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

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

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
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

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
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

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

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%
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%

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%

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%
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%

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%

Culture of Improvement: Use of EHR Data

• Create benchmark and clinical priorities 43%
• Share data with providers 63%
• Set goals around clinical guidelines 43%
**Culture of Improvement: QI Activities**

- Monitor immunization rates/schedules 55%
- Monitor provision of needed 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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<thead>
<tr>
<th>Culture of Improvement: QI Activities</th>
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<tr>
<td>Evaluate scope of preventive care provided 28%</td>
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<tr>
<td>Monitor distribution/receipt of specialist referral letters 25%</td>
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<tr>
<td>Evaluate barriers to care 21%</td>
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<td>Evaluate clinic outreach 19%</td>
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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%
## Integration/Coordination: Relationships

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

## 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%

## 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%
Access: Continuity of Care

• Formal process to assure continuity of care 31%
• Informal process to assure continuity of care 42%

(Process to ensure that most of the time patients receive care from their personal provider)

Access: Service Mix

• Preventive care 85%
• Acute care 79%
• Rehabilitative care 6%
• Chronic illness care 80%
• Mental health care 29%
• Prenatal care 24%
• Obstetrics 13%
• Gynecology 42%
• Dental care 2%

Patient Experience: Satisfaction

• Conducted patient satisfaction survey within last 2 years 83%
• Initiated changes based on surveys 75%
What Does It All Mean?

- **Caution:** Preliminary results - interpret with caution
- Even with an EHR, many clinics struggle and are likely to struggle with PCMH recognition
- RHCs seem to do better on PCMH characteristics related to 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