RESEARCH SUMMARY

Impact of Patient-Centered Medical Home Transformation on Patient Experience

The Aim

The Patient-Centered Medical Home (PCMH) model is designed to address and improve several aspects of the organization and delivery of primary care, including access to services, the coordination of care across multiple providers, and the treatment of complex chronic illnesses—all while ensuring that care is patient-centered. While the implementation of this model has been growing rapidly across the United States, information about its influence on patients' experiences of care has been limited.

The CAHPS team conducted research to identify the specific PCMH-related activities that may affect patient experiences, the successes and challenges involved in implementing these activities as they affect patient experience, and the usefulness of data from the CAHPS Clinician & Group (CG-CAHPS) Survey in this process.

Anticipated Benefits

Comparing physician practices that have fully implemented the PCMH model with those that have not is an important step toward understanding the impact of PCMH transformation on patient experience. This approach also is important for identifying activities that could maximize the PCMH model's capacity to improve patient experience.

Our Approach

Members of the CAHPS team partnered with AltaMed, a large Federally Qualified Health Center in California. AltaMed's 14 primary care clinics have been certified by the National Committee for Quality Assurance (NCQA) as Level 3 Patient-Centered Medical Homes. Using 3 years of CG-CAHPS Survey data, the team assessed the level of performance and changes in patient experience scores within the clinics as they implemented different features of PCMH (e.g., care coordinators, health educators, PCMH and interdisciplinary team meetings, daily huddles). The team also conducted 40 interviews at the 14 sites to learn how the site leaders used CG-CAHPS Survey data during PCMH transformation and how practice leaders, clinicians, and clinic staff perceived the impact of PCMH-related changes on the patient visit.

Initial Findings

CAHPS scores for provider communication, follow-up on test results, overall rating of the provider, and willingness to recommend the provider were more positive for clinics with PCMH features (particularly in the area of chronic care management) than other clinics. (Setodji et al., 2017, in press).

In addition, the primary care clinics used CAHPS data to help them focus on patient experience during PCMH transformation (Quigley et al., 2015). Specific uses of the CG-CAHPS Survey results include the following:

- To select the focus of changes for PCMH transformation and related quality improvement efforts.
- To help all staff maintain a focus on patient experience during the change process.
- To complement indicators of clinical quality and productivity as well as other measures of patient experience.
- To monitor site-level trends and changes.
- To identify, analyze, and monitor specific areas for improvement.
- To monitor provider performance and provide individual coaching.

Finally, the study found that clinics pursued a common sequence of changes in PCMH transformation (Quigley et al., 2017): Clinics began with NCQA-Level-3 recognition, adding care coordination staff, reorganizing data flow among teams, and integrating with a centralized quality-improvement and accountability infrastructure. Next, they realigned to support continuity of care. Then, clinics improved access by adding urgent care, patient portals, or extending hours. After that, most took steps to improve the planning and management of patient visits. Only a handful worked explicitly on improving access with same-day slots, scheduling processes, and communication of test results. The clinics' changes align with specific NCQA PCMH 2011 Standards but also include adding physicians and services, culture changes, and improved communication with patients.

Published Articles

Quigley DD, Mendel PJ, Predmore ZS, et al. Use of CAHPS® patient experience survey data as part of a patient-centered medical home quality improvement initiative. J Healthcare Leadership 2015 Jul 7;(7):41-54. doi: http://dx.doi.org/10.2147/JHL.S69963.

Quigley DD, Predmore ZS, Chen A, et al. Implementation and sequencing of practice transformation in urban practices with underserved patients. Qual Manag Health Care. 2017 Jan/Mar;26(1):7-14. doi: 10.1097/QMH.0000000000000118.

Setodji CM, Quigley DD, Elliott MN, et al. Patient experiences with care differ with chronic care management in a federally qualified community health center. Population Health Management. 2017, In press.