



# AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

## **AAFP/TransforMED Talking Points on the *Annals of Family Medicine* Release of “Evolution of the American Academy of Family Physicians’ Patient-Centered Medical Home National Demonstration Project” June 7, 2010**

### **Key talking points**

- The most important finding is that while practice change is difficult, it is possible.
- As the PCMH continues to evolve, both practice and system reforms are needed to make it easier to integrate, personalize and prioritize care for whole people, communities and populations.
- The AAFP and the NDP practices have laid the groundwork for what has become a driving force in practice improvement, as well as in larger health system reform.
- The incremental learnings from this landmark project continue to inform current health care reform efforts nationwide.
- Current health care reform legislation clearly demonstrates that the system is willing to support the PCMH. This is evidenced by the multiple payer pilots being conducted with large medical and hospital systems, state and federal government agencies and employers nationwide — all to address the large-scale delivery system.
- While the NDP has concluded, TransforMED will continue to draw upon knowledge acquired during the project to offer support and consultation to primary care practices as they face the challenges of becoming patient-centered medical homes.
- The initial findings are what the AAFP and TransforMED expected from the two-year-old study, and are in agreement with what family medicine leaders had predicted — that moving to a patient-centered medical home model of care can be challenging, but given the necessary resources and guidance, it is certainly possible.
- At the conclusion of the project, NDP participants from each practice formed a group to enable them to stay in touch and continue learning from one another. The group’s members — who call themselves the Touchstone Group — acknowledge transformation is not easy, but still advocate for the new model and would not be willing to return to pre-NDP ways of practicing medicine.

## What are the results of the report?

*NOTE: NDP findings are in bold fyi only. If asked about specific findings, go to the talking points below the findings to bridge to the changes TransformMED made in the model during the NDP as well as more current findings.*

### **1. REPORT FINDING: The NDP evaluation team reports that transformation to a patient-centered medical home requires a great deal of effort, motivation and support.**

The most important finding is that while practice change is difficult, it is possible. Throughout the learning lab project, TransformMED made informed changes to practice interventions and innovations based on accumulated learnings, with the end goal of developing a viable model of care with the tools and resources to support it.

- TransformMED added a practice management component to the model to address the issues of financial and human resources.
- TransformMED developed the Medical Home Implementation Quotient -- a free, online self-assessment that allows practices to find out where they stand on the journey to becoming a medical home.
- TransformMED created Delta-Exchange, an online social networking site to address the need for additional support through peer-to-peer and facilitated learning.
  - Members also have access to a robust repository of tools, resources, case studies and practical how-to articles on practice transformation topics such as implementing team-based care, reducing patient cycle times, change management and maximizing office space.
  - The site also hosts regularly scheduled, live webinars on a variety of PCMH and practice improvement topics ranging from optimized billing and collection to implementing open-access scheduling.
  - Members also can download workflow and procedure forms that can be customized to individual practices.
- TransformMED created a series of workbooks on practice transformation — four currently are available.
  - Topics are: a medical home overview, practice leadership, care management and open-access scheduling.
  - Several more workbooks, all authored by TransformMED practice enhancement facilitators, are in development.

**2. REPORT FINDING: According to the NDP evaluation team, adoption of PCMH components is associated with small improvements in condition-specific quality of care.**

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- TransforMED added a care coordination component to the model in an effort to distinguish it from care management, which typically involves activities external to the practice.
- TransforMED discovered that many small practices did not have a substantial number of patients with any specific disease for NDP findings related to clinical outcomes to be considered statistically significant.
  - In the two years since the project concluded, TransforMED has become involved in numerous pilot projects under single payers that allow patient outcomes data to be collected, consolidated and analyzed in a more meaningful manner.
  - TransforMED also has instituted a disease registry capability among its pilot practices that serves as a consolidated data repository that allows for patient outcomes analysis on a broader scale.

**3. REPORT FINDING: The NDP evaluation team reports it is possible to implement the NDP model in highly motivated practices, but in most, doing so seems to worsen patients' perception of care, at least in the short term.**

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- The model evolved to ensure the patient was maintained as the central focus.
  - TransforMED developed the Patient Experience Assessment Tool (PEAT) to assess which practice attributes are most important in the eyes of the patient and not what the practice considered important to the patient.
  - The Patient Experience Assessment Tool enables practices to receive real time feedback from patients, prompting them to pay thoughtful attention to the patient experience throughout the PCMH transformation process.

**4. REPORT FINDING: According to the NDP evaluators, PCMH transformation will not be accomplished by making incremental changes to the existing ways of practicing medicine, but rather through a fundamental shift in the way health care is delivered.**

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- TransforMED recognized early on that transformation to a PCMH could not be achieved simply by making incremental changes to the existing practice.
  - The TransforMED model was changed to an integrated system approach. Team-based care took on greater importance, with components of that care specifically identified.
  - This vital cultural change was not addressed as early in the NDP as it is in current TransforMED projects.

**5. REPORT FINDING: NDP findings suggest that practices are unlikely to front the cost of transformation themselves.**

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- Among the participating practices, TransforMED has observed directly that the change in economic and operational efficiencies have resulted in improved practice revenue and additional time for members of the practice to meet and plan.
- More recent data from TransforMED suggest that the upfront costs to practices are not a significant barrier when financial and operational efficiencies are addressed early in the transformation process.
- Many family medicine leaders argue that, in the two years since the NDP ended, many primary care practices have taken steps to adopt the PCMH model.

## **BACKGROUND**

### **What is TransforMED?**

- TransforMED LLC is a wholly-owned subsidiary of the American Academy of Family Physicians.
- Established in 2005, TransforMED provides ongoing consultation and support to physicians looking to transform their practices to a new model of care that is based on the concept of a patient-centered medical home.
- TransforMED works to help physicians and other health care providers re-design their primary care practices in order to serve patients in a more comprehensive way – moving medicine from organ-specific to patient-specific and from an individual physician approach to a team care approach.
- TransforMED offers practices both products and services, including consultation and advice on implementing the new model of care.

### **What was the National Demonstration Project?**

- The National Demonstration Project was the first and largest “proof-of-concept” project to determine empirically whether the TransforMED Patient-Centered Medical Home model of care could be implemented successfully and sustained in today’s health care environment.
- More specifically, the project served as a learning lab to gain better insight into the kinds of hands-on technical support family physicians want and need to implement the PCMH model of care.
- The TransforMED NDP selected 36 geographically diverse practices from an applicant field of more than 300, ranging in size from practices with seven or more physicians to solo practices. Eighteen of the practices received facilitation services from TransforMED; the other 18 practices received only limited access to TransforMED resources to assist in their efforts to implement key elements of what is now known as the TransforMED Patient-Centered Medical Home model.
- Thirty-one (31) of the 36 practices completed their participation in the two-year NDP. Two facilitated and three self-directed practices withdrew.
  - One facilitated practice withdrew because the larger system internal review board could not approve participation in the study.
  - The other facilitated practice closed during the NDP because of financial pressures.
  - One self-directed practice withdrew because it felt that the NDP data collection requirements were too burdensome in the context of other practice priorities.
  - One self-directed practice closed when the rural hospital across the street closed.
  - One self-directed practice closed when the larger health system decided to close the practice for health system priorities beyond the practice.

### **What is the TransforMED Patient-Centered Medical Home model of care?**

- It's a model of care with the patient at the center. Attributes were outlined in the 2002 policy statement, *Joint Principles of the Patient Centered Medical Home*, issued by the four major primary care professional organizations.
- Key components are:
  - Access to care and information
  - Whole-person orientation
  - Team approach to care
  - Elimination of barriers to access; open access by patients
  - Advanced information systems, including electronic health records
  - Redesigned, more functional offices
  - Focus on quality and safety
  - Sustainable reimbursement
  - Integration with other entities of the health care system and community
- The model serves patients in a more comprehensive way – moving medicine from organ-specific to patient-specific and from an individual physician approach to a team care approach.

### **Who made up the independent evaluation team?**

- Carlos Roberto Jaén, M.D., Ph.D., lead investigator and professor at the University of Texas Health Science Center at San Antonio, San Antonio, Texas
- Benjamin F. Crabtree, Ph.D. independent evaluator and professor at the UMDNJ Robert Wood Johnson Medical School, Somerset, New Jersey
- Elizabeth Stewart, Ph.D., project evaluator and assistant research professor at the University of Texas Health Science Center at San Antonio, San Antonio, Texas
- Kurt Stange, M.D., PhD., professor of family medicine, epidemiology & biostatistics, and sociology and oncology at Case Western Reserve University, Cleveland, Ohio
- William L. Miller, M.D., M.A., Department of Family and Community Medicine, Lehigh Valley Health Network, Allentown, Pennsylvania, and Penn Valley State College of Medicine, Hershey, Pennsylvania
- Paul A. Nutting, M.D., M.S.P.H., Department of Family Medicine, University of Colorado Health Sciences Center and Center for Research Strategies, Denver, Colorado

### **MISC. DETAILS**

The report is published as a series of manuscripts in a special supplement to the May/June 2010 *Annals of Family Medicine*.

The title of the report is “Evolution of the American Academy of Family Physicians’ Patient-Centered Medical Home National Demonstration Project.”

The practice redesign initiative, undertaken by TransforMED and funded by the AAFP, ran from June 2006 to May 2008.

The NDP evaluation was funded by the AAFP and the Commonwealth Fund.

Both the AAFP and TransforMED received quarterly status updates throughout the project.