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**Center for Healthcare Research & Transformation**

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## **Measuring Transformation: Patient Centered Medical Home in Michigan**

### ***Study highlights challenges in measuring progress toward adoption of PCMH model***

Ann Arbor, Mich. - The preliminary results of a new study of patient centered medical home (PCMH) demonstrate the challenges researchers face when attempting to measure physicians' progress toward adoption of this primary care practice model.

University of Michigan researcher Christopher G. Wise, Ph.D., led the team that analyzed responses to a survey about the degree of implementation of PCMH, which showed significant variation in interpretation and implementation of the elements of the PCMH model among physicians, their staffs, and physician organizations.

The study was funded by the Center for Healthcare Research & Transformation (CHRT) in Ann Arbor, a non-profit partnership between the University of Michigan and Blue Cross Blue Shield of Michigan (BCBSM).

“Understanding the landscape of PCMH as it exists today is a critical first step toward transforming medical care, and essential to improving quality, access, and continuity of care for patients,” said CHRT director Marianne Udow-Phillips.

As part of the process for understanding the state of PCMH practice in Michigan, 34 physician organizations – representing 2,308 physicians – completed a PCMH self-assessment survey in July 2008. The survey asked practices to answer questions related to seven domains of function (comprising 63 “tasks”) related specifically to PCMH implementation:

- Patient/provider agreement (11 tasks)
- Patient registry (9 tasks)
- Evidence-based care reporting (9 tasks)
- Care coordination (15 tasks)
- Extended access (9 tasks)
- Test tracking (9 tasks)
- E-Prescribing (1 task)

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Two practices from each physician organization were randomly selected for follow-up phone interviews to determine the validity of the survey data.

The validation findings revealed confusion on the part of respondents about both the definitions of key elements of the patient centered medical home and what was meant by “implementation.” For example, practices may have responded “yes” to a survey question about the availability of a data registry, and then, during the validation call, changed that answer to “no” upon realizing their data registry was not being used in support of the PCMH. As a result, there was no statistical level of agreement between the survey and the phone interviews for any of the 63 tasks.

“It quickly became clear that more dialogue was needed to build a common understanding between physicians and health plans of the vocabulary and expectations involved in the medical home concept,” said Wise.

Wise presented his preliminary results in Chicago at the Academy Health annual research meeting in June. He told the Academy Health audience that his results highlight the need for PCMH assessment tools – such as those developed by payers, NCQA, and others – to go beyond written survey questions when used to support policy decisions related to the medical home. Self-reported survey information should be supplemented with site visits and detailed interviews when conducting initial assessments of PCMH capabilities, he said.

This was the approach taken by Blue Cross Blue Shield of Michigan – Michigan’s largest health plan – in the process of designating more than 1,200 Michigan physicians as PCMH practices. After the initial written survey, BCBSM conducted site visits and detailed interviews with physicians and staff on their progress in transitioning to the PCMH model. In the past year, BCBSM has visited more than 100 physician offices to strengthen the PCMH survey and build a list of PCMH definitions that can be shared with all participants.

“Because the PCMH is new to us all, we need to respect the learning curve, expect changes in our understanding as we learn, and maintain an ongoing collaborative dialogue between the payer and provider communities, just as BCBSM is doing,” Wise stated.

A second phase of the study to look at the barriers and accelerators to implementation of PCMH attributes is planned with results expected in 2010.



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