


**Are Rural Health Clinics Ready to Function
as Patient Centered Medical Homes**

NOSORH Region B Grantee Meeting
Omaha, NE
August 21, 2013

Muskie School of Public Service

Maine Rural Health Research Center



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Learning Objectives

- Examine the growing interest in the patient centered medical home model (PCMH)
- Describe the development/evolution of medical homes
- Discuss PCMH as a practice transformation activity
- Explore RHC performance on key PCMH criteria
- Identify technical assistance needs of RHCs related to becoming PCMHs

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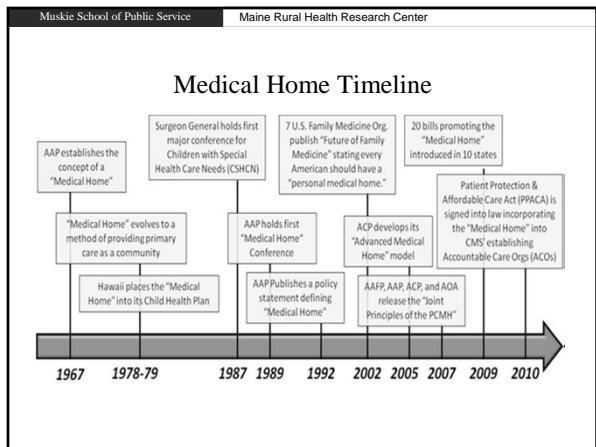
Why the Interest in Patient Centered Medical Homes?

- Growing shortage of primary care providers
- Increasing prevalence of chronic diseases
- Increasingly fractured and disconnected delivery system
- Need to better manage patient care
- An opportunity to refocus the central role of primary care

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PCMH Opportunities

- ACA primary care demonstration and grant opportunities including PCMH and an optional Medicaid health home option
- Health plans are using PCMH recognition to improve quality of care delivered to their members and are developing PCMH reimbursement pilots
- State PCMH pilots (Maine, North Carolina, others)
- Improved integration of services



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National Committee for Quality Assurance

- Recognizes PCMS through a three level process
 - Level 3 - 85-100 points + all 6 must-pass elements
 - Level 2 - 50-84 points + all 6 must-pass elements
 - Level 1 - 35-59 points + all 6 must-pass elements
- Six standards align with the core components of primary care
 - PCMH 1: Enhance Access and Continuity
 - PCMH 2: Identify and Manage Patient Populations
 - PCMH 3: Plan and Manage Care
 - PCMH 4: Provide Self-Care Support and Community Resources
 - PCMH 5: Track and Coordinate Care
 - PCMH 6: Measure and Improve Performance

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PCMH Core Resource: Electronic Health Record Use (n = 145)

- EHR in use 58%
- EHR purchased/implementation begun 16%
- RHC does not have an EHR 27%
- EHR is a key resource to support PCMH activities

* Based on preliminary results – early adopters may be over-represented

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Quality: e-Prescribing

- Transmit prescriptions using EHR e-prescribing functions
 - More than 40% of applicable prescriptions 75%
 - Less than 40% of applicable prescription 9%
- Conducts drug-drug interaction and drug allergy checks 84%
- Implemented drug-formulary checks with at least one internal/external drug formulary 64%
- Electronic prescription intermediary (Surescripts) 76%

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Quality: Patient Tracking Functions			
• Up to Date Problem Lists and Active Diagnoses			
– More than 80% of all patients		80%	
– Less than 80% of all patients		13%	
• Maintains active medication lists			
– More than 80% of all patients		84%	
– Less than 80% of all patients		9%	
• Maintains active medication allergy lists			
– More than 80% of all patients		84%	
– Less than 80% of all patients		9%	

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Quality: Patient Tracking Functions			
• Tracks and records vital signs for patients 2 and older			
– More than 50% of all patients		84%	
– Less than 50% of all patients		6%	
– More than 50% but without growth charts		3%	
• Tracks smoking status for patients 13 and older			
– More than 50% of all patients		70%	
– Less than 50% of all patients		10%	

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Quality: Patient Reminders and Education			
• Send reminders for preventative care for patients age 65 and older and age 5 and younger			
– Relevant of patients		52%	
• Provide patient-specific educational resources			
– 10% or more of patients		55%	
– Less than 10% of patients		13%	

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Quality: Disease Registries			
• Uses EHR to generate a disease registry			60%
– Asthma		26%	
– Congestive heart failure		28%	
– Hypertension		36%	
– Depression		12%	
– Diabetes		44%	
– Coronary artery disease		20%	

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Quality: Disease Registry Use			
• Population health management		28%	
• Individual health management		28%	
• Share information with providers		30%	
• Share information with administrative staff		21%	
• Generate patient reminders		29%	
• Track quality of care (e.g., A1C, eye exams)		33%	
• Identify groups of patients for follow up		26%	
• Plan patient care		28%	

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Quality: QI Management and Reporting			
• Implemented at least one clinical decision support rule		75%	
• Uses EHR to collect and submit quality measures to CMS or state quality improvement organization			
– Yes		41%	
– Reports but does not use EHR, only paper chart		12%	
• Use of evidence based guidelines		58%	

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Quality: Monitoring Functions

- Incorporate lab results into EHR as structured data
 - More than 40% of lab results 70%
 - 40% or less of lab results 12%
- Demographic data is captured in EHR
 - More than 50% of patients seen 86%
 - For 50% or fewer of patients seen 2%

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Quality: Care Management at Transitions

- Perform medication reconciliations at transitions
 - More than 50% of transitions 53%
 - 50% or less of transitions 4%
- Provides electronic summary of care records at transitions
 - More than 50% of care transitions and referrals 59%
 - 50% or less of care transitions and referrals 8%

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Culture of Improvement: Use of EHR Data

- Create benchmark and clinical priorities 43%
- Share data with providers 63%
- Set goals around clinical guidelines 43%

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Culture of Improvement: QI Activities

- Monitor immunization rates/schedules 55%
- Monitor provision of need tests and services 47%
- Assess patient services 71%
- Monitor recall rates for paps/mammograms 18%
- Evaluate clinic wait times for appointments/arrival 49%
- Evaluate accessibility to patients with special needs 24%
- Monitor preventive care provided 44%

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Culture of Improvement: QI Activities

- Evaluate scope of preventive care provided 28%
- Monitor distribution/receipt of specialist referral letters 25%
- Evaluate barriers to care 21%
- Evaluate clinic outreach 19%

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Integration/Coordination: Information Exchange

- Uses or performed at least one test of EHR's ability to electronically exchange key clinical information 45%
- Submits or performed at least one test of EHR's ability to submit data electronically to immunization registries 35%
- Submits or performed at least one test of capability to submit electronic syndromic surveillance to PH 6%
- Conducted a security assessment, implemented security updates, and corrected identified security deficiencies 61%

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Integration/Coordination: Relationships

- Written agreement with community services centers 12%
- Informal agreements with community service center 46%

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Access: Patient Access to Data

- Provides patients with electronic copy of health information
 - More than 50% of all patients within 3 business days 55%
 - Less than 50% of all patients within 3 business days 7%
- Provides written clinical summaries
 - More than 50% of all patients within 3 business days 38%
 - Less than 50% of all patients 13%
- Timely electronic access to health information
 - More than 10% of all patients within 4 business days 31%
 - Less than 10% of all patients within 4 business days 0.7%
 - Provides electronic access but takes longer than 4 business days 0.2%

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Access: Patient Care Options

- Scheduled evening visits 35%
- On-call evening/weekend visits 22%
- Group visit 8%
- Telephone consultations 20%
- E-mail consultations 6%
- Rapid access (same day appointments) 58%

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What Does It All Mean?

- **Caution:** Preliminary results - interpret with caution
- Even with an EHR, many clinics struggle are likely to struggle with PCMH recognition
- RHCs seem to do better on PCMH characteristics related EHR use (e.g., tracking of labs, medications, allergies, etc.)
- Respondents did less well on issues related to use of disease registries, ensuring timely access to care, care management at transitions, and culture of quality activities
