

Colorado Medical Society Foundation



Systems of Care/Patient-Centered Medical Home

A Survey of Colorado Physicians

November 11, 2009

Survey Overview

- **PCP Survey**
 - **Landscape**
 - **Awareness and Impressions**
 - **Current and Potential Adoption**
 - **Benefit Statements**
 - **Recap**

Survey Overview

- **Non-PCP Survey**
 - **Landscape**
 - **Coordination of Care**
 - **Awareness and Reaction**
 - **Current and Potential Adoption**
 - **Recap**

Methodology

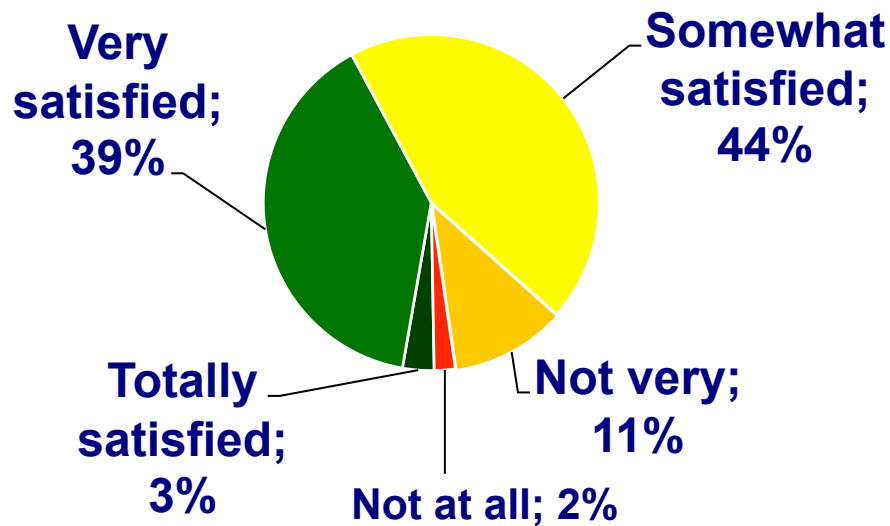
- **Online interviews**
 - **735 physicians began the survey, 616 completed the entire survey; most questions carry a higher “n”**
 - **We have 352 PCP and 264 Non-PCP surveys**
 - **Survey began September 5, 2009**
 - **The margin of error is ±3.95% at the 95% confidence level overall; it is ±5.2% for the PCP sample and ±6.0% for the Non-PCP sample**

State of Medical Practice

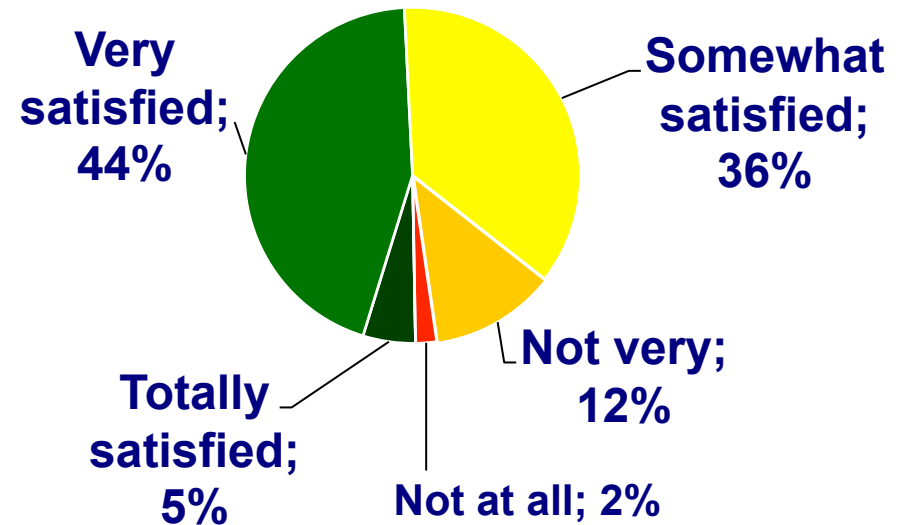
Satisfaction

First, how satisfied would you say you are with your day-to-day life as a physician practicing medicine?

PCP



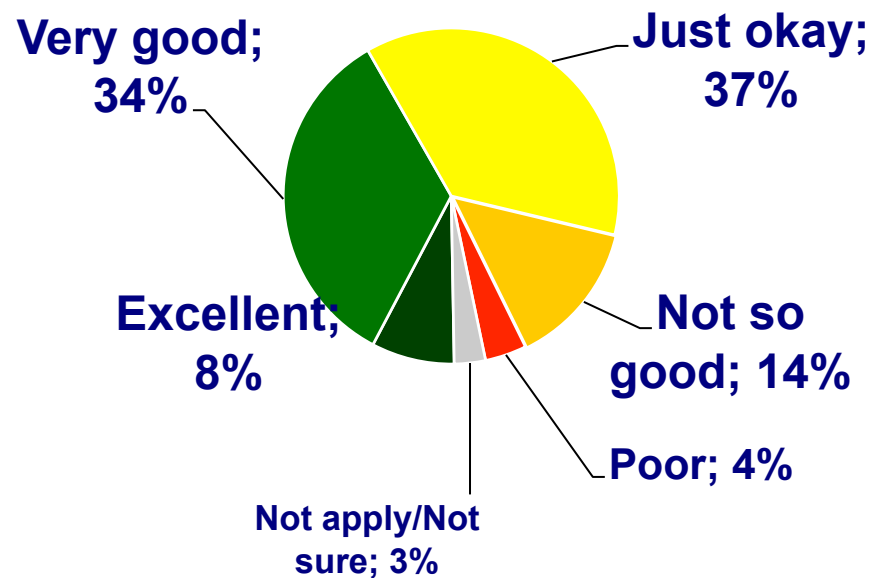
Non-PCP



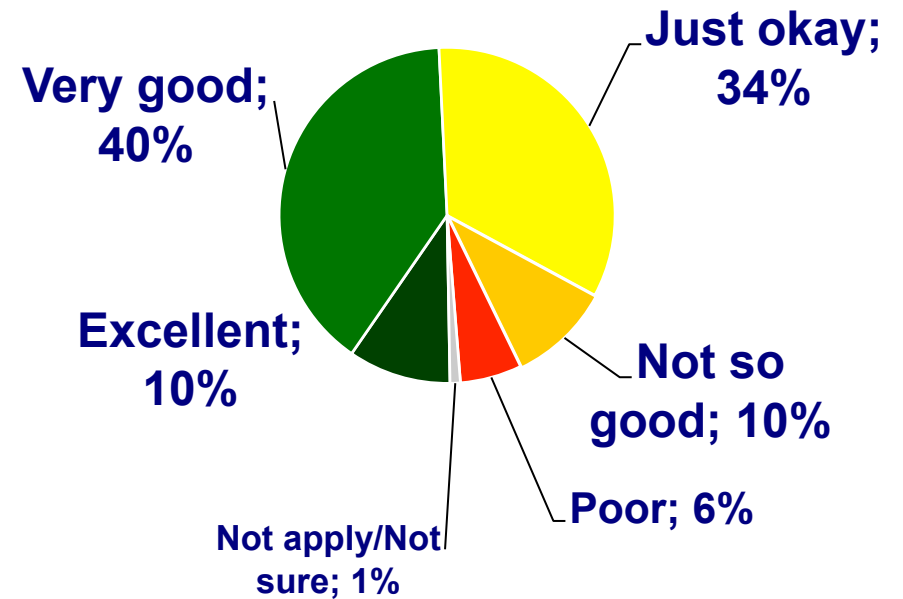
Viability: Current

How would you rate the current viability/financial security of your medical practice or of your employer?

PCP



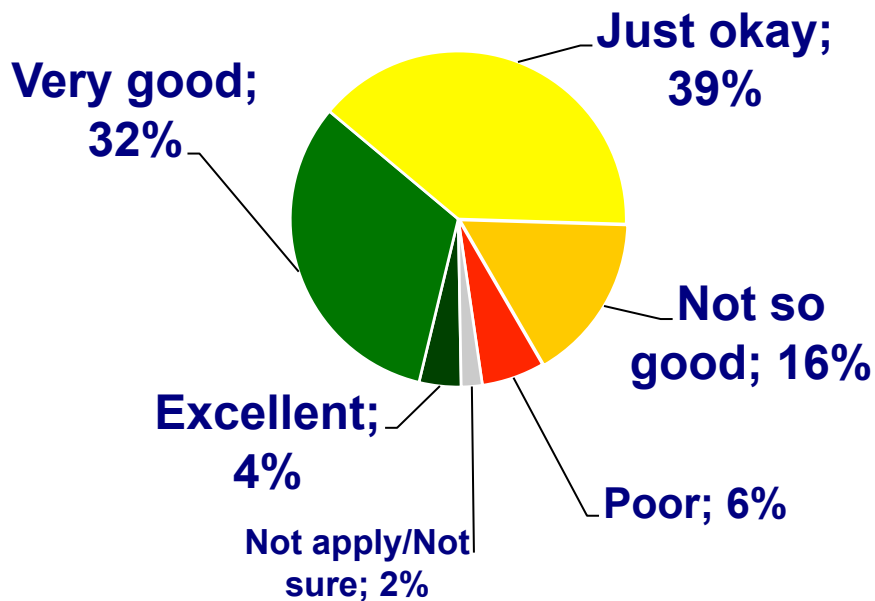
Non-PCP



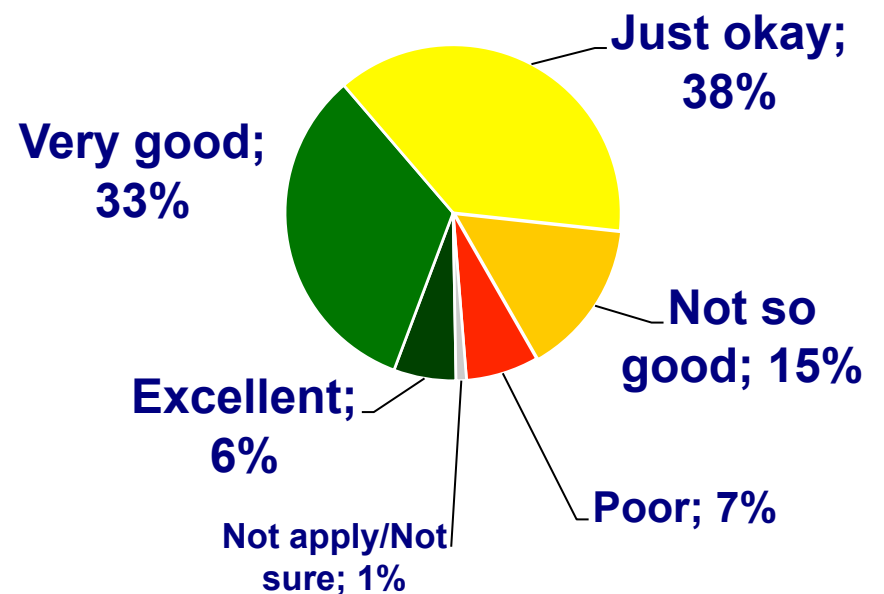
Viability: Next Few Years

Thinking about the next few years, how would you rate the viability/financial security of your medical practice or the place where you practice medicine?

PCP



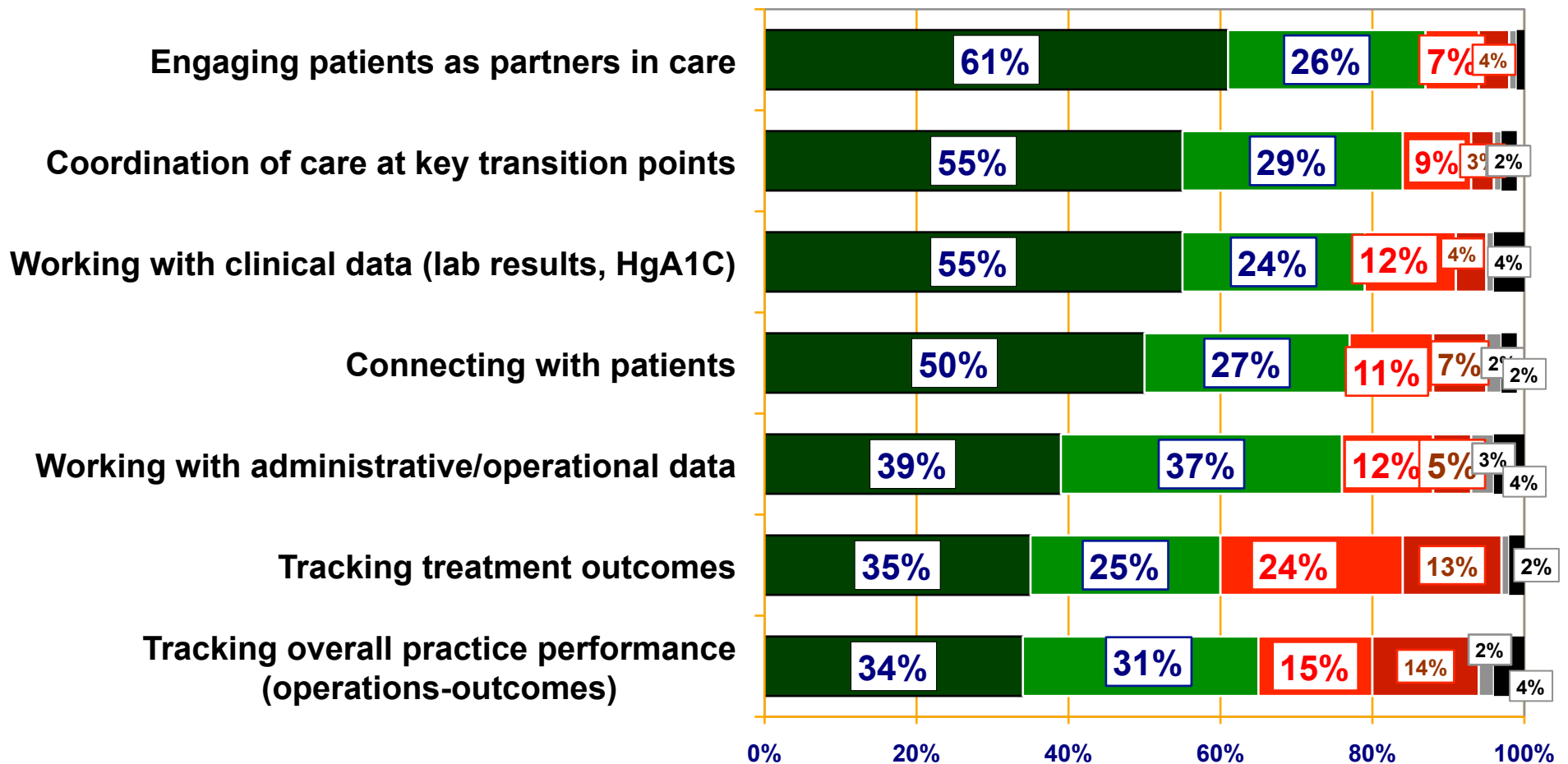
Non-PCP



Areas of Focus: PCPs

The following is a list of some different aspects of medical practice as it evolves to take better advantage of technology and communication opportunities. How much are you focusing on each of these in your practice?

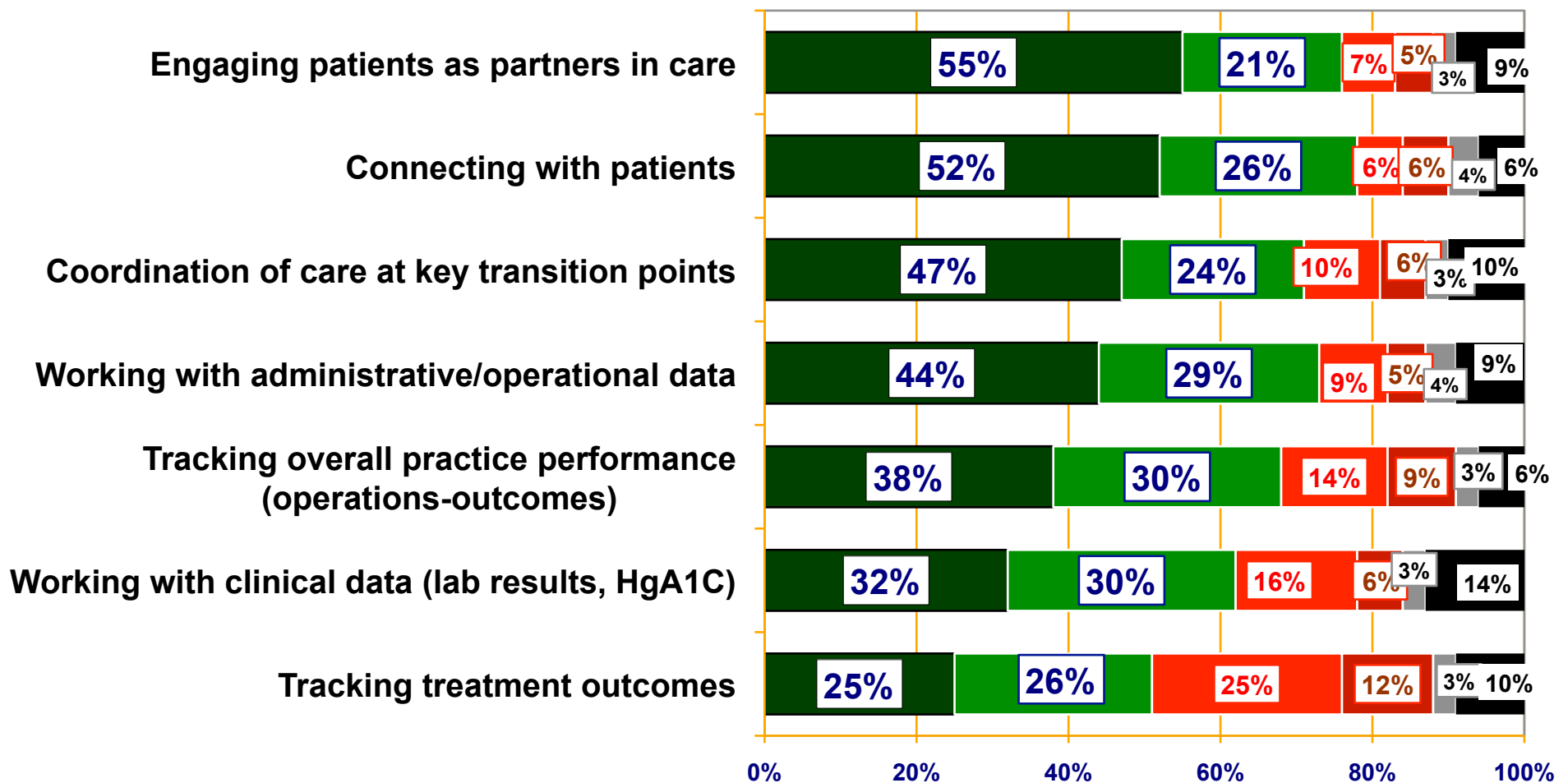
■ Major focus
 ■ Minor focus
 ■ On radar
 ■ Down the road
 ■ Not interested
 ■ NA



Areas of Focus: non-PCPs

The following is a list of some different aspects of medical practice as it evolves to take better advantage of technology and communication opportunities. How much are you focusing on each of these in your practice?

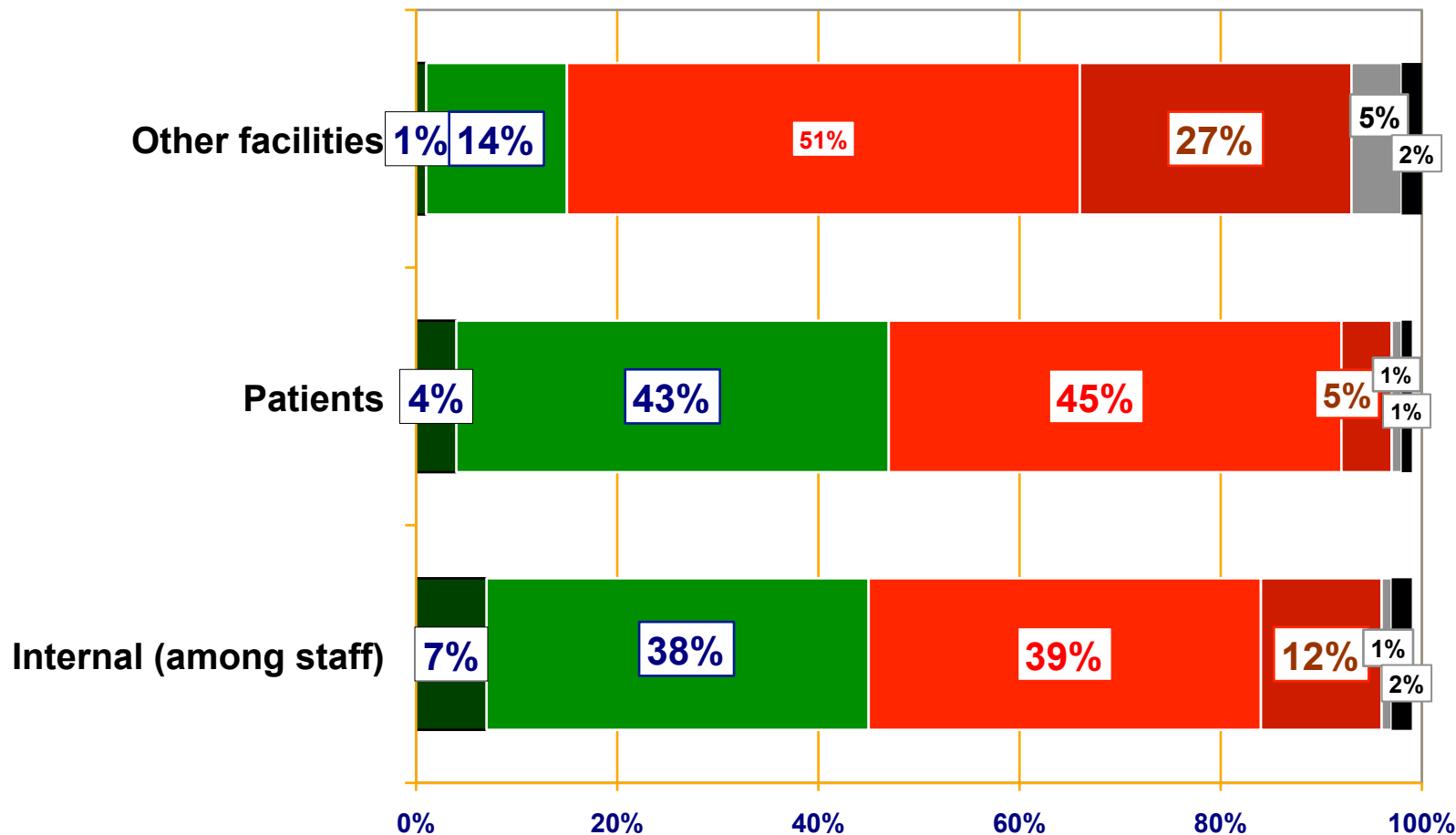
■ Major focus ■ Minor focus ■ On radar ■ Down the road ■ Not interested ■ NA



Communication: PCPs

Thinking about various aspects of communication in your practice, how satisfied are you with the following. For each one, please consider overall communication methods and efficiency, not the quality of face-to-face, direct conversations.

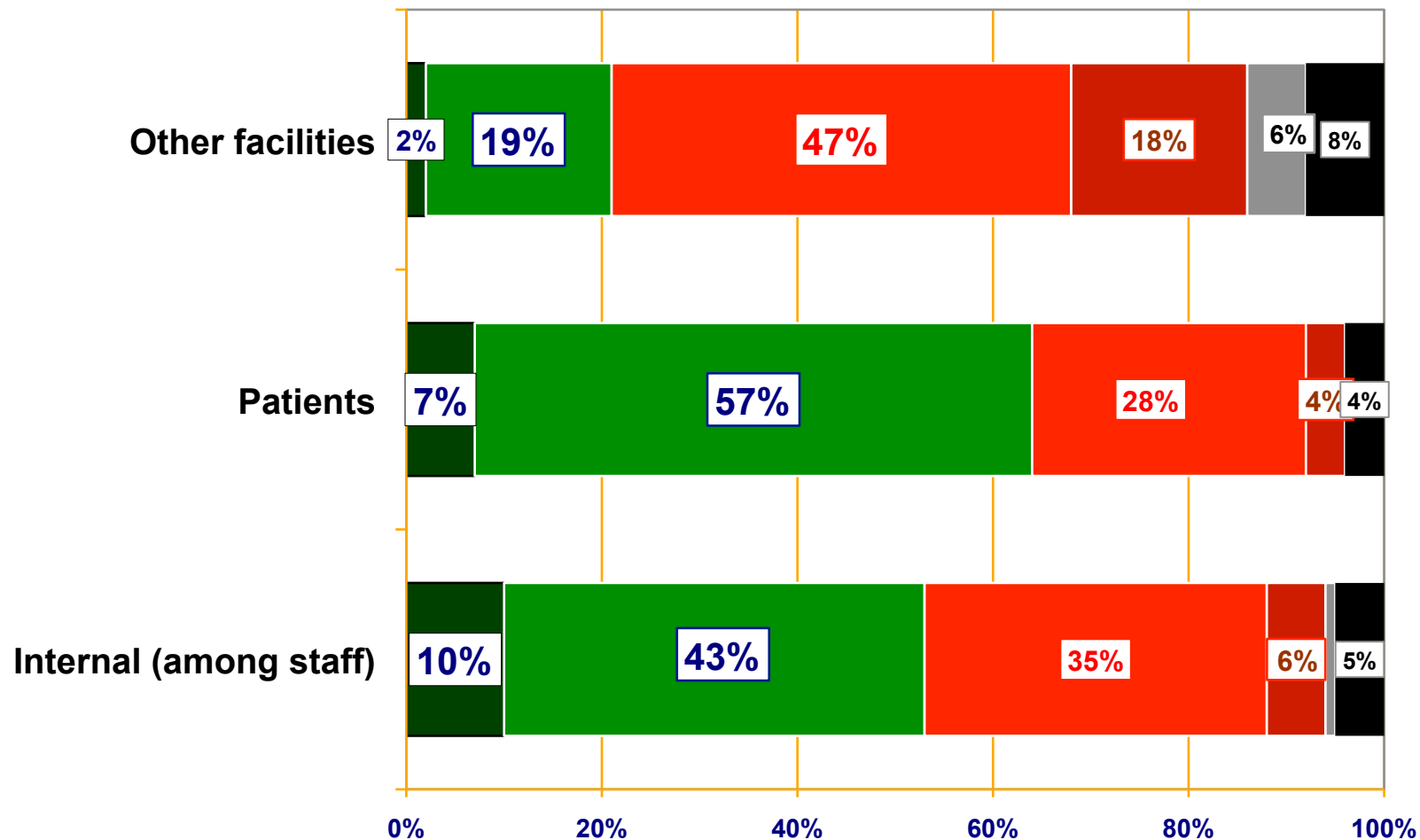
■ Totally satisfied ■ Very satisfied ■ Somewhat ■ Not very ■ Not at all ■ NA



Communication: non-PCPs

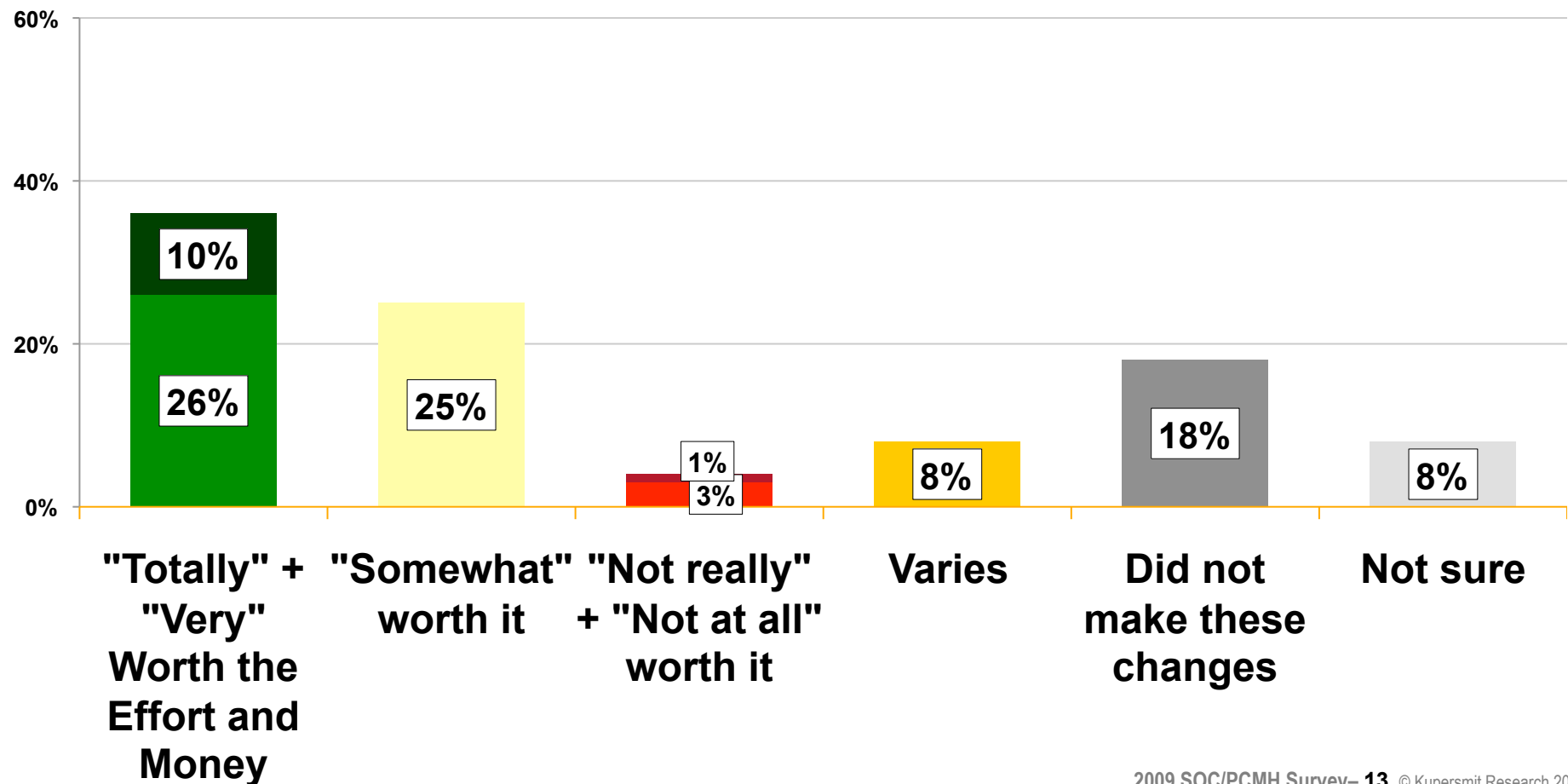
Thinking about various aspects of communication in your practice, how satisfied are you with the following. For each one, please consider overall communication methods and efficiency, not the quality of face-to-face, direct conversations.

■ Totally satisfied ■ Very satisfied ■ Somewhat ■ Not very ■ Not at all ■ NA



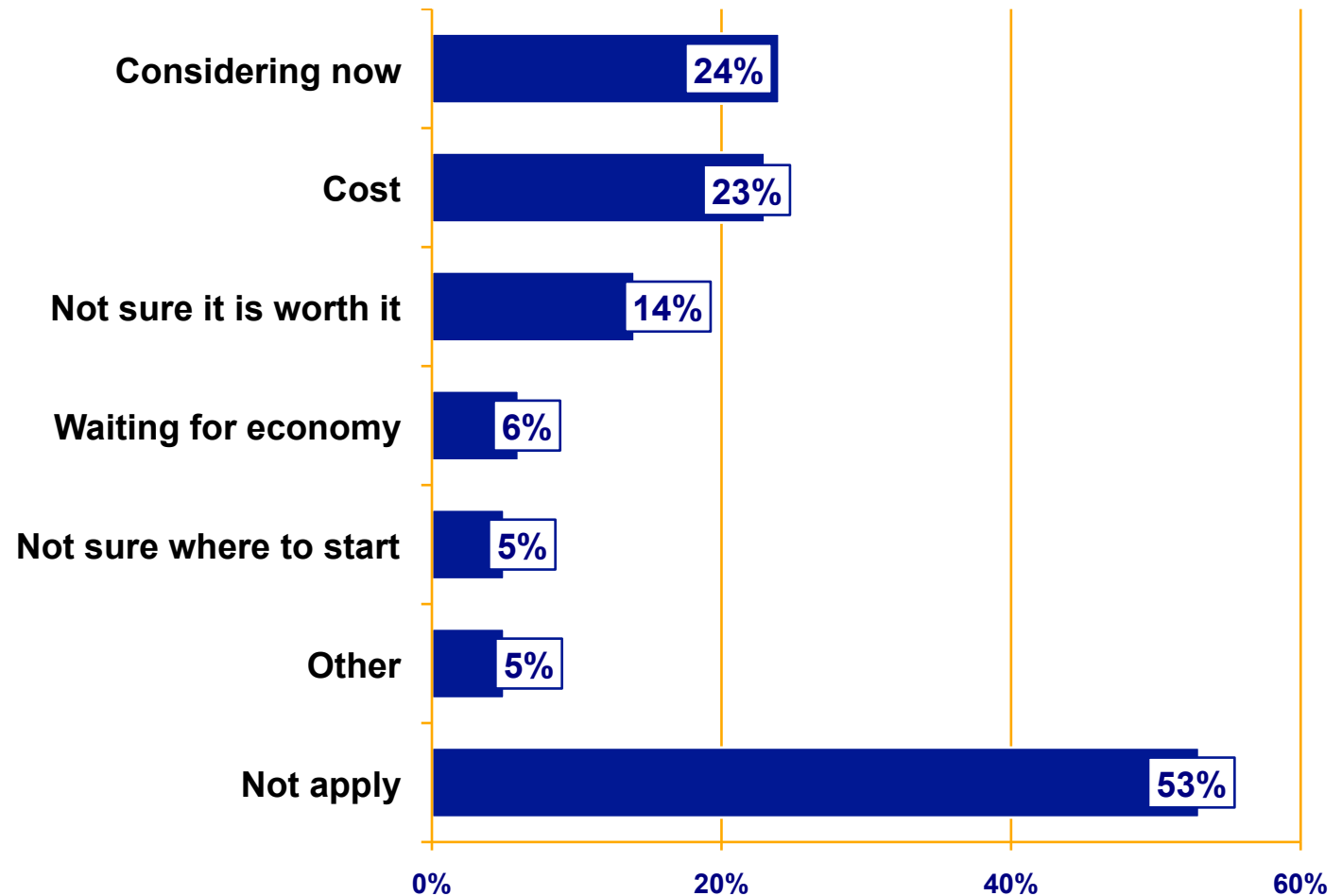
Practice Improvement

Have you made any major changes or investments in new systems or other practice improvements in terms of how you deliver care, manage information (or otherwise) in the past year or so? (This does not refer to office equipment like a new copier, but to changes in systems or the way you run your practice to meet quality, safety, or other goals). If you have made these types of changes in your practices, would you say that you feel the effort and money involved were worth it or not, or have you had a mixed experience?



Why Not Implemented?

If you have not made any significant changes or investments in the past year, are you considering any of these, and if not, are there any particular reasons? (Please check all that apply, and indicate any other reasons or comments in the space provided)

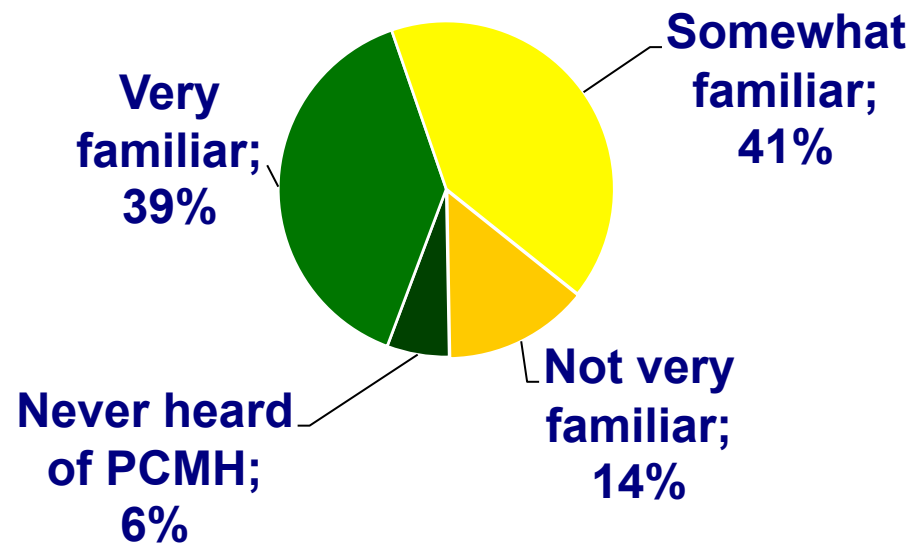


Pre-coded Answers

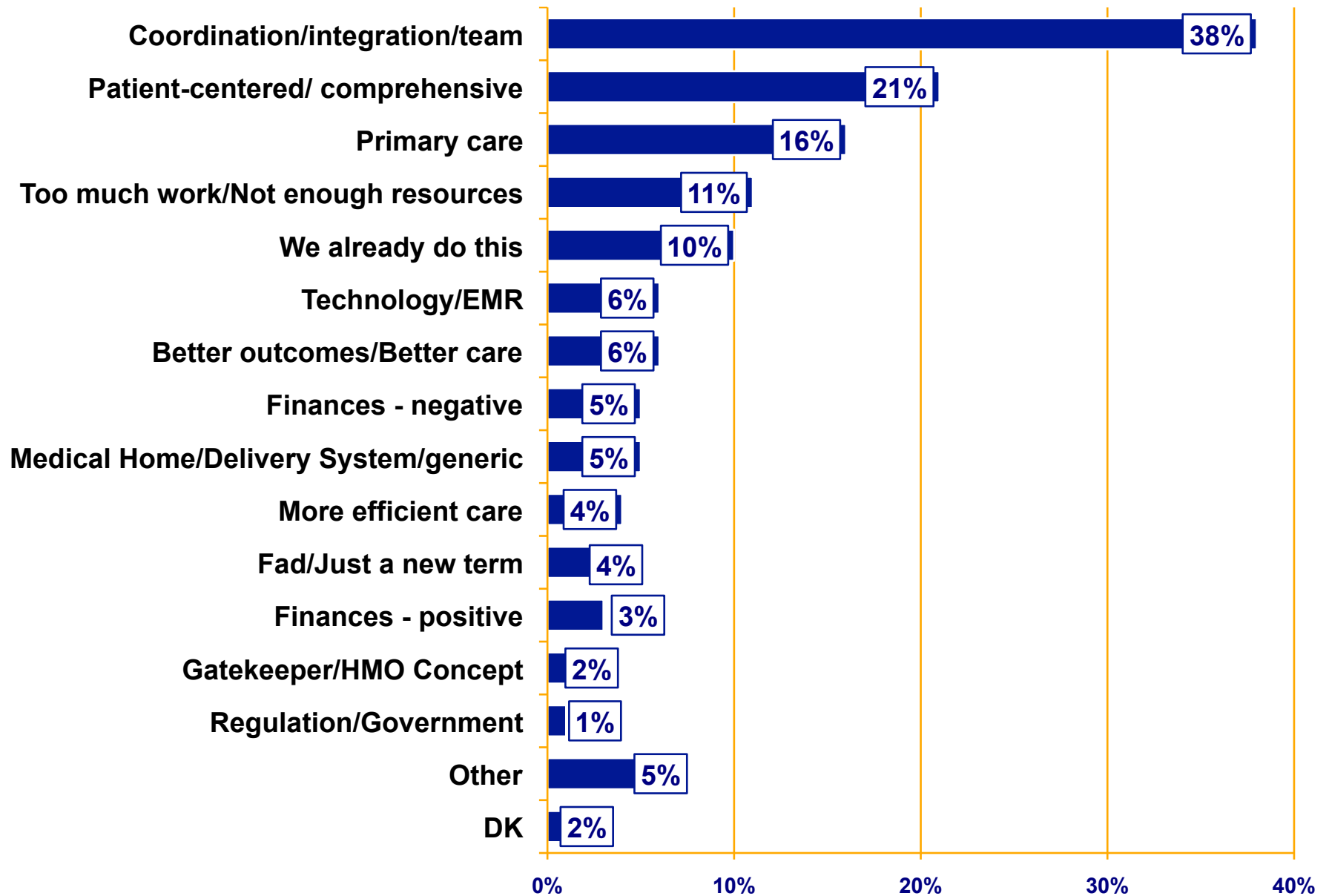
PCMH: Primary Care Physicians

Awareness

Have you ever heard of the Patient-Centered Medical Home (PCMH)? If yes, how familiar would you say you are with this concept?



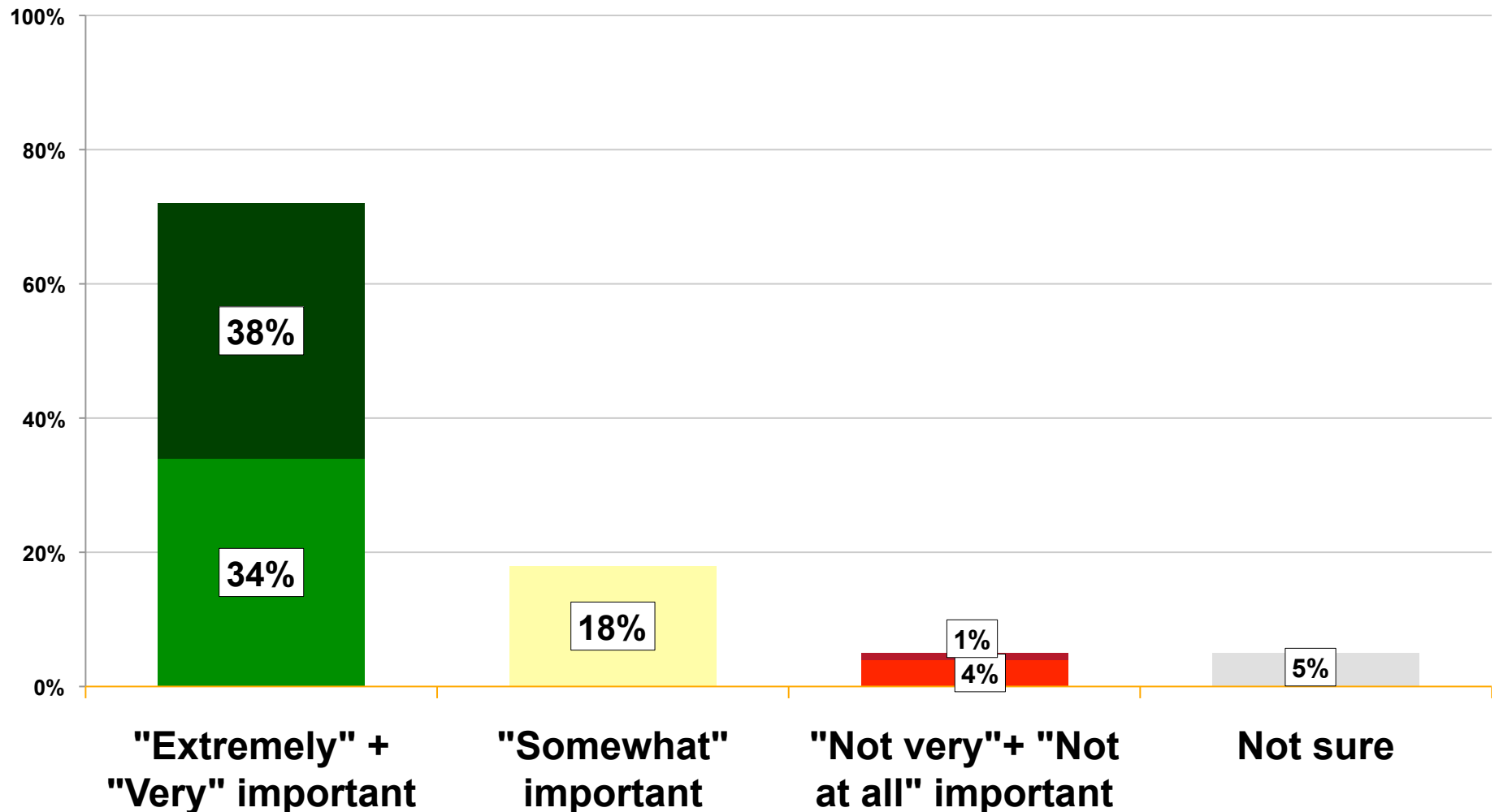
First Word/Words: PCMH



Open-Ended Responses

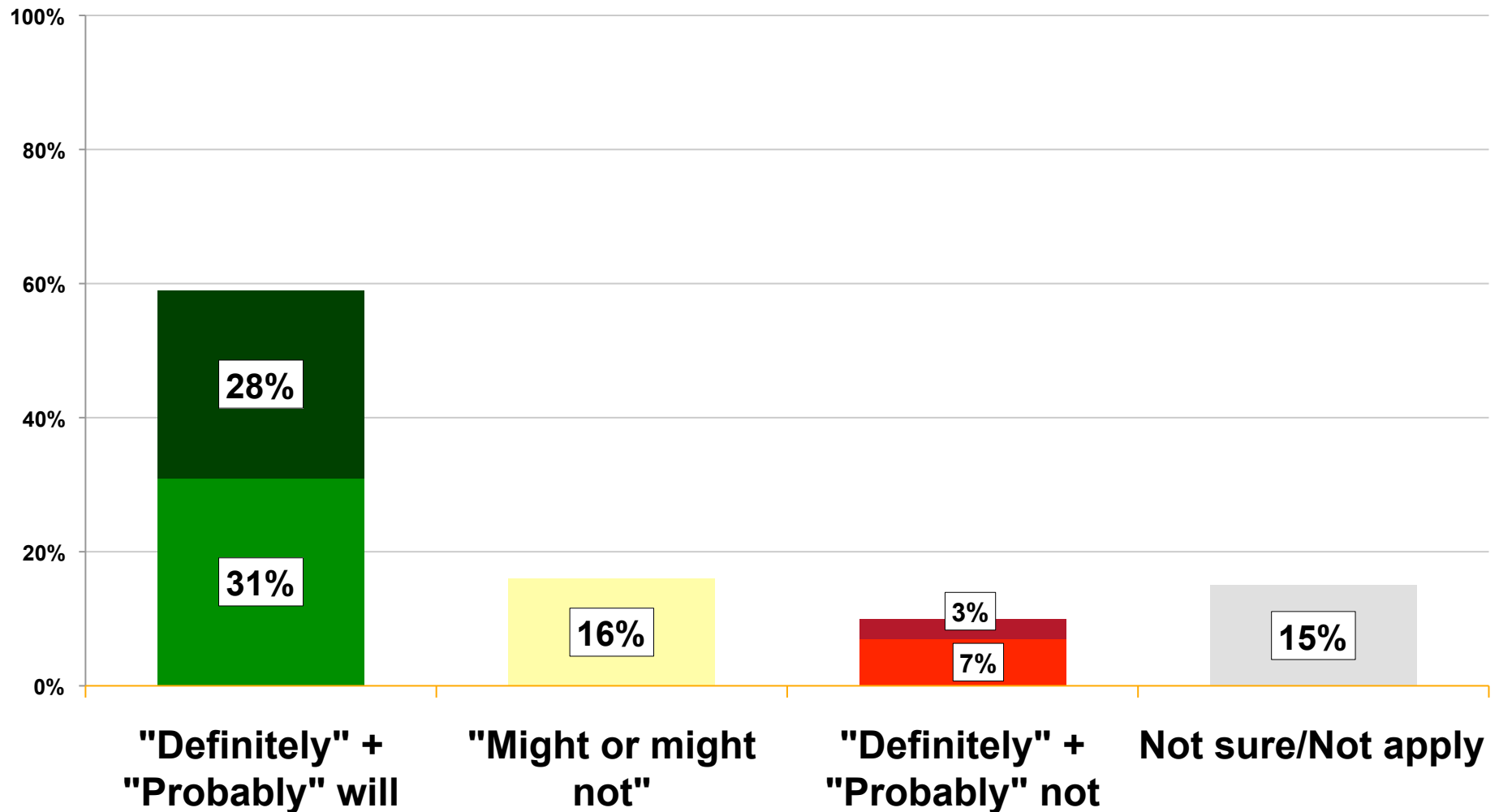
Embracing The PCMH Model

How important do you think it is that primary care specialties (family practice, internal medicine and pediatrics) embrace the PCMH model?



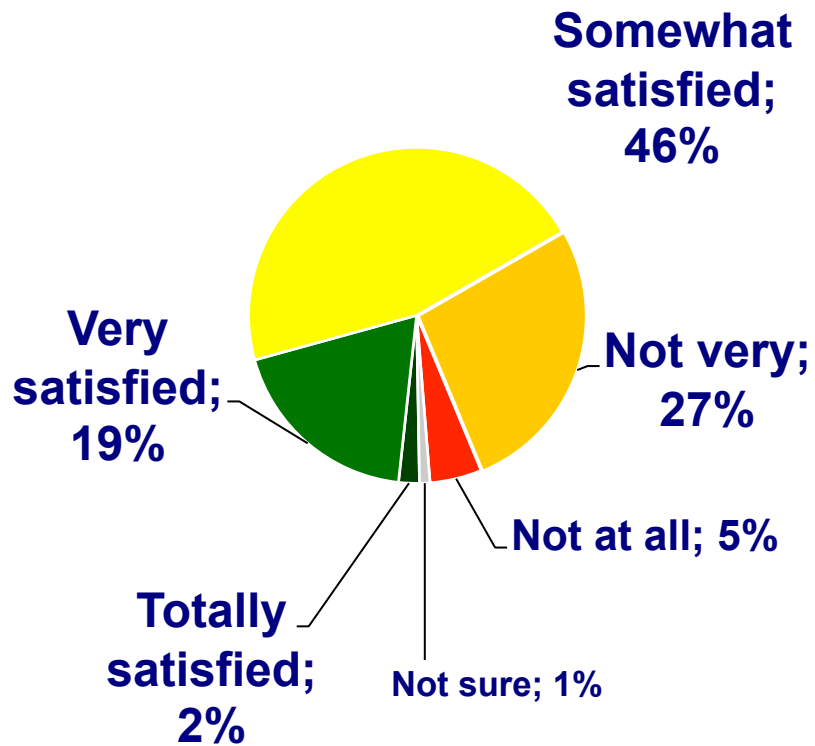
Likely To Become PCMH

How likely are you to redesign your practice to become a recognized Patient-Centered Medical Home?



Coordination of Care

General Satisfaction



Frequency

	Always	Regularly	Sometimes	Not that often/Rarely
Non-PCP include you in care and support your role	8%	28	44	18
Receive necessary information from referrals	12%	39	38	9
Staff finds non-PCP offices cooperative and helpful	12%	28	44	11

PCP Adoption 1 of 2

	Already/planning to implement	Would be very interested	Somewhat interested	Not interested	Might be interested	NS/NA
Decision Support						
1. Checklists and/or flow sheets (paper and electronic)	62%	18	11	2	3	4
2. Evidence-based guidelines at the point of care	56%	23	14	2	3	3
3. Automatic reminders or alerts which are part of an electronic health record	38%	37	10	2	2	11
Delivery System Design						
4. Tracking and monitoring test results	64%	24	6	1	1	4
5. Preventive services tracking and monitoring	55%	28	7	0	3	6
6. Patient education, with an emphasis on patients engaging in their own health care through activity, diet and management of chronic illness	49%	34	8	1	3	3
7. Tracking and monitoring referrals	46%	26	16	3	2	7
8. Use of other staff members for direct patient care activities (such as foot exams, counseling, PT/INR tracking etc) in a team care model	45%	26	12	4	4	9
9. Regular team meetings to discuss patient care	42%	18	21	7	4	8
10. Care management	38%	33	15	2	6	6
11. Outreach to patients for chronic care visits	33%	36	15	2	5	8
Health Information Technology						
12. Patient registry	58%	19	7	2	4	10
13. Lab monitoring with recall system	50%	29	9	1	3	7
14. E-prescribing	50%	28	10	2	3	7
15. Referral tracking	40%	33	15	2	3	7
16. Diagnostics	39%	29	9	1	6	16
17. Advanced electronic communication with patients (i.e. email contact, scheduling, interactive website/patient portal, etc.)	28%	30	20	10	4	8

PCP Adoption 2 of 2

	Already/planning to implement	Would be very interested	Somewhat interested	Not interested	Might be interested	NS/NA
Patient self-management						
1. Distribute patient education materials (written, electronically)	76%	14	6	0	1	3
2. Address self-management concerns with the patients	60%	19	12	0	4	5
3. Refer patients with chronic disease to community resources/support groups	49%	31	11	1	4	4
4. Identify patient priorities and engage in meaningful goal setting and action planning	49%	28	12	1	5	5
5. Have training on and use behavior change techniques	38%	28	16	3	10	5
6. Group visits	21%	14	30	22	4	9
Quality Improvement						
7. Review clinical, billing and service data to develop improvement plans	39%	27	13	4	6	12
8. Monitor practice performance through aggregated reporting of clinical outcomes	34%	36	13	4	6	7
9. Monitor physician performance through aggregated reporting of clinical outcomes	31%	36	15	5	6	7
10. Written plan that guides your practice's improvement activities (i.e. formal QI plan, PDSA cycle, etc)	31%	29	17	7	9	7
11. Collect and act upon patient experience data to develop improvement plans	27%	38	16	4	8	6

Themes

Please read the following statements that have been given as reasons for primary care practices to become certified Patient-Centered Medical Homes. After each one, please indicate how convincing it is.

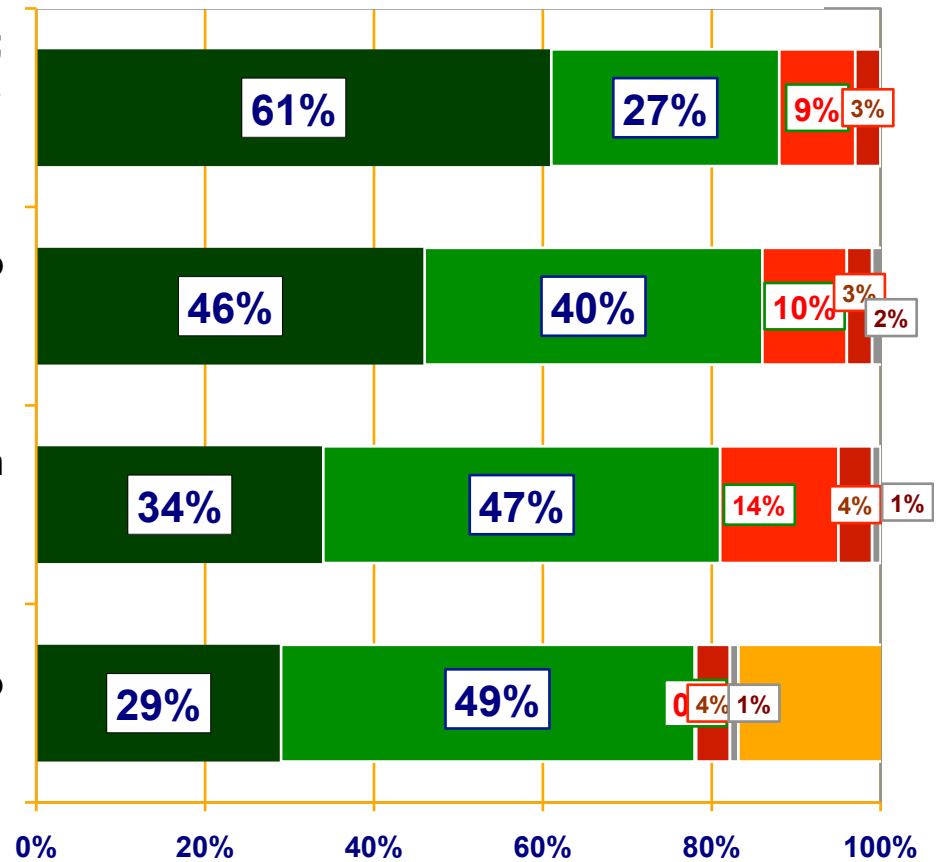
■ Very convincing
 ■ Somewhat convincing
 ■ Not very
 ■ Not at all
 ■ NS

Not being reimbursed for true value of services; this model seeks to identify payment structures that reward huge savings and improved outcomes...

Tenets describe a comprehensive model to unite the primary care physician with the patient and reclaim the art of medicine...

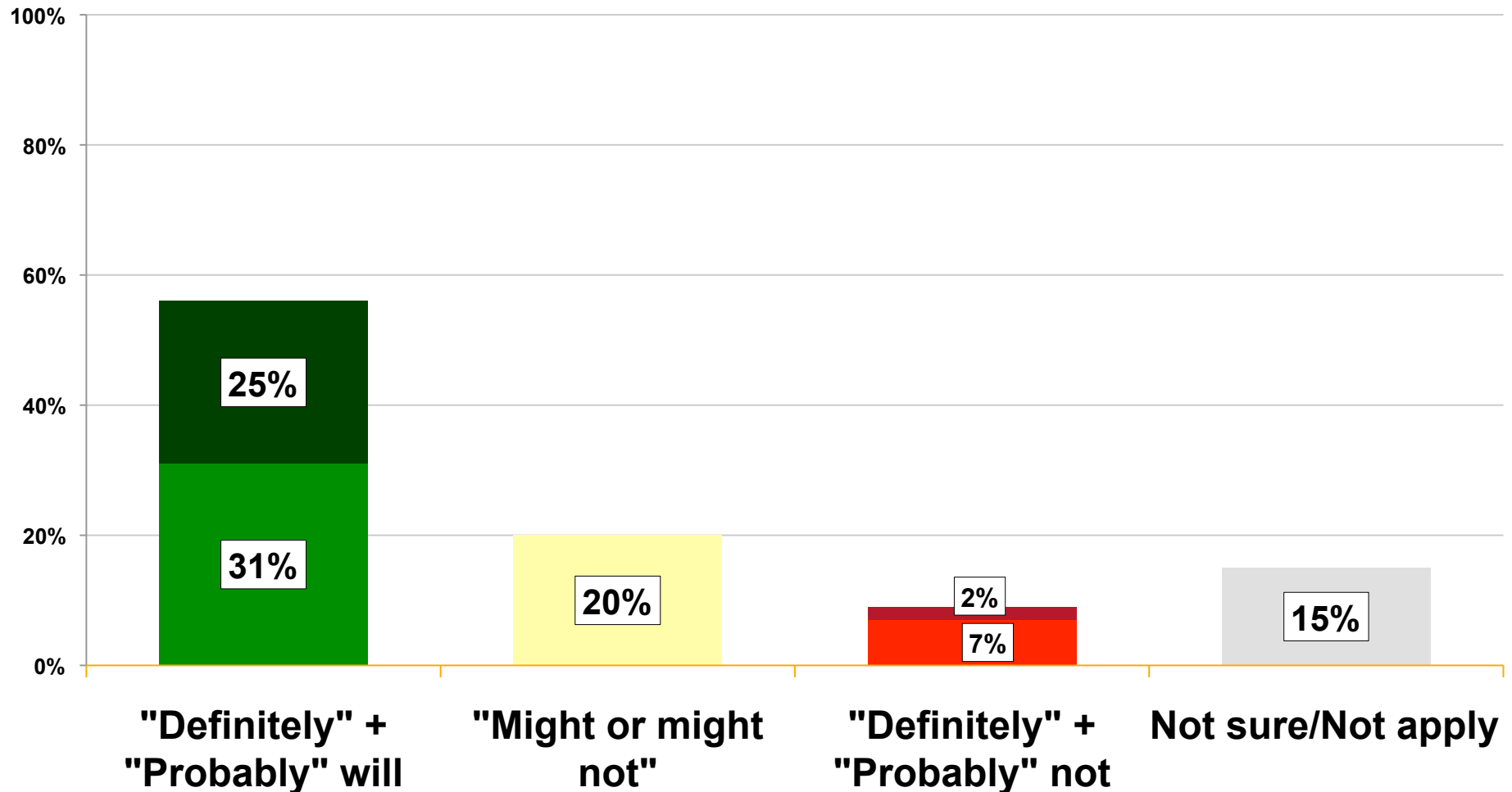
Not some radical reform idea; concept has been around, but now technology enables instant, secure communication....

Many practices already doing a lot of the individual steps; with the resources in Colorado it is worthwhile to find out what needs to be done to be recognized...



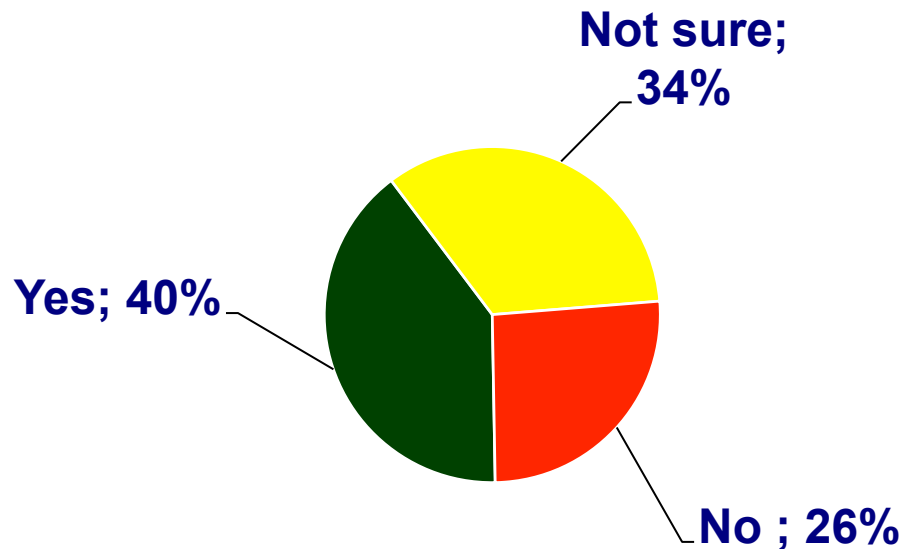
Post-Information: Likelihood

Thinking about everything you've seen in the survey, how likely are you to redesign your practice to become a recognized Patient-Centered Medical Home?



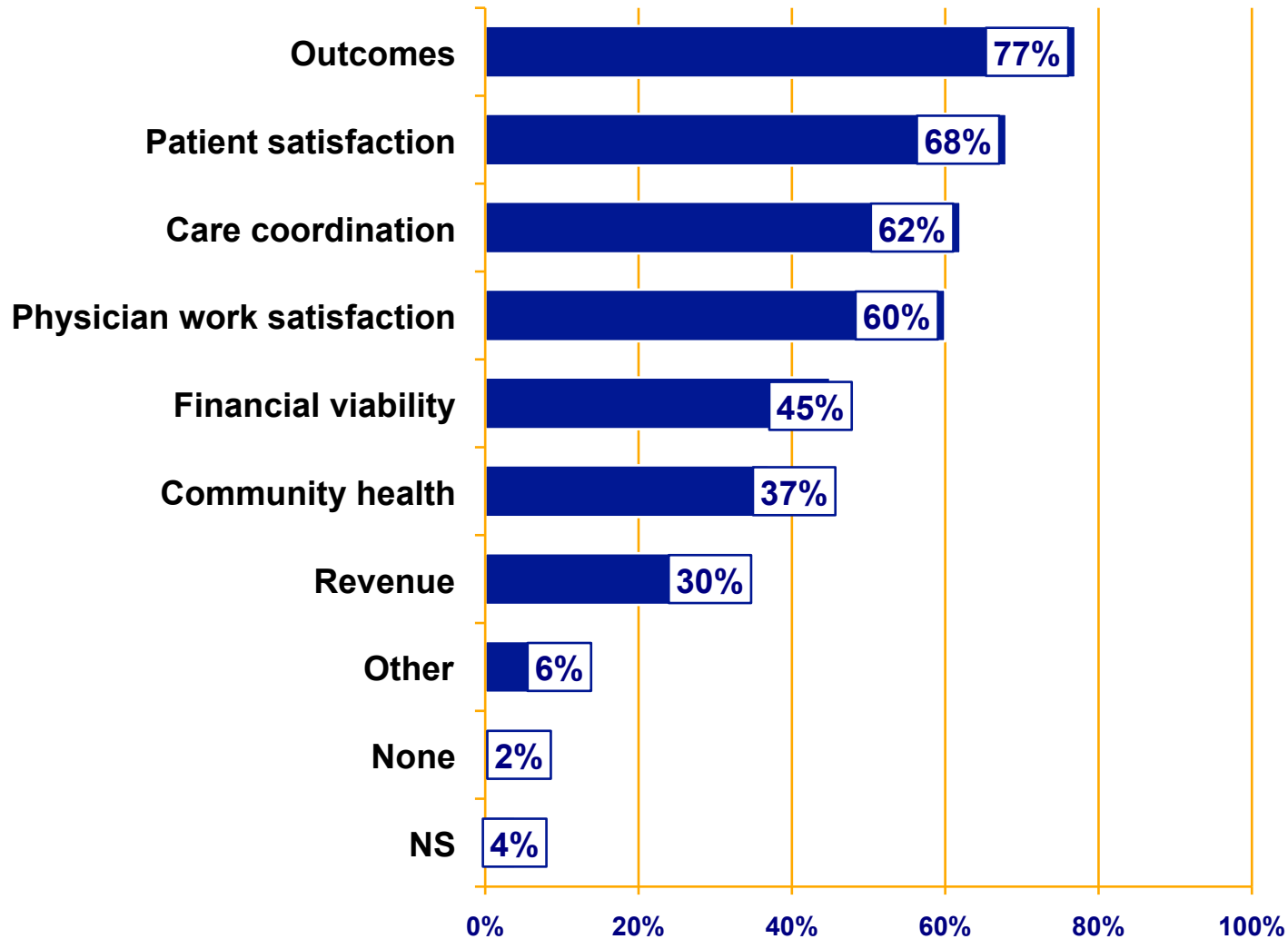
Discussing Next Steps

Would you be interested in having someone come by your office to discuss where your practice stands today, and what types of steps you would need to take, toward becoming a certified Patient-Centered Medical Home?



Most Compelling Reasons

Regardless of your view, what would you say are the most compelling reasons to consider becoming a Patient-Centered Medical Home? Please select UP TO THREE responses, or select “none of the above”.

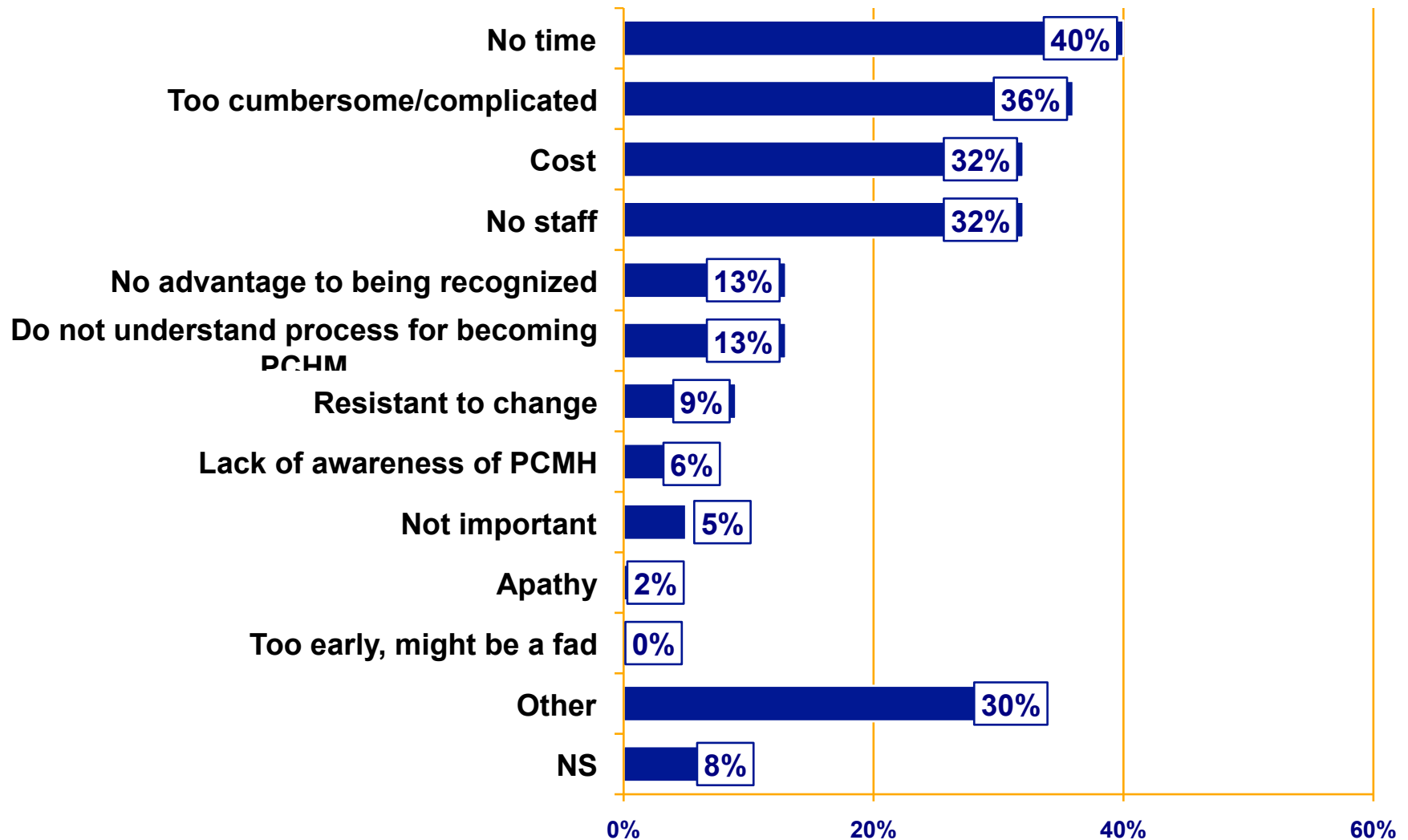


Sample Verbatims

- **One thing we all, to a person, we desire to give the best possible care to our patients. We're drawn in too many directions and too little feedback on how we're affecting that. If we are able to spend our time more productively and with good evidence-based data, we can utilize that data and improve our practice, I don't think anyone would say they're against that. (PCP Group)**
- **You look at the readmission rate in Grand Junction area, it's 3%, nationwide it's 20%. (PCP Group)**
- **If the insurance doesn't have incentive to withhold money, what they're going to do is work together with the physicians. Just off the bat, they're decreasing overhead by 30%. If you have physicians with united or aligned incentives, then everybody's going to be trying to keep the patients healthy as possible, because they benefit from that. (PCP Group)**

Barriers, Hesitation

Are there reasons you are hesitant to become a recognized Patient-Centered Medical Home? Please check all that apply and add any comments in the box provided.



Sample Verbatims

- **We're too busy to implement it, and we're not going to get less busy. Somebody that came to me with a program that's going to take another half hour of my day... we're working through the lunch hour to get caught up with the people we saw in the morning. In the afternoon, we stay until 6:00, or 6:30, and the neat thing about EMR is that we can take it home, when our kids are asleep. (PCP Group)**
- **They almost have it backwards, the reimbursement is theoretical and in the future. If they want you to commit energy to that, they need to have the money up front, and it needs to be substantial. The one practice I'm familiar with has three offices, their EMR is somewhat functional, and I think they got \$18,000 for the whole project, and I can't imagine the time they put in was worth that. (PCP Group)**

Technology PCPs

- **48% have EMR, 18% have partial, 10% taking steps, 14% having conversations and 5% not considering**
- **25% have fully integrated system for labs, e-prescribing, billing, etc., while 34% have most pieces, 24% have a few pieces, 10% 'intend' and 2% are not moving in this direction**
- **80% aware of federal funds**
- **72% aware it is a requirement by 2015**

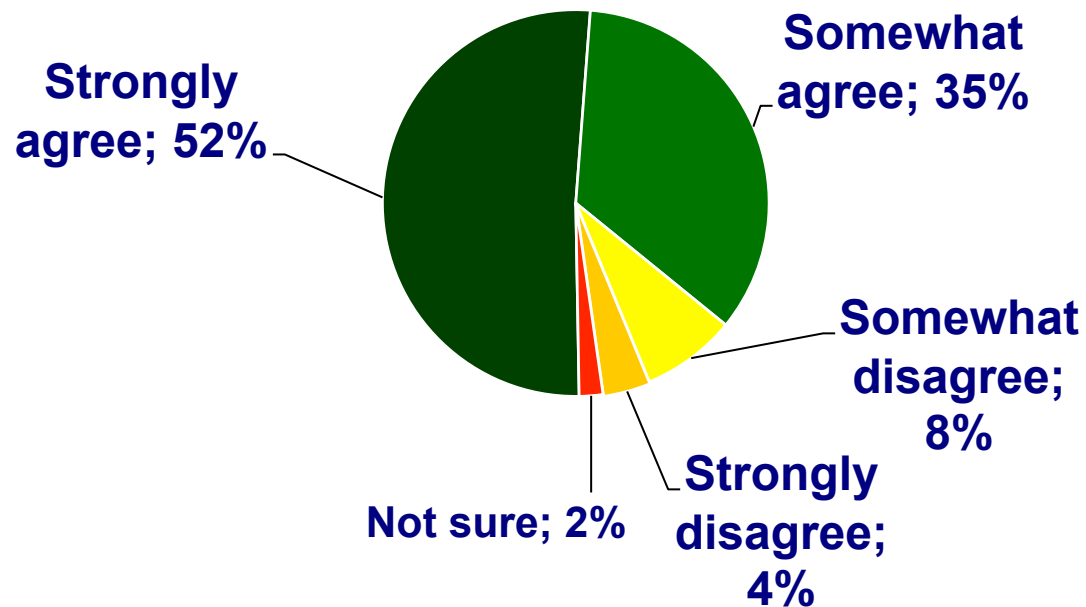
Pediatricians (n=53)

- **23% unfamiliar with Medical Homes for children**
 - **38% “very,” 21% “somewhat,” and 17% “not very” familiar**
- **34% “very” willing to become a MH for children**
 - **30% “somewhat” willing, 9% “not very” and 8% “not at all” willing; 19% are unsure**
- **43% have a way of providing care coordination for special needs children**
- **87% are doing a developmental screening, 8% are not (and 6% say “not apply”)**

PCMH: Non-PCPs

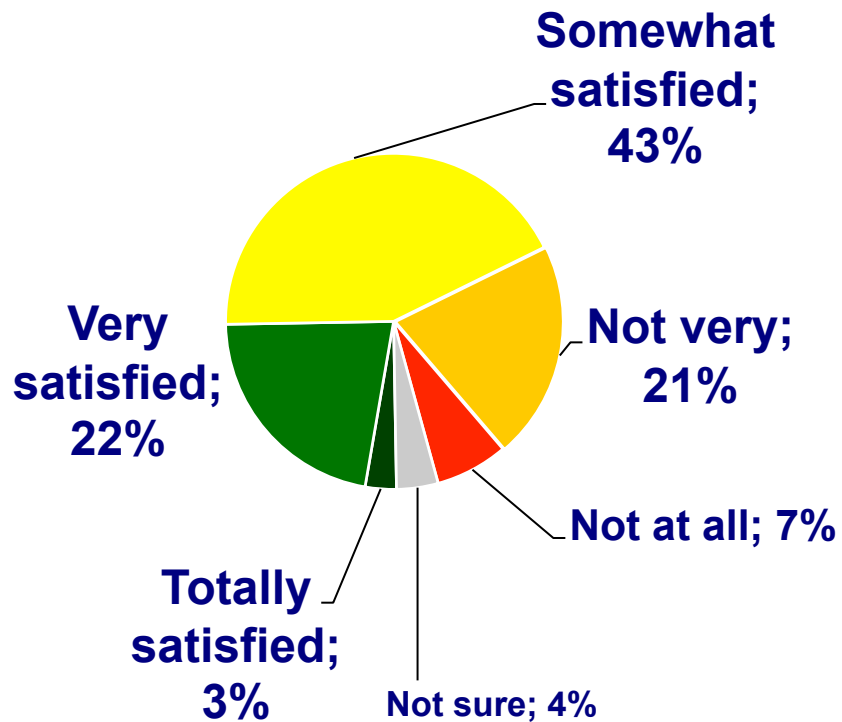
Delivery System

Do you agree or disagree that a “fragmented, uncoordinated care delivery system” is a serious threat to the practice of medicine in Colorado?



Coordination of Care

General Satisfaction

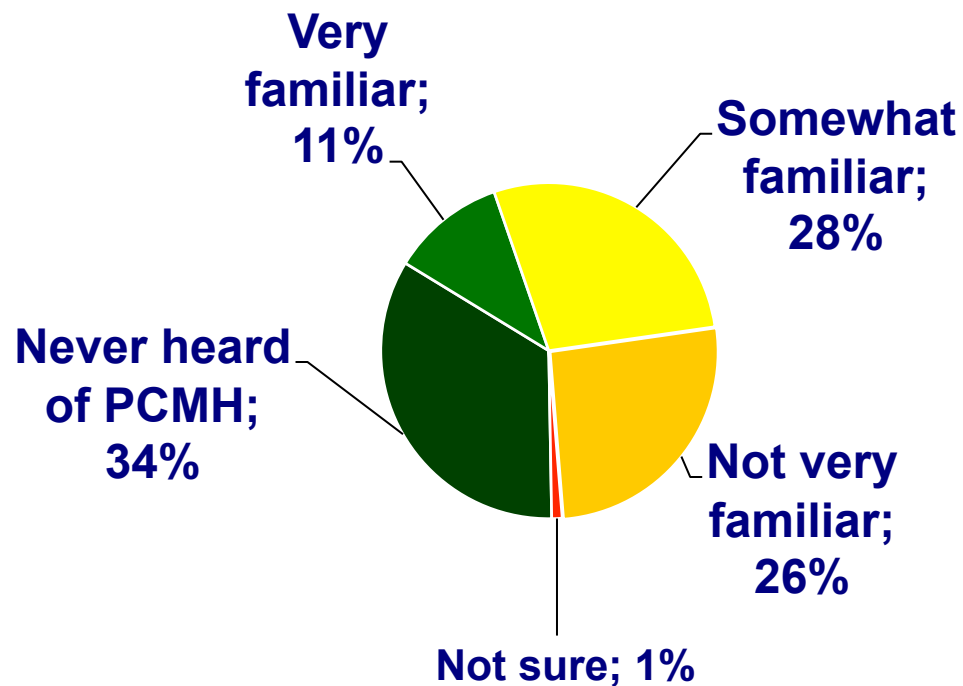


Frequency

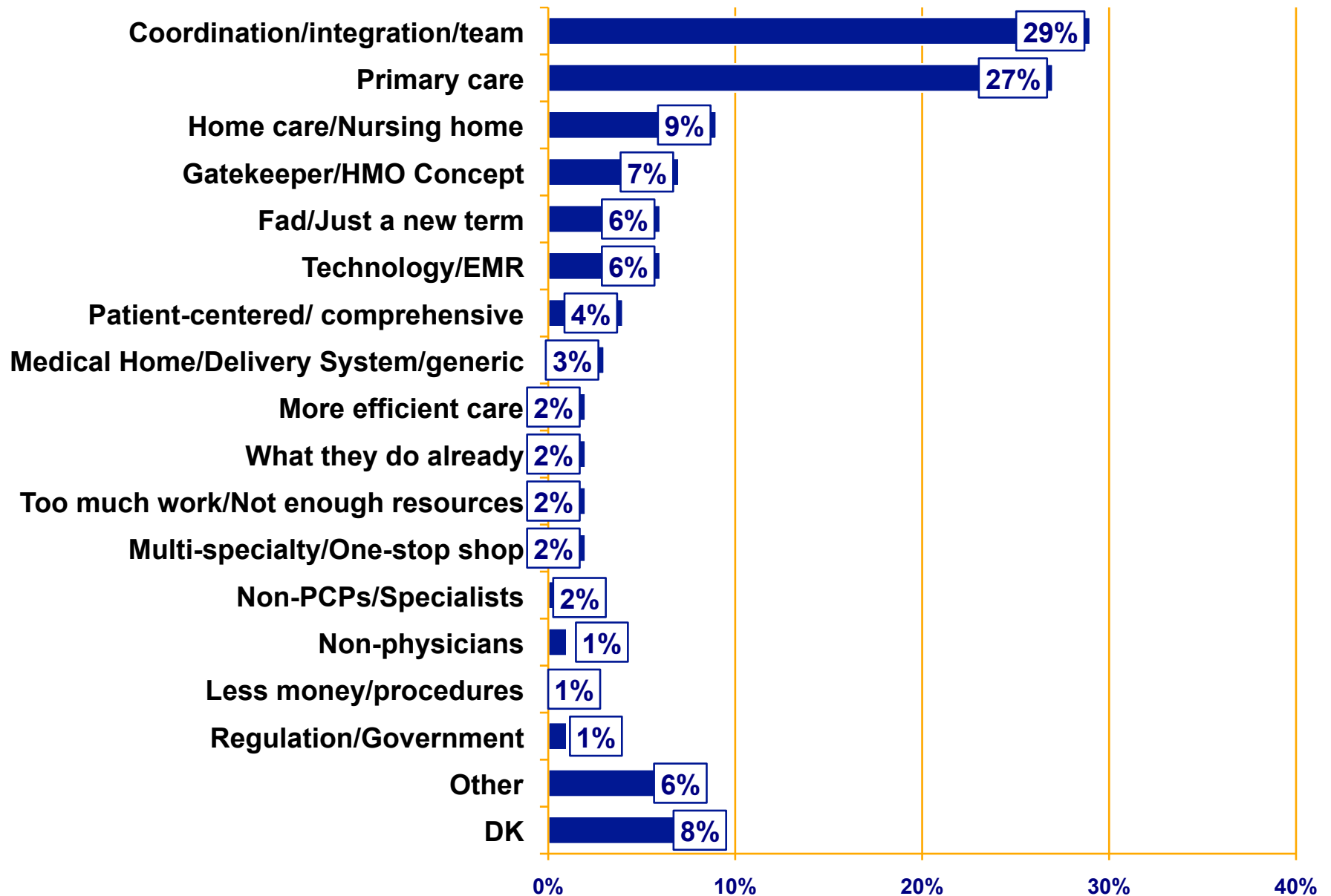
	Always	Regularly	Sometimes	Not that often/Rarely
PCPs support treatment plan and recommendations	29%	41	19	2
Receive necessary information from referrals	12%	24	31	27
Staff finds PCP offices cooperative and helpful	16%	38	30	8
Ask PCPs for input or advice on care of a patient	8%	28	41	18

Awareness

Have you heard anything about an effort to improve care coordination by moving toward a system of care known as a “Medical Neighborhood,” that includes what is known as a “Medical Home.” If yes, how familiar are you with these ideas?



First Word/Words: MH



Open-Ended Responses

Concept Overview

A system of care refers to a larger, community based network of providers where care is coordinated between primary care and specialists to address the needs of patients in a continuous, healing relationship. An effective system of care has a strong primary care foundation assuming responsibility for care coordination, with clearly delineated responsibilities for patient management and handovers (care transitions). A high functioning system of care, or "Medical Neighborhood," is designed and integrated around the needs of a community and connects Patient-Centered Medical Home practices in an organized manner, thereby increasing the capacity to deliver services to the populations they serve. It is characterized by access to services, regardless of payor type; clear handovers; timely feedback; collaborative, evidence-based decision-making; efficient use of services; and an effective flow of information between and amongst providers and patients. The system of care/ medical neighborhood creates mutual accountability for the safe journey of a patient through the continuum of care, as demonstrated through cost containment and improved clinical outcomes.

Link to the following citations:

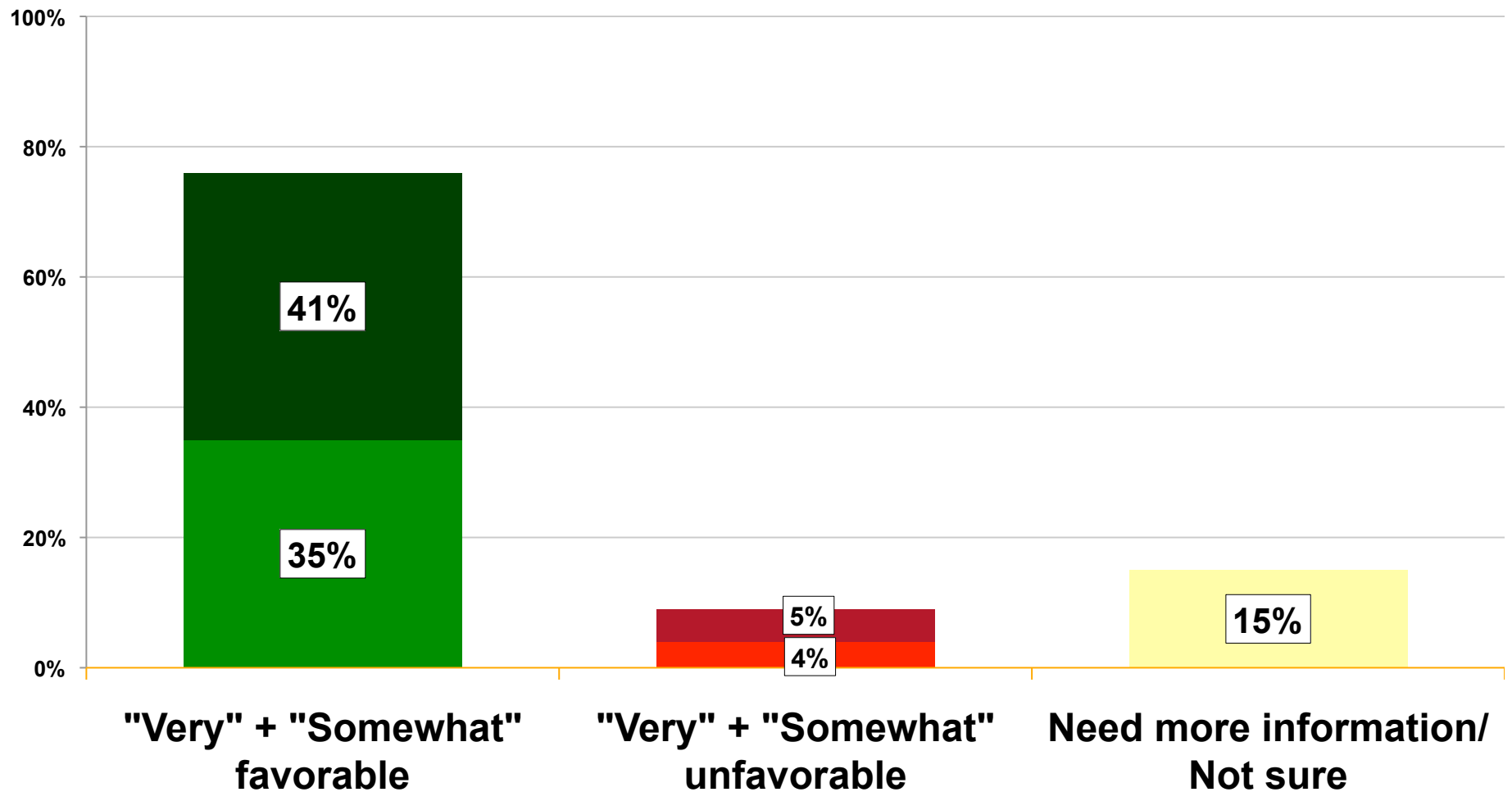
"Crossing the Quality Chasm, A New Health System for the 21st Century", Committee on Quality of Health Care in America, Institute of Medicine, 2001

"Coordinating Care — A Perilous Journey through the Health Care System", Thomas Bodenheimer, MD. New England Journal of Medicine, 358;10, March 6, 2008, pp 1064 - 1071.

Colorado Medical Society Physician's Congress for Health Care Reform, Progress Report and Recommendations; September 2009.

Concept

Given this description, would you say you have a favorable or unfavorable view of the system of care concept known as a Medical Neighborhood?



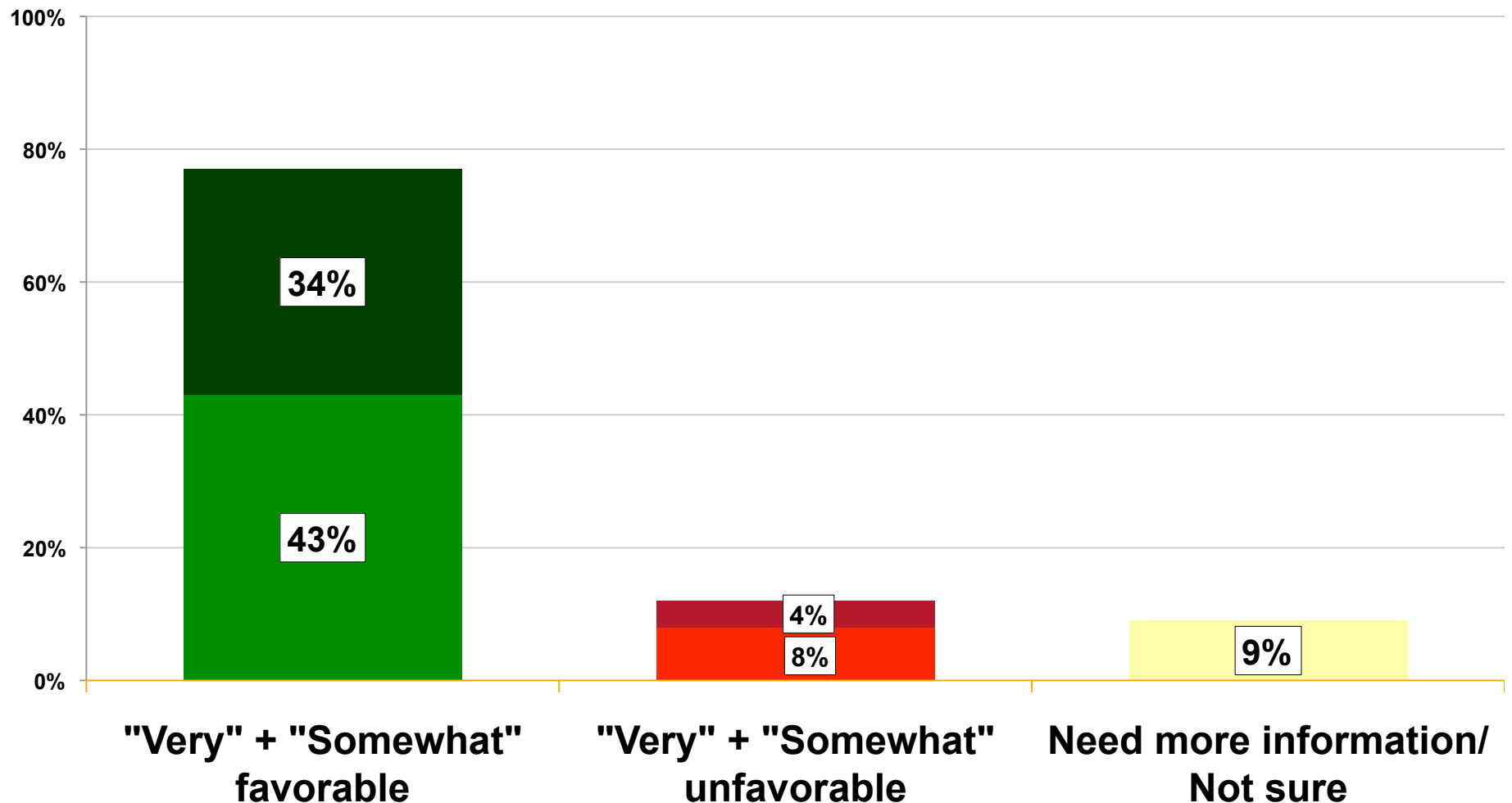
Non-PCP Adoption

The following is a list of some activities or systems that are part of supporting the Medical Neighborhood as a specialty care practice. Please indicate for each if it is something you are already doing in your practice, and if not, how interested you would be in that specific item.

	Already/planning to implement	Would be very interested	Somewhat interested	Not interested	Might be interested	NS/NA
Using an electronic medical record to document, monitor and manage health care delivery at the point of care within a physician's office.	59%	16	12	5	3	5
Collecting patient satisfaction information	56%	17	13	4	5	5
Using computerized order entry (such as e-prescribing, x-rays, labs, etc.)	49%	22	12	4	5	9
Using clinical decision support tools (evidence-based guidelines, checklists, automatic alerts at the point of care, etc.)	38%	28	12	5	11	7
Communicating with patients through new technologies (email, text messaging, website)	31%	16	19	19	7	8
Serving as an educational resource to primary care physicians to help support quality of care and improve efficiency.	26%	34	13	4	13	9
Participating in/using a patient registry	24%	16	16	7	26	11
Connecting electronically to primary care offices to facilitate flow of patient information?	23%	45	10	5	12	5
Participating (and being able to charge for) management of a patient in tandem with a primary care physician	14%	33	15	5	17	17
Working to expand access through options like open scheduling, expanded hours and group visits	12%	14	15	25	9	25

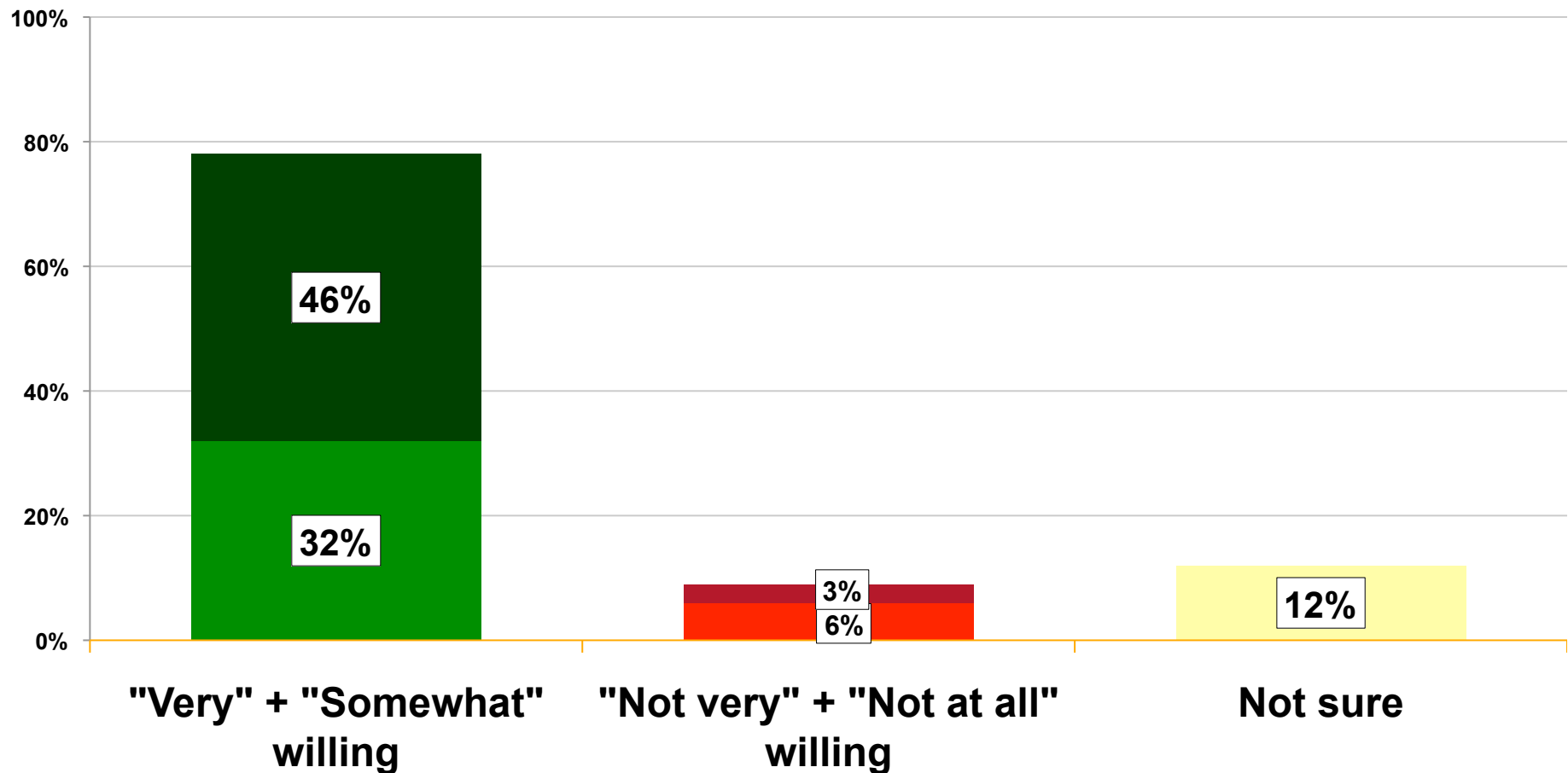
Concept: Further Information

Now that you have seen more detail, would you say you have a favorable or unfavorable impression of this model of delivery of care?



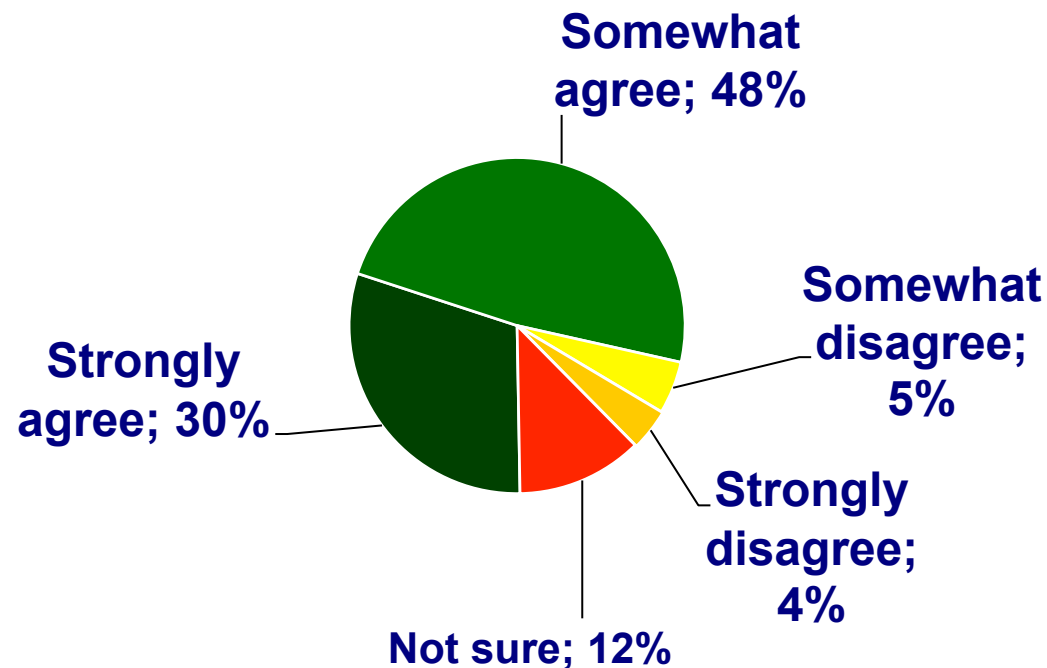
Meeting with PCPs

How willing would you be to meet with primary care practices in your community who are interested in becoming recognized as a Medical Home, to ensure they are coordinating with specialists like you in their area?



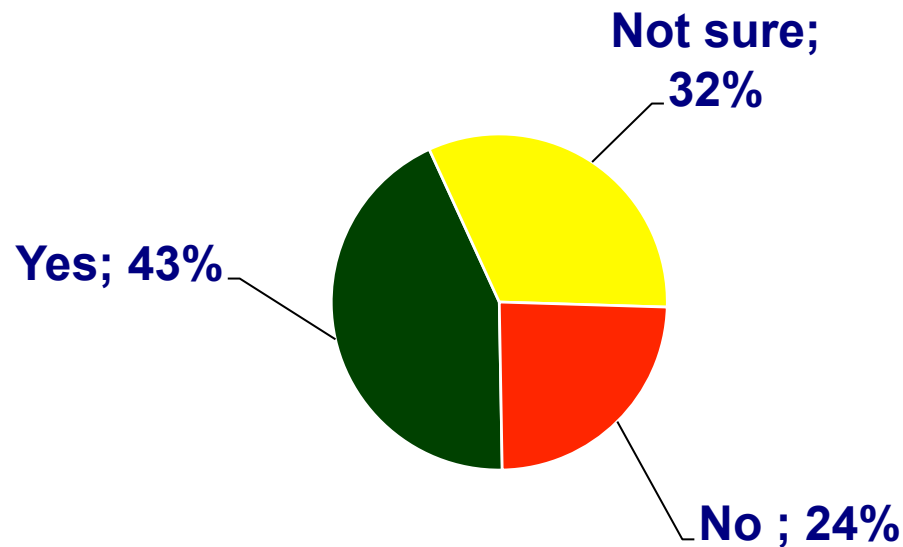
Supporting This Model

Do you agree or disagree that there are steps that you can take in your practice – or are taking already – that can help support this model in your community?



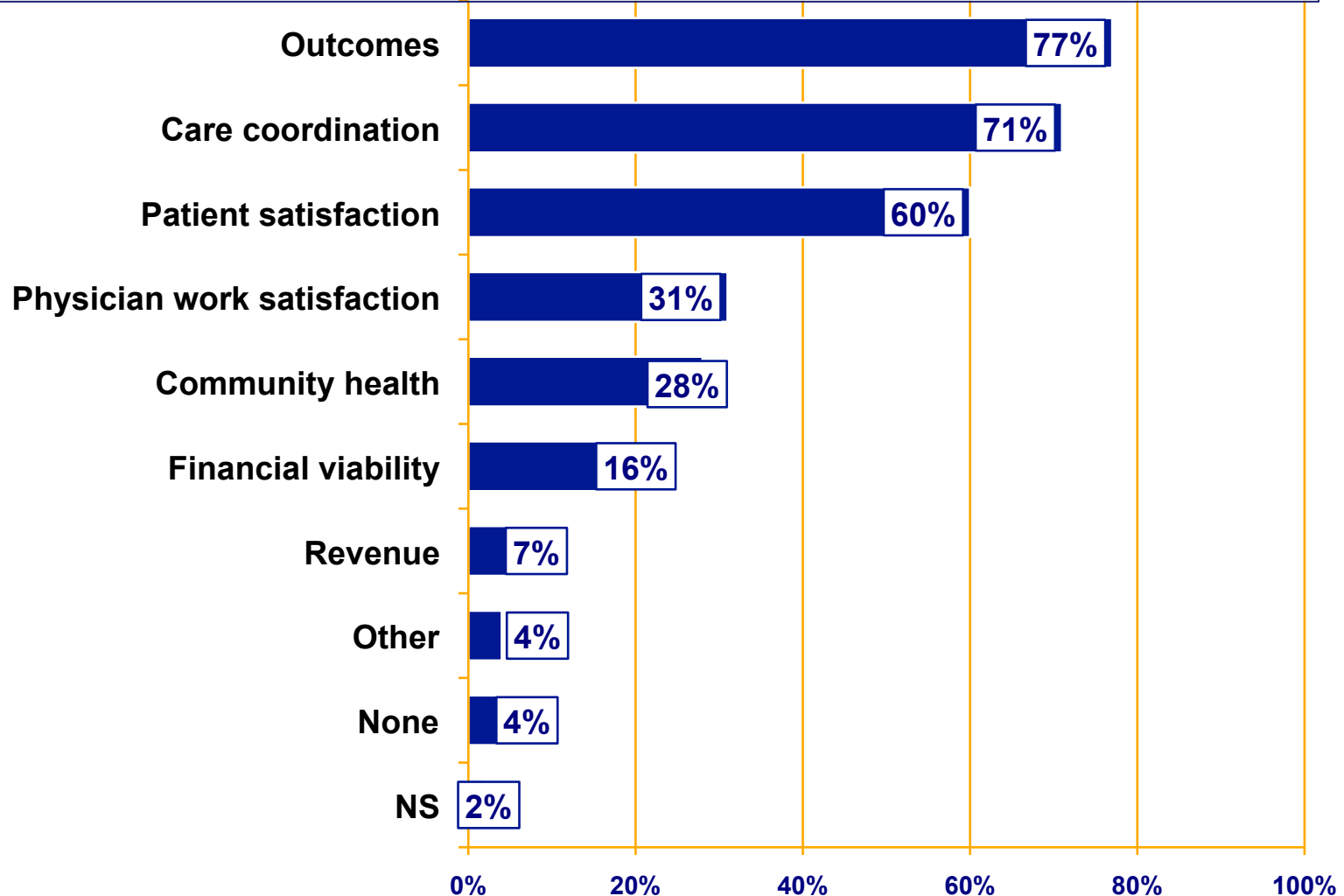
Discussing Next Steps

Would you be interested in having someone come by your office to discuss where your practice stands today, and what types of steps you would need to take, toward supporting this new system of care?



Most Compelling Reasons

Regardless of your view, what would you say are the most compelling reasons to consider supporting this new system of care? Please select UP TO THREE responses, or select “none of the above”.



Sample Verbatims

- **I hear a lot from primary care physicians that they're not respected. Primarily because you take out the patients and say what has to be done rather than have a collaborative approach. For me, I should be talking to the primary care physician in what he knows best, knowing the patient for 20 years. You can't have collaborative efforts in an individualistic approach, and that's what we do in medicine, we make decisions in a vacuum. We don't have the ability to communicate with the other physicians. (Non-PCP Group)**
- **The idea of coordinating care based on sharing information is good, but who's home is it? It's really the patient's home, and the patient will now have metrics to look at, with compliance of the patient with certain recommendations that have been made, hopefully that will lead patients to be more responsible for care, and that is the most important part of this. (Non-PCP Group)**

Sample Verbatims

- **If you put a big software program umbrella over the whole state and hope everything comes out right, I'm sure you will have wasted a whole bunch of money. It's not about software, it's about complicated relationships. If you look at the western slope, which everybody's pointing to, that's built up over time. Rocky Mountain HMO drives it, and people are comfortable in their environment. (Non-PCP Group)**
- **Swimming in a sea of uncertain definitions. I would like a Power Point bulleted thing about what we're talking about, very precise, not just in terms of goals, but what exactly is this? (Non-PCP Group)**

Technology: non-PCPs

- **43% have EMR, 23% have partial, 8% taking steps, 13% having conversations and 7% not considering.**
- **21% have fully integrated system for labs, e-prescribing, billing, etc., while 35% have most pieces, 25% have a few pieces, 10% 'intend' and 3% are not moving in this direction**
- **77% aware of federal funds**
- **70% aware it is a requirement by 2015**

Conclusions

Conclusions

- **Pain points exist**
 - Referrals, sharing information, compliance
 - Overall landscape
- **Some will adopt, move forward and be optimistic from day one**
 - Get evidence
 - Get successes

Conclusions

- **Message challenges**
 - **Big theme is too much**
 - **Another acronym**
 - **Overwhelming with the details**
- **Simpler**
 - **What will be different (not everything but something)**
 - **Better for care**
 - **In it for them**

Conclusions

- **But still very real challenges that are not just communications oriented**
 - **Funding**
 - **Staffing**
 - **For specialists, greater “efficiency” and less use of tests means less use of tests and less revenue**
 - **(Not just the general concern about “gatekeeping”)**

Conclusions

- **Heavily linked to technology**
 - **But underlying negativity toward EMR is a challenge**
 - **Slower**
 - **Inputting, extraction of data → staff, cost**
 - **Going to happen, core opportunity and key to moving this model forward is working to ease the transition as much as possible**
 - **But the technology is only there to support This does not mean the relationship (and local network)**

Conclusions

- **Make this about clear goals that are attainable and respond to pain points**
 - **What will improve? What will change?**
- **Show progress, successes**
 - **Disease state**
 - **Geographies**

Conclusions

- **Must be about the patient**
 - **Patient satisfaction**
 - **Patient responsibility**