Evaluating Clinical Quality in the Patient Centered Medical Home

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Roadmap

- Workgroup Members and Methods
- Conceptual Framework & Considerations
- Logic Model
- Proposed Measures
Workgroup Contributors

- Asaf Bitton, Chair
- Melinda Abrams
- Doug Conrad
- Jeannie Haggerty
- Elbert Huang
- Rainu Kaushal
- Carlos Jaen
- Bruce Landon
- Nancy McCall
- Diane Rittenhouse
- Kurt Stange
- David Thom
Workgroup Methods

- Commonwealth Fund sponsored PCMH Evaluators’ Collaborative
- First meeting June 2008
- Conference calls and in-person meetings
- Sequential drafts of logic model and proposed metrics
- Presentations at 2009 and 2010 AcademyHealth Annual Meetings
- Further Refinement 2010-2011
Many ways to conceptualize quality in PCMH

Started with the Joint Principles

Quickly encountered challenges

PCMH \rightarrow \text{Improved Quality}
Conceptual Framework

- Rittenhouse and Shortell (2009): 4 PCMH domains
  - Primary Care
  - Patient Centeredness
  - New Model Practice
  - Payment Reform

- Logic Model based on Donabedian
  - Structure → Process → Outcome
  - Focus on process and outcomes
Creating a Logic Model

- Connections between *specific* elements of PCMH and process/outcome linked to evidence
  - *What about the PCMH could improve quality? Mechanism?*

- Focus on intermediate outcomes, as long-term measurable global outcomes unlikely
  - Short time horizons
  - Limited scope of intervention (home vs. neighborhood)

- Quality Measures
  - Clinical Technical Quality
  - Which measures perform best?
Important Considerations

- **Measurement Scope**
  - Adult vs Family Med and Pediatrics
  - Quality Outcomes → Pt experience and Efficiency?

- **Sample Size**
  - Reasonable measure performance (esp w/ small #)
  - Revised AQA starter set of measures

- **Evaluation Burden**
  - Core set vs supplemental measures

- **Parsimony**
  - One tool vs subsets of many
  - Distilling tools
### PCMH Quality Logic Model

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<th>Specific Elements</th>
<th>Processes</th>
<th>Outcomes</th>
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| Enhanced Primary Care           | • First Contact Access  
                                 | • Continuity  
                                 | • Comprehensiveness  
                                 | • Coordination and Integration               | • Prevention/ Screening                       | • Intermediate Chronic Dz                    |
|                                 |                                                                                  | • Disease Monitoring/Tx  
                                 | • Overuse                                          | • Elderly-specific                           | • Pt reports of care                          |
| Patient Centeredness            | • Whole Person Orientation  
                                 | • Patient-Provider Communication                                     | • Screening/ Dz Monitor & Tx  
                                 | • Pt Enablement & Trust  
                                 | • Decision-making                                | • Intermediate Chronic Dz                    |
|                                 |                                                                                  | • Pt reports of care                                             | • Pt reports of care                          |
| New Models of Practice          | • Team-Based Care  
                                 | • Improved Care Facilitation  
                                 | • Clinical Information Systems  
                                 | • Payment Reform                                | • Prevention/ Screening                       | • Intermediate Chronic Dz                    |
|                                 |                                                                                  | • Disease Monitoring/Tx  
                                 | • EHR/ Med mgmt                                       | • Medical Errors                              | • Pt reports of care                          | • ACSC utilization                           |

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**Domain Specific Elements**
- First Contact Access
- Continuity
- Comprehensiveness
- Coordination and Integration

**Processes**
- Prevention/ Screening
- Disease Monitoring/Tx
- Overuse
- Screening/ Dz Monitor & Tx
- Pt Enablement & Trust
- Decision-making
- Prevention/ Screening
- Disease Monitoring/Tx
- EHR/ Med mgmt

**Outcomes**
- Intermediate Chronic Dz
- Elderly-specific
- Pt reports of care
- Intermediate Chronic Dz
- Pt reports of care
- Intermediate Chronic Dz
- Medical Errors
- ACSC utilization
Enhanced Primary Care

- **First Contact Access**
  - 24/7 provider availability
  - New modes of communication
  - Open access scheduling

- **Continuity**
  - Sustained relationships with a provider and/or practice
  - Contextualized knowledge about pt (family/community)

- **Comprehensiveness**
  - Addressing majority of pt’s care needs
    - Preventive, acute, chronic, and mental health

- **Coordination and Integration of care**
  - Guiding access toward more narrowly focused care
  - Synchronizing delivery of needed services
  - Orchestrating better communication b/w care providers
Technical Quality: Core Measures

- **Prevention/Screening Processes:**
  - Tobacco use identification
  - Chlamydia (16-24), Pap (21-64), Mammography (40-69)
  - Colorectal cancer screening (50-80)
  - Influenza vaccine (> 50), Pneumovax (>65)

- **Disease Monitoring Processes:**
  - Annual lab monitoring certain meds (ACE-I, ARB, and diuretics)
  - Cholesterol for CVD pts
  - DM: A1c, BP, LDL, eyes, feet, microalbuminuria
Technical Quality: Core Measures

- **Disease Treatment Processes:**
  - Smoking cessation advice
  - Appropriate asthma meds
  - Aspirin and statin for CAD

- **Chronic Disease Intermediate Outcomes:**
  - BP control (<140/90) for HTN and DM
  - LDL < 100 for DM, CVD pts
  - A1c > 9 for DM pts

- **Acute Care Overuse Measures:**
  - Appropriate URI treatment
  - Appropriate low back pain imaging
Technical Quality: Supplemental Measures

- **Prevention/Screening Processes:**
  - ACOVE Fall Risk management (> 65)
  - Osteoporosis screening (women > 65)

- **Disease Monitoring Processes:**
  - Medication Reconciliation post-discharge
  - ACOVE Use of ≥ 2 high risk medications (> 65)

- **Disease Treatment Processes:**
  - Depression medication management (acute and chronic phase)
  - Smoking cessation counseling and meds
  - ACOVE - Urinary incontinence mgmt (> 65)
Technical Quality: Supplemental Measures

*Childhood Prevention/Screening/chronic dz:
- Receipt of childhood immunization
- Well-child visits
- Growth charting (including BMI)
- Asthma control (and action plan)
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Patient Centeredness

- **Whole Person Orientation**
  - Eliciting and respecting patient values, preferences, and needs
  - Including family, community, financial, and lifespan perspectives

- **Patient-Provider Communication**
  - Regular, structured patient feedback
  - Promoting shared decision-making
  - Increasing patient activation and engagement in self care
  - Improved access to translation services
Patient Centeredness Measures

- CG-CAHPS (revised for PCMH)
- Technical quality core and supplemental measures
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New Models of Practice

- **Team-based care**
  - Expanded roles for non-physician providers
  - Practice-based patient educators
  - Group visits

- **Improved Care Facilitation**
  - Coordination with community resources
  - Transitions of care
  - Medication reconciliation and adherence
  - Test and referral tracking
  - Pre-visit planning
New Models of Practice

- **Clinical Information Systems**
  - Disease registries with proactive population mgmt
  - Continuous performance measurement
  - EHR with e-prescribing and decision support

- **Payment Reform**
  - Pay for performance
    - Larger payments
  - Care management fees (PMPM)
  - Bundled or episodic payments
  - Risk-adjusted capitation
New Model Practice Measures

- EHR process measures
- NCQA PCMH Recognition Tool
- Technical quality core and supplemental measures
  - [Efficiency/cost and pt exp measures]
Putting it all together…
Summary

- Developed a logic model for quality in PCMH
  - Linked it to evidence
- Created a body of clinical quality measures
  - Core and Supplemental set
  - Supplemented with patient experience, EHR, and PCMH recognition measures
- Challenges remain
  - Sample sizes and under-powered studies
  - Clustering effects
  - Adjusting for temporal trends (adequate controls)
  - Stability of quality measures (variance)
- Working toward further harmonization and refinement
Thank You

- We welcome your feedback!

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