

Healthcare Delivery in Rural Massachusetts: The Visiting Specialist Model

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What is a Visiting Specialist (VS)?

- A non-primary care physician who maintains a rural ancillary practice in addition to an urban/suburban one

Issues Contributing to the Phenomenon of Visiting Specialists

- Community hospitals need to offer full spectrum care and to generate revenue streams.
- Residents of rural communities want and need ready access to a range of services.
- Rural primary care physicians want convenient consultations and streamlined referrals.

Project Research Questions

- Who are the visiting specialists in MA?
- What are their subspecialties?
- Why do they travel?
- How far do they travel? From where/To where?
- Are they satisfied with their arrangements?
- Who is responsible for the ancillary overhead costs?
- How do hospital administrators in rural areas view this model of care delivery?

Methods

- Conduct literature review
- Obtain from MA DPH's Office of Rural Health a list of hospitals located in rural areas of Massachusetts
- Contact hospital administrators and request a list of all the specialists who have ancillary clinics at their hospitals
- Develop brief questionnaire
- Obtain IRB approval

Methods (cont'd)

- Survey implementation
 - Mail questionnaire
 - One week post mailing, telephone call encouraging physicians to complete and return the survey
 - Three weeks post initial mailing, reminder mailing to those who had not returned the survey

Methods (cont'd)

- 10 question hospital administrator interview
 - Physician recruitment methods/incentives
 - Views regarding the Visiting Specialist model of care delivery
 - Logistical details of Visiting Specialist Clinics (VSC)
 - Patient & local PCP feedback

Methods (cont'd)

- Obtain secondary data
 - Dartmouth Medical School, The Dartmouth Atlas of Healthcare: The New England States
 - Define hospital referral regions, determine time/distance to nearest major medical center
 - American Hospital Association
 - Hospital characteristics data
 - MA Board of Registration in Medicine
 - Business address, telephone, demographics
 - AMA Physician Characteristics & Distribution in the US, 2003-04
 - MA physician demographic data

Results

- Fifteen hospitals are located in rural areas of the state; 11 have VS.
- Hospital administrators reported 207 physician specialists who serve ancillary clinics at these 11 hospitals.
- 35 of 207 had either left their practice, stated they no longer were a VS, or could not be contacted.
- 99 of 172 current VS who were contacted completed and returned a survey (response rate of 58%).
- Seven of 11 hospital administrators were interviewed.

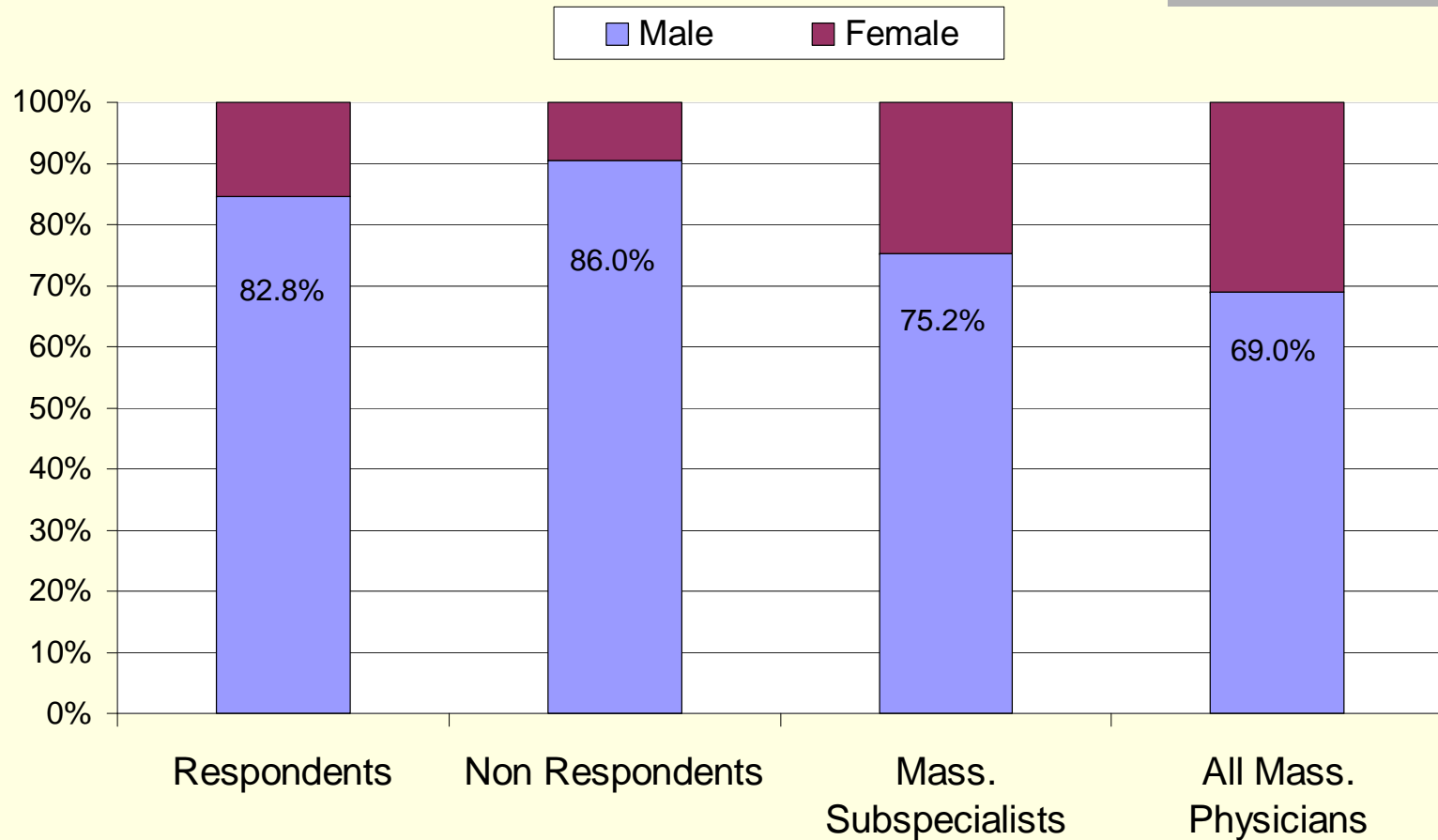
Sociodemographic Characteristics of Mass. VS and All Physicians in Mass.

	Mass. Visiting Subspecialists			Mass. Subspecialists (n=19,542)*	All Mass. Physicians (n=31,620)*
	Respondents (n=99)	Non Respondents (n=73)	All Surveyed (n=172)		
	n (%)	n (%)	n (%)	n (%)	n (%)
Gender					
Male	82 (82.8)	66 (90.4)	148 (86.0)	14701 (75.2)	21802 (69)
Female	15 (15.2)	7 (9.6)	24 (14.0)	4830 (24.7)	9803 (31)
Age*					
Under 45	33 (33.3)	NA	NA	5560 (28.4)	12927 (40.9)
45-55	39 (39.4)	NA	NA	7202 (36.9)	9885 (31.3)
Over 55	24 (24.2)	NA	NA	6780 (34.7)	8738 (27.6)
Medical School					
New England	26 (26.2)	21 (28.8)	47 (28.3)	5931 (30.3)	9571 (30.4)
Other U.S.	47 (47.4)	29 (39.7)	76 (44.1)	9131 (46.7)	14810 (47.1)
Foreign	23 (23.2)	26 (35.6)	49 (28.4)	4375 (22.4)	7044 (22.4)
Medical Specialties	54 (55)	NA	95 (55)	15634 (80)	NA
Surgical Specialties	45 (45)	NA	77 (45)	3908 (20)	NA

*Data from Massachusetts Health Data Consortium, Database of Licensed Physicians. Columns may not total 100% due to sporadically missing data.

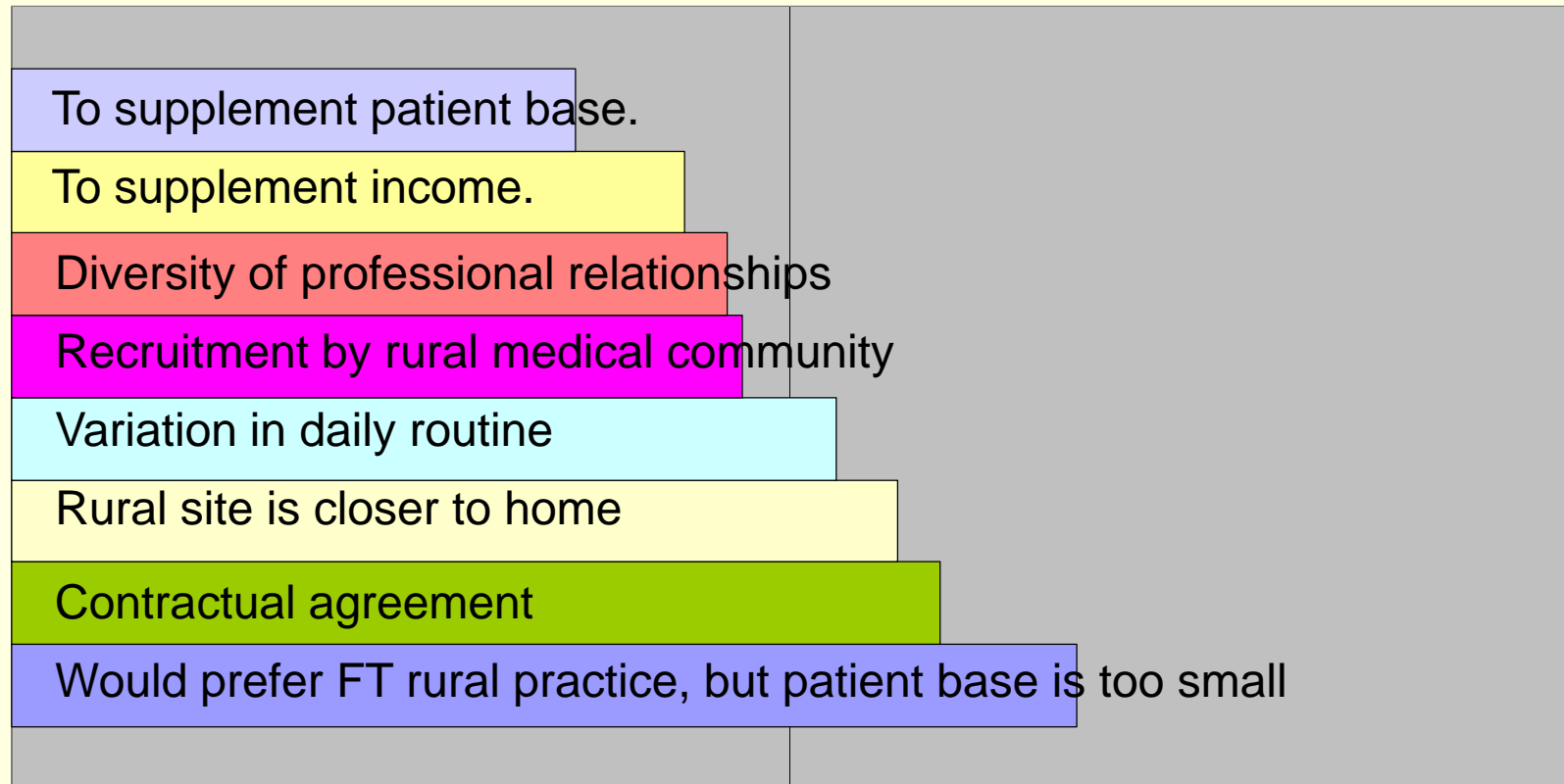
**Gender/Medical School data and Non-Respondent/All Surveyed data are from the Massachusetts Board of Registration in Medicine.

Sociodemographic Characteristics: Gender



Visiting Specialists in MA are predominantly male

Importance of Factors Contributing to Initial Decision to *Become* a VS



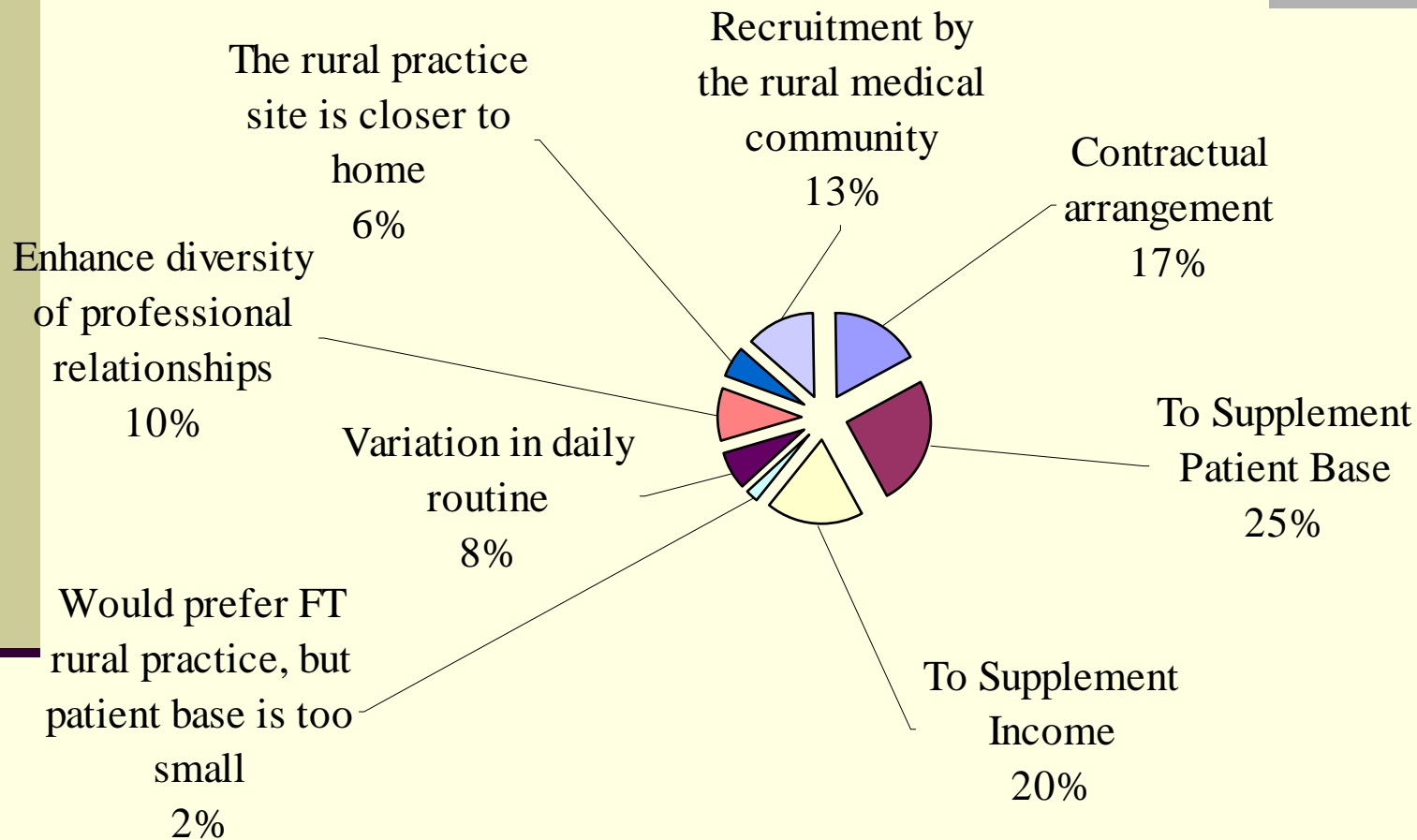
Very Important

Mean Response

Not Important

The opportunity to supplement patient base is the most important reason cited for becoming a visiting specialist

Most Important Factor Contributing to Decision to Remain a Visiting Specialist

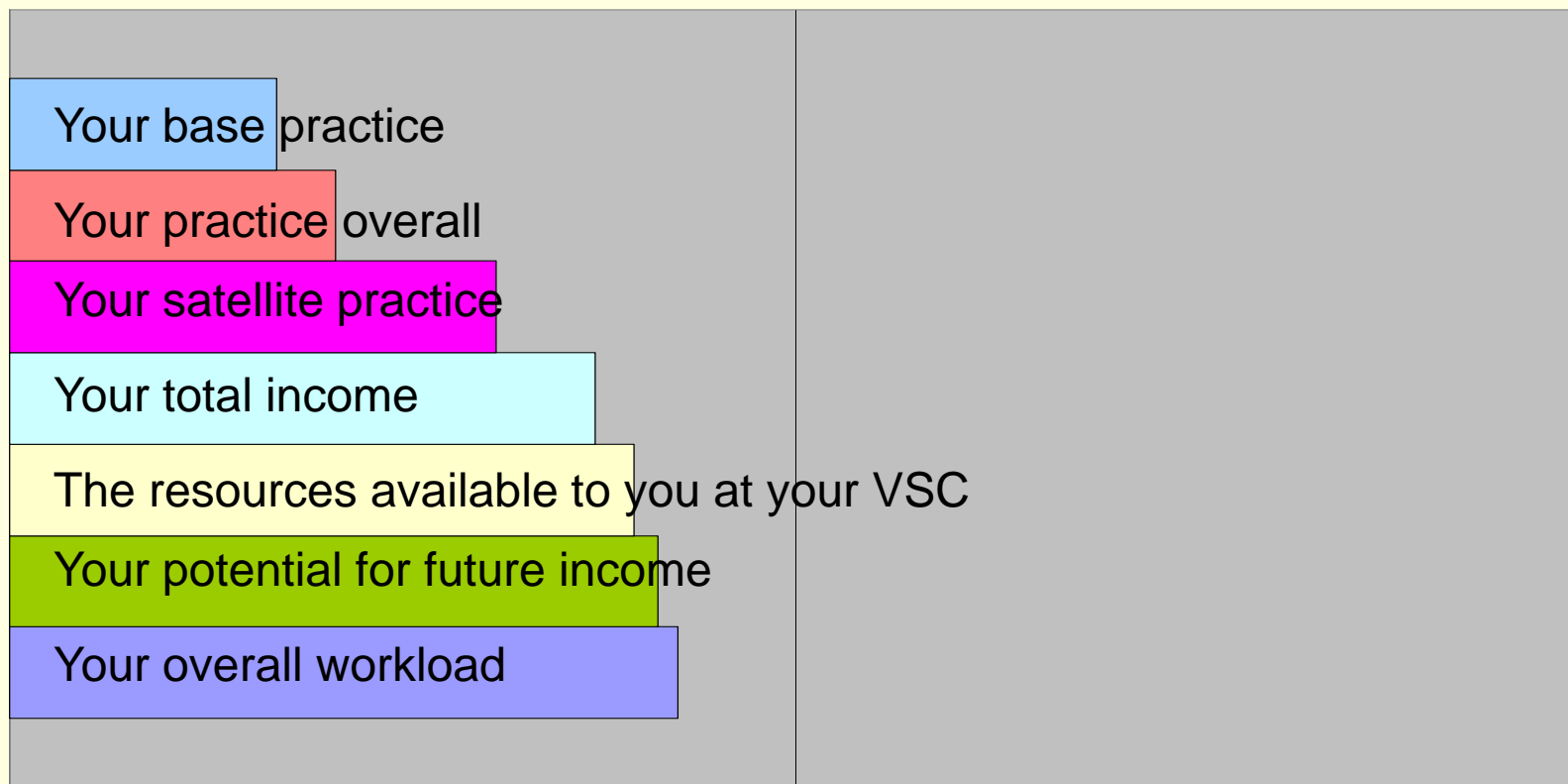


1 in 4 Visiting Specialists responded that the most important reason they continue to visit rural areas is to supplement their patient base.

Open-Ended Question: What is your Motivation for Maintaining a VSC?

- Categorized Responses:
 - Increased patient base/income (28%)
 - Delivery of care to underserved pts (27%)
 - Convenience for rural patients (23%)
 - Opportunity to support local docs (16%)
 - Need for variety/change of pace (16%)
 - Other responses included contractual obligations, better call coverage, and freedom from hospital bureaucracy.

Visiting Specialist Satisfaction with Current Practice



1=Very Satisfied

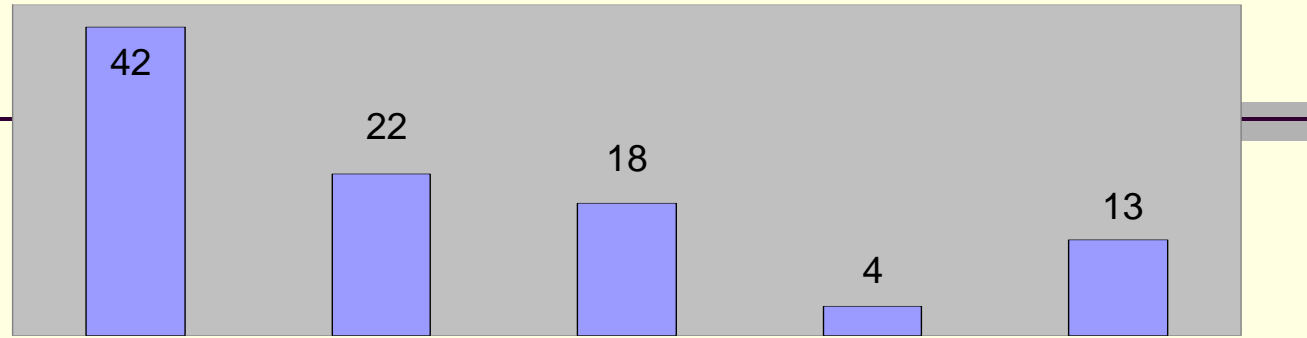
Mean Response

5=Not at all Satisfied

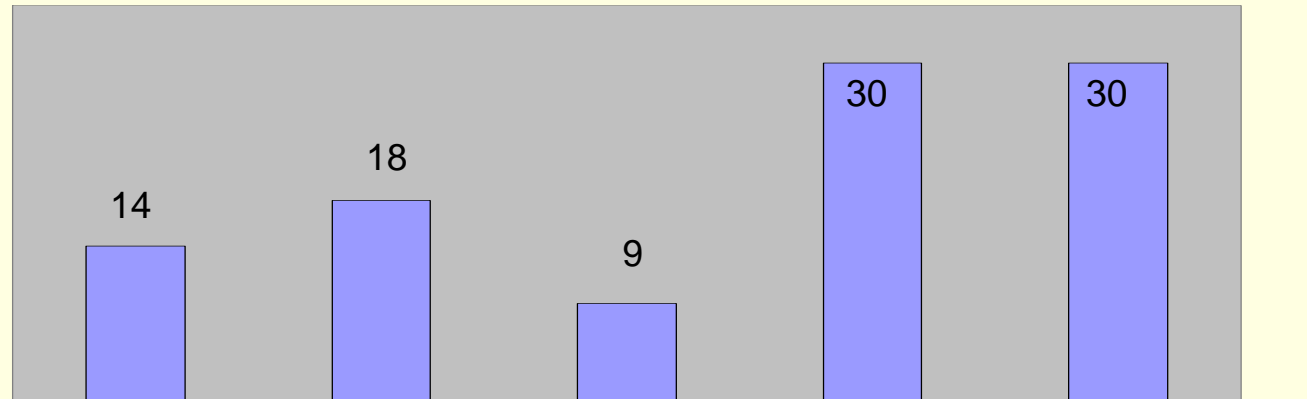
Visiting specialists are most satisfied with their base practice and their practice overall

In the next 5 years, how likely or not is it that:

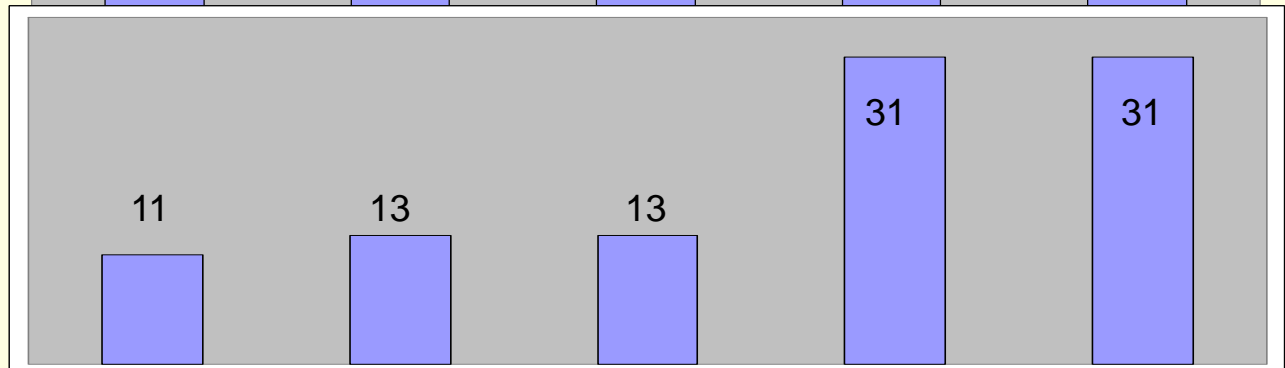
You will remain committed to your current professional arrangement.



You will discontinue one or all of your VSC(s).



You will expand/direct additional resources towards your VSC(s).



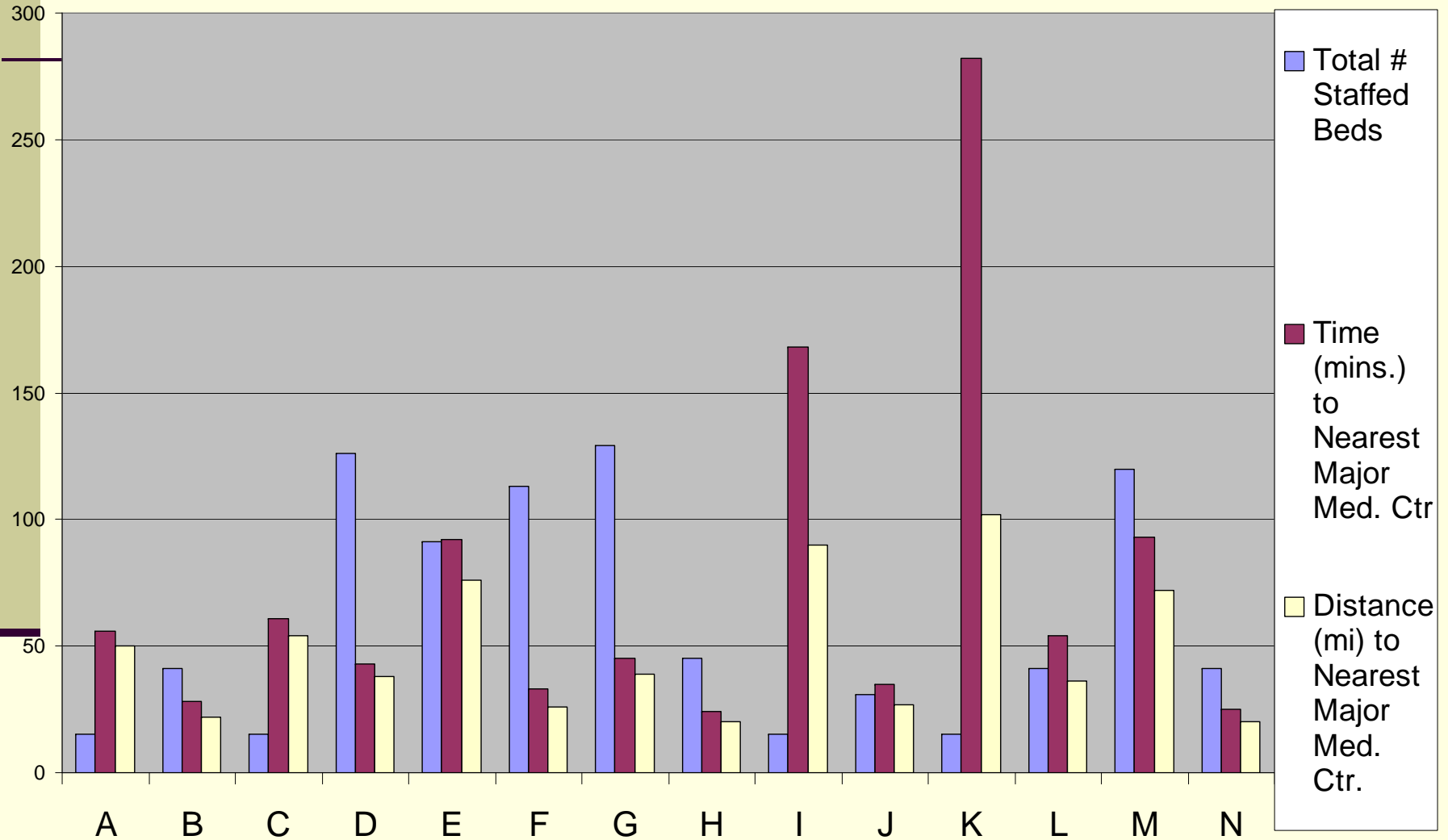
Very Likely

Not Likely¹⁶

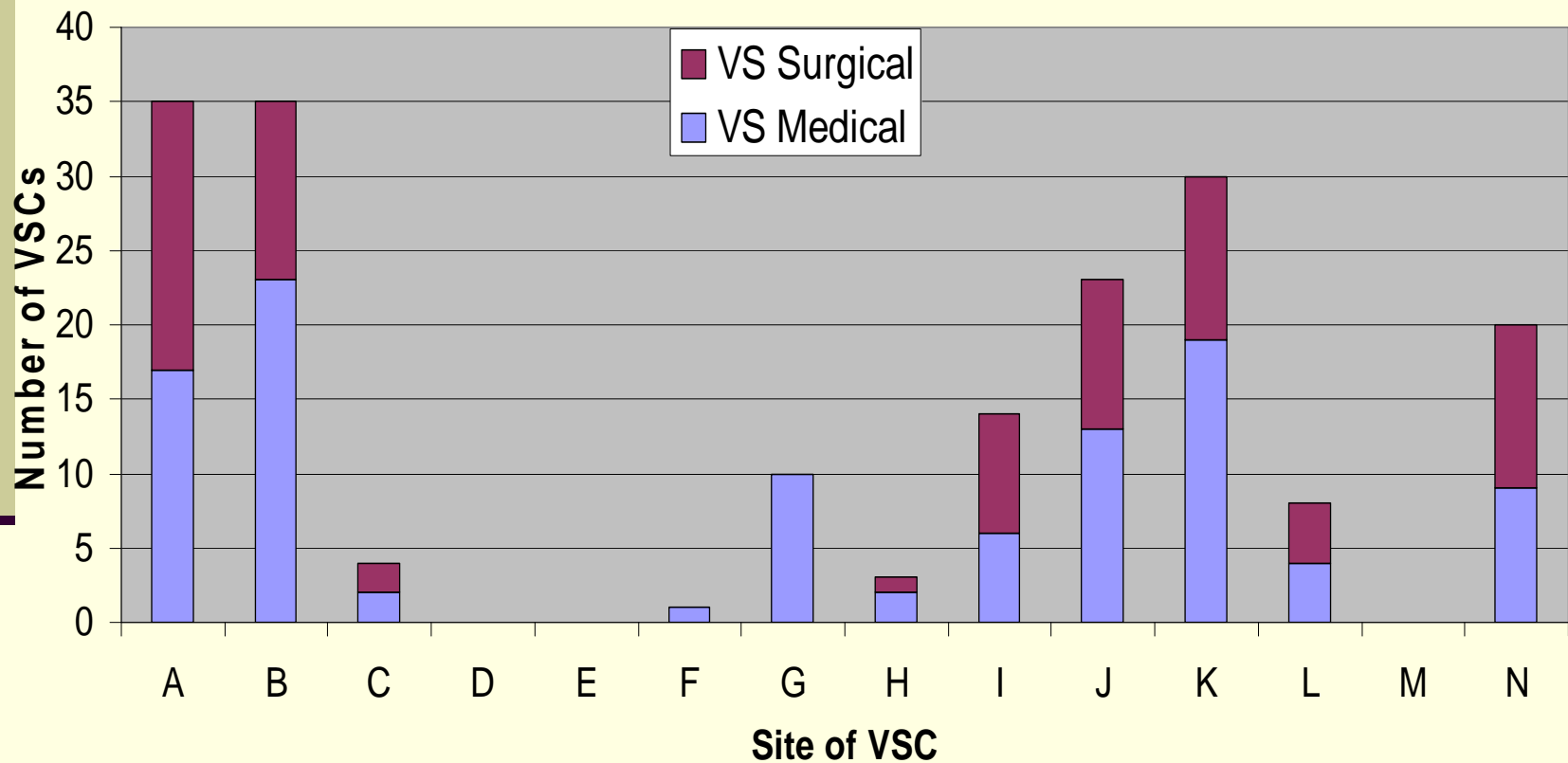
Characteristics of Fourteen Participating Hospitals

	Total # Staffed Beds	Distance from Nearest Major Med. Ctr minutes (miles)	Total VSs	VS Medical	VS Surgical
A	15	56 (50)	35	17	18
B	41	28 (22)	35	23	12
C	15	61 (54)	4	2	2
D	126	43 (38)	0	0	0
E	91	92 (76)	0	0	0
F	113	33 (26)	1	1	0
G	129	45 (39)	10	10	0
H	45	24 (20)	3	2	1
I	15	168 (90)	14	6	8
J	31	35 (27)	23	13	10
K	15	282 (102)	30	19	11
L	41	54 (36)	8	4	4
M	120	93 (72)	0	0	0
N	41	25 (20)	20	9	11
Totals			183	106	77

Hospital Characteristics

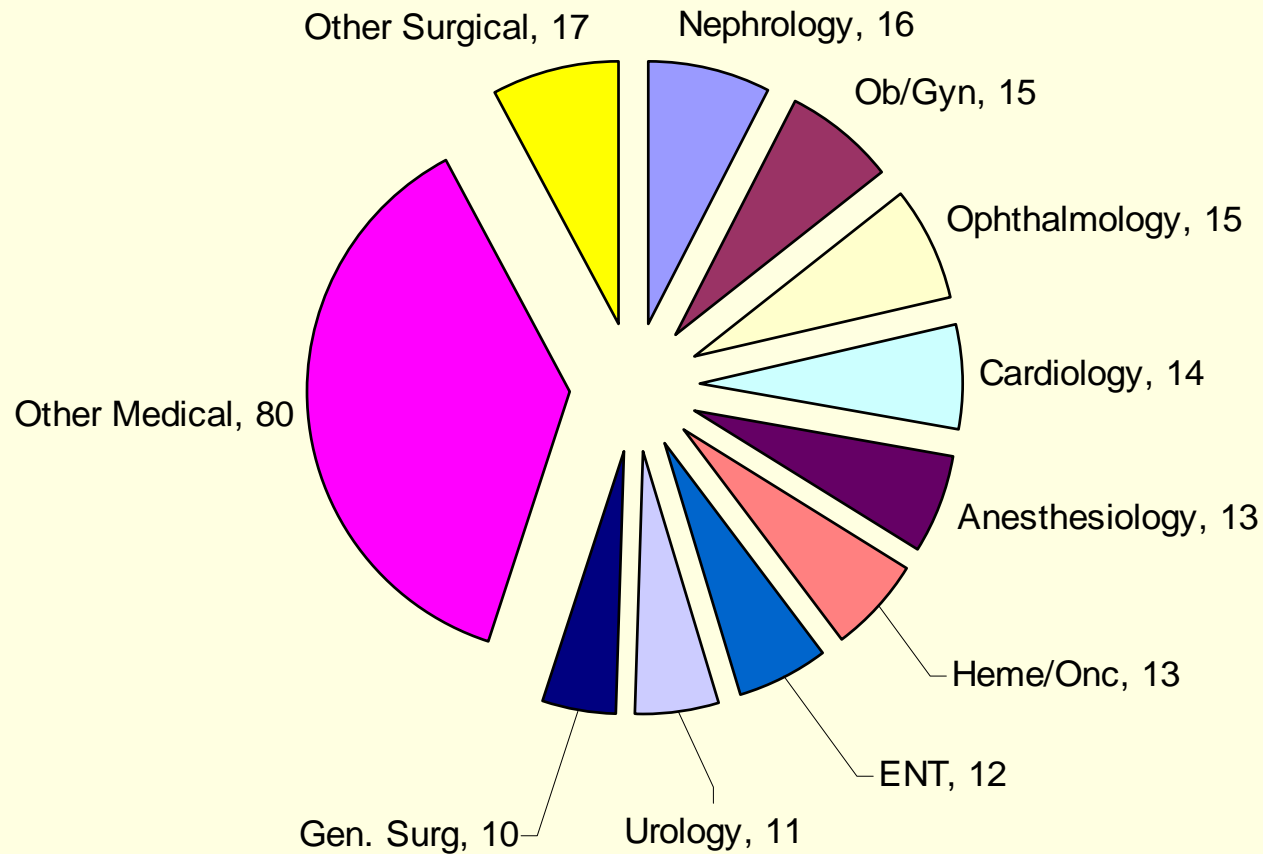


Distribution of Visiting Specialists

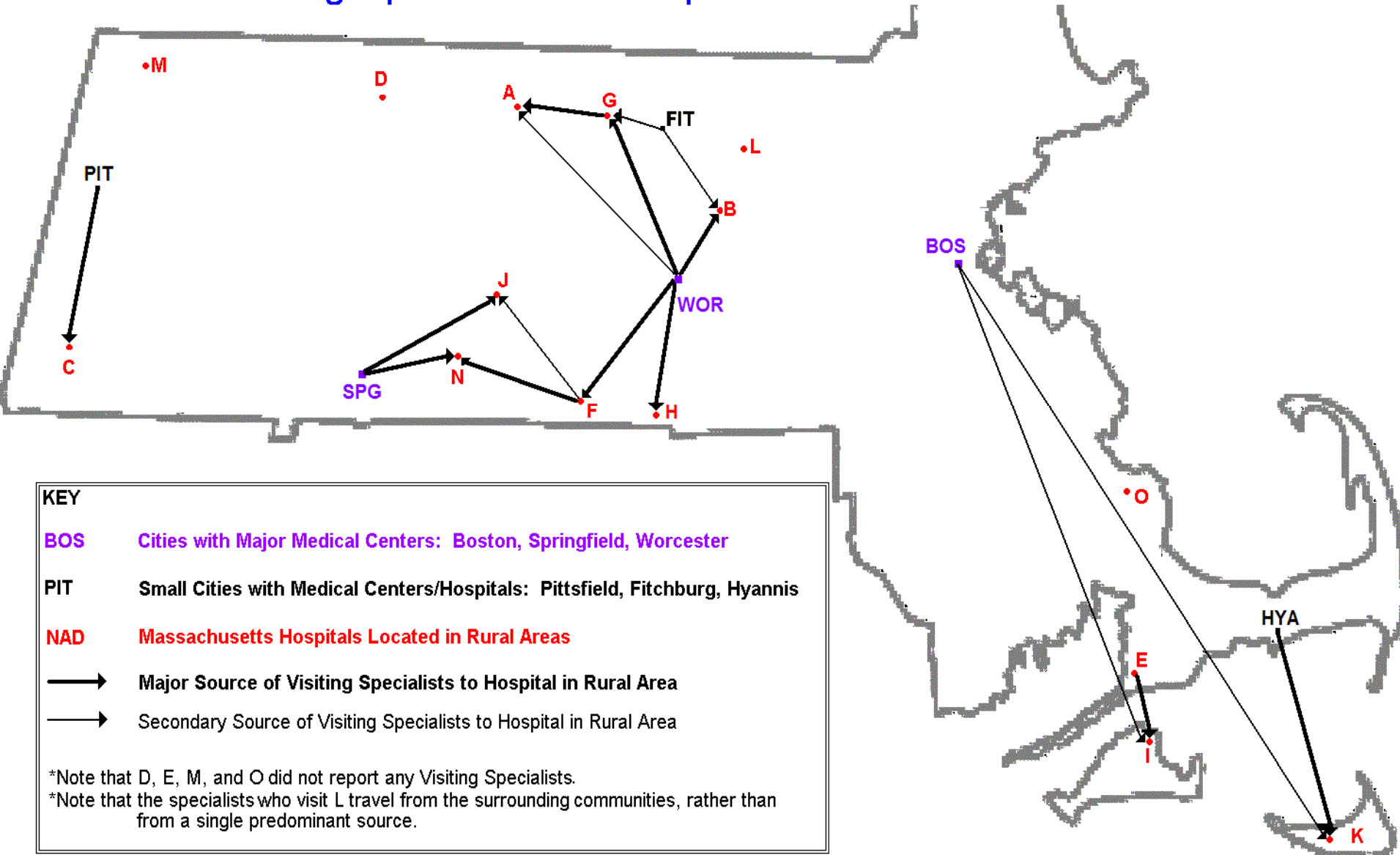


*Note that Falmouth, Franklin, Jordan, and North Adams did not report any VSs.

Most Common Specialties Represented by Mass. VSCs (VS=172)



Sources of Visiting Specialists to Hospitals in Rural Areas of Massachusetts



Hospital Administrator Responses: Attracting Visiting Specialists

- Most (5/7) hospitals actively recruit Visiting Specialists.
- The hospital is far more likely to approach the physician with the intention of establishing a VSC than vice versa.
- A few (3/7) hospitals offer incentives to help attract VSs. These include:
 - Financial reimbursements;
 - Temporary free office space; and
 - Free secretarial/staff support.

Hospital Administrator Responses: Patient Feedback

- Anecdotal evidence suggests that patients have a strong positive opinion of Visiting Specialists.
- Administrators cite patient convenience as the most significant positive effect of VSs.

Hospital Administrator Responses: VS Effects on the Local Medical Community

- Local rural doctors react positively to the support and access to consult services that the Visiting Specialists provide.
- A lack of commitment to the host hospital and occasional “patient stealing” are the major drawbacks to the Visiting Specialist Model.
- Administrators view the Visiting Specialists as a growing trend, and vital to maintaining their viability as a community hospital.

Hospital Administrator Responses: Visiting Specialist Clinics

- In most cases, the hospital provides all equipment, staffing, and supplies for a Visiting Specialist Clinic.
- Scheduling of patients may be handled by either the hospital or the office of the Visiting Specialist.

Potential Future Studies

- Patient satisfaction with Visiting Specialists
- Visiting Specialist impact on viability of community hospitals
- Effect of Visiting Specialist presence on rural PCP satisfaction/retention
- Impact of Visiting Specialists on delivery of healthcare in rural areas of Massachusetts
- Identify factors contributing to a successful Visiting Specialist/community hospital relationship
- Determine how large medical centers affect visiting specialist distribution
- Expand study to other New England states.