

Tools for measuring medical home-ness

A. List of tools

Tool & jurisdiction	Overview	Enablers/barriers for our system
<p>Michigan</p> <p>BlueCross BlueShield of Michigan's PCMH Designation Program https://www.ncbi.nlm.nih.gov/pmc/articles/PMC23690390/ https://www.bcbsm.com/content/dam/public/Providers/Documents/value/pcmh-and-pcmh-n-interpretive-guidelines.pdf</p>	<p>How to enrol: Voluntary sign up to PGIP program.</p> <p>Tool type: Self-Assessment questionnaire plus site visits.</p> <p>Unit of assessment: Practice & then physician organizations submit.</p> <p>Incentives/enablers: Financial incentives. Top scoring practices receive 10% higher reimbursement for Evaluation & Management services for one year. Helps to identify areas for improvement.</p> <p>Purpose of tool: Designation. Improvement.</p> <p>Number of questions: 155</p> <p>Details: Voluntary program offered to Physician Organizations (POs) that contract with BlueCross BlueShield of Michigan. Physician Organizations complete a table twice a year listing the date each of their participating practices implemented each practice capability. (Physician Organizations are responsible for collecting this information from their practices.) A BCBSM team then conducts site visits in a sample of practices within each Physician Organization to educate individual practices and their Physician Organization about the BCBSM PCMH standards and to collect feedback on them. Top-scoring PCMH practices receive 10% higher reimbursement for Evaluation & Management services for one year, and must re-qualify for designation each year.</p> <p>Scores are based on the number of PCMH capabilities in place (50%) and quality and use data (50%, with different weights assigned to the measures depending on if the practice primarily serves families, adults, or pediatric patients).</p>	<p>Interpretive guide. Developed to help practices so they would not be so off with first assessment. Recommend this guide.</p> <p>Most successful participants were the ones in it for improvement. Those in it for incentives only, it did not go well, and increased burnout. Not about adding on, need to change.</p> <p>Site visits could present an administrative burden.</p> <p>Large number of questions.</p> <p>Targeted questions such as “30% of appointments should be reserved for same-day appointments” instead of just whether or not same-day scheduling is available</p>
<p>Canada</p> <p>CFPC https://patientsmedicalhome.ca/self-assess/</p>	<p>How to enrol: Voluntary completion.</p> <p>Tool type: Self-Assessment questionnaire.</p> <p>Unit of assessment: Practice</p> <p>Incentives/enablers: Can obtain Mainpro+ certified credits. Helps to identify areas for improvement.</p> <p>Purpose of tool: Improvement.</p> <p>Number of questions: 59</p> <p>Details:</p>	<p>Will have to contact a person at CFPC to find out people's experiences with this tool.</p> <p>Self-assessment tools tend to result in practices rating themselves higher.</p> <p>Low administrative burden</p>

	<p>Participation in this activity can be documented through a Linking Learning exercise. Those interested in claiming Mainpro+ certified credits may complete a Linking Learning to Assessment exercise.</p> <p>The Self-Assessment Tool is a self-reflective questionnaire. The questionnaire helps you analyze how closely your practice aligns with the principles of the PMH. The questionnaire also offers actionable advice and links to resources that can help you better align your practice with the PMH.</p> <p>Participants are encouraged to complete the assessment with their teams.</p> <p>Answers to each question are via a 6 point scale from 'not at all' to 'fully achieved'.</p> <p>Little guidance provided for how to complete the assessment, and what to do with the results, or how often to repeat the assessment.</p>	<p>No supporting materials provided.</p>
<p>United States</p> <p>Patient-Centered Medical Home Assessment (PCMH-A) http://www.safetynetmedicalhome.org/resources-tools/assessment</p>	<p>How to enrol: Voluntary completion.</p> <p>Tool type: Self-Assessment questionnaire.</p> <p>Unit of assessment: Practice</p> <p>Incentives/enablers: Helps to identify areas for improvement.</p> <p>Purpose of tool: Improvement.</p> <p>Number of questions: 36</p> <p>Details:</p> <p>Questions are to be answered from the perspective of the site, not the individual. It is strongly recommended that the PCMH-A be completed by a multidisciplinary group.</p> <p>The PCMH-A was extensively tested by the 65 sites that participated in the SNMHI and is also being used by a variety of other collaboratives and initiatives nationwide.</p> <p>Each SNMHI Change Concept includes three to five “key changes.” These provide a practice undertaking PCMH transformation with more specific ideas for improvement. Each practice must decide how to implement these key changes in light of their organizational structure and context.</p> <p>The Key Activities Checklist is a tool that can help practices and practice coaches rate a site’s progress towards implementation of the 32 key</p>	<p>Validated tool</p> <p>Self-assessment tools tend to result in practices rating themselves higher.</p> <p>Low administrative burden</p> <p>Includes supporting materials.</p>

	<p>changes. It includes examples of activities practices can adapt. A checklist is provided for each Change Concept.</p> <p>The foundational characteristics of engaged leaders who support practice transformation are emphasized to a greater degree in the PCMH-A than other tools. Similarly, while all tools include assessments of population management or tracking of clinical quality measures at the organizational level, the direct assessment of panel assignment and management at the team level is highlighted in the PCMH-A.</p> <p>The Change Concepts for Practice Transformation were not designed to be specific to the safety net, but rather an expectation for all medical homes.</p> <p>The PCMH-A is sensitive to change at six-month intervals. However, some projects have used different frequencies.</p> <p>Teams rate the practice on a 12-point scale for each of the 36 items. Item scores are averaged for each of the eight Change Concepts and an overall average score. The scores are also grouped into four levels: D (scores 1-3), C (scores 4-6), B (scores 7-9), and A (scores 10-12).</p>	
<p>Alberta</p> <p>http://www.topalbertadoctors.org/tools--resources/patientsmedicalhome/#pmhassessment</p>	<p>How to enrol: Voluntary completion.</p> <p>Tool type: Self-Assessment questionnaire.</p> <p>Unit of assessment: Practice & PCN.</p> <p>Incentives/enablers: Helps to identify areas for improvement.</p> <p>Purpose of tool: Improvement.</p> <p>Number of questions:</p> <p>Details:</p> <p>2 assessment tools: Practice level & PCN level.</p> <p>Modified from the Safety Net PCMH-A.</p> <p>Voluntary. Self assessment. Anybody can participate.</p> <p>Practice level: 3 phases of assessment:</p> <p>Readiness (completed by a practice leader). Assess team awareness and leader commitment to the Patient’s Medical Home</p> <p>Phase 1 (completed through a facilitated team process). Assess engaged leadership, quality improvement and panel and continuity</p> <p>Phase 2 (Completed through a facilitated team process).</p> <p>Assess team based care, organized evidence based care, patient centred interactions, enhanced access and care coordination</p>	

	<p>PCN level: Having multiple PCN team members complete the assessment is encouraged. PMP and PCN PMO teams will be available to work with PCNs to complete the Assessments, guide action planning, and provide links to provincial programs. PCNs will be provided with tools to provide assistance with identifying action items and templates and supports for developing their own action and change management package.</p> <p>The Medical Home Assessment includes 10 sections, or concepts, each of which has between 3-4 questions (refer to the Appendices 1. for more information on the medical home and definitions/terminology). 2. For each question, or item, there are 4 responses labelled Level D to A, which represent the various stages of development toward supporting patient centred medical homes. Read each response (D to A) first, then select the one you think best represents your PCN at this point in time.</p>	
<p>United States</p> <p>NCQA’s Patient-Centered Medical Home (PCMH) Recognition program https://www.alaskapca.org/assets/02.%20PCMH%20Standards%20and%20Guidelines%20%282017%20Edition%2C%20Version%201%29.pdf https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/</p>	<p>How to enrol: Voluntary/required Tool type: self-completed with artifacts Unit of assessment: Practice Incentives/enablers: financial Purpose of tool: Improvement & recognition Number of questions: 40 core. 61 elective. Details: To become an NCQA-Recognized Patient-Centered Medical Home (PCMH), a primary care practice learns the NCQA PCMH concepts and required criteria and begins the transformation process. NCQA conducts online check-ins to assess the practice’s progress and discuss the next steps in the evaluation. A practice that meets the criteria earns NCQA Recognition.</p> <p>Many Federal, state and commercial payers offer incentive programs to practices that achieve NCQA PCMH or PCSP recognition.</p>	<p>Virtual check-in support</p> <p>High administrative burden as artifacts are required to meet requirements.</p> <p>Online process for submission.</p> <p>Requirement of artifacts helps ensure documentation and standards are in place to advance the pmh.</p> <p>Can submit evidence/artifacts for multiple sites in a group.</p> <p>There is a set of core elements and then some optional ‘electives’.</p> <p>Difficult for small practices to meet the documentation requirements due to lack of staffing.</p>
<p>United Kingdom</p>	<p>How to enrol: Voluntary/required</p>	<p>Mostly biomedical content.</p>

<p>National Health Service: Quality and Outcomes Framework</p> <p>http://qof.hscic.gov.uk/</p>	<p>Tool type: Admin data Unit of assessment: Practice & aggregated Incentives/enablers: financial Purpose of tool: Improvement Number of questions: 77 Details: Primary care indicators developed for pay-for-performance (physician incentives to improve care quality). Primary care specific: clinical, public health, quality and productivity (previously organizational), patient experience. The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice. The QOF contains three main components, known as domains. The three domains are: Clinical; Public Health and Public Health – Additional Services. Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement. The 2017/18 QOF measured achievement against 77 indicators; practices scored points on the basis of achievement against each indicator, up to a maximum of 559 points.</p>	
---	---	--

B. Elements to consider

Element to consider	Pros	Cons
Artifacts/evidence	Paints a more accurate picture of where the practice is at. Good to ensure real improvement occurs	Large administrative burden
Site visits	Provides a more accurate picture of how a practice is doing	Large administrative burden
Self-evaluation	Fast and less time consuming. Practice ownership of the process	Practices tend to overestimate their progress Checklist approach might not lead to increasing capacity for change or buy in.
Incentives: Financial Mainpro	Might be an incentive to participate.	Blue Cross experience was that those in it for the money were less engaged and did not improve as much as those in it for the QI.

<p>All questions required or a few topics at a time</p>	<p>See NCQA for an example of core vs elective areas.</p> <p>Reduced burden on practices.</p>	
<p>Targeted questions Targeted questions such as “30% of appointments should be reserved for same-day appointments” instead of just whether or not same-day scheduling is available.</p>	<p>Good for real practice improvement</p>	<p>Places a larger burden on the practice</p>
<p>Support/facilitation</p>	<p>Supported /facilitated PMH assessment eases the admin burden & keeps the practices motivated</p>	<p>Competes with other initiatives for facilitator time</p>