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HEALTH CARE EFFECTIVENESS

Measuring What Matters: Assessing the Care Delivered by Primary Care Practices

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Primary Care: the Central Feature of a Well-Organized Health Care System

1920

Great Britain, Dawson Report: Noted health care system organization includes an identifiable, functioning, primary medical care sector

1960s

Evolving definitions in U.S. since demise of the "general practice" in the 1960s, with a move toward longer training in primary care disciplines (pediatrics, internal medicine, family medicine, geriatrics) Barbara Starfield, IOM, Millis Report, Alpert and Charney (1974)

1977

Alma-Ata Conference: Consensus goal on "the attainment by all citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life."

1978

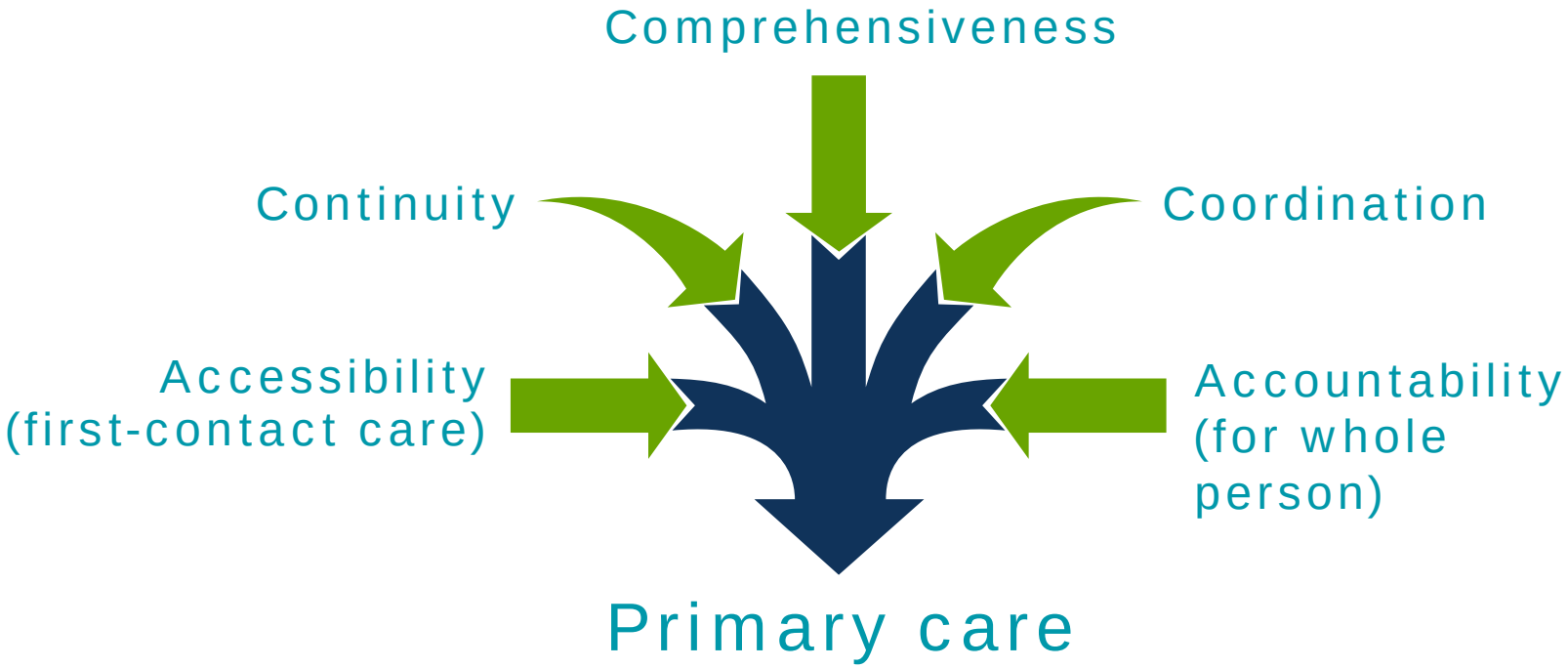
IOM & WHO define primary care attributes: accessibility, comprehensiveness, continuity, coordination, and accountability

1992–96

Barbara Starfield's seminal text: *Primary Care Conceptualization and Measurement* (1992)

Ljubljana Charter, adopted in Europe, notes health care systems should protect and promote health and be oriented toward primary care (1996)

5 Features Define Primary Care
(IOM, Starfield, WHO, AHRQ)



Features not unique to primary care

- **Patient centered**
- **Safe and high quality**

Need all 5 features for good primary care

- **Each feature is necessary, but not sufficient, for making a primary care practice a medical home**
- **Clinicians and/or practice settings can provide one or more features but not fulfill the primary care role**
  - **Rheumatologist may provide ongoing care for a particular chronic condition, but this does not equal interpersonal, continuity of care for the whole patient**
  - **Urgent care centers may be highly accessible, but they do not provide continuous, coordinated, or comprehensive care; nor are they accountable for the whole person**

Common Barriers to Incorporating Primary Care Features (1)

- **Accessibility**
  - **Enhanced access (phone calls, emails, after-hours care, reduced wait-times) face challenges related to infrastructure e.g. staff availability, portal use, etc.**
  - **Fee for service (FFS) does not reward enhanced access**
- **Continuity**
  - **FFS payment does not consistently reward a PCP for continuity**

Common Barriers to Incorporating Primary Care Features (2)

- **Comprehensiveness**
  - **Given large supply of specialists, PCPs may minimize their time and effort by referring patients for things that are within the primary care domain**
  - **Under FFS, "document and refer" pays better than does comprehensive care from a PCP**
- **Coordination**
  - **Requires costly staff time**
  - **Little payment in traditional FFS for coordination efforts**

Common Primary Care Performance Metrics also Pose Challenges

- **FFS productivity metrics**
- **Quality metrics are disease specific, not person focused—need a balance of both**
- **Need to recognize unintended consequences of documentation burden and changes in workflows that may result from current measures**
- **Medical home recognition/certification**
  - **Hard to measure complex concepts (management across a patient's comorbid conditions)**
  - **Easier to measure defined structures**
  - **Things that aren't measured often whither**

Goal: Draw More Attention to 5 Primary Care Features

- **To improve primary care:**
  - **Important to keep primary care "redesign" models solidly grounded in a strong primary care concept—even as care processes that support the 5 features evolve over time**
  - **Process measures of individual clinical conditions alone do not guarantee good primary care**
  - **Support practices to deliver the 5 features rather than continued micromanagement**
- **Unit of interest: primary care *team*--includes the patient**

To What Extent are the 5 PC Features Being Measured?

- **Many primary care demonstrations in the field today, BUT measurement of all 5 features is uneven**
- **Aspects of some primary care features are being heavily measured (aspects of referral tracking--part of coordination)**
- **Others get less attention and thus may wither (e.g. comprehensiveness)**
- **If you can't measure something, it may be hard to identify problems and secure support**

Current PCMH Measures May Not Equal Good Primary Care

- **PCMH metrics may not capture features that are difficult to measure**
  - **None of the PCMH recognition/accreditation tools captures comprehensiveness**
  - **Multimorbidity management**
- **"Healing relationship": whether providers have a meaningful, trusting relationship with patients (continuity and other primary care features contribute to this)**
- **"Coordination": tracking referrals is helpful but does not equal coordination of care**
  - **Especially challenging in a setting with poor health IT interoperability**
  - **Even with interoperable health IT, clinicians still need to thoughtfully communicate about referrals and consultations**

How Have Primary Care Features Been Measured? (1)

- **Practice's self-report with supplementary documentation plus or minus an audit (PCMH recognition/certify)**

- **Surveys**
  - **CG CAHPS (doesn't delve into some of the 5 PC factors)**
  - **Other surveys of patients and clinicians and practice staff**

- **Claims and visit abstraction data**
  - **National Ambulatory Medical Care Survey (NAMCS) visit data**
  - **Claims (e.g., Medicare FFS)**

How Have Primary Care Features Been Measured? (2)

- **E-Measures**

— **Only recently and for very limited aspects of PC features, BUT**

— **Potential once we overcome problems of:**

  - Lack of standardized data
  - Inadequate electronic health record tools to support primary care processes (e.g., care plans)
  - Limited interoperability
  - Understanding how to define and capture data elements to assess the 5 primary care features

Primary Care Features and Data Sources

Feature	Surveys	Claims	E-Measures
Accessibility	Patient Clinician Staff/Team Facility	ACSC hospitalizations and others	TBD
Continuity	Patient Clinician Staff/Team Facility	Bice Boxerman COC Herfindahl Index UPC (Usual Provider Continuity) Sequential COC Index	TBD
Comprehensiveness	Patient Clinician Staff/Team Facility	Range of Cond Tx Involvement in Pt Cond New Problems Manag. Scope of services prov.	None yet
Coordination	Patient Clinician Staff/Team Facility	Follow-up after events (e.g., non-elective hospital visit, post ACSC ER visits, etc.)	NQF TBD
Accountable for whole person	Patient Clinician Staff/Team Facility	TBD	TBD

An under-emphasized feature of good primary care

Comprehensiveness of primary care

"…assess and treat the large majority of each patient's physical and common mental health care needs, including prevention and wellness, acute care, chronic and multi-morbid care."

Why Measure Comprehensiveness?

- **Comprehensiveness of primary care declining over time in U.S. but not necessarily in other countries**

  (Chan 2002; Safran 2003; McApline 2007; Kraschnewski 2013; Bazemore 2012; Barnett 2012)

- **Under-measured aspect of primary care in delivery system reforms (e.g., PCMH and ACO initiatives)**

- **Implications for workforce, training, and maintenance of certification**

Advantages of More Comprehensive Primary Care

- **More equity and efficiency in health care delivery**
- **Improved process measures**
  - **Greater use of evidence-based preventive services**
  - **Improved interpersonal continuity of care**
  - **Less need for coordination between many different providers (less care fragmentation, less service duplication)**
- **Improved outcomes**
  - **Lower hospitalization rates for ambulatory care sensitive conditions after controlling for prevalence of conditions and bed supply**
  - **Better self-reported health status**

White 1967; Starfield 1992, 1998, 2005; IOM 1996; Kringos 2010, 2012; Sox 1996, Sacket 1992; Sans Corrales 2006; Lee 2007; Wilhelmsson 2007

Terminology for Comprehensiveness

- **Scope of services**
  - **Procedures/interventions**
  - **Sites of care**
- **Conditions managed**
  - **Range of conditions**
  - **Depth and breadth**

As medical home metrics evolve . . .

- **Need ongoing measure development, validation, refinement & reduction**
- **Likely need combination of data sources**
- **Assess & support comprehensiveness**
- **Support rather than micromanage primary care**

Primary Care Does Not Operate in a Vacuum

Expectations for the PCMH

- **Current outcome measures**
  - **Quality metrics: some are good, others may distract from clinical care**
  - **How much can primary care move the needle on costs and/or service use by other, higher-cost providers (specialists, hospitals) in the misaligned FFS environment?**
  - **Primary care is critical to an organized health system, but specialists and hospitals must also be accountable**

Thank You

For more information

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