Experience from the Front Line*: Patient-Centered Medical Home

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*as an evaluator
Are patient-centered medical homes patient-centered?

- Theory: Of course! The Joint Principles say...
  - “The PCMH is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family”
  - “Patients actively participate in decision-making and feedback is sought to ensure patients’ expectations are being met”

- Implementation: An empirical question subject to measurement and evaluation
How can we measure patients’ and families’ involvement in a primary care practice?

**Structure**
- Characteristics of the practice
  - example: Having patient advisory board

**Process**
- Care services for individual patients
  - example: Patient being asked for his or her input in a clinical decision

**Outcomes**
- Degree to which a patient actually experiences patient-centered care
  - definition: Care consistent with medical science and with a patient’s values, beliefs, and preferences

Adapted from the classic Donabedian framework
Donabedian A. Milbank Q 1966;44(3):166-203
How can we measure patients’ and families’ involvement in a primary care practice?

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- Interventions to improve performance in primary care act directly on the **structure** of primary care practices
- It is not possible to act directly on processes or outcomes
- This is a key difference between a “vision” and an “intervention”
Structural measures are valid only if they lead to better outcomes

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Have “medical home” interventions been associated with changes in patient-centered structures, processes, and outcomes?
**PCMH and patient-centered structures**

- NCQA recognition criteria (starting in 2008) encourage...
  ...collection of patient experience data
  ...patient advocacy group or advisory board that meets regularly

- Some pilots also have incorporated patient input in their design
  - Particularly successful example: Group Health Cooperative
    - Improvements in patient experience and other goals

Effects on patient experience

• Where does patient experience fit?
  – Some items are processes ("Did your doctor do X?")
  – Some items are service quality—a type of outcome

• Two recent, rigorous evidence reviews reached similar conclusions (moderate strength of evidence):
  – Small to moderate improvements in
    • Overall patient satisfaction
    • Patient-reported level of care coordination


More recent evidence on patient experience

• Two single-practice studies showed improvements in patient experience relative to comparison practices
  – One was resident safety net clinic (Hochman et al)
    • Better access—but didn’t get structural recognition
  – One used “Lean” redesign (Heyworth et al)
    • Better communication with care provider

• In 26 New Orleans safety net clinics, higher scores on a PCMH structural scale were associated with
  – Better patient ratings of care coordination
  – Worse patient ratings of access and confidence in quality and safety


What about truly achieving patient-centered care, as an outcome?

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Shared decision making in primary care

• Achieving truly patient-centered care means examining how clinical decisions are made
  – Distinct from health outcomes
  – Key sign of achievement: Patients do not all get the same care unless their preferences are identical (unlikely!)
    • example: colonoscopy vs. occult blood testing

• Requires shared decision making
  – A method to incorporate patient values and preferences
  – A goal in some current pilots (example: CMS Comprehensive Primary Care initiative)

Key Steps of Shared Decision Making Based on Decision Aids

- **Decision opportunity identification**
  - Opportunity recognized
  - DA matched to opportunity

- **Decision aid use**
  - DA distributed
  - Patient uses DA

- **Post-DA conversation**
  - Clarify medical information
  - Elicit values and preferences
  - Make shared decision

- **Health care delivery**
  - Care consistent with final shared decision

Implementing shared decision making is complex and challenging in primary care

• Overworked physicians do not recognize decision opportunities and distribute decision aids reliably

• Providers lack training in shared decision making

• Inadequate clinical information systems
  - Not able to track the full sequence of steps involved in shared decision making
  - Not able to integrate with decision aids
  - Not able to ensure that subsequent care is actually consistent with shared decisions that have been made

• Clinics need new operating systems
  - Not just an “app” for shared decision making

Vulnerability in Later Steps of Shared Decision Making

Decision opportunity identification
- Opportunity recognized
- DA matched to opportunity

Decision aid use
- DA distributed
- Patient uses DA

Post-DA conversation
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Health care delivery
- Care consistent with final shared decision

Lack of longitudinal tracking can undermine early steps
How patient-centered are patient-centered medical homes?

• Depends on the specifics of implementation
  - Some pilot encourage patient-centered structural characteristics
  - Some pilots have produced evidence of patient-centered processes and good ratings of service quality

• No data yet on successfulness of shared decision making in medical home implementations
  - “Quadruple axel” of primary care: ability to do this well implies that many other capabilities are present and functioning
  - Given the degree of difficulty, expect some disappointments as practices figure out how to do this
  - Watch the measures in this space: distributing decision aids is not sufficient to guarantee that shared decision making has occurred
Thank you

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