



# **The Lay of the Land: Overview of Medical Home Evaluation Approaches**

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“So, did your PCMH work?”

- Evaluating the PCMH Model is complex
- The difficulty of answering this question:
  - Complicated organizational transformation
  - Many domains
  - Tight timelines
  - Small sample sizes
  - Variety of stakeholders
  - Comprehensiveness vs. feasibility



# Evaluation Structure

- Key is a MULTI-DIMENSIONAL APPROACH
  - Achievement of Medical Home transformation
  - Patient experience
  - Cost/efficiency
  - Clinical quality
  - Staff experience (including teamwork)
  - Transformational lessons learned
  - Medical education\*

\*Each domain is a Commonwealth Fund PCMH Evaluators' Collaborative Working Group, except for medical education – recent Society of General Internal Medicine Conference on promoting and assessing PCMH education

# PCMH Transformation: Opposing Approaches

## Researchers

- Identify optimal definition/intervention
- Randomized controlled trials
- Willing to wait
- Single answer/  
Triangulation

## Implementers

- Opportunistic/  
Interventions evolve
- “real life” experiments
- Answers today
- “Experiential”  
learning





# National PCMH Demonstration Survey

- 26 demos in 18 states
  - 5000 MDs, nearly 5 million patients
- Current Demonstrations Vary:
  - # of practices, physicians, payers
  - Payment models
  - IT functionality
- 2 Main Transformation Models
  - Facilitative and Collaborative
- Evaluation plans pre-specified in only 40% demos



# Survey of current evaluations

- Resurveyed 26 demos on evaluation plans
- 16/26 responded
- All Commonwealth Fund demos responded
- Asked about survey domains and tools used
- Data acquisition is ongoing



# Demonstration Characteristics

<b>Patients and Practices</b>	<b>Mean</b>	<b>Median</b>	<b>Range</b>
Patients: Intervention	188,617	88,750	5,400-800,000
Patients: Control (If Applicable)	268,567	103,000	100-800,000
Practices: Intervention	50	16	5-250
Practices: Control (If Applicable)	37	30	1-100



# Evaluation Designs

Evaluation Design	Percent of Practices
Pre-Post Intervention with Concurrent Control	57%
Pre-Post Intervention with No Control	14%
Randomized Control Trial	7%
Other*	21%
Defined Evaluation Plan	
Yes	64%
No	36%
Selection of Controls	
Match by Patient and Practice Demographics	36%
Other*	21%
No response	43%





# Administrative Claims Data

<b>Using/Planning to Use Administrative Claims Data</b>		
	Yes	86%
	No	7%
	No response	7%
<b>Pre/ Post Intervention Administrative Claims Data Available</b>		
Pre	Yes	71%
	No	14%
	No response	14%
Post	Yes	43%
	No	43%
	No response	14%



# Cost/Efficiency Measures

Measures	
Total Costs per Member per Month	71%
Costs per Episode	43%
Emergency Department Visits (All or Ambulatory)	86%
Hospital Admissions (Ambulatory Sensitive)	86%
Hospital Re-admissions (all)	79%
Primary care visits	79%
Specialist visits	71%
Radiology tests	71%
Laboratory tests	71%
Prescription drug utilization	71%



# Medical Records Data

Using/Planning to Use Medical Record Data		
Yes		50%
No		43%
No response		7%
Pre/ Post Intervention Medical Records Data Available		
Pre	Yes	14%
	No	36%
	No response	50%
Post	Yes	7%
	No	43%
	No response	50%



# Clinical Quality Measures

Quality Process and Outcome Measures	
Healthcare Effectiveness Data and Information Set (HEDIS)	79%
Assessing Care of Vulnerable Elders (ACOVE)	0%
Other National Quality Forum (NQF) endorsed measures	36%



# Patient Survey Data

## Using/Planning to Use Patient Survey Data

Yes

86%

No

7%

No response

7%

## Pre/ Post Intervention Patient Survey Data Available

Yes

64%

Pre

No

21%

No response

14%

Yes

21%

Post

No

64%

No response

14%



# Patient Survey Data

Survey Tool Used	
ACES	7%
CG-CAHPS	57%
CPCI	0%
MHIQ	7%
PACIC	14%
PCAS	0%
PCAT	7%
PEI	0%
Press-Gainey	7%
Other*	29%

\*Includes PSQ-18 and compiling questions from multiple survey sources

# Physician and Staff Survey Data

Using/Planning to Use Physician and Staff Survey Data		
Yes		86%
No		7%
No response		7%
Pre/ Post Intervention Physician and Staff Survey Data Available		
Pre	Yes	64%
	No	21%
	No response	14%
Post	Yes	14%
	No	71%
	No response	14%



# Summary

- PCMH evaluation is complex
- Requires a multi-modal, multi-dimensional approach
- Evaluation planning is important
- Some consensus emerging\*
  - Research questions
  - Domains
  - Data sources





# Challenges

## ○ Emerging Themes:

- negotiating data use agreements with payers
- time lag of claims data
- sample sizes (patients and practices)
- incorporating patient experience surveys into overall evaluation plans
- ensuring adequate controls
- aggregating disparate findings



# Closing Thoughts

“Insanity is doing the same thing  
over and over again,  
expecting different results.”



# Questions or Comments?

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