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Evaluating Care Delivery
08

**Evaluation of a Drop-In Group Medical Appointment (DIGMA)
Care Model in Colorado**

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Background: Drop-in group medical appointments (DIGMA) are 90 minute extended medical appointments co-facilitated by a primary care physician and a behavioral health specialist during which patients receive follow-up medical care in a group setting. The DIGMA care model was developed in response to deteriorating access, substantially increased workloads, growing patient demands and expectations from increasing PCP panel sizes. This evaluation looked at impact of the model on patient and provider satisfaction, changes in patient access, and the cost of care.

Methods: Patient satisfaction was measured using a 5-point Likert scale instrument specifically developed for the study. Each patient completed a survey at the end of a DIGMA. Comparison of appointment access for regular and same day appointments was made between DIGMA and non-DIGMA physicians matched by clinic and caseload. The time between when an appointment was made and when completed (appointment lag time) was measured 60 days prior to the start of the DIGMAs and for 60 days after the start of DIGMAs (following a 30-day run-in period). The number of patients participating in a DIGMA to remain cost neutral was computed based on physician's and health specialist's compensation.

Results: Members expressed strong satisfaction with the DIGMA care model. Approximately 60% said they would not have preferred a private visit with their physician. Appointment lag time remained constant for DIGMA physicians over the pre- and post-DIGMA period (mean change = 0.1 days) while it increased 2.1 days for non-DIGMA physicians. Mean attendance of 5.0-5.2 patients was needed to remain cost neutral compared to an actual average DIGMA attendance of 7.5 patients. This resulted in cost savings of \$5, 501 during the study period.

Conclusions: The DIGMA care model provides a cost-effective method of delivering timely follow-up care. Members expressed strong satisfaction with this model of care and over 60% of those surveyed preferred a DIGMAs to a private visit. While appointment access was better under the DIGMA model of care, a more significant benefit was the cost savings associated with the DIGMA care model.