



VISN4
CENTER FOR
EVALUATION OF
PATIENT ALIGNED
CARE TEAMS



Changes in health care utilization and costs of care in VISN 4 with implementation of PACT

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Rationale: The PACT model is designed in part to improve access to primary care and other outpatient services and thus reduce emergency room visits and other acute health care utilization. While the PACT model may decrease ER and hospital visits, it is also expected to increase outpatient health care utilization, particularly as the focus shifts toward population management rather than patient management. Thus the effect of PACT implementation on overall costs and health care utilization is unclear.

Aims: To examine health care utilization and costs, focusing on differences between patients cared for by PACT vs. non-PACT providers.

Stage of Development: All data has been acquired and analysis files are now being produced.

Methods:

1. Define the cohort of patients who receive care in VISN 4.
2. Devise a bucketing scheme to break total VA health care utilization into relevant subsets of care (e.g., inpatient vs. outpatient; primary vs. specialty care).
3. Calculate quarterly utilization and cost summaries for each bucket for each patient in the cohort.
4. Link each patient with a PCP.
5. Incorporate "PACTness Index" for each PCP into analysis file.
6. Model utilization and costs as a function of PACT participation, adjusting for various relevant covariates.

Results: No results are yet available.

Future Plans: Next steps include:

1. Refine bucketing scheme for VA health care utilization.
2. Refine use of PACTness index for analysis from qualitative team.
3. Test the relationship between PACT implementation and health care utilization and costs in VISN 4