

Comprehensiveness of PCP care tied to costs, hospitalizations

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(HealthDay)—Increasing family physician comprehensiveness of care correlates with lower Medicare costs and hospitalizations, according to a study published in the May/June issue of the *Annals of Family Medicine*.

Andrew Bazemore, M.D., M.P.H., from the Robert Graham Center in Washington, D.C., and colleagues created a comprehensiveness measure based on mandatory self-reported survey items as part of the Maintenance of Certification for Family Physicians examination registration. This was compared with another measure derived from Medicare's Berenson-Eggers Type of Service (BETOS) codes. The association between the measures was examined, as well as correlations with hospitalization, part B payments, and part A and B payments combined.

Of the full [family physician](#) sample, which included 3,652 physicians

providing care to 555,165 Medicare beneficiaries, 1,133 physicians recertified between 2007 and 2011 and provided care for 185,044 beneficiaries. The researchers identified a modest correlation between self-reported comprehensiveness measures and BETOS (0.30).

Increasing comprehensiveness of care correlated with lower total Medicare Part A and B [costs](#), and Part B costs alone, but not with hospitalizations, after adjustment for beneficiary and physician characteristics. For the BETOS measure, the correlation with spending was stronger than for the self-reported measure; higher BETOS scores correlated with reduced likelihood of hospitalization.

"Increasing family physician comprehensiveness of care, especially as measured by claims measures, is associated with decreasing Medicare costs and hospitalizations," the authors write.

More information: [Abstract](#)
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