



Are we there yet?:

Musings on Measurement and the Medical Home

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Measurement and Quality

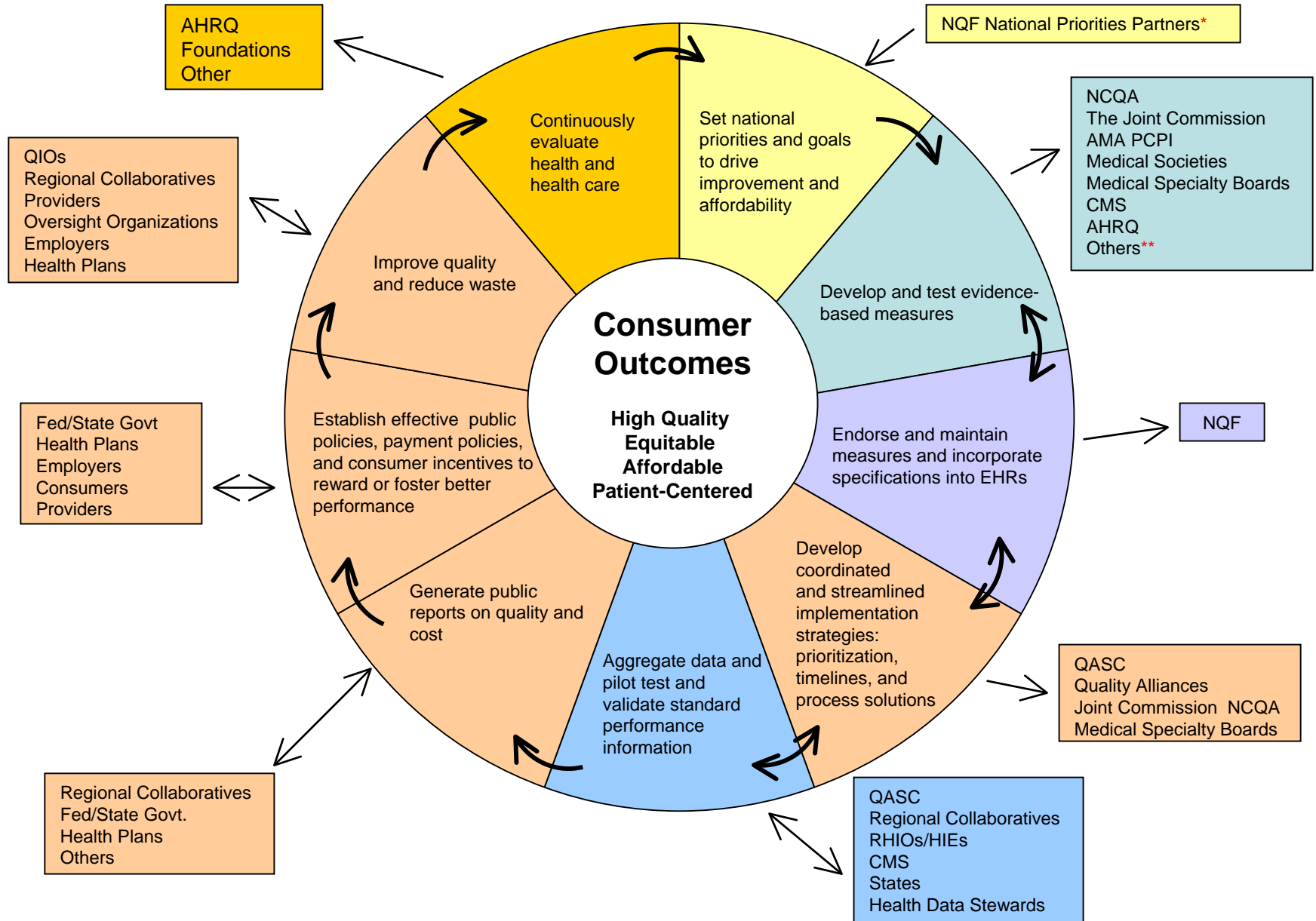
- Measurement is a powerful, but limited, tool
 - Sets direction
 - Creates priorities and may create new limitations



Measurement and Quality

- Measurement is a powerful, but limited, tool
- Measurement plays a vital role in the cycle of quality improvement

National Framework for High-Value Care



*List of all involved partners available.

** Nursing, Academic Communities, etc.



Measurement and Quality

- Measurement is a powerful, but limited, tool
- Measurement plays a vital role in the cycle of quality improvement
- Measure development itself must be part of an iterative quality improvement cycle



Aspects of Primary Care

- Accessible
- Coordinated
- Continuous
- Comprehensive

– With thanks to Barbara Starfield and colleagues



Access

in the PCPCC Joint Principles

- ***Enhanced access*** to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician, and practice staff.



Measuring Access

- Patient surveys
 - CAHPS Clinician/Group survey
 - 2007 Commonwealth Fund International Health Policy Survey



Coordination

in the PCPCC Joint Principles

- ***Care is coordinated and/or integrated*** across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient's community (e.g., family, public and private community-based services).



Coordination

■ Systematic Evidence Review

- McDonald KM, Sundaram V, Bravata DM, Lewis R, Lin N, Kraft S, McKinnon M, Paguntalan, H, Owens DK. Care Coordination. Vol 7 of: Shojania KG, McDonald KM, Wachter RM, Owens DK, editors. Closing the Quality Gap: A Critical Analysis of Quality Improvement Strategies. Technical Review 9 (Prepared by the Stanford University-UCSF Evidence-based Practice Center under contract 290-02-0017). AHRQ Publication No. 04(07)-0051-7. Rockville, MD: Agency for Healthcare Research and Quality. June 2007.

Coordination

■ Systematic Evidence Review

- Over 40 definitions of care coordination
- Four major conceptual frameworks
- New proposed definition:

“Care coordination is the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of health care services...”



Measuring Coordination

- Patient's have limited ability to assess
 - CAHPS Clinician/Group Survey

- Supplemental items

- In the last 12 months, how often did you feel that the doctors and providers has all the information they needed to provide your care?

- In the last 12 months, did your doctor seem informed and up-to-date about the care you got from specialists?

- Items do not perform very well in testing



Measuring Coordination

- New generation of measures needed
 - Measures that account for shared domains of care
 - Measures that involve joint accountability
 - For consideration: Potential for physician-level measures to divide teams and limit coordination
 - Measures that support coordination among:
 - Primary care and specialists
 - Primary care and patients (self-management)
 - Primary care and public health/community



Continuity

- “each patient has an **ongoing** relationship with a personal physician”
- “...team of individuals at the practice level who collectively take responsibility for the **ongoing** care of patients.”



Continuity

- From the IOM definition of primary care
 - ...developing a sustained partnership with patients,...
- One of the arenas in which the importance of patient-centered care enters the definition of primary care



Continuity and Patient Centeredness in the PCPCC Joint Principles

- “to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner”
- “Whole person orientation”



Measuring Continuity

- New longitudinal measures
 - Moving beyond sustained contact
 - To measure improvement over time
- Are we ready to consider adding measures of patient engagement and patient self-management?



Comprehensive

in the PCPCC Joint Principles

- “responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.”



Comprehensive Primary Care

- “responsible for providing for **the vast majority** of the patient’s health care needs **and** taking responsibility for appropriately arranging care with other qualified professionals **for the remaining few**. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.”



We need to advocate for a
primary care based medical home



We need to advocate for a primary care based medical home

(What did you expect from the
Director of the Center for
Primary Care?)

- If the evidence-base for the medical home is largely derived from studies of primary care, we cannot downplay the critical value of comprehensiveness in delivering the multiple system-level and patient-level benefits of primary care.



Measuring Comprehensiveness

- Requires case-mix adjustment
- Needs to avoid rewarding improper limitations to consultations
- May help us move beyond current ‘small sample size’ limitations that have led us to focus on common and measurable things and ignore important, less common activities.



Thanks

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