

# Transformation of Primary Care Clinics to Medical Homes: It's not Cinderella

Leif I. Solberg, MD  
HealthPartners Research Foundation  
Minneapolis MN



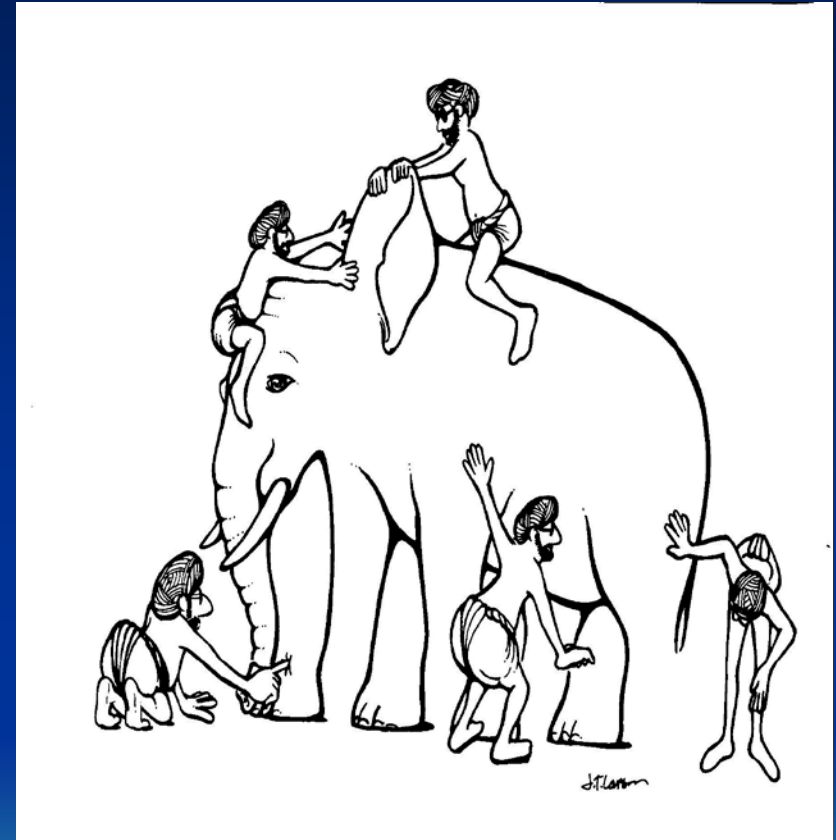
# Agenda

- Medical homes
- Minnesota Health Care Homes (HCH)
- The TransforMN Study



# A. Medical Home Transformation

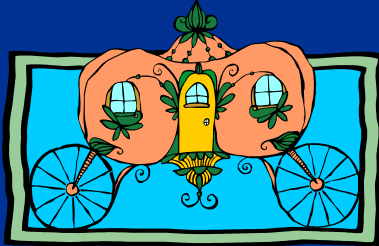
- Patient-Centered Medical Home (PCMH): solution to US problems?
- 2007 - serious concept
- No agreement on definition or measures
- Impacts are still unclear
- Transformation is even more so



# So is This a Medical Home?



# PCMH Implementation



# B. MN Health Care Homes

2008 – MN Legislature established a certification process managed by the Depts. of Health and Human Services with a new payment for certified medical homes to begin in 2010:

<u>Patient Complexity Tier</u>	<u>Payment/mo.</u>
–Tier 0 (No Major Chronic Conditions*)	0
–Tier 1 (1-3 Conditions)	\$10.14
–Tier 2 (4-6 Conditions)	\$20.27
–Tier 3 (7-9 Conditions)	\$30.00
–Tier 4 (10+ Conditions)	\$45.00

\* Each must be chronic, severe, and require a care team

# MN Health Care Home Standards

- **Access:** facilitates consistent communication among the HCH and the patient and family, and provides continuous access
- **Registry:** an electronic, searchable registry to identify gaps in patient care and manage health care services
- **Care coordination** focused on patient and family-centered care
- **Care plan** that involves the patient and the patient's family
- **Continuous improvement** in the quality of the patient's experience, health outcomes, cost-effectiveness of services



# Certification Process

1. Optional pre-application activities
2. Letter of intent
3. Application and self-assessment form
4. Site visit to verify if meet 5 standards
5. MDH review and notification
6. Variance requests & appeal process
7. Recertification every year





# C. AHRQ Transformation Grant

- Goal: To learn about the process of transformation and outcomes among MN certified HCHs
- Specific Aims:
  - 1. Create a way to rank clinics on their degree of transformation
  - 2. Identify the strategies, systems, and characteristics that distinguish most from least transformed HCHs
  - 3. Test whether the degree of transformation is related to healthcare costs, operating costs, and satisfaction of patients & clinicians
  - 4. Disseminate the lessons



# TransforMN Partners

- HealthPartners Research Foundation
- MN Department of Health
- MN Department of Human Services
- MN Community Measurement
- ICSI (Institute for Clinical Systems Improvement)
- The 3 major health plans
- The 132/728 clinics certified as healthcare homes as of 6/11



# Methods

- Practice systems: PPC survey of lead MDs
- Outcomes: MNCM quality measures for diabetes and CV care
- Transformation factors: Survey created from 31 interviews in 9 clinics about barriers, facilitators, & change (implementation) strategies used



# PPC (Practice Systems) Survey

- Related to NCQA survey for PCMH recog'n
- Asks about systems now & 3 years ago
  - Provide clinician alerts about abnormal test results
  - Registry for patients with chronic conditions
  - Reminders for patients due for tests/follow-up visits
  - Develop care plans for patients with chronic conditions
  - Formal process to measure & report on quality
- Scored on 0-100%



# MN CM Outcome Measures in 2010 for Adults with Diabetes or CV Disease (All-or-None Measures)

## Optimal diabetes care:

- BP = <130/80
  - LDL = <100
  - Non-smoking
  - Aspirin use
  - HbA1c = <7%
- Mean = 16.6%

## Optimal CV care:

- BP = <130/80
  - LDL = <100
  - Non-smoking
  - Aspirin use
- Mean = 31.4%

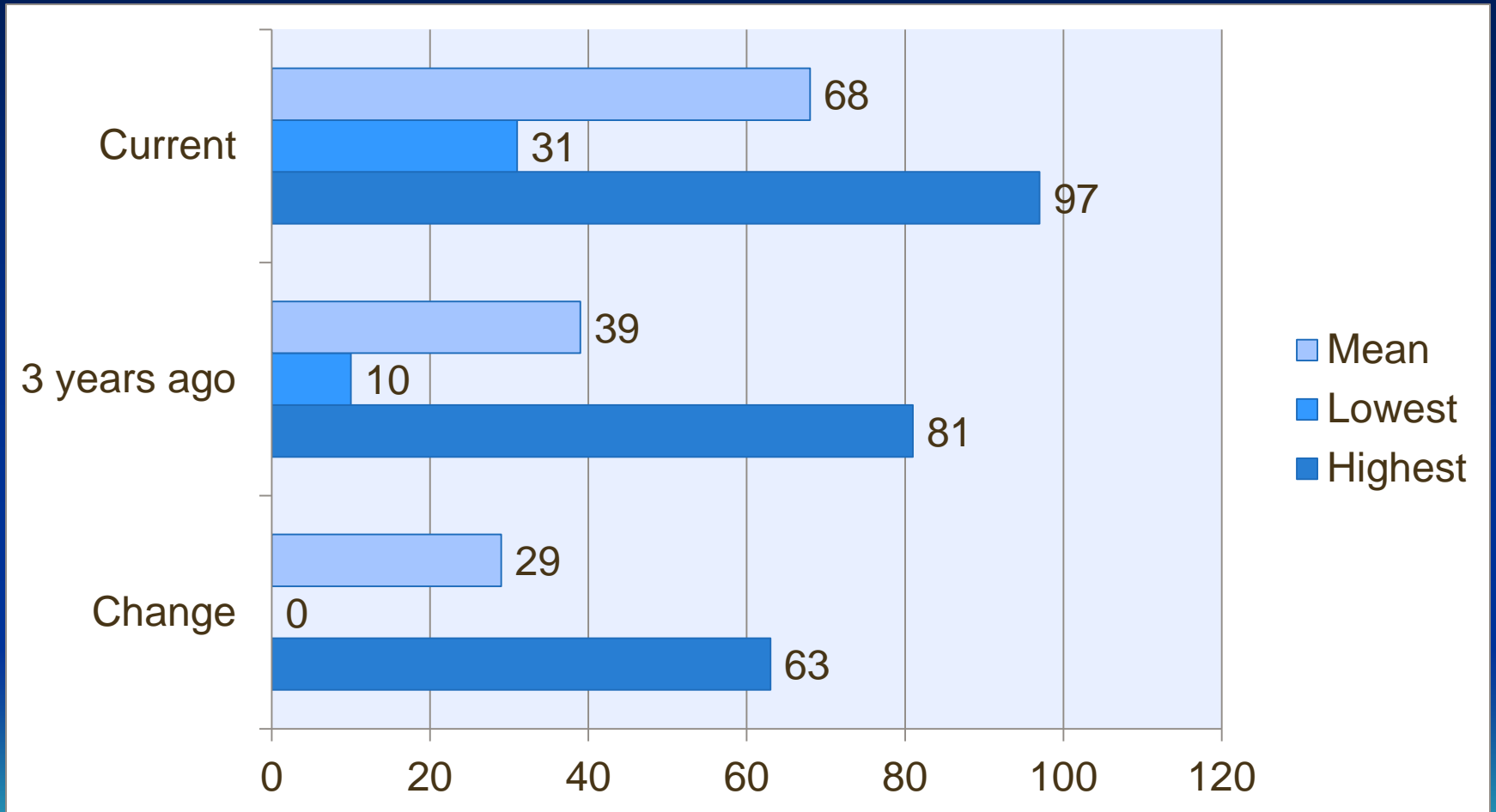


# Description of MN HCH Clinics

- Location: 64% in metro Twin Cities
- Ownership: 95% by a health system
- Adult PC MDs: 56% = <7
- # of clinics in system: 77% = >10
- Patient insurance: 63% commercial, 17% MC, 14% Medicaid, 4% uninsured

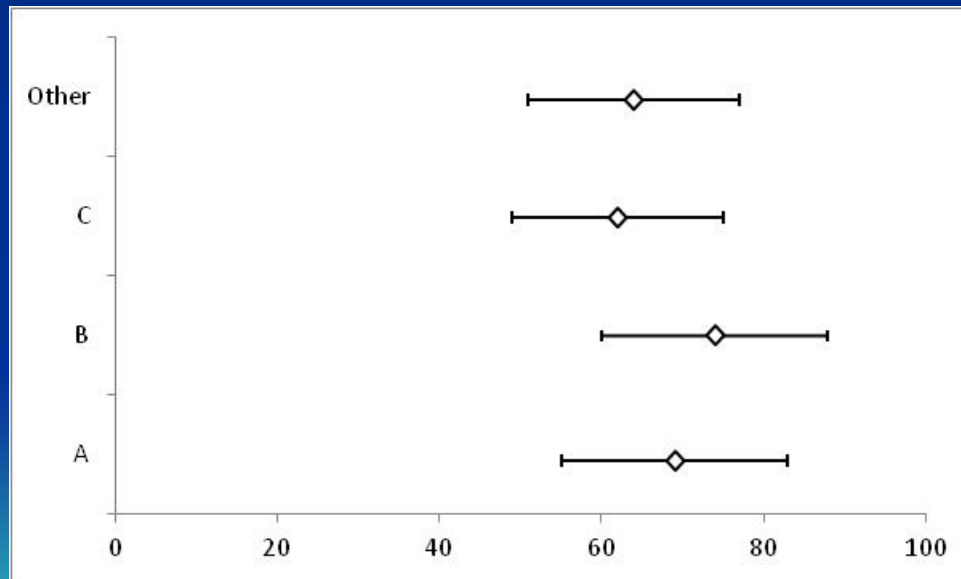


# Practice Systems Results



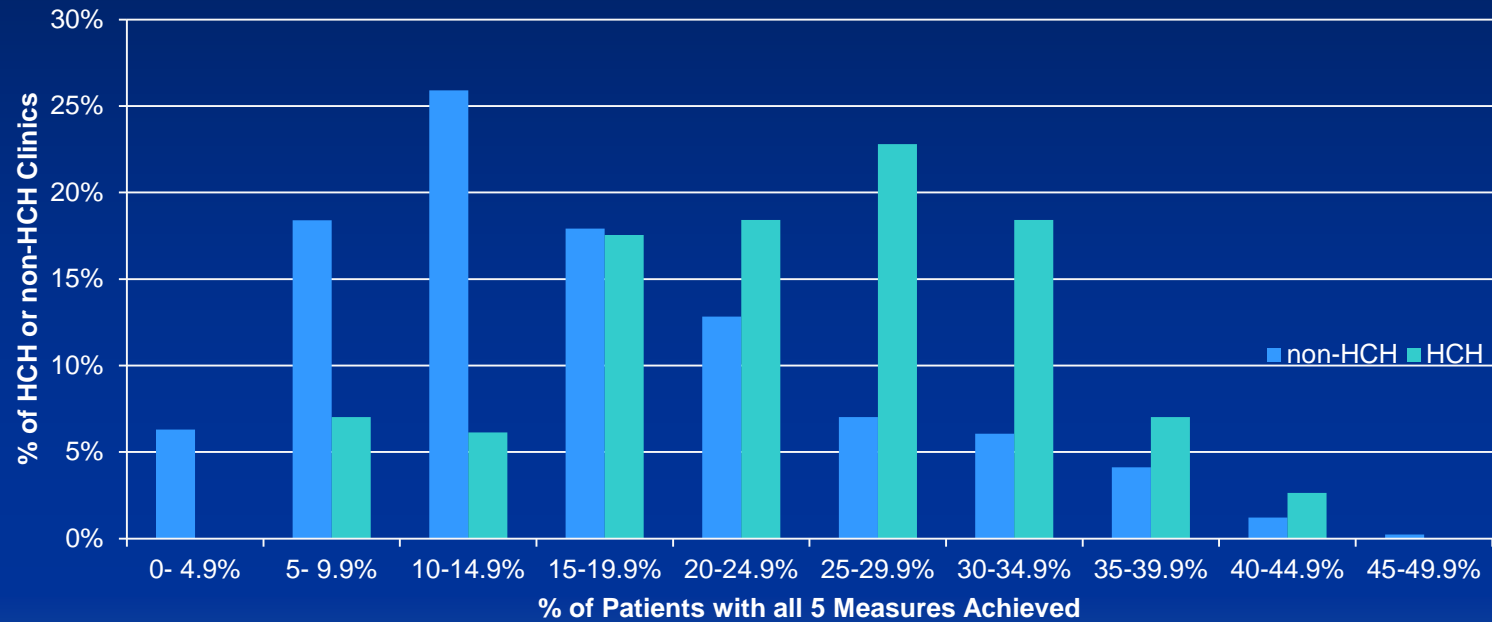
# Do Clinics in a Large Care System Vary in Systems & Performance?

- 3 large groups with 22, 32, and 34 clinics
- Compare mean systems score  $\pm$  1 Standard Deviation with the other 32 certified clinics

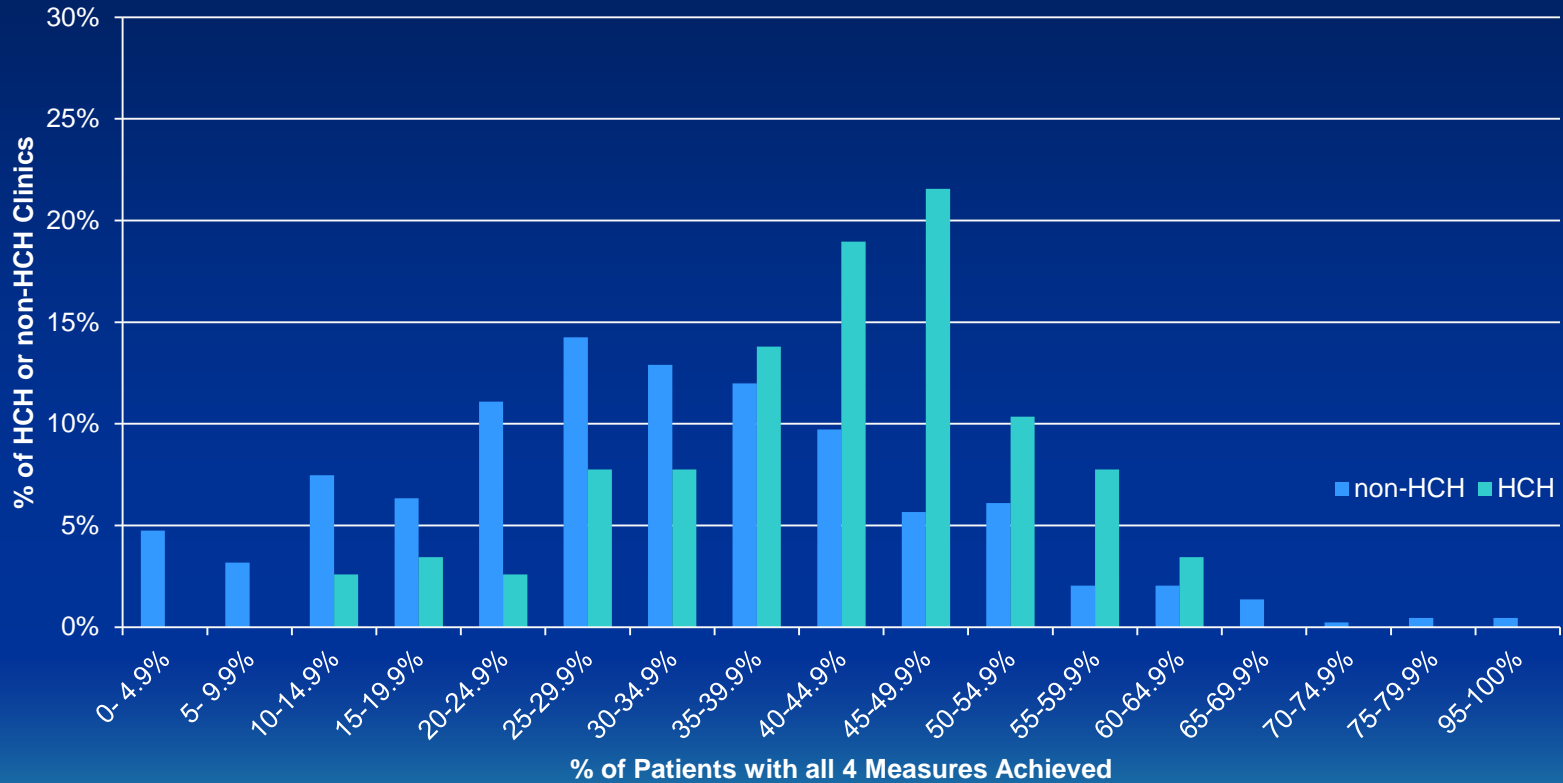




# HCH vs. non-HCH on Diabetes Quality



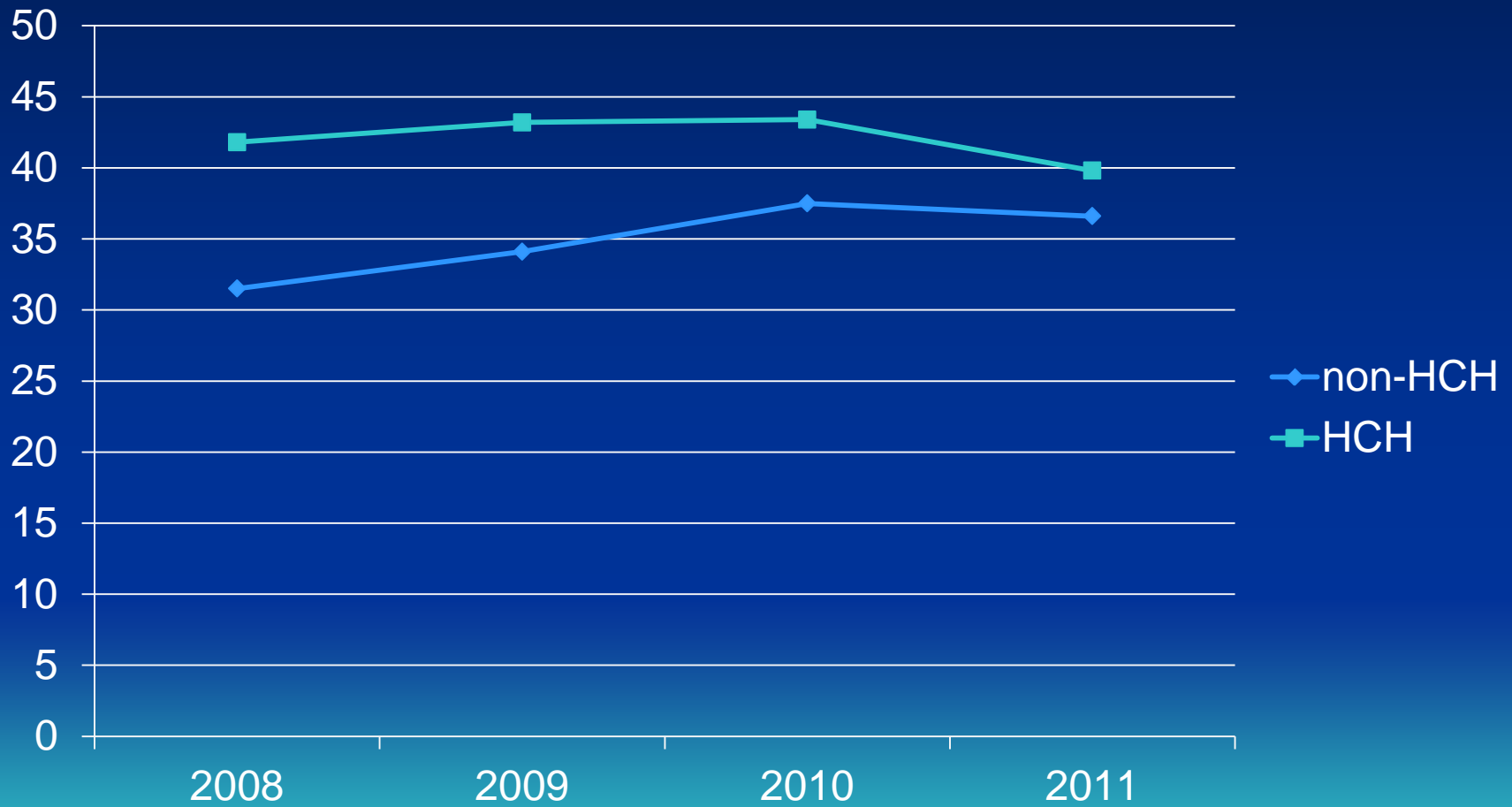
# HCH vs. non-HCH on CV Disease Quality



# Optimal Diabetes Care Rate for HCH vs. non-HCH Clinics



# Optimal CV Care Rate by HCH vs. non-HCH Clinics



# Relation Between System Change and Outcome Change 2008-2010

- Change in PPC is correlated with:
  - Optimal diabetes care at  $r=.27$  ( $P=.006$ )
  - Optimal CV care at  $r=.28$  ( $P=.004$ )
- Every 1% increase in PPC is associated with:
  - 0.1% increase in optimal diabetes care
  - 0.24% increase in optimal CV care



# Keys to Transformation

1. Identified 44 factors and strategies from 31 interviews in 9 diverse HCH clinics
2. Asked MD leaders and clinic managers:
  - Strongly disagree (1) to strongly agree (5)
3. 14 items had scores of 4.0-5.0
4. 17 items were correlated with the change in systems score (.25-.46)



# Items Correlated with Amount of Systems Change

## Organizational Change

- Care teams worked on trust/communication
- Specific team to implement PCMH changes
- PCMH strategy focused on system changes
- Care coordination job description is important



# Other Correlated Items

## Patients

- Patients report better experiences in our PCMH
- We use patients as PCMH advisors
- We got input on PCMH changes from patients
- Patient partners are part of our change team





# Other Correlated Items

- Physician and staff job satisfaction has increased with PCMH changes
- PCMH fit our desire to reduce unneeded care
- We protected clinician income during the change
- We used formal QI techniques to develop the PCMH



# Conclusions

- Most HCH clinics have greatly increased their practice systems over the past 3 years
- HCH clinics with more practice systems have higher performance scores for diabetes and CV dis
- On average, HCH clinics have significantly better outcome scores than non-HCH clinics, but there is also much overlap
- Better performing clinics applied for certification



# More Conclusions

- Transformation is a slow hard process
- Many factors and strategies are important
- Every clinic is different - needs to find its own unique change path



# There are no Magic Bullets



# Questions?

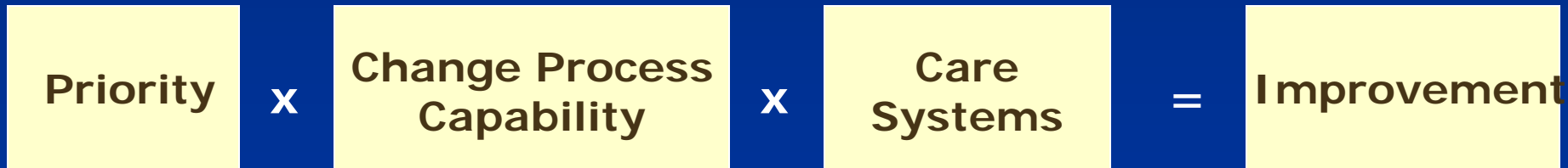


# Conceptual Framework for Practice Improvement/Transformation

Facilitators

Facilitators

Facilitators



Barriers

Barriers

Barriers

