Advancing Primary Care:
Assessing High-Volume, High-Value Practices

Center for Health Care Strategies
National AF4Q Meeting
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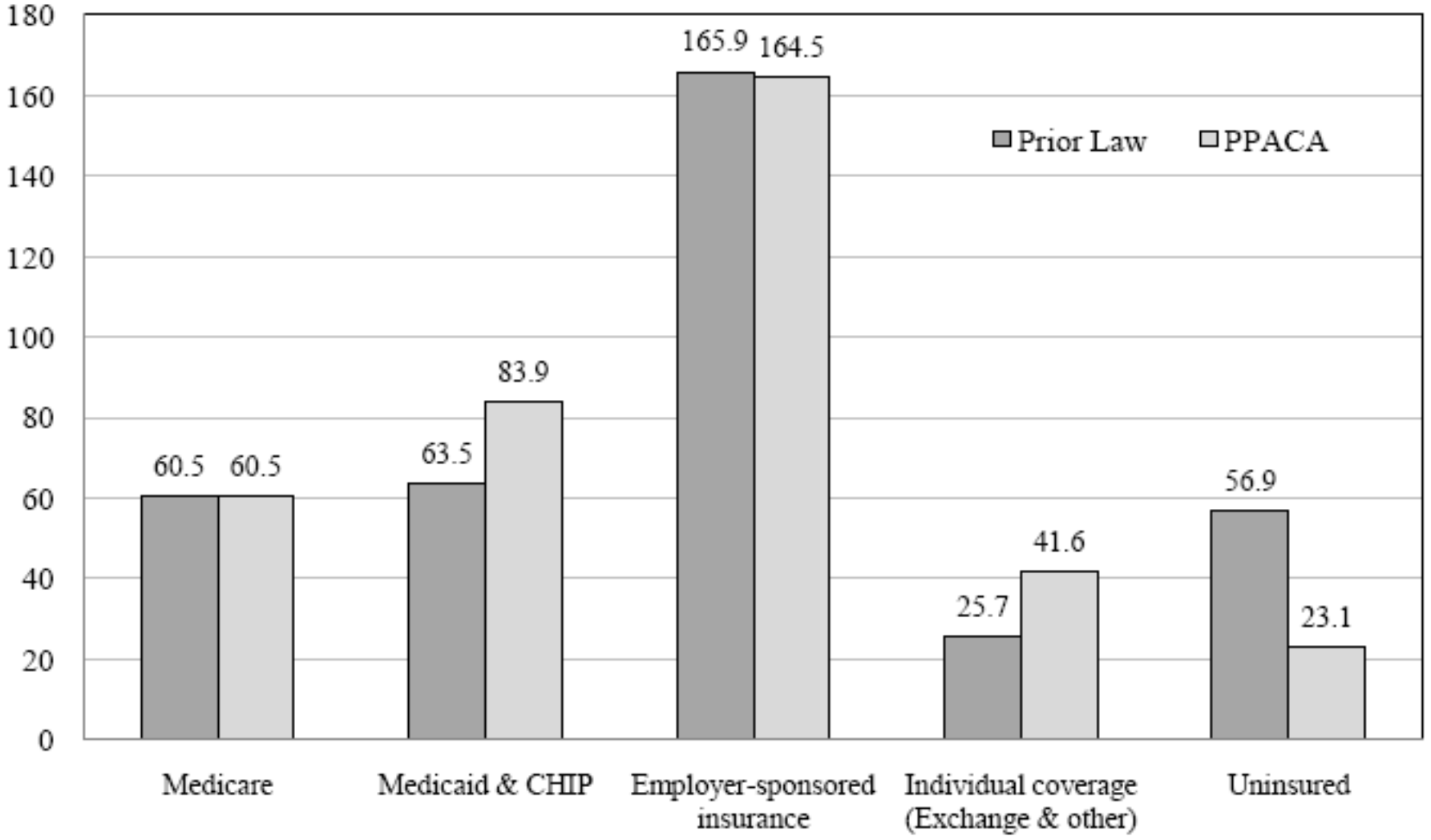
Aligning Forces for Quality | Improving Health & Health Care in Communities Across America
Robert Wood Johnson Foundation

Overview of Discussion

- Advancing Primary Care (APC): Assessing High-Volume, High-Value Practices
- Survey Design and Results
- Panel Discussion: Using results to inform your AF4Q Quality Improvement Strategy

Estimated Effect of the Patient Protection and Affordable Care Act, as Enacted and Amended, on 2019 Enrollment by Insurance Coverage
(in millions)



Note: Totals across categories are not meaningful due to overlaps among categories (e.g., Medicare and Medicaid).

Source: Office of the Actuary, CMS, April 22, 2010

Medicaid Fast Facts

60 million	People in the United States with Medicaid coverage.
$427 billion	Projected Medicaid spending for FY 2010.
1 million	Medicaid beneficiaries resulting from a 1% increase in unemployment; enrollment is projected to increase by 6.6% in FY2010.
16 - 20 million	Additional Medicaid/CHIP beneficiaries by 2019 due to health reform.
41%	Births in the United States covered by Medicaid.
28%	Children in the United States covered by Medicaid.
27%	Percentage of total mental health costs financed by Medicaid.
50%	Medicaid beneficiaries under age 65 who are racially and ethnically diverse.
5%	Medicaid beneficiaries accounting for 57% of total Medicaid spending.
8.8 million	People who are dually eligible for Medicare and Medicaid: roughly 18% of Medicaid beneficiaries.

Medicaid and Primary Care

- Improving care requires improving systems of care, especially for high-risk populations.
- Demonstrations/pilots related to the patient-centered medical home (PCMH), quality improvement, or practice transformation often focus on large, integrated health care settings.
- Research tends not to look at "high-value" practices.

Advancing Primary Care (APC) Initiative

- CHCS assessed 124 high-value practices serving lower socioeconomic populations in order to:
  1. Better understand AF4Q high-value practice capacities
  2. Assess whether certain characteristics positively correlate with quality of care
  3. Inform AF4Q ambulatory quality improvement efforts in high-value but often under-resourced practices
- Surveyed practices in six different markets:
  - Four AF4Q sites—Cleveland, Maine, Minnesota, Puget Sound
  - Others—Arkansas and Oklahoma

APC Initiative (cont'd)

- Performing qualitative and quantitative analyses of practice capacities/characteristics.
- Analyzing results at the practice, regional, and national levels to inform policy.
- Giving practices individual, tailored practice reports.
- Convening regional meetings to review results and discuss what type of strategies can support primary care transformation.
- Producing subsequent regional and national reports.

Practice Selection Criteria

- Alliances/Medicaid agencies identified high-volume Medicaid practices that met one of the following criteria:
  - 20% of practice is Medicaid or 500 Medicaid patients per physician; or
  - 30% of practice is Medicaid and uninsured, or 700 Medicaid and uninsured patients per physician.
- Stand-alone, physically bounded location.
- Includes family practice, internal medicine, NPs; excludes pediatric-only practices and Physician Assistants.
- Includes practices in a fee-for-service and/or managed care delivery system.

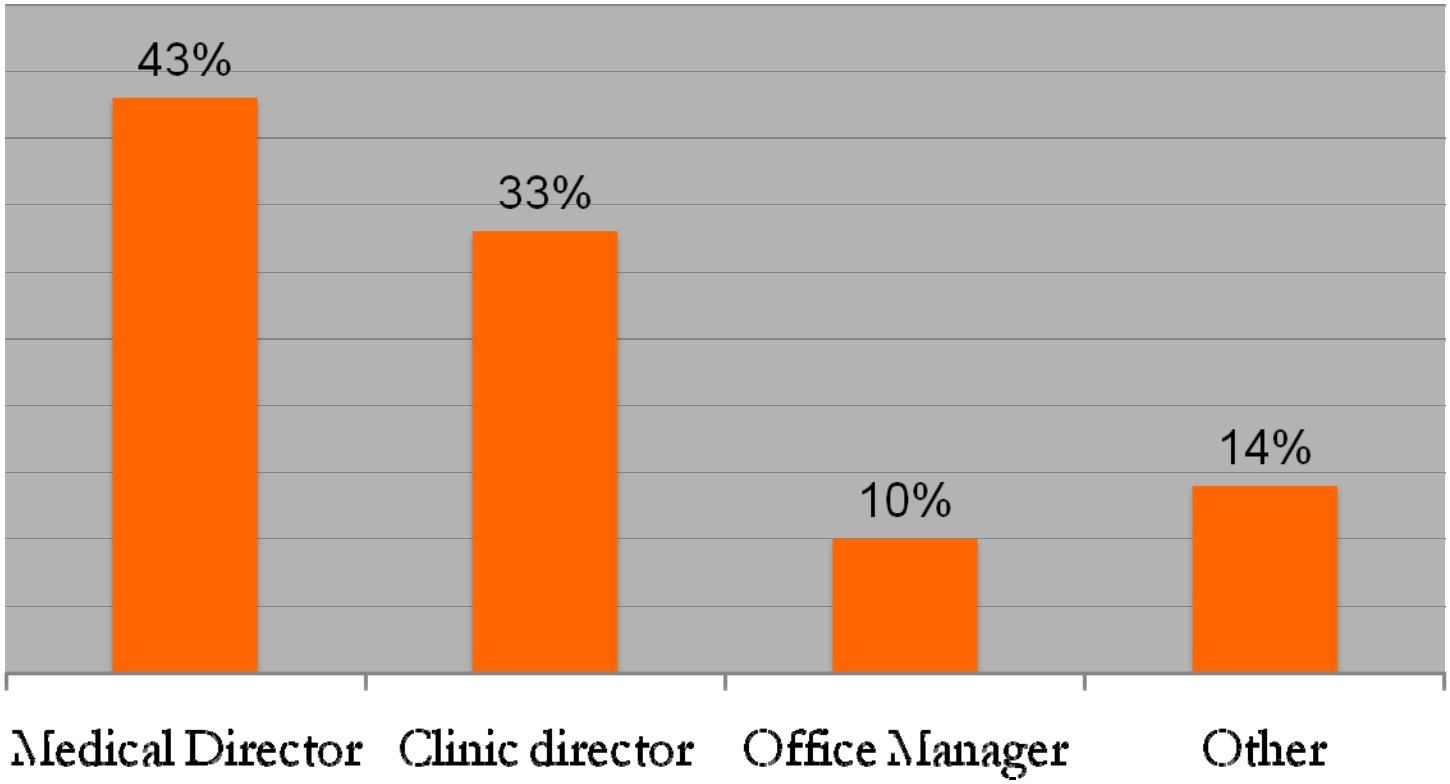
Practice Assessment Tool

- Comprehensive review of existing tools/measures.
- Selected components from three existing, validated tools/measures:
  - *Primary Care Assessment Tool* (PCAT), developed by Barbara Starrfield and colleagues;
  - *Physician Practice Connections® Tool – Research Version*, developed by Lief Solberg and owned by the National Committee for Quality Assurance (NCQA); and
  - Kurt Stange's leadership scale.

Practice Assessment Methodology

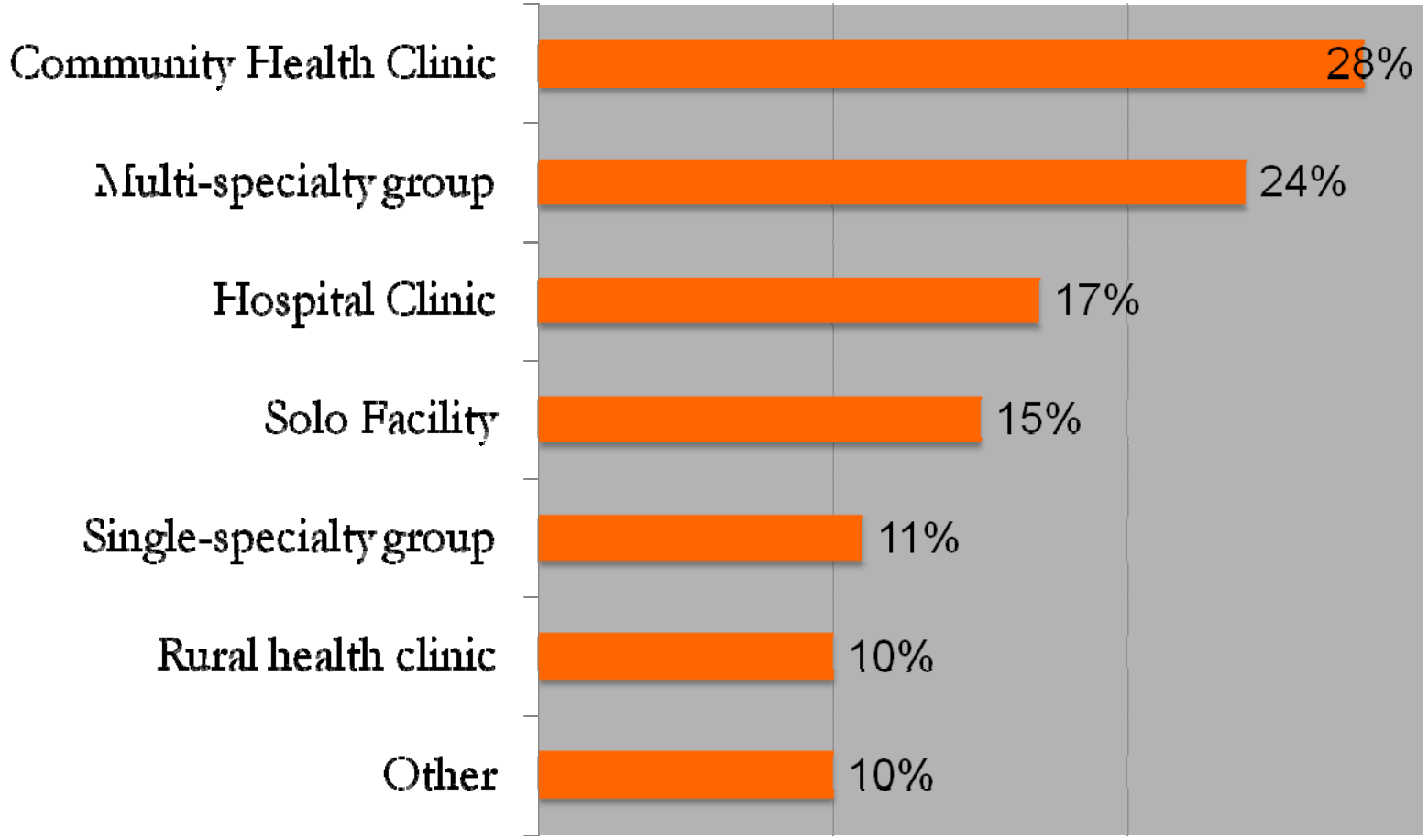
- Survey fielded March – September 2010 under the direction of Carolyn Berry, PhD.
- Lead medical provider and office manager were asked to complete independent surveys.
- 124 practices participated: Response rate > 70%.

Role of Survey Respondents*



*Respondents could select more than one option.

Types of Responding Facilities*



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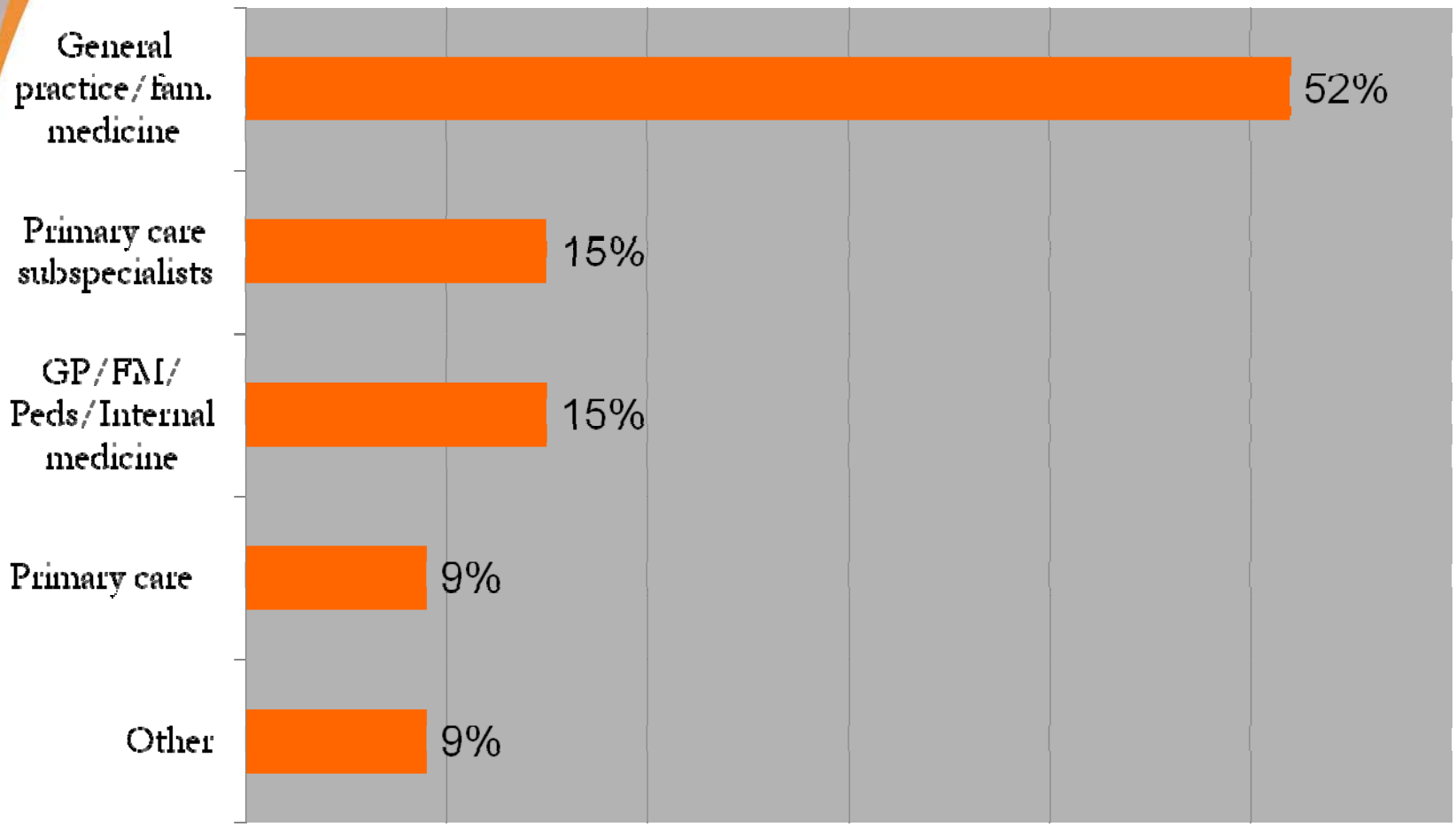
Focus of Responding Practices



Reimbursement Characteristics

Patient health plans

- Medicaid (38%)
- Private (24%)
- Medicare (22%)
- Uninsured (14%)
- Other (1.5%)

Reimbursement type

- Fee-for-service (55%)
- Capitation (16%)
- Direct payment (23%)
- Other (5%)

Practice Description

Diversity

	Patients	Providers
• Black	18%	9%
• Hispanic / Latino	12%	4%
• White	54%	74%
• American Indian	5%	3%
• Native Hawaiian	<1%	1%
• Asian	6%	5%
• Other	4%	3%
• Unknown	<1%	<1%

Survey Dimensions

- First contact: Access
- Ongoing care
- Coordination
- Comprehensiveness: Services available
- Comprehensiveness: Services provided
- Family-centeredness
- Community orientation
- Culturally competent
- Leadership
- Health system
- Delivery system redesign
- Clinical information systems
- Decision support

Practice Assessment Results
Identified Strengths*

	Mean	Cleveland	ME	MN	Puget Sound
Comprehensiveness					
• Services available	3.74	3.33	3.87	3.82	3.92
• Services provided	3.69	3.52	3.85	3.69	3.65
Family-centeredness	3.66	3.56	3.79	3.68	3.60

* All on a scale of 1-4.

Practice Assessment Results

Identified Gaps*

	Mean	Cleveland	ME	MN	Puget Sound
Leadership**	4.00	3.79	3.85	4.15	3.97
Delivery system redesign ^	60.8	52.9	61.6	73.6	75.8
Decision support^	74.8	78.0	72.0	91.2	67.6

*Red text denotes regional mean more than one point or 25% from highest achievable score.
** On a scale of 1-5.
^ On a scale of 1-100.

Practice Assessment Results
Greatest Variations Across Regions*

	Mean	Cleveland	ME	MN	Puget Sound
Health system	69.6	82.1	67.9	92.3	75.6
Clinical information systems	82.0	76.7	86.1	91.1	74.4
Decision support	77.6	78.0	72.0	91.2	67.6

*All scores are on a scale of 1-100. Red text denotes regional mean more than 25% from highest achievable score.

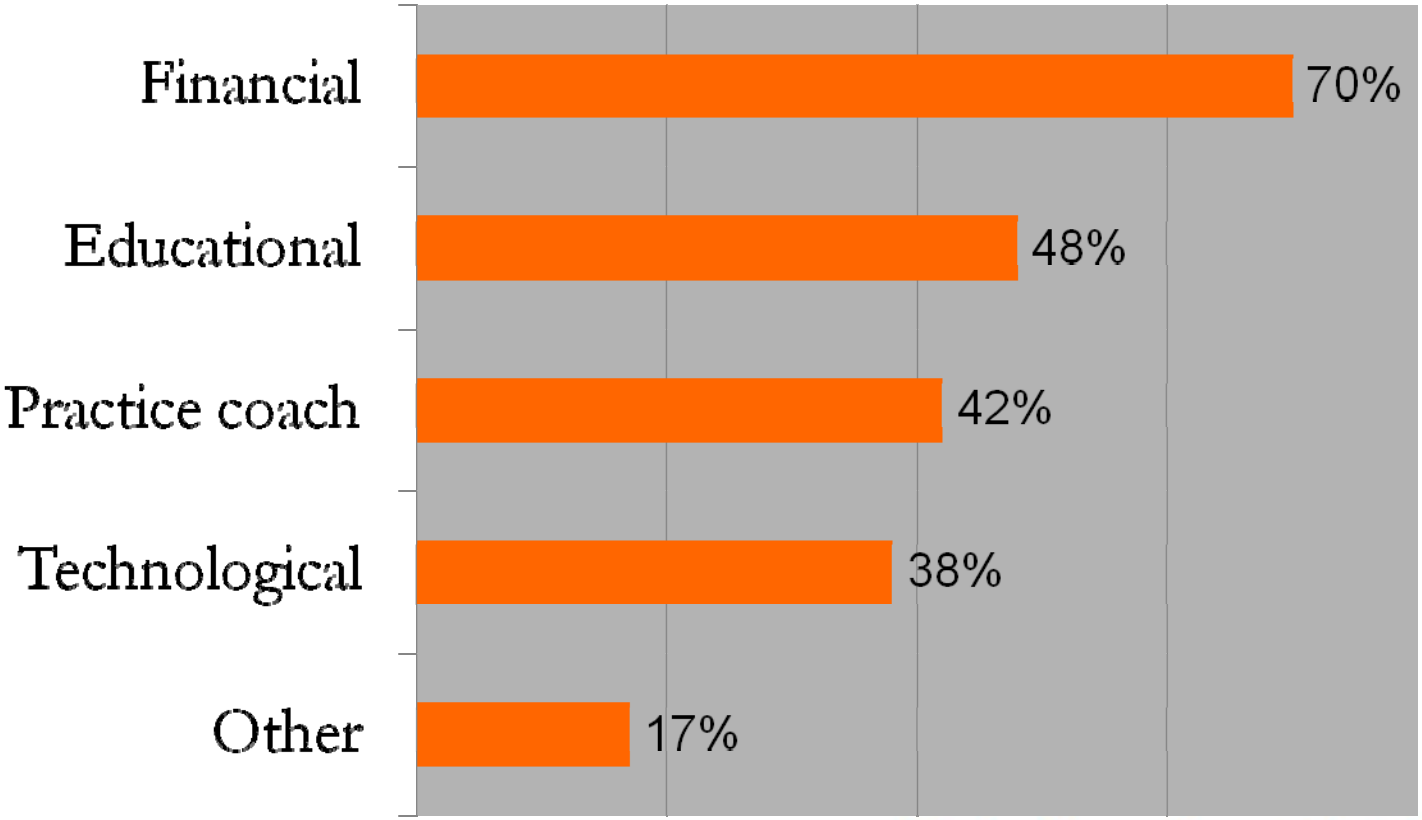
Barriers and Facilitators

Other than money and staff, are there other resources your facility needs for ensuring appropriate primary care services to the communities you serve?

- Assistance w/ implementing quality improvement processes (28% of practices)
- Health IT systems (24%)
- Administrative senior leadership support (20%)
- Physician leadership (5%)
- Other (25%)

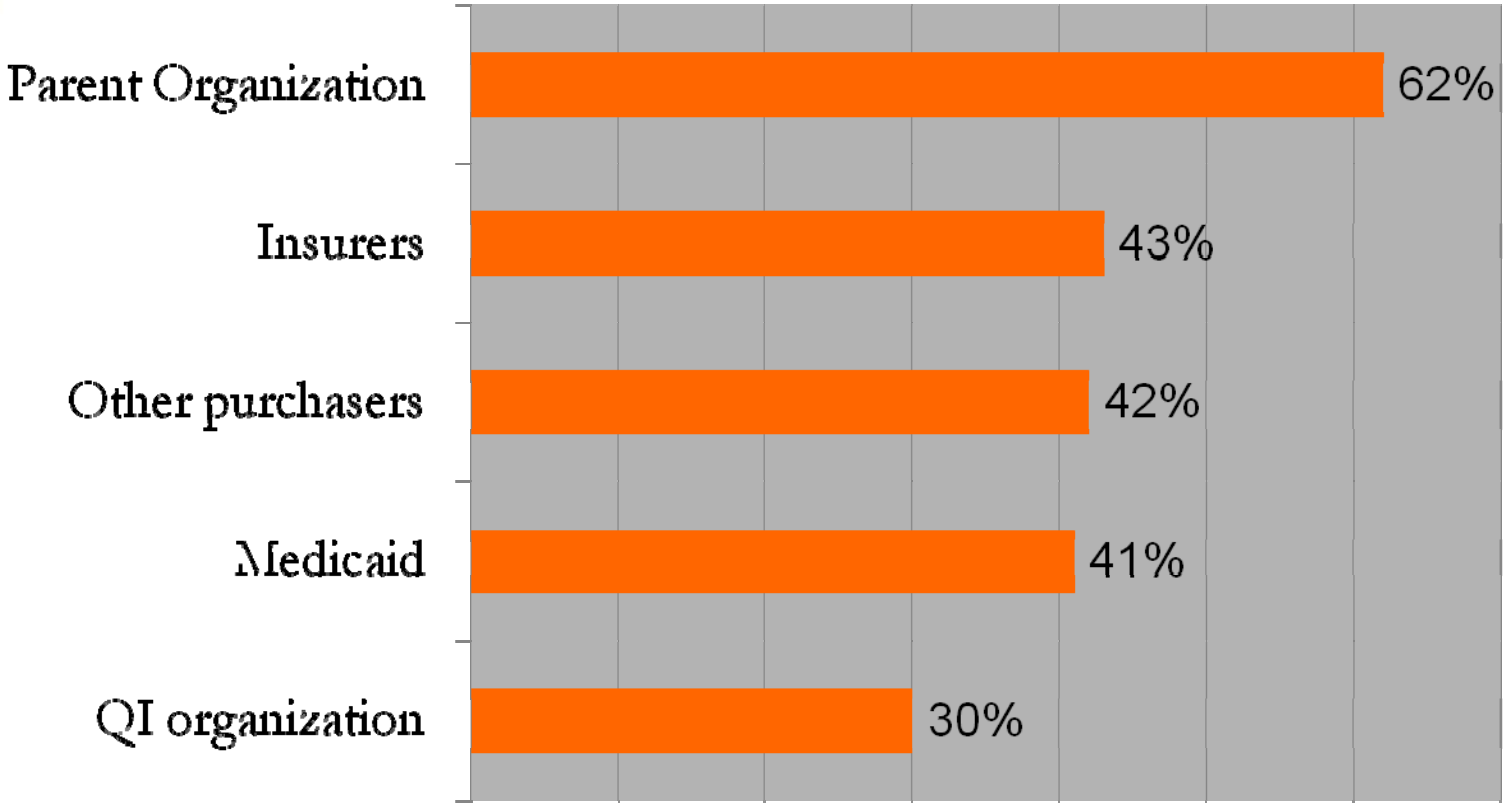
Barriers and Facilitators

What support would you need in order to make those changes?



Barriers and Facilitators

Where should needed support come from?



Barriers and Facilitators

	Yes	No	Don't know
• *Does your practice receive any reimbursement for care management of people from any source?*	32%	46%	22%
• *Do any of your payers reimburse for medical home participation?*	11%	48%	41%

Barriers and Facilitators

- *Does your practice receive any financial incentives from Medicaid and/or its contracted health plans for any of the following?*

	Yes	No	Don't Know
Implementing new technology	10%	40%	50%
Improved patient outcomes	21%	29%	50%
Processes of care	10%	38%	52%
QI activity participation	15%	35%	50%
Access to care	15%	33%	52%
Other	3%	35%	62%

Barriers to Making Practice Improvement Change

"Buy-in of the physicians. It is hard to free them up enough to turn their attention to strategizing for quality improvement."

"We need to be able to financially weather the decreased productivity associated with training and implementation of an EMR."

"Lack of support and time to enact change."

"Meaningful payment reform is critical to any work on improving health disparities, and focusing on prevention rather than treatment."

Areas for Practice Improvement

"Leadership, team players, cohesive team."

"Access, proactive monitoring of patients with chronic illness, mental health services, care management."

"Implementing evidence-based strategies, sharing outcome data with physicians and staff and holding them more accountable for outcomes."

"Improving health follow-through (taking diabetic meds, mammograms, etc) for culturally diverse/non-English speaking patients."

Summary Findings

- *Many high-value practices have capacity gaps:* Leadership, decision support, and health system redesign.
- *Practices would like to bolster:* Quality improvement process implementation, administrative leadership, health information technology.
- *The resources they need for transformation include:* Financial, educational, practice coach/facilitator, care manager.
- *Practices think assistance should come from:* Purchasers, parent organization, Medicaid, quality improvement organization.

Next Steps

- Support high-value practices around practice capacity gaps via a quality improvement strategy.
- Tap into ACA, Beacon, and REC opportunities to fund: nurse care managers, practice coaches, and HIT implementation support.
- Identify sources of practice leadership and education support.
- Leverage APC findings for AF4Q technical assistance opportunities, such as CHCS health care reform group and IPIP's QI strategy building and practice coaching work group

For More Information…

- CHCS Website (www.chcs.org)
  - **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services.
  - **Subscribe** to CHCS eMail Updates to learn about new programs and resources.
  - **Learn** about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries.
- Contact Nikki Highsmith at nhighsmith@chcs.org