



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



Conceptual Framework

- Many ways to conceptualize quality in PCMH
- Started with the Joint Principles
- Quickly encountered challenges

○ PCMH →



→ 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

Domain	Specific Elements	Processes	Outcomes
Enhanced Primary Care	<ul style="list-style-type: none"> • First Contact Access • Continuity • Comprehensiveness • Coordination and Integration 	<ul style="list-style-type: none"> • Prevention/ Screening • Disease Monitoring/Tx • Overuse 	<ul style="list-style-type: none"> • Intermediate Chronic Dz • Elderly-specific • Pt reports of care
Patient Centeredness	<ul style="list-style-type: none"> • Whole Person Orientation • Patient-Provider Communication 	<ul style="list-style-type: none"> • Screening/ Dz Monitor & Tx • Pt Enablement & Trust • Decision-making 	<ul style="list-style-type: none"> • Intermediate Chronic Dz • Pt reports of care
New Models of Practice	<ul style="list-style-type: none"> • Team-Based Care • Improved Care Facilitation • Clinical Information Systems • Payment Reform 	<ul style="list-style-type: none"> • Prevention/ Screening • Disease Monitoring/Tx • EHR/ Med mgmt 	<ul style="list-style-type: none"> • 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

PCMH Quality Logic Model

Domain

Specific Elements

Processes

Outcomes

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New Models of Practice

- Team-Based Care
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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!
- E-mail: abitton@partners.org