A Review of Current Quality Metrics for Evaluating Patient-Centered Medical Homes

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INTRODUCTION

• The patient-centered medical home (PCMH) has emerged as a promising model for transforming the structure and organization of primary care.

• The NCQA estimated that the number of PCMHs in 2015 in the United States reached about 7,000, representing about 10% of all primary care practices.

• According to AHRO, the five core attributes of PCMHs are:
  - Comprehensive,
  - Coordinated,
  - Patient-centered,
  - Easily accessible and
  - High quality and safety care.

• Rigorous evaluations of the ability of PCMHs to accomplish their objectives are needed to assess the feasibility of implementation.

OBJECTIVES

• This review sought to explore the quality metrics that are currently utilized to assess PCMHs.

METHODS

• An extensive literature review was performed using the following databases:
  - PubMed
  - SCOPUS
  - Google Scholar

• Published studies and reports that analyzed quality metrics used to assess PCMHs were evaluated.

• Each measurement was analyzed and categorized into one of the following types of outcomes:
  - Access
  - Utilization management
  - Economic
  - Clinical
  - Humanistic

RESULTS

• Overall, a significant number of quality metrics for assessing PCMHs was found:
  - Access outcomes are composed of various aspects involving scheduling appointments, hours of operation, and provider remote access and support.
  - Utilization management outcomes include use of healthcare services, including hospital, specialist, pharmacy and nursing facility.
  - Economic outcomes focus on the spending of various healthcare services, such as inpatient, emergency department, pharmacy and specialist costs.
  - Clinical outcomes are the most populated, including preventive services, such as immunization and screening, and management of several diseases, including diabetes, and cardiovascular and respiratory conditions.
  - Humanistic outcomes incorporate patient and clinician satisfaction.

DISCUSSION

• This review identified an abundance of quality metrics utilized to assess PCMHs, yet only a few appear to be a true representation of the quality of care provided to patients.

• Measurements for clinical and preventative care are the most frequently utilized.

• Metrics for several diseases were mentioned, although the majority of metrics focused on diabetes and cardiovascular diseases.

• Quality metrics for diseases focus mainly on process of care, while a few define prominent outcomes of care, such as HbA1c and BMI level.

CONCLUSION

• We urge entities involved in the establishment and implementation of PCMH to endorse a core set of standardized measures to evaluate the PCMH.

• Development of metrics for outcomes of care should be further encouraged.