



## Abstract

### IEHP Seniors and Persons with Disabilities Network Analysis Study

In 2005, IEHP engaged the Lewin Group to perform a network analysis study related to Seniors and Persons with Disabilities residing in Riverside and San Bernardino counties. Two of the major goals of the study were to compare the overlap between the IEHP and Fee-For-Service specialty networks and to compare the quantity of specific specialists between the two networks. Specialists included Internal Medicine and Family Practice Primary Care Physicians, as well as all (major physician) specialty categories.

One of the major methodological issues in designing the study was to define the Fee-For-Service network. The key was to determine some proxy for level of participation in Fee-For-Service by the specialist to avoid including specialists that see Medi-Cal Members on an anecdotal basis in Emergency Departments or as follow ups to inpatient stays, versus specialists that include these Members as a regular part of their outpatient practice.

After reviewing various options, Lewin settled on a 52 claims/year standard. This standard suggests that the specialist is seeing an average of one Medi-Cal SPD Member per week. One could argue this is a low standard, but it appeared superior to the commonly used standard of \$1,000 in Medi-Cal reimbursement per year.

Key findings from the study include:

- Overall, IEHP had 74% more specialists than Fee-For-Service
- IEHP had more specialists of all types, except Internal Medicine, Audiology and Podiatry. Examples included 71 more oncologists, 40 more general surgeons, 61 more orthopedic surgeons. Across the board, IEHP network had much more access than Fee-For-Service
- Given the significantly more specialists overall, overlap was surprisingly low – 42% of Fee-For-Service specialists were also in the IEHP network. One of the reasons is that many of the Fee-For-Service specialists – particularly the Internal Medicine physicians were outside the two county area. This may suggest that access under Fee-For-Service within the counties is so poor Members must seek care in Los Angeles or Orange counties.

- The Lewin Study also looked at specialist access in specific geographic regions due to the large size of our two counties. In all sub-areas, with few very exceptions, access to specialists was significantly better in the IEHP network than Fee-For-Service
- The study identified two specialists that IEHP needed to increase – Internal Medicine and Otolaryngology

Since 2005, IEHP has significantly increased the size of our specialty network. We have had a specific focus on increasing the number of Internal Medicine physicians, as well as “filling” any gaps noted in the regional analyses. As a specific example we have added over 40 Internal Medicine physicians to the network.