Duke Signature Care
Primary Care Medical Home

Signature Care Conversation Series

May 2016

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DukeHealth

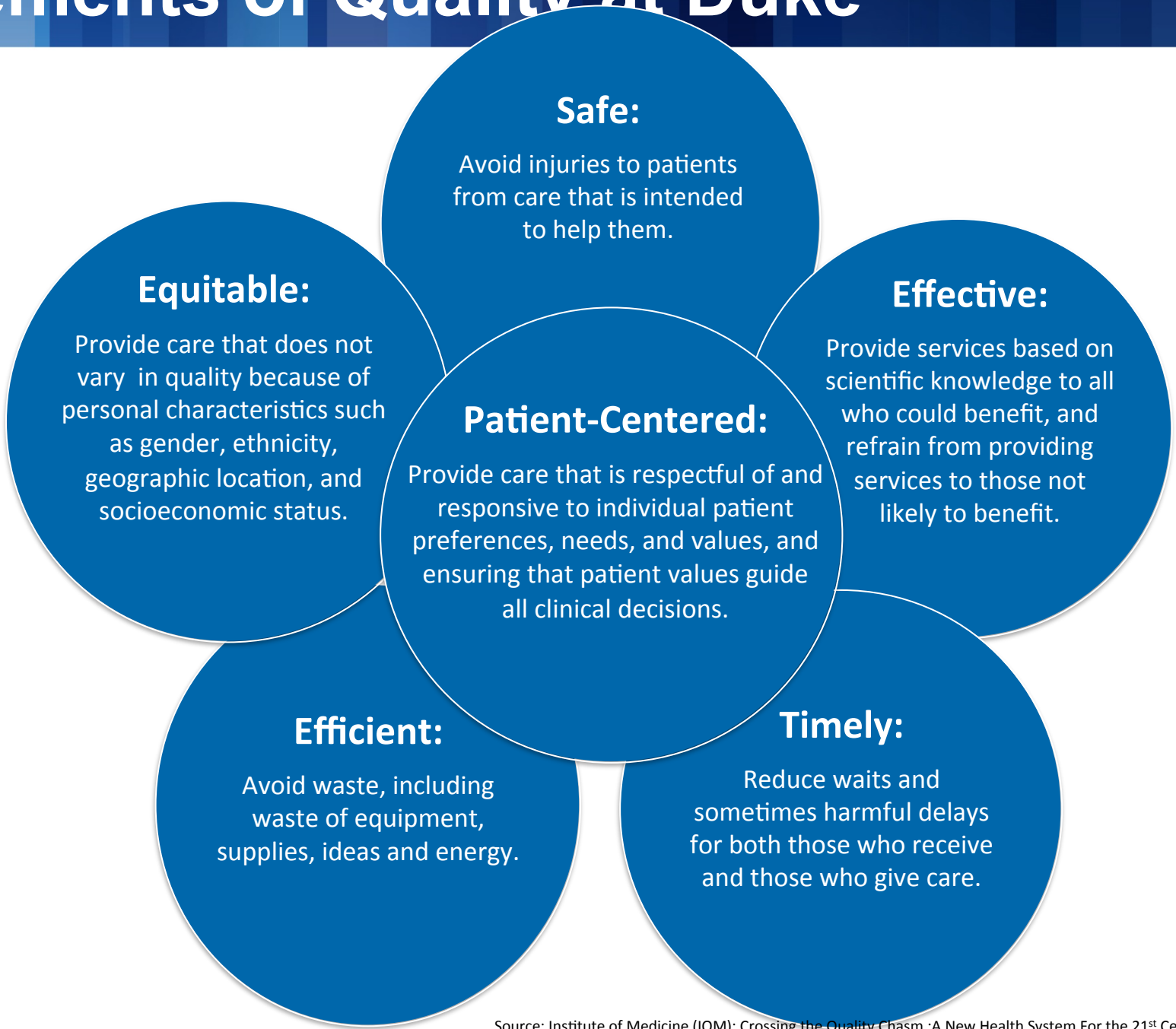
Outline

- Discuss drivers of health care reform and patient care
- Define a Primary Care Medical Home
- Signature Care initiatives supporting PCMH
- What does a Primary Care Medical Home mean for you?

Health Care Reform and Patient Care

- Move to Quality Care
- Patients as Consumers
- Drive to Value Care

Elements of Quality at Duke



Source: Institute of Medicine (IOM): Crossing the Quality Chasm :A New Health System For the 21st Century (March 2001)

Patient as Consumers

- Patients have more choices
- Patients have more responsibility
- The Clinician and Group Consumer Assessment of Healthcare Providers and Systems (**CG CAHPS**) survey is a standardized tool to measure patients' perception of care provided by physicians in an office setting.
- More satisfied patients are more engaged in their healthcare and healthier

Anne F. Phelps, MD

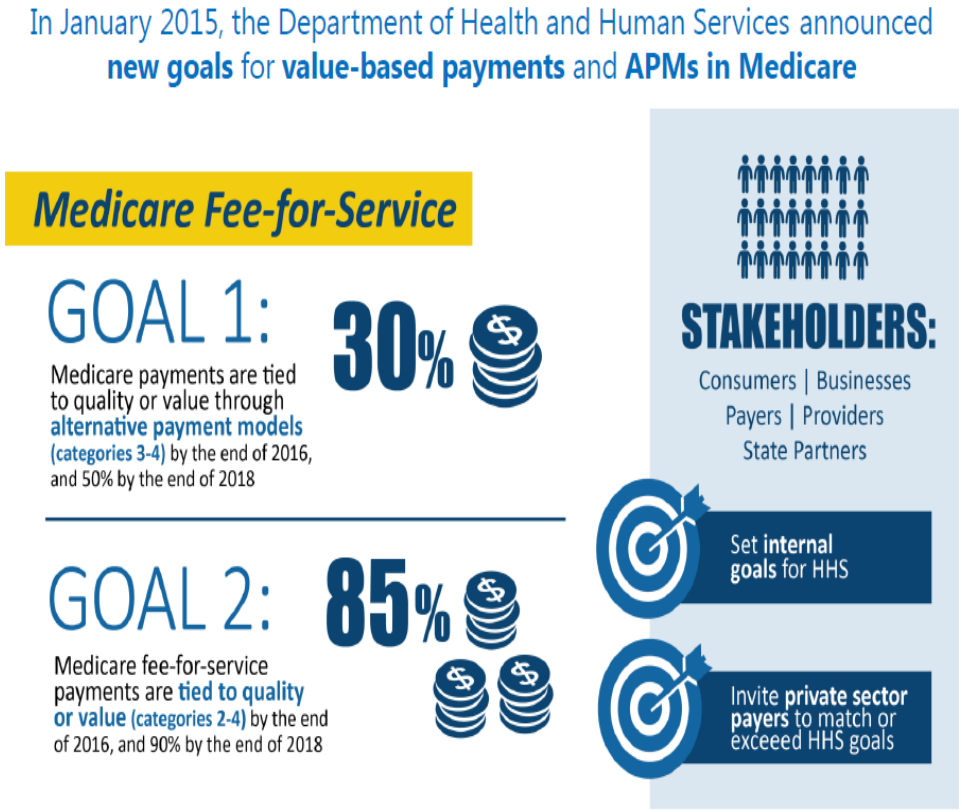
Internal Medicine Doctor

4.9 out of 5

Quick View

Value Care

- Value = Patient Quality/ Cost
- Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)



Joint Commission and PCMH

- Principles developed and endorsed in 2007

- Introduced in 2011 for accredited ambulatory care organizations
- Consistent with health care reform efforts to improve patient care and outcomes
- Focuses on educating the patient and encouraging self management the patient
- Provides a framework of care to improve access, outcomes and coordination of care
- Not a place but a model of care

PCMH core functions

- Patient centered care
- Comprehensive care
- Coordinated care
- Superb access to care
- Systems based approach to quality and safety

Patient Centered Care

- Relationship-based care focuses on the whole person
- Understanding and respecting each patient's needs, culture, values and preferences.
- Supports patient learning to manage and organize care at the level the patient chooses

Patient Centered Care

- Duke My Chart
- Learning Assessment
- Health Literacy Assessment
- Lifestyle goal setting

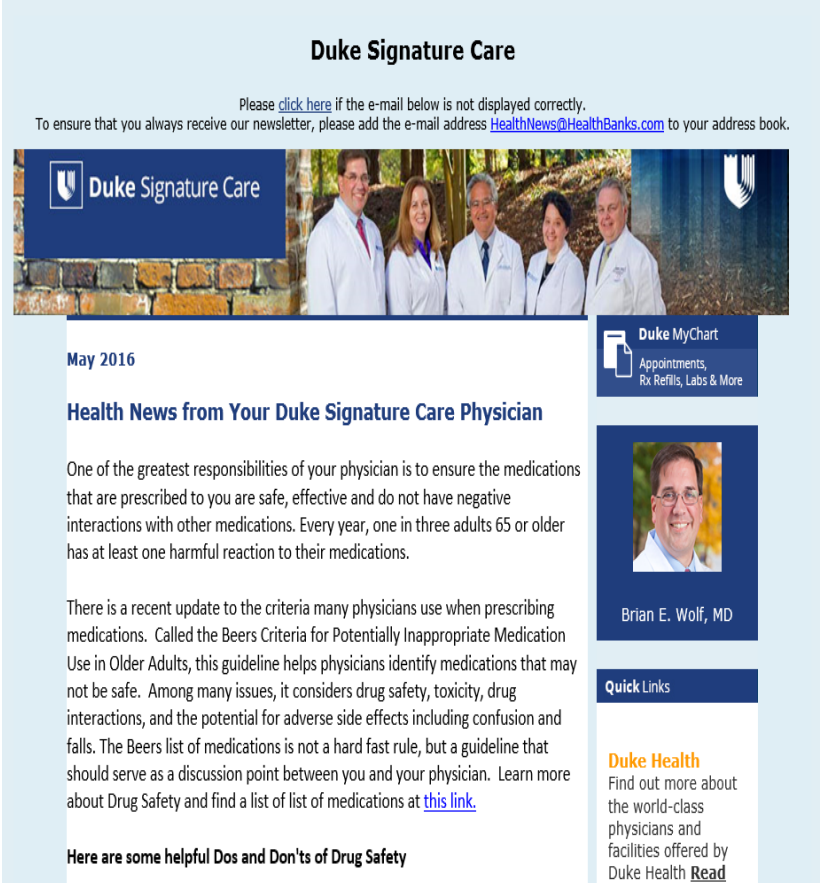
Comprehensive Care

- Accountable for meeting the majority of a patient's physical and mental health care needs, including prevention and wellness, acute care and chronic care.
- Teams, either in practice or as a virtual team may include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, mental health workers, social workers and others work to meet each patient’s

Comprehensive Care

- Registered nurses
- Nutrition counselor
- Exercise physiologist
- Health psychologist
- Signature Care Newsletter

- Psychiatry access*
- Dental resources*



Duke Signature Care

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Duke Signature Care

May 2016

Health News from Your Duke Signature Care Physician

One of the greatest responsibilities of your physician is to ensure the medications that are prescribed to you are safe, effective and do not have negative interactions with other medications. Every year, one in three adults 65 or older has at least one harmful reaction to their medications.

There is a recent update to the criteria many physicians use when prescribing medications. Called the Beers Criteria for Potentially Inappropriate Medication Use in Older Adults, this guideline helps physicians identify medications that may not be safe. Among many issues, it considers drug safety, toxicity, drug interactions, and the potential for adverse side effects including confusion and falls. The Beers list of medications is not a hard fast rule, but a guideline that should serve as a discussion point between you and your physician. Learn more about Drug Safety and find a list of list of medications at this link.

Here are some helpful Dos and Don'ts of Drug Safety

Duke MyChart
Appointments, Rx Refills, Labs & More

Brian E. Wolf, MD

Quick Links

Duke Health
Find out more about the world-class physicians and facilities offered by Duke Health **Read**

Coordinated Care

- Care is coordinated across all elements of the broader health care system, including specialty care, hospitals, home care and the provision of community and support services.
- Emphasis during transitions between sites of care, such as when patients are discharged from the hospital.

Coordinated Care

- Nurse Triage
- Front desk handing/scheduling of consultation
- Internal and external referrals
- Electronic communication and follow up with consultants through Maestro InBasket and MyChart

Access to Care

- Patients have access to services with shorter waiting times for urgent needs, enhanced in-person hours, around the clock telephone or electronic access to members of the care team, and alternative methods of communication

Access to Care

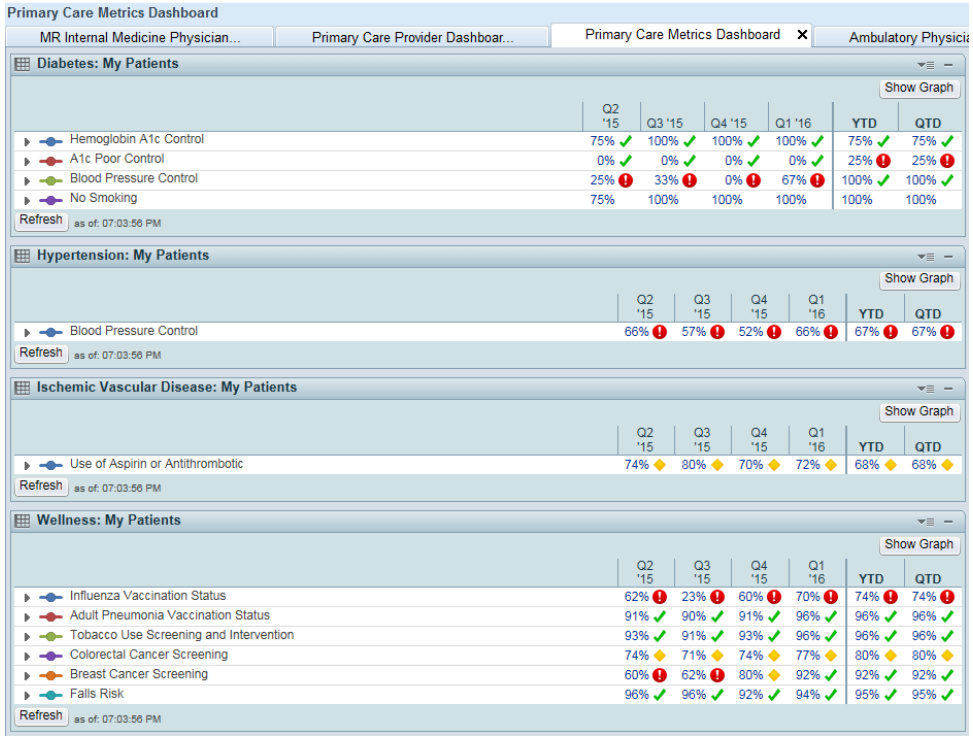
- 24/7 access to Duke Signature Care
- Duke MyChart messaging
- Covering answering service
- Direct physician contact
- Telemedicine pilot

Systems based approach to quality and safety

- Use of evidence-based medicine and clinical decision support tools
- Engagement in performance measurement and improvement, measures and responds to patient experiences and satisfaction, practices population health management, and publicly shares robust quality and safety data and improvement activities.

System based approach

- Electronic measure capture and reporting
- Organizational safety reporting
- Clinic specific quality improvement projects



Primary Care Metrics Dashboard

MR Internal Medicine Physician... | Primary Care Provider Dashboar... | Primary Care Metrics Dashboard | Ambulatory Physicia

Diabetes: My Patients

Show Graph

	Q2 '15	Q3 '15	Q4 '15	Q1 '16	YTD	QTD
Hemoglobin A1c Control	75% ✓	100% ✓	100% ✓	100% ✓	75% ✓	75% ✓
A1c Poor Control	0% ✓	0% ✓	0% ✓	0% ✓	25% !	25% !
Blood Pressure Control	25% !	33% !	0% !	67% !	100% ✓	100% ✓
No Smoking	75%	100%	100%	100%	100%	100%

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Hypertension: My Patients

Show Graph

	Q2 '15	Q3 '15	Q4 '15	Q1 '16	YTD	QTD
Blood Pressure Control	66% !	57% !	52% !	66% !	67% !	67% !

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Ischemic Vascular Disease: My Patients

Show Graph

	Q2 '15	Q3 '15	Q4 '15	Q1 '16	YTD	QTD
Use of Aspirin or Antithrombotic	74% ◆	80% ◆	70% ◆	72% ◆	68% ◆	68% ◆

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Wellness: My Patients

Show Graph

	Q2 '15	Q3 '15	Q4 '15	Q1 '16	YTD	QTD
Influenza Vaccination Status	62% !	23% !	60% !	70% !	74% !	74% !
Adult Pneumonia Vaccination Status	91% ✓	90% ✓	91% ✓	96% ✓	96% ✓	96% ✓
Tobacco Use Screening and Intervention	93% ✓	91% ✓	93% ✓	96% ✓	96% ✓	96% ✓
Colorectal Cancer Screening	74% ◆	71% ◆	74% ◆	77% ◆	80% ◆	80% ◆
Breast Cancer Screening	60% !	62% !	80% ◆	92% ✓	92% ✓	92% ✓
Falls Risk	96% ✓	96% ✓	92% ✓	94% ✓	95% ✓	95% ✓

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Impact on patient safety and quality care

Aggregated Outcomes from the 30 Studies

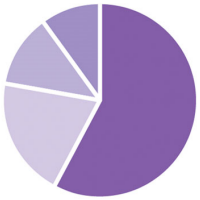
$$$$$$
$$$$$$
$$$$$$
$$$$$

21 of 23 studies that reported on cost measures found reductions in one or more measures; two found cost increases

23 of 25 studies that reported on utilization measures

found reductions in one or more measures

30 total studies



- 17 peer-reviewed studies
- 4 state government evaluations
- 6 industry reports
- 3 independent evaluations of federal initiatives

Impact on patient safety and quality care

- Collectively, studies find greater impacts of PCMH interventions on chronically ill populations (in both public and private settings)
- There is a large variation in the ways in which PCMH is being implemented such as differences in:
  - Team composition
  - Populations
  - Payment models
- There is a dose-response element to PCMH – the longer the initiative is implemented, the more impressive the results

How does this change our relationship?

- We continue to strive to provide individual care in a unhurried manner
- PCMH will act as a framework for improved and expanded care and services in a patient centered care manner