

The MedVantage Clinic: A Novel Primary Care Intervention Model for a Hospitalization-prone Patient Population

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Introduction

Primary care reimbursement has expanded from strictly volume-focused to models that award financial value through documentation and meeting quality metrics. While this is an advancement from the traditional fee-for-service model, there are still gaps in rewarding care provision for hospitalization-prone, high social and medical needs patients. This is especially true in the state of Louisiana, which has one of the highest healthcare burdens in the nation. In 2022, the state ranked 50th for overall health outcomes.

Intervention

The primary aim of the MedVantage Clinic (MVC) is to utilize a multidisciplinary approach to address the health-related social needs of complex adult patients. The clinic objectives are to provide comprehensive patient services with regards to the following domains: (1) increase ambulatory healthcare access; (2) identify and address HRSN; (3) utilize targeted interventions and approaches to improve patient adherence; (4) establish a therapeutic alliance with patient to create appropriate goals of care. A secondary aim is to serve as a training site for future healthcare providers within a mentor model.

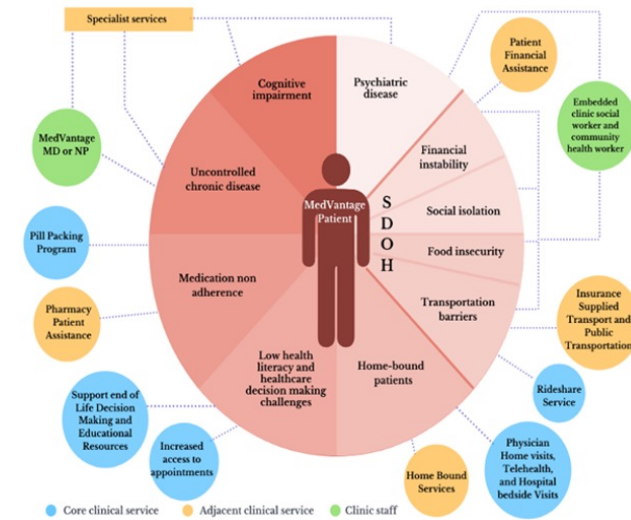


Figure 1. Conceptual model for addressing patient barriers with core clinical services at the MedVantage Clinic

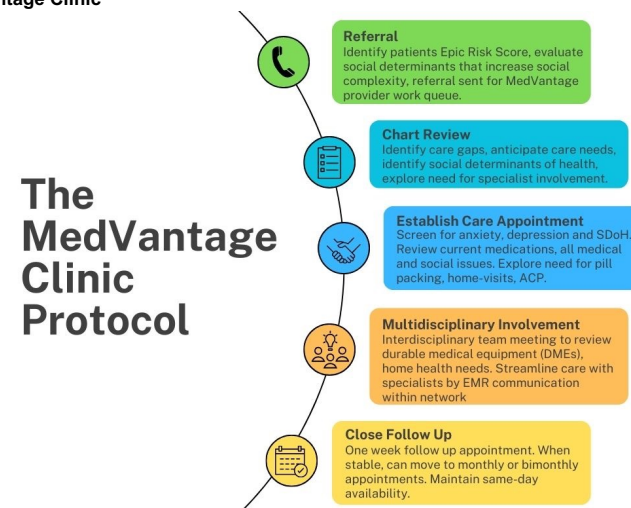


Figure 2. Overview of the MedVantage Clinic Protocol

Discussion

A multidisciplinary and mentor staffing model allows the clinic to benefit from the immense skills of ancillary health care disciplines while preparing future health professionals for the important tasks of integrating moral, social and structural determinants into all aspects of care delivery. Scaling this clinic model requires institutional buy-in for investing dedicated resources and recruiting an internally motivated, mission-driven staff that patients can trust. The authors postulate that this intensive approach to care for patients with high social and medical needs will result in overall reduction of healthcare expenditure and improved health outcomes. Increased access to a comprehensive unit of preventative medicine resources in one place can decrease the number of preventable emergency room visits and hospital admissions, thereby providing a financial benefit to health systems. This financial analysis is ongoing and will be the subject of future publications.

Conclusions

The MedVantage Clinic is an innovative primary care model in alignment with ongoing policy initiatives in primary care reform. This paper details specific interventions utilized in the MVC to decrease fragmentation of care for high social and medical needs, older adult patients to fill CMS-reported gaps in equity and regional focus amongst current value-based care models.