

Evaluation Plan for the Enhanced Care Program:

Designing a New Chronic Disease Medical Home's Health
Program Evaluation

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*All sources cited in accompanying paper

Introduction

- Currently, 5% of the United States population accounts for 50% of health care costs
- Patients with chronic conditions account for 86% of all health care spending
- There is currently an imperative to improve health outcomes and reduce costs
- Sickest part of the population, often with multiple chronic conditions, are a group that has the biggest potential for savings and improved outcomes

What is a Medical Home?

- Medical Homes have five traits in common, according to the Agency for Healthcare Research and Quality (AHRQ)
 - Comprehensive care
 - Patient centeredness
 - Care coordination
 - Accessibility
 - Quality and improvement
- Medical Homes often focus on the sickest populations, such as patients with multiple chronic conditions

Purpose

- 1) To outline, describe and analyze available literature on the Medical Home care model
- 2) To design a program evaluation for a hypothetical Medical Home at the Medical College of Wisconsin (MCW) called the Enhanced Care Program (ECP)
- 3) To help inform any evaluation plan carried out by the Medical College of Wisconsin's future ECP

Literature Review: Background

- American Academy of Pediatrics was first national organization to call the Medical Home model by name in 1992
- Seven national family medicine organizations followed suit endorsing the care delivery system in 2004
- The American College of Physicians advocated for Medical Homes in 2006

Lit Review: Definition

Per the Patient-Centered Primary Care Collaborative:

“The medical home is best described as a model or philosophy of primary care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety”

Lit Review: Outcomes

- Studies have found decreased cost due to less inpatient and Emergency Department utilization and a positive return on investment from Medical Homes
- Increased patient and provider satisfaction has also been observed
- Some improved adherence to best practices, such as vaccinations and screenings have been seen
- However, not all studies found positive outcomes, and some had mixed results

Evaluation: Utilization and Program Metrics

External Utilization Metrics include:

- Inpatient Admissions
- ED Visits
- Specialist visits
- Readmission rates
- Savings from decreased utilization (return on investment)

Program Metrics include:

- Total patients in ECP
- New patients in ECP
- Enrollment rate (new patients/new referrals)
- Referral source
- No show rate in ECP
- Dismissed patients
- % Appointment slots filled
- New patient lag days from call to appointment

Evaluation: Patient and Provider Experience

Patient Experience Metrics include:

- CG-CAHPS survey
- Custom experience survey specific to ECP, administered at point of care

Provider Experience Metrics Include:

- Maslach Burnout Survey
- Custom, ECP clinic survey
- Custom survey by type of staff

Evaluation: Patient Information

Patient Information Metrics include:

- Average risk score (Epic General Risk Score)
- Patients by payor
- Patients with specific social determinants and barriers
- Patient activation measure
- Patient health literacy
- Patients by specific chronic condition
- Self-reported quality of life

Clinical Quality Metrics include:

- Health screenings
- Preventative care
- Disease-specific best practices
- Align with Wisconsin Collaborative for Healthcare Quality, Vizient, Integrated Health Network

Discussion: ROI and Lag

- Return on investment difficult to calculate based on improved outcomes, but decreased utilization can be measured
- Most literature on Medical Homes notes that at least three years are needed before improved outcomes are apparent

Discussion: Study Design and Statistics

- Randomized Clinical Trials not possible in Medical Home as focus is patient care not research
- Biostatistical techniques, such as logistic regressions can help control for external factors that can confound results
- Given multiple strategies used in Medical Homes, difficult to determine if one of the strategies (increased access, patient centeredness, etc.) are driving the change in outcomes

Discussion: Patient Selection and Social Determinants

- Patient selection critical to program's success
- Combination of provider's clinical judgement and objective risk score an effective strategy for identifying patients
- Social determinant data very important, but outside traditional scope of healthcare
- Steps taken by informatics and clinic staff to collect this information and act upon results

Discussion: Political Considerations

- Different stakeholders have different priorities (research, improved outcomes, financial considerations)
- Necessary to report on all these factors to keep all kinds of stakeholders informed and engaged
- Continued ECP funding will be contingent on keeping stakeholders engaged

Conclusion

- Currently an imperative to find innovative ways to increase clinical quality while reducing healthcare costs in the US
- Medical homes are a promising, multi-strategy approach to deliver care to patients with chronic conditions
- Literature, while mixed, indicates Medical Homes can achieve improved financial and clinical outcomes
- Strong program evaluation needed to measure and analyze effectiveness of MCW's Enhanced Care Program