

PATIENT EXPERIENCE RESULTS

Implications for Medical Home Accountability

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March 23, 2011

PACIFIC BUSINESS GROUP ON HEALTH

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Patient Assessment Survey Results (2010)

- Performance gains
- Variation in scores
- Level of performance
- What matters to patients
- Chronic care self-management

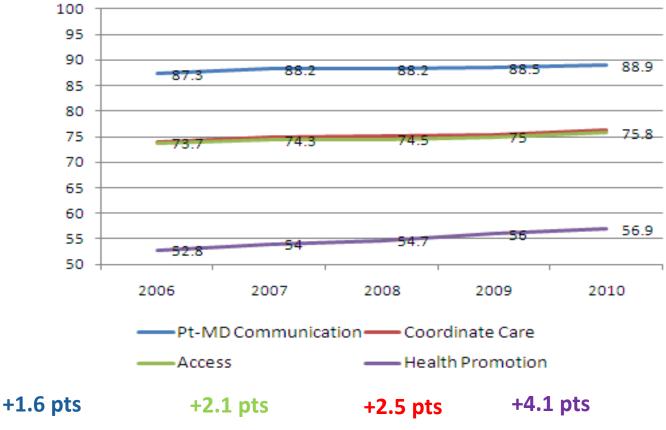
PAS SURVEY RESULTS: SUMMARY

- What matters to patients: the doctor.
- Physician performance improved over time some physician declines offset by other physician gains.
- Higher absolute performance for patient-doctor and office staff experiences.
- Patients report less favorably about getting help to manage their chronic conditions.
- Influence of physician, site, group, etc. on performance variation; most variation is explained at physician-level.
- Practice sites and groups have effects on patient experience performance but these effects are not well understood.



PHYSICIAN SCORES: STEADY SMALL GAINS IN STATEWIDE AVERAGE PERFORMANCE

Steady, small changes at MD level may be washed out at practice site/group-level for some organizations.





MEANINGFUL SCORE CHANGES FOR A NUMBER OF MEDICAL GROUPS

Frequency of medical group score changes by patient experience domain is associated with performance level/variation.

	+/- 2 or Fewer Points*	+/- 3 or More Points*
Patient-Doctor		
Interactions	83%	17%
Office Staff	70%	30%
Patient Access	68%	32%
Coordinated Care	54%	46%
Health Promotion	53%	47%

^{*}Absolute Yr-to-Yr Change in Scores — 2010 vs. 2009



PERFORMANCE TOPICS-LOWEST SCORES

Performance gaps: candidate topics for medical home accountability

Low Scoring Item Within Topic Area*	Mean
Goal setting (chronic care)	54
Health promotion	57
Wait time < 15 minutes	65
Test results follow-up & informed/up to date	76
Doctor encourage questions	82

^{*}Most of these items also have greater variation across groups



PERFORMANCE VARIATION ACROSS MEDICAL GROUPS

High scores and narrower range for patient-doctor interactions and office staff support

	Mean	10 th PCT	90 th PCT
Patient-Doctor Interactions	89	86	91
Office Staff	86	83	89
Coordinated Care	76	71	81
Patient Access	76	70	80
Chronic Care Support	69	64	73
Health Promotion	57	53	60



VARIATION AT GROUP, PRACTICE SITE AND PHYSICIAN LEVELS

Greatest variation at physician-level

"A" Medical Group Access Mean Score	"A" Practice Sites Access Mean Score	"A" Physicians Access Mean Score
Medical Group 70	PED Site 1 80 Spec Site 2 73 PCP Site 3 72 PCP Site 4 71 PCP Site 5 67 PCP Site 6 67 PED Site 7 65 OBG Site 8 64	Top 5 MDs MD1 93 MD2 88 MD3 88 MD4 88 MD5 88 Low 5 MDs MD6 53 MD7 52 MD8 50 MD9 48 MD10 42



SOURCES OF VARIATION IN PATIENT EXPERIENCES

Explainable Variance: % explained by delivery system component (% of variance explained ranges 28%-48%)

	Physician	Practice Site	Medical Group	Service Area
Health Promotion	49%	17%	22%	12%
Chronic Care Support	48%	12%	14%	26%
Patient-MD Interactions	47%	19%	16%	19%
Coordinated Care	40%	26%	13%	21%
Office Staff	39%	33%	13%	16%
Patient Access	38%	29%	13%	20%



WHAT MATTERS TO PATIENTS

Doctor-specific experiences are most highly correlated with patients' overall care experience

PAS Survey Topics	Correlation w/ Patients' Overall Care Rating
Rate PCP	0.70
Rate Specialist	0.55
Patient-MD Interaction	0.54
Recommend MD	0.52
Chronic Care Support	0.47
Coordinated Care	0.44
Access to Care	0.42
Office Staff	0.42
Health Promotion	0.27



CHRONIC CARE SURVEY RESPONDENTS

51% of respondents screen-in using chronic condition checklist (working age population)

Chronic condition patients' higher survey response rate: 41% vs. 35% non-chronic pts.

Distribution of top chronic conditions:

19% hypertension

9% diabetes

9% arthritis/joint disease

7% back pain

6% coronary artery/other heart disease

6% depression

4% asthma

3% cancer

Chronic care support: population-level scores (2010)	Mean (SD)
Help to set personal goals to manage this condition	54 (50)
Help to overcome things in daily life	63 (48)
Clear Instructions to manage this condition	87 (24)





Patient Centered Medical Home Survey Test

Medical home test setting

Research objectives

•Historic patient experience results:

implications for medical home

PATIENT CENTERED MEDICAL HOME CALIFORNIA TESTING UNDERWAY

- Accountable unit practice site (17)
- Sampling chronically ill patients
- Referent doctor and practice
- Competencies
 - Self-management support
 - Whole person orientation
 - Medical home recognition/continuity
 - Coordinated care
 - Shared decision-making
 - Communications/interactions
 - Access



PATIENT CENTERED MEDICAL HOME CALIFORNIA TESTING UNDERWAY

Key Test Topics

- Chronic condition sampling strategies properties using ICD9 codes from medical group records vs. patient self-report chronic condition
- Chronic care screener as mechanism to screen-in to self-care management questions
- Measure properties for a set of questions/composites such as shared decision making, coordination, self-care support, whole person, etc.
- "Support for stress" screener and item measure properties
- <u>Performance discrimination:</u> a) group, practice site, and b) physician-level
- <u>Performance results comparisons</u>: a) patients with and without chronic condition, b) Commercial vs. Medicare patients



<u>Accountable entity influence:</u> medical group, practice site and physician influence on performance result variation

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PAS SURVEY RESULTS: IMPLICATIONS FOR PATIENT CENTERED MEDICAL HOME

- Reliable physician-level results needed for patient choice and quality recognition/improvement
 - Group and site level results mask physician-level variation
 - Improvement interventions can succeed at different organizational levels but need to measures at physician-level
- Experiment with new ways to assess patient-doctor interactions given high absolute results and less differentiation.
 - Add dimensions to existing communications /interaction domains
- Focus on patient-reported outcomes -- experiences of care
 - Global performance indicator across patient populations
- Lower, performance results on self-care management for chronically ill signal need to focus attention there

