore, it is worth taking despite the side effects you might experience.'

"Without that information, the patient might stop taking the medication because it is not alleviating the symptoms and is causing the patient to suffer from unpleasant side effects," Charlton adds.

At the same time, patients who understand the side effects of a drug will be alert for the ones that are the most serious. "Many drugs taken by rheumatoid arthritis patients have gastrointestinal side effects," Charlton says. "Often, individuals with rheumatoid arthritis take nonsteroidal anti-inflammatory drugs (NSAIDs) for pain, which also have important gastrointestinal complications. Without being educated about the signs of gastrointestinal problems, patients can develop gastrointestinal bleeding and end up in the emergency room or

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have some other medical service requirement that will draw on physician time, generate health care costs, and cause discomfort for the patient."

Fostering drug compliance is important in the treatment of patients with rheumatoid arthritis, for several reasons. "Because of the advent of a group of very high-cost new drugs that have come on the market (see table), we are seeing escalating costs in rheumatoid arthritis care, particularly in unmanaged populations," notes Steven Schelhammer, president of Accordant. "These high-cost drugs are effective in delaying the more severe manifestations of the disease. But if patients do not comply with the drug regimens, the effectiveness of these drugs will be diminished."

Some of the higher cost medications are now being employed earlier in the course of treating patients with the disease. In recent years, physicians have begun to recognize that earlier, more aggressive treatment with disease-modifying antirheumatic drugs (DMARDs) has substantial early benefits in the course of rheumatoid arthritis. Used for decades as a treatment for patients with advanced rheumatoid arthritis, these drugs have been administered to patients after their joints became damaged. However, the Food and Drug Administration recently approved several drugs in this class as a first-line therapy for the disease. As a result, a growing trend is to prescribe DMARDs soon after rheumatoid arthritis is diagnosed in order to prevent long-term joint damage.

"Physicians find that if they can treat patients earlier in the course of rheumatoid arthritis, within the first two years of onset, they can substantially slow the progression of the disease," Charlton explains. "The quality implications of this shift in rheumatoid arthritis management are clear; the cost implications are more complicated. By prescribing DMARDs early, physicians may increase both the early health care costs for health benefits and the cost savings that will occur years later. Over the life of the patient, the use of DMARDs can substantially improve health outcomes and hopefully reduce the need for joint surgeries." But to maximize the quality benefits and cost-saving potential of these drugs, patients must comply with the treatment regimen.

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>
> ***—Warwick Charlton, MD,***

Avoiding Comorbidities

Patient self-management can also enhance practice efficiency and improve quality of care by helping physicians to manage or avoid the many comorbidities associated with rheumatoid arthritis. "As an autoimmune disease, rheumatoid arthritis attacks not only the joints but other system organs as well," Charlton explains. "As a result, many comorbidities are more prevalent in the presence of rheumatoid arthritis."

These comorbid conditions include allergies, bronchitis, myocardial infarction, other cardiovascular conditions, and cancer. "These conditions require physician involvement and result in substantial patient suffering," Charlton says. "Patients also suffer an economic loss—and employers suffer a productivity loss—if they cannot work. Education that improves understanding of the comorbidities more common in rheumatoid arthritis will encourage patients to manage their rheumatoid arthritis carefully." An awareness of potential comorbidities is particularly important for patients with rheumatoid arthritis, most of whom are elderly. "In an older population, comorbidity management is more important," Charlton says. "Usually, these patients do not have only rheumatoid arthritis; they may also suffer from hypertension, cardiovascular disease, and a host of other conditions as well."

General Awareness

Aside from fostering compliance with drug regimens and reducing the likelihood of comorbidities, patient education can help rheumatoid arthritis sufferers gain an awareness of the course of their condition and how to manage its effects. By managing their disease more effectively, they can slow its progression and reduce the need for physician office visits and calls to practice staff. In addition, this greater awareness will enable them to notify their physician quickly as their disease progresses and new concerns need to be addressed.

Furthermore, if patients are better educated, they will be able to address problems with their physicians more directly, yielding greater efficiency during patient visits. "A patient has a lot of interest in a condition that he or she wakes up with every day," Charlton concludes. "The more patients understand their conditions, the better they are able to cope. And being able to better cope means that they are less needy and less demanding of the physician's time and services."

—Reported and written by Deborah J. Neveleff, in North Potomac, Md. More information on physician practice strategies is available on our Web site (see page 16).

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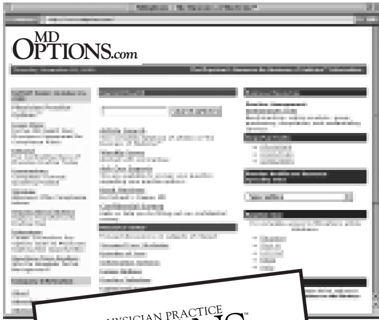

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Top Ten Trends for 2001

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