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Whole Person Orientation in Primary Care: Understanding Priorities and Assessing Performance

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Whole Person Orientation in Primary Care

Understanding Priorities and Assessing Performance

Aims

Use a participatory method to develop a framework for understanding the concept of whole-person orientation in primary care.

Use that framework to develop pilot items for a primary care practice self-assessment tool.

Evaluations of the PCMH Model

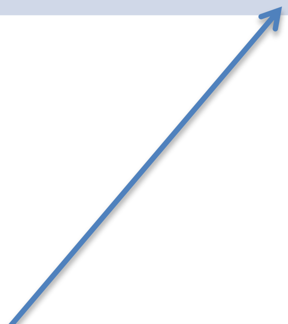
- Improvements in appropriate utilization of services
- Increases in patient satisfaction
- Increases in use of preventive services
- Less provider burnout

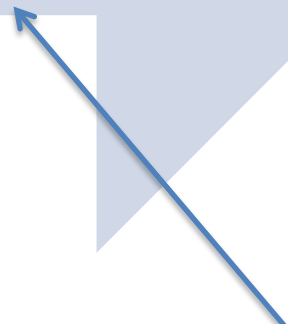
- No significant changes in clinical outcomes
- No significant changes in cost
- Decreases in patient satisfaction
- More provider turnover

Implementation of PCMH Model

?

Outcomes





Joint Principles of the Patient Centered Medical Home

NCQA Patient Centered Medical Home Recognition Standards

Joint Principles

- Personal physician
- Physician directed medical practice
- Whole person orientation
- Care coordination
- Quality & Safety
- Enhanced access
- Payment

NCQA Standards

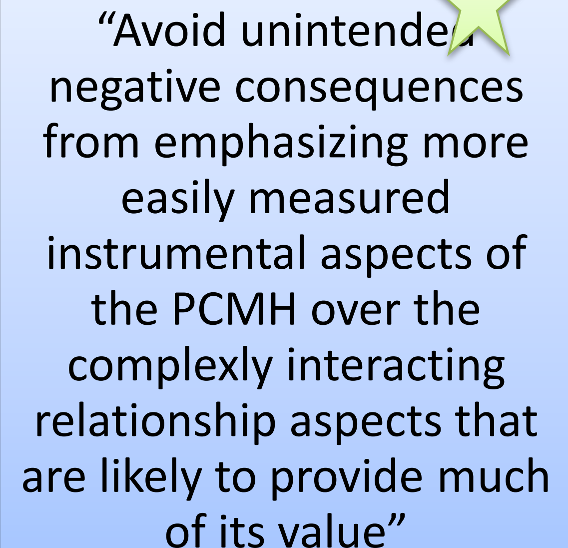
- Access & Continuity
- Identify and manage patient populations
- Plan and Manage Care
- Provide Self-Care Support
- Track and Coordinate Care
- Measure and Improve Performance

Existing Recommendations

Stange et al.

"Measure the changes in practice operations and the co-evolving healthcare and payment systems that are hypothesized to provide added value to the PCMH"

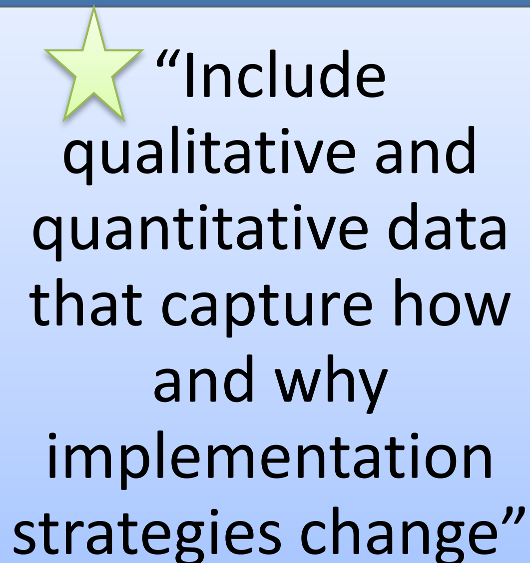
"Measure quality and function of relationships with patients, and healthcare system and community partners"



Stange K, et al. (2010). Defining and measuring the patient centered medical home. *Journal of General Internal Medicine, 10.1007.*

Existing Recommendations

Commonwealth Fund



"Include qualitative and quantitative data that capture how and why implementation strategies change"

"Capture details concerning how different PCMH components interact with each other over time"

"Measure resources required for initiating and sustaining innovations"

B.F. Crabtree, S.M. Chase, C.G. Wise, G.D. Schiff, L.A. Schmidt, et al. (2010) Evaluation of Patient Centered Medical Home Practice Transformation Initiatives. *Medical Care.*

Existing Recommendations

AHRQ		
"Focus on quality, cost, and experience"	"Recognize that PCMH is a practice-level intervention"	"Be strategic in identifying right samples of patients"

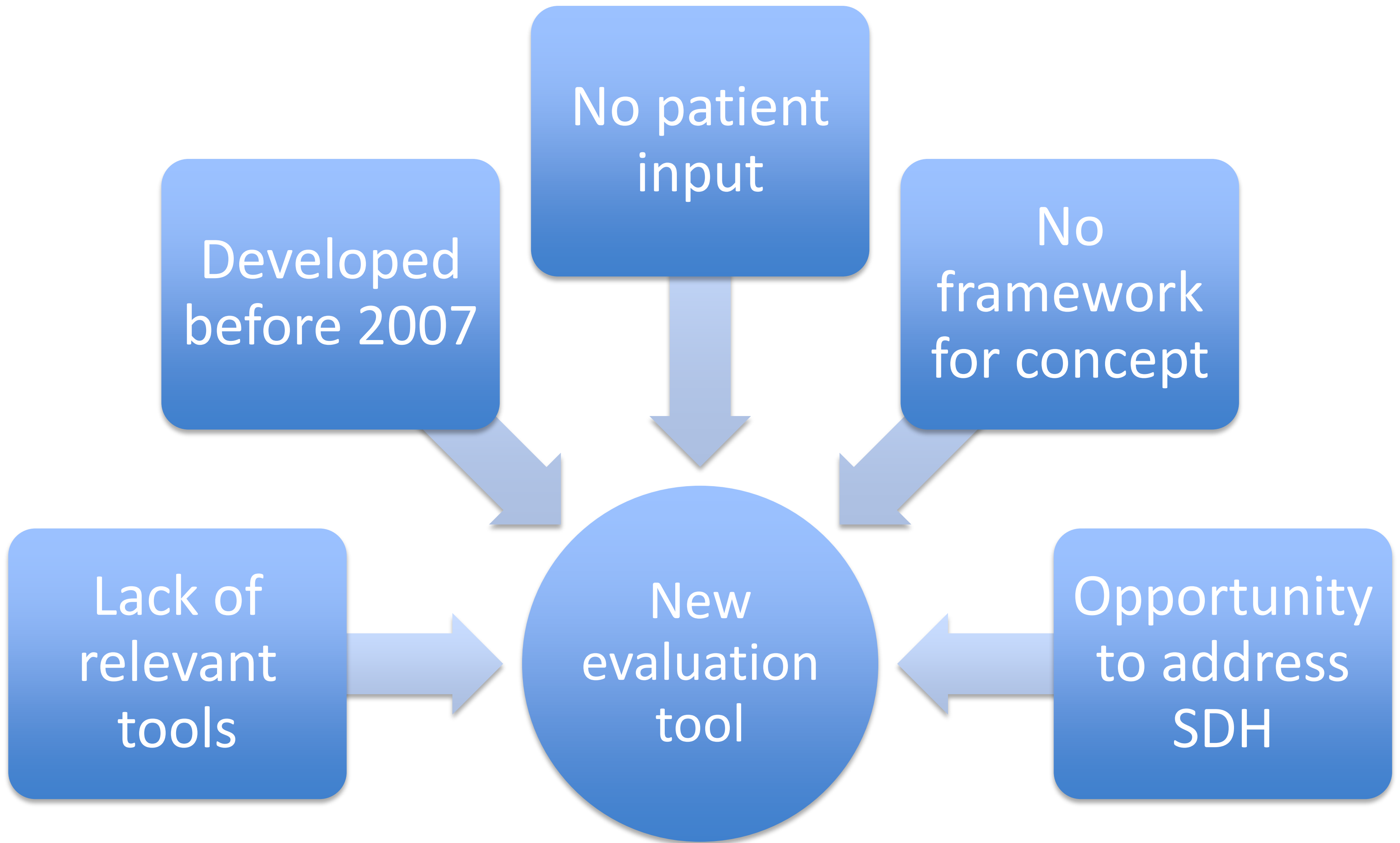
Patient Centered Medical Home Resource Center. (2014). A guide to real-world evaluations of primary care interventions: some practical advice. *Agency for Healthcare Research and Quality, No. 14-0069-EF*

Examined over 50 tools

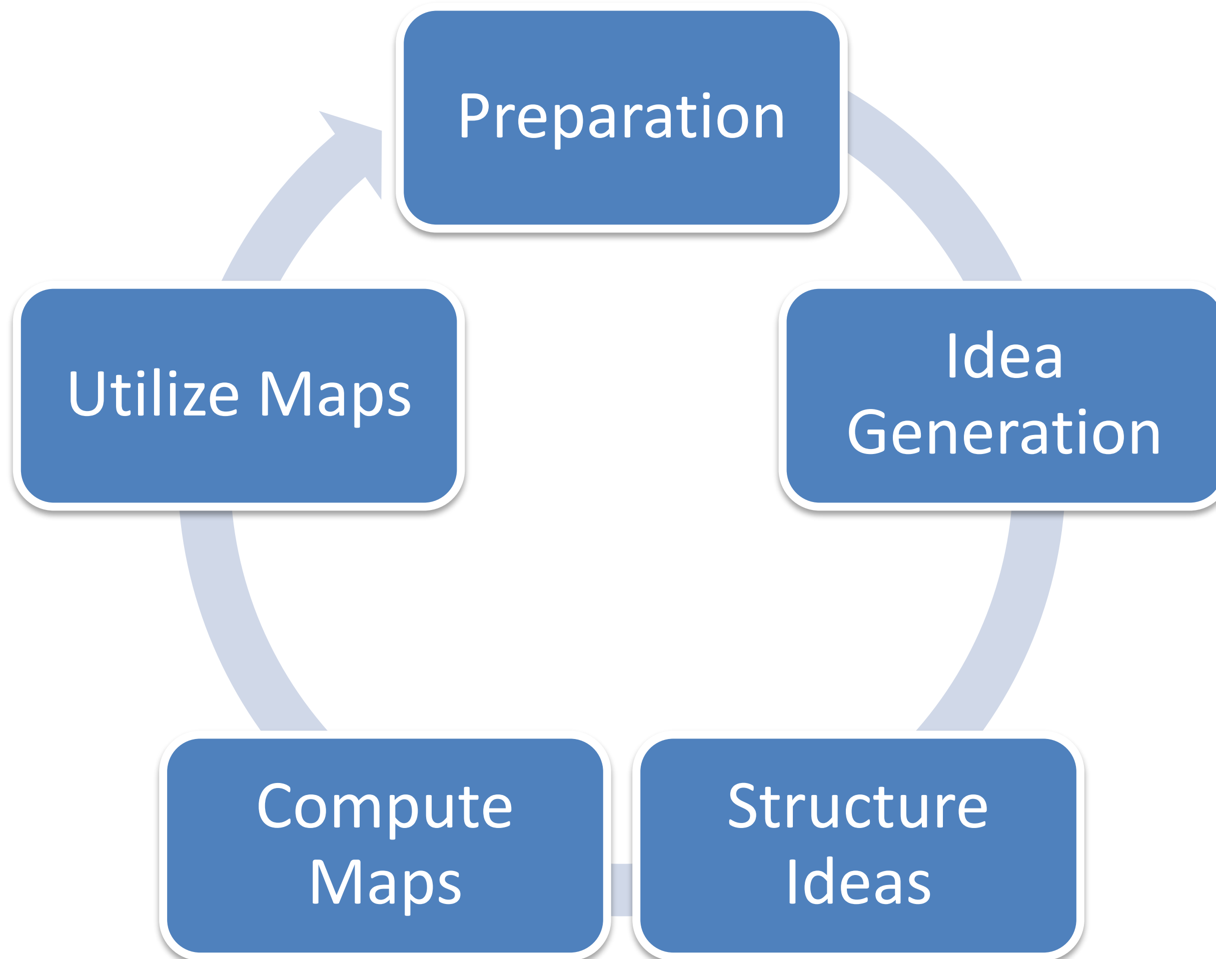
Name	Source	Respondent	Domain Name	Domain Description	# Items	Availability	Citation (Development/Validation)
Consultation Care Measure (CCM)		Patient/Consumer	**Quality, Personal Physician, Patient Centeredness**	It measures patients' perceptions of patient-centered care during the last visit with a family physician. The instrument has 5 subscales: communication and partnership (11 items), personal relationship (3 items), health promotion (2 items), positive and clear approach to the problem (3 items), and interest in effect on life (2 items)and uses a 4-point Likert scale ranging from very strongly agree to neutral/disagree.	21		Little P, Everitt H, Williamson I, et al. Observational study of effect of patie centredness and positive approach o outcomes of general practice consultations. BMJ. 2001;323(7318):908–911.
Patient Reactions Assessment (PRA)		Patient/Consumer	**Quality, Personal Physician**	The PRA is composed of 3 5-item scales designed to measure the perceived quality of the informative (Patient Information Index) and affective (Patient Affective Index) ... strongly agree)	15		Galassi JP, Ware W,Schanberg R. The Patient Reactions Assessment: a brie measure of the quality of the patient provider medical relationship. Psycho Assess. 1992;4(3):346–351.
Perceived Involvement in Care Scale (PICS)		Patient/Consumer	**Quality, Personal Physician, Patient Centeredness**	It assess a patient's perceived involvement in care using a dichotomous scale (yes/no)	13		Lerman CE, Brody DS, Caputo GC, Sm DG, Lazaro CG, Wolfson HG. Patients Perceived Involvement in Care Scale: relationship to attitudes about illnes and medical care. J Gen Intern Med. 1990;5(1):29–33.
Medical Communication Competence Scale		Patient/Consumer	**Quality, Personal Physician**	Measures patient perceptions of dimensions of medical communication. Uses a 7-point Likert scale strongly agree to strongly disagree)	40		Cegala DJ,Coleman MT,Turner JW. Th development and partial assessment the medical communication competence scale. Health Commun. 1998;10(3):261–288.
Interpersonal Processes of Care		Patient/Consumer	**Quality, Personal Physician**	Dimensions of interpersonal care processes including hurried communication, eliciting concerns, shared decision-making, compassion, and respect. Uses 5-point Likert scale (never to always)	29		Stewart AL,Nápoles-Springer AM, Gregorich SE,Santoyo-Olsson J. Interpersonal processes of care surv patient-reported measures for divers groups. Health Serv Res. 2007;42(3 P 1)(3, Part I):1235–1256.
Patient Perception of Quality (PPQ)		Patient/Consumer	**Quality**	Measures patient perceptions of interpersonal and technical aspects of care. Uses 5-point Likert scale (negative to positive)	22		Haddad S,Potvin L,Roberge D,Pineau R,Remondin M. Patient perception o quality following a visit to a doctor ir primary care unit. Fam Pract. 2000;17(1):21–29.

“Medical Home-ness”	Personal Physician	Physician-Directed Practice	Whole-Person Orientation	Care Coordination	Enhanced Access	Payment
6	12	5	1 (2)	8	2	0

Peer reviewed Tools	Used in a peer-reviewed publication
28	4


No patient input
Developed before 2007
No framework for concept
Lack of relevant tools
New evaluation tool
Opportunity to address SDH

Methods: Concept Mapping



Participatory

Provides clear guidance

Demonstrates relationships

Equal consideration

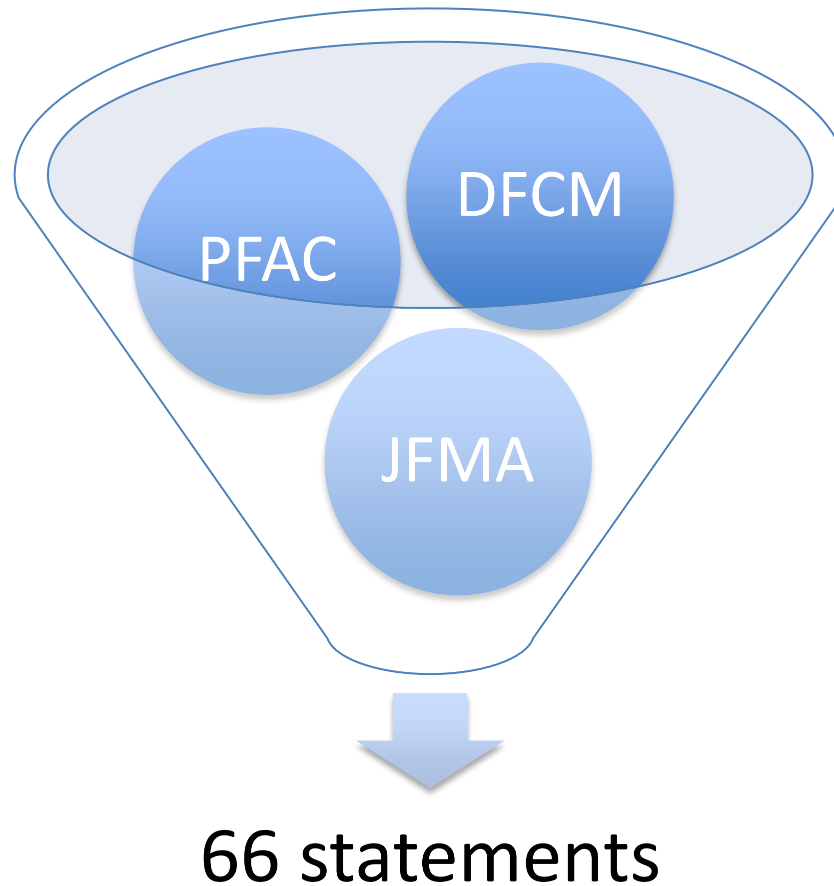
Preparation

Question Stem:

What does having whole person orientation in primary care mean?

- All settings, experiences
- Procedures, physical features, interactions with clinicians/staff
- New and existing ideas

Idea Generation: Brainstorming Sessions

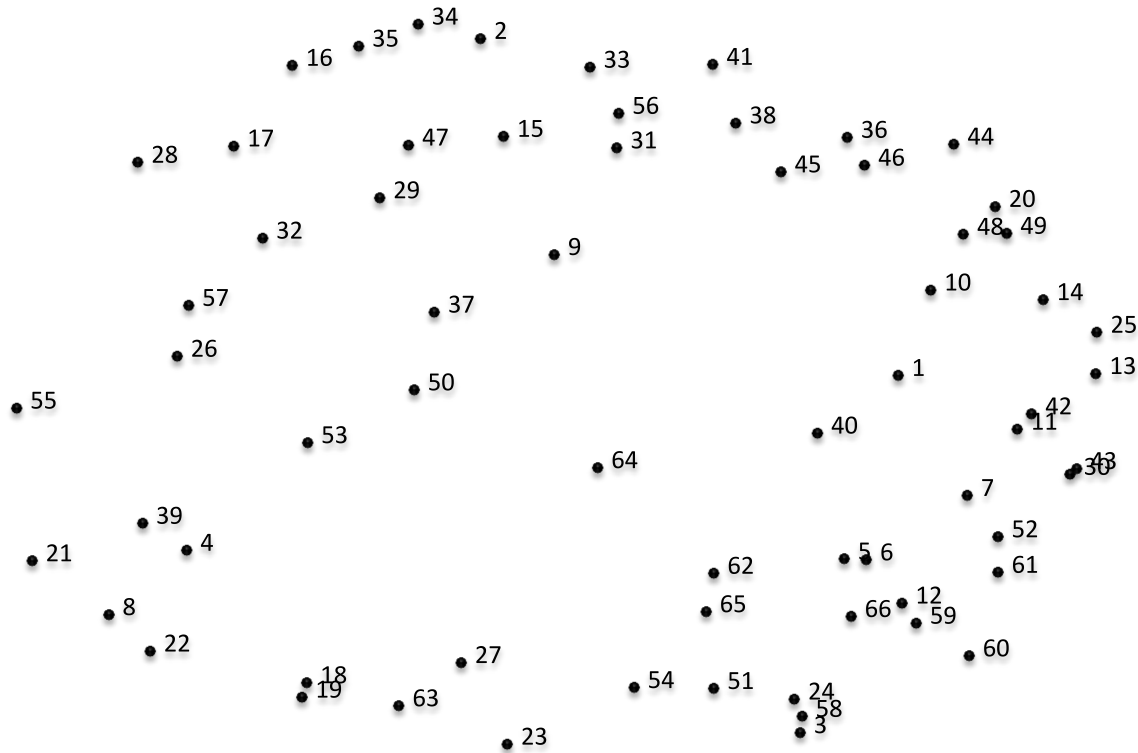


66 statements

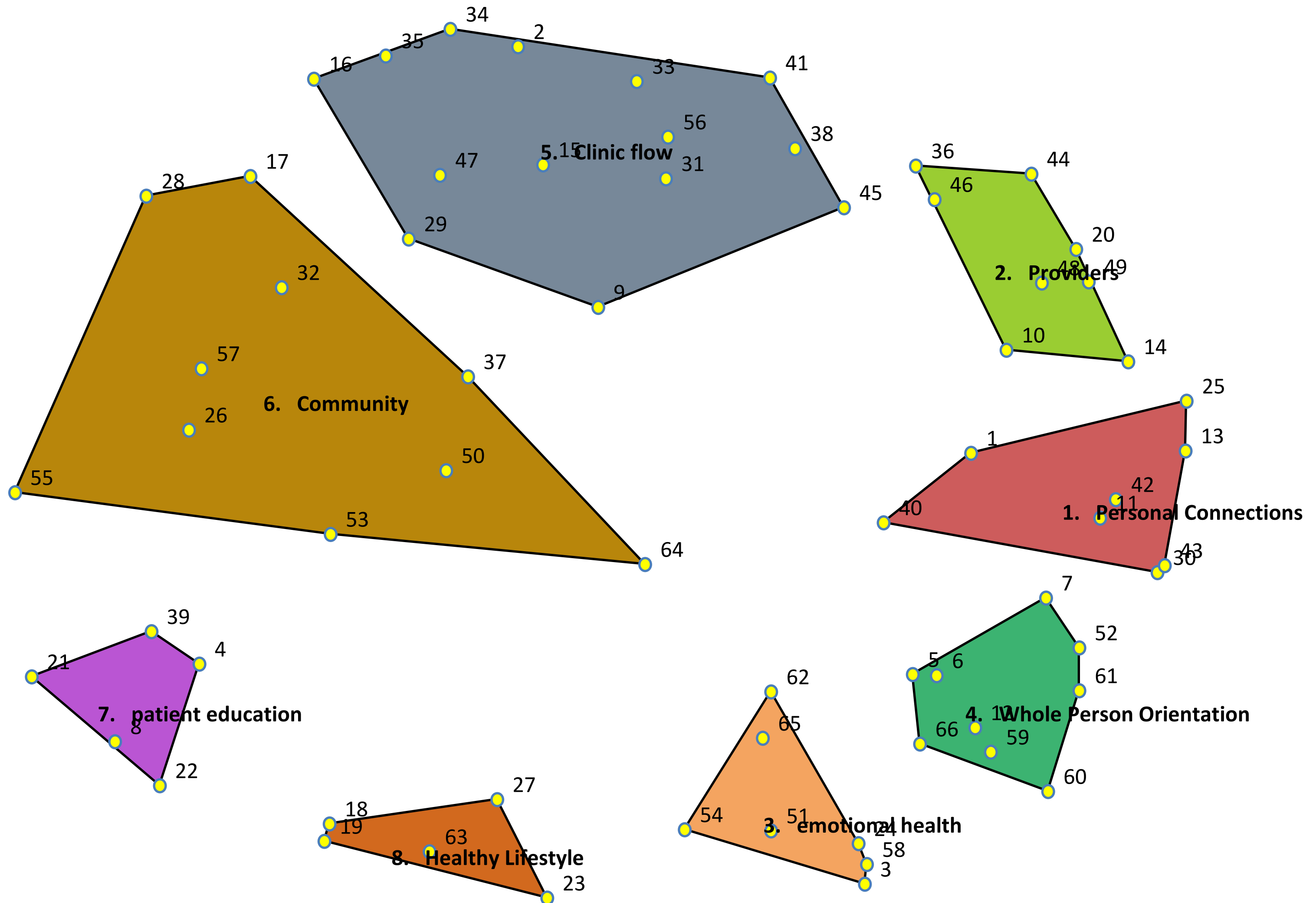
Structure Ideas

- Sorting
- Rating
  - Feasibility Rating
  - Impact Rating

Compute Maps: Analysis
Point Map



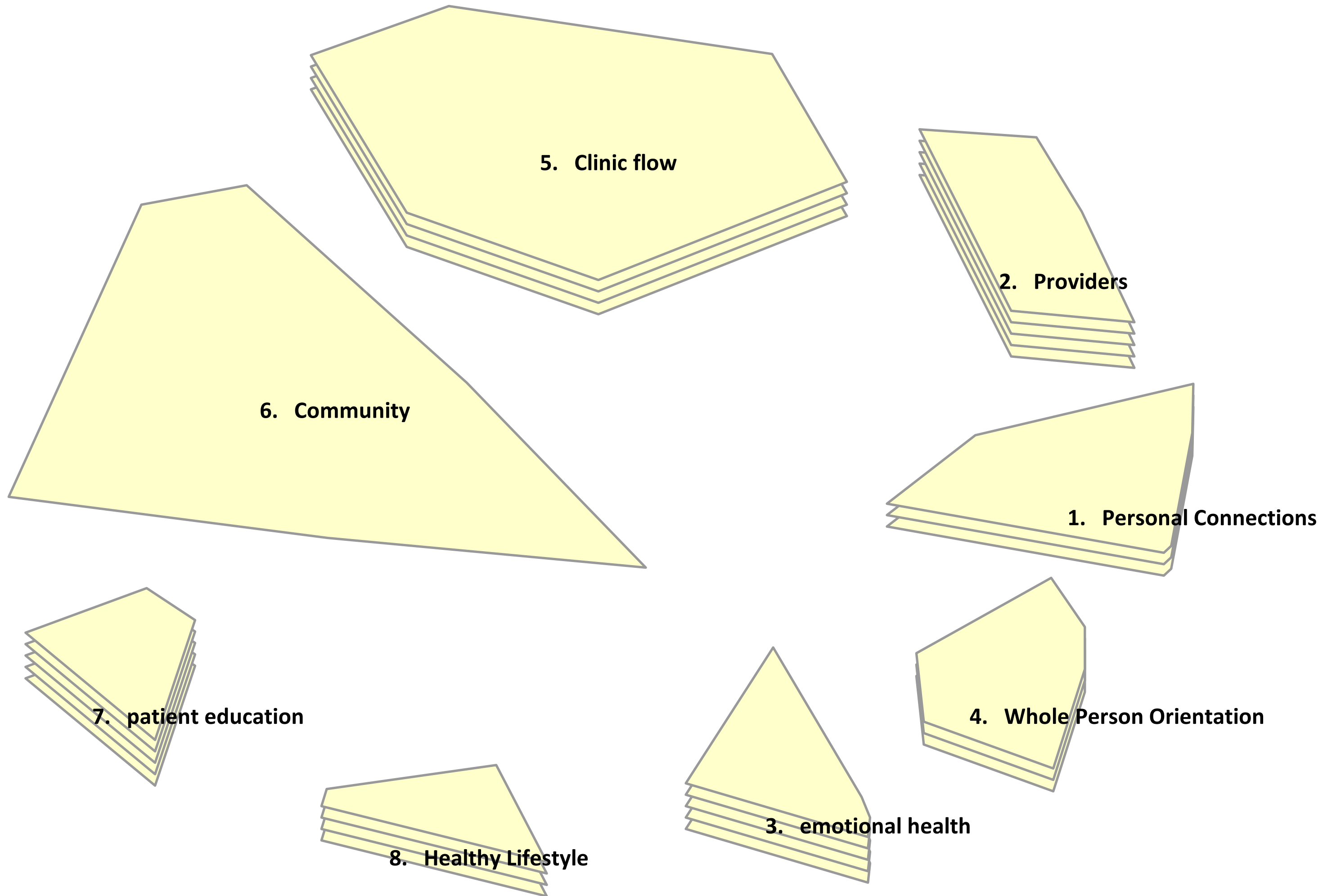
Compute Maps: Analysis Cluster Map



Compute Maps: Analysis
Cluster Rating Map- Feasibiity

Cluster Legend

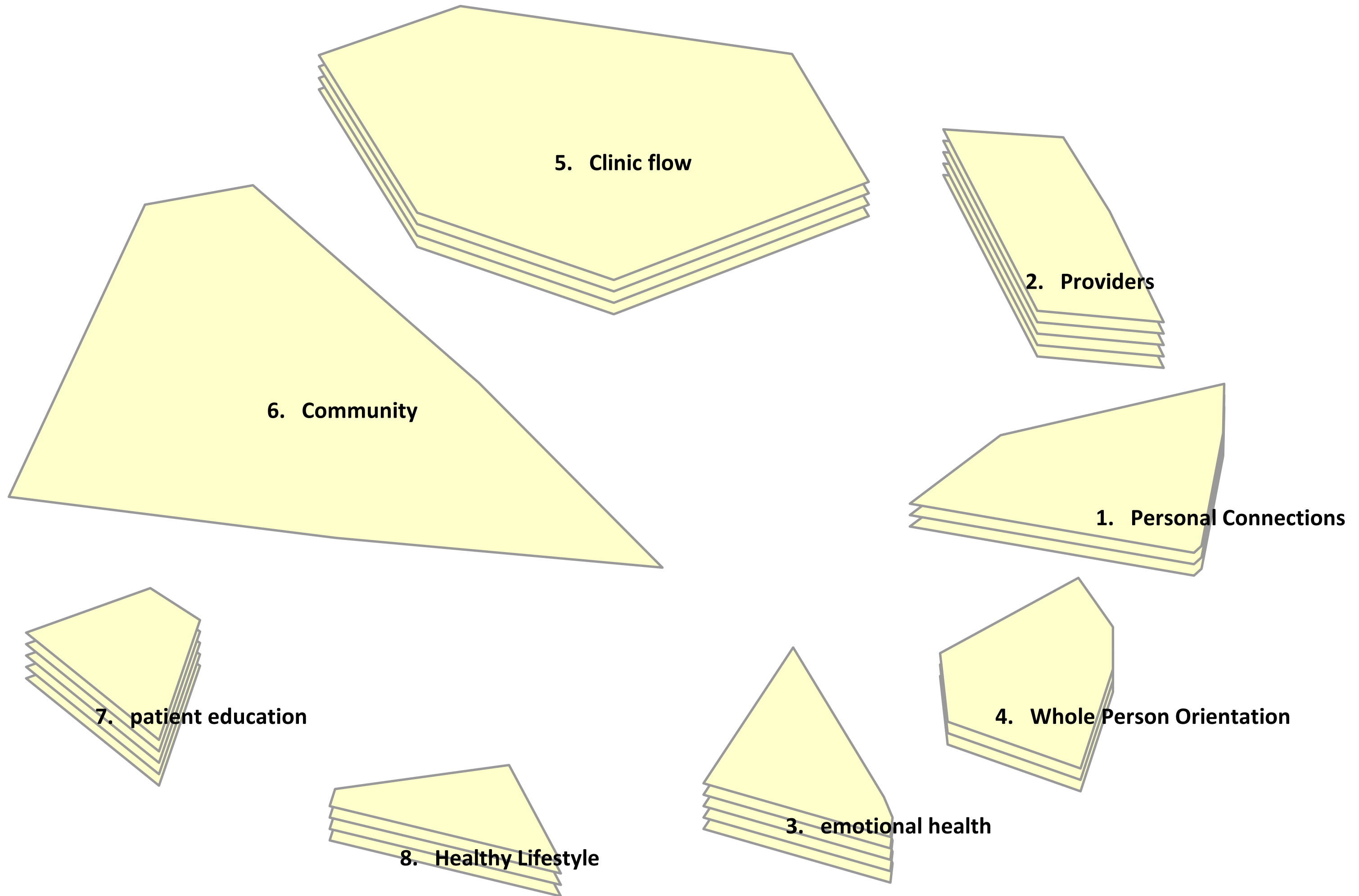
Layer	Value
1	3.63 to 3.75
2	3.75 to 3.86
3	3.86 to 3.98
4	3.98 to 4.10
5	4.10 to 4.22



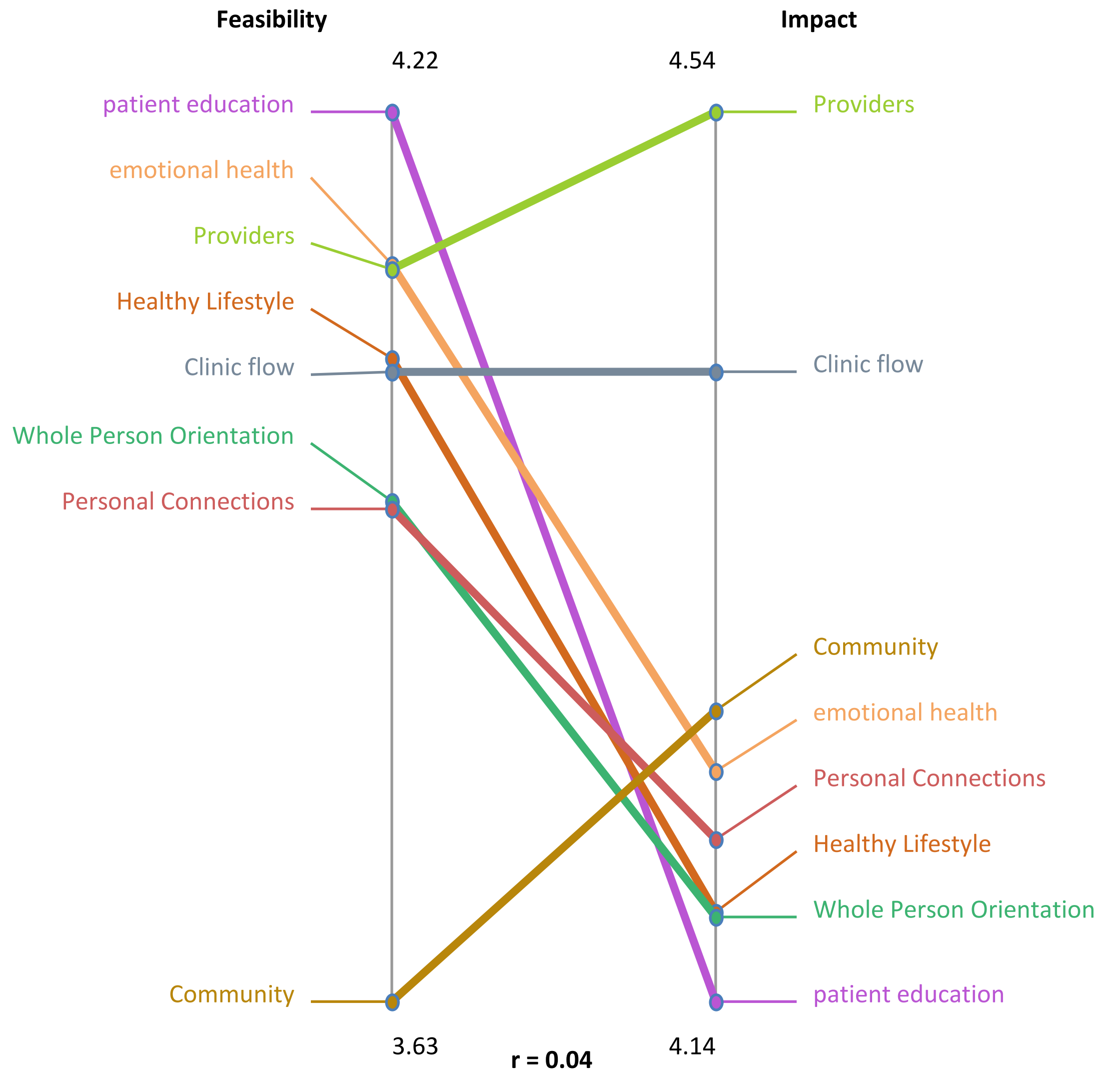
Compute Maps: Analysis
Cluster Rating Map- Impact

Cluster Legend

Layer	Value
1	3.63 to 3.75
2	3.75 to 3.86
3	3.86 to 3.98
4	3.98 to 4.10
5	4.10 to 4.22



Compute Maps: Analysis Pattern Match



Utilize Maps

Personal Connections – 8 items

"Provide culturally competent care"

"Focusing on patient and not medical record during visit"

"Identify what patient and his or her family want to gain from the encounter"

"Involve family more often through encouragement and communication"

Utilize Maps

Providers- 8 items

Build healthcare teams that know each other and communicate well

Coordinate with specialists

Integrate mental and social services

Provide the right services, at the right time, at the right place

Increase 1:1 contact with patients

Utilize Maps

Emotional Health- 7 items

Focus on the connections among spirit, mind and body

Address stress in the patient’s environment

Ask patients about emotional health, including things that they might want to change

Ask patients about how their condition is affecting their life

Utilize Maps

Whole Person Orientation- 9 items

Address more than underlying disease

Address relationship health

Address financial stability

Identify individual motivating factors for each patient

Utilize Maps

Clinic Flow – 14 Items

- Have a staff member dedicated to managing referrals, providing education and advocating on behalf of patients
- Have one set of comprehensive medical records
- Provide quick responses to questions, inquiries, requests
- Send text message reminds about appointments
- Check in with patients regularly between appointments
- Help patients arrange transportation

Utilize Maps

Community- 10 items

- Help patients navigate insurance
- Offer more services at home
- Provide referrals to community or religious organizations
- Consider solutions that do not require insurance
- Provide nutrition services on site

Utilize Maps

Patient Education- 5 items

Educate patients about healthy eating

Provide parenting education

Help patients to understand health news, changing science

Utilize materials that are at the appropriate health literacy level

Utilize Maps

Healthy Lifestyle- 5 items

Offer alternative solutions to drug therapies, such as lifestyle changes

Suggest techniques for alleviating stress

Incentivize good lifestyle choices

Find and suggest more alternatives to standard therapies, like medication

Item Development

Level of Implementation Scale

Item	D	C	B	A
Alternatives to to drug therapies	Are not offered.	are offered, but on an ad hoc basis in response to specific requests.	are integrated into care protocols and reminders, but only for limited disease states.	are integrated into care protocols and reminders across a comprehensive set of diseases and risk states.