Improving Quality and Team-Based Practice: 
Using Education Innovation to Implement the Patient Centered Medical Home Throughout Maine

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Introduction

• The Patient Centered Medical Home (PCMH) is a model designed to improve quality of care, efficiency, and patient/family satisfaction provided by primary care practices.
• Participating practices (N = 26) in the Maine PCMH Pilot (convened by MaineCare, the Maine Quality Forum, and Quality Counts) committed to achieving ten core expectations:
  1. Demonstrated leadership in the practice
  2. Team-based approach to care
  3. Population risk stratification and management
  4. Practice-based integrated care management
  5. Enhanced access to care
  6. Behavioral-physical health integration
  7. Inclusion of patients and families in implementing the PCMH model
  8. Connection to community
  9. Commitment to waste reduction
  10. Health information technology (HIT) integration

• The National Demonstration Project (NDP), performed by the American Academy of Family Physicians,1,2 drew a distinction between core functions ("ability to manage basic finances and general practice operations required for the clinical enterprise") and adaptive reserve ("facilitative leadership and aligned management model") as regards primary care practice transformation.
• The NDP consisted of both facilitated and self-directed interventions toward implementation of PCMH.
• Practices in the NDP demonstrated varying developmental pathways to successful PCMH implementation.
• Project Goal: Given NDP observations and the Maine PCMH Pilot data, design scalable customized educational interventions to facilitate quality improvement for the 540 primary care practices throughout Maine.

Methods

Lunder-Dineen Health Education Alliance of Maine Learning Tools

Pilot Practice Characteristics

Practice Culture
Staff were asked questions regarding adaptive reserve (23 questions), community knowledge (4), health information technology (4), patient safety culture (5) and teamwork (4) in their practices. Average self-ratings are displayed below.

Baseline Gaps in Core Competencies as Identified by Self-Assessment

Practices rated themselves on a grouped scale of 1-10 for each element, with a score of 8-10 indicating that the element exists and occurs regularly in the practice. In the figure below, practices rating themselves as 8 or higher were rated competent in the element.

Results (Cont.)

Utility of Maine Pilot Educational Interventions

Practices were asked "How much of an impact have the Maine PCMH Pilot activities had so far on your PCMH work?" The percent of practices indicating each response are displayed below.

Results (Cont.)

Conclusions

• The combination of data from the NDP and the Maine PCMH Pilot provides insight into which educational interventions are advisable for facilitating quality improvement in primary care practices:
  ✓ Live Workshops are advised based on deficits in interpersonal dynamics, as indicated by low patient safety culture self-ratings, and demonstrated practice preference for live learning sessions.
  ✓ Live/Archived Lectures are advised as a cost-effective strategy to disseminate information to all staff within practices.
  ✓ Web-based Interactive Learning Modules are advised as personalized dissemination tools with enhanced proficiency measurements based on practice preference for reviewing data and feedback.
  ✓ Web-based Community Forum is advised to address quality deficits in communication skills with patients, families, and care teams by providing an opportunity for hands-on experience and role modeling.

• All educational interventions described above will provide a framework for the development of an Education Alignment Inventory to account for the developmental trajectories of each practice.
• As all measures presented are self-assessments, there are limitations. It is possible that more competent practices, from having a greater understanding of the PCMH model, rated themselves less highly than practices who did not fully understand the model and their own shortcomings.

References