

Do Physicians Want the Patient-Centered Medical Home?

Kim Batchelor, MPH; Temple Howell-Stampley, MD;
Lynne M. Kirk, MD; and Ethan Halm, MD, MPH
UT Southwestern Medical Center, Dallas, TX

Presenter Disclosures

Kim Batchelor

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Relationships to Disclose

A medical home is a model of primary care that delivers care that is:

- Patient-centered
- Comprehensive
- Coordinated
- Accessible
- Continuously improved through a systems-based approach to quality and safety

Background and Rationale

- The patient-centered medical home model holds great promise to improve the delivery of health care.
- The PCMH is a component of several planned and ongoing pilot and demonstration projects by public and private payers.
- Transforming a general internal medicine practice into a PCMH takes significant commitment to change on the part of the physicians and staff in that practice.

**“Change is a process,
not an event.”**

Hall, Gene E. & Hord, Shirley M. (2001). *Implementing Change: Patterns, Principles, and Potholes*. Boston: Allyn and Bacon.

Purpose of Study

- Determine what changes physicians in General Internal Medicine (GIM) and Family Medicine (FM) academic practices think would improve the care received by patients in that practice.
- Compare these physician-generated ideas with the National Committee on Quality Assurance (NCQA) Physician Patient Connection (PPC) standards for recognizing medical homes.

Study Methods

- Administer a 3 round iterative questionnaire (modified Delphi) to **31 GIM** and **8 FM** faculty members practicing in two academic clinics at **5 sites** (4 GIM and 1 FM).
- Identify common themes between GIM and FM responses
- Link responses to NCQA elements of the PCMH

Round 1

Through an on-line survey, **24** GIM and **12** FM physicians responded to the following questions for which they could provide as many open-ended answers as they wished:

- *What do you do for your patients in clinic now that could be done as well or better by someone else?*
- *What do you wish could be done for your patients in clinic that is not being done now?*

Round 1

- *What would you like to have more time to do for your patients in clinic?*
- *What information and resources would be helpful for you to care for individual patients and for your population of patients?*

Round 2

- After some combining of like items, physicians from both practices were then asked to rate each item generated by their practice from round 1 on a 5 point Likert scale, from strongly disagree to strongly agree.
- For both practices, similar items were combined and labeled while retaining separate ratings for GIM and FM.

Round 3

- GIM physicians were provided the mean rating for each item and asked to rank all items in order of importance of implementation in their clinic.
- Round 3 is pending for FM physicians.

Comparison with NCQA PPC Standards

- Two investigators independently determined which PPC element, if any, matched each statement from physicians rated greater than 3.2.
- A third investigator arbitrated any disagreement.

Results

- In **Round 1**, **24** GIM physicians and **12** FM physicians responded with a total of **202** individual items. Similar items were combined, resulting in **82** unique items.
- In **Round 2**, **17 (55%)** of the GIM physicians and **7 (58%)** of the FM physicians responded by **rating each of the items for their practice**. **67** of the 82 items were rated **>3.2** (on the 5 point scale) by either GIM or FM practices.

Results

- In **Round 2**, **15** of the 67 highly-rated items were rated >3.2 (on the 5 point scale) by **both practices**.

Results

- In **Round 3**, GIM physicians were sent the list of items in order of rating and asked to move them up or down based on their priority to achieve the final rank list.
- **Round 3** is pending for FM physicians.

NCQA PCMH Standards

9 Standards/ 30 Elements

- **PPC1:** Access and Communication
- **PPC2:** Patient Tracking and Registry Functions
- **PPC3:** Care Management
- **PPC4:** Patient Self-Management Support
- **PPC5:** Electronic Prescribing
- **PPC6:** Test Tracking
- **PPC7:** Referral Tracking
- **PPC8:** Performance Reporting and Improvement
- **PPC9:** Advanced Electronic Communication

Matching results to NCQA elements

- The final rank lists were compared to the NCQA, PPC elements.
- For the GIM practice, the reviewers agreed that **46 of 55** physician-generated items matched one or more specific PPC elements.
- For both practices, **8 items/categories** matched one or more specific PPC elements.

Examples of physician items and Corresponding PPC-PCMH Standards (both practices)

PPC 2-Patient Tracking and Registry Functions

- Standard set of data for all patients (2A.)
- Document preventive services (2B.1)
- Delete inactive diagnoses (2D.1)
- Reconcile medications (2D.3)
- Patient reminders for preventive services and needed lab tests (2F.4-5)

PPC3-Care Management

- Standard discharge summary (3E.)
- Review medications with patients (3D.)
- Chronic disease education (3C.3)
- Pre-visit summary for clinician (3D.)
- Coordinate transitions of care (3E.)
- Diet counseling for patients (3C.3)

PPC4-Patient Self-Management Support

- Medication counseling (4B.)
- Access to social work, insurance counseling (4B)
- Chronic disease education/classes (4B)

Conclusions

- Physicians generate a lot of ideas when asked in an open-ended manner how patient care in their clinic setting can be improved.
- These physician-generated ideas match closely with NCQA-defined elements of the PCMH or published PCMH principles.
- Referring back to the physician-generated items as the PCMH is implemented may improve physicians' ability to incorporate the necessary change into their practices.

Ongoing and Planned Activities

- In early 2011, the GIM clinic received NCQA certification at Level 3. FM hopes to pursue certification in the future.
- Both practices have completed same survey of the nursing and clerical staff in the GIM practice.
- Currently in round 3 of the same survey for Family Medicine.
- Plan to get similar input (survey vs focus groups) from patients in both practices.

Thanks to the UT Southwestern PCMH Implementation Team

- Manjula Cherukuri, MD
- Deepa Bhat
- Mary Katherine Coffey
- Ewa Henderson
- Rebecca Tutt, RN
- Valerie Henriquez
- The physicians and staff of the GIM and FM Clinics