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
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
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
• 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