Measuring What Matters in Family Medicine & Primary Care

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  • Stephen J Zyzanski, PhD

• For providing critical insights
  • Participants in the crowd sourcing
  • Participants in the Starfield III Summit
  • Practices testing the measure

• For planning next steps
  • Robert L Phillips
Overview

• Primary Care Outcomes
• Focusing on what is most important
  • Developing a new measure
    • Crowd sourcing
    • Starfield III Summit
    • Synthesis – 3 simple rules + a parsimonious set
    • Early reliability & validity assessment
    • Next steps that we hope may involve you!
Health Care Systems Based on Primary Care

• Better population health
• Lower cost
• Less inequality
• Better health care quality


How Does Primary Care Produce these Results?
Principles of Primary Care

• **Accessibility** as 1st contact with health care
• **Accountability** for large majority of healthcare needs (comprehensiveness)
• **Coordination & integration** of care across settings, acute & chronic illnesses, mental health & prevention
• **Sustained partnership** – relationships over time in a family & community context

Principles of Family Medicine

• Family physicians are committed to the person
  • rather than a particular body of knowledge, group of diseases

• Family physicians seek to understand the context of the illness

• Family physicians see every contact with the patient as an opportunity for prevention or health education

• Family physicians view their practice as a population

Principles of Family Medicine

• Family physicians see themselves as part of a community-wide network of supportive and health care agencies

• Ideally, family physicians share the same habitat as their patients

• Family physicians see patients in their homes

• Family physicians attach importance to the subjective aspects of medicine

• Family physicians act as a manager of resources

Healing

• Cure when possible

• Transcendence of suffering


Healing Relationships

Measuring Primary Health Care

• Good measures focus attention on what is important

• Ideally, measures inform:
  • Understanding
  • Improvement
  • Support
  • (NOT punishment)

Developing a New Measure of Primary Care

• Problem with current measures
  • Too many measures, too burdensome
  • Focused on disease care and don’t recognize the higher level integrating, personalizing prioritizing functions
  • Not aligned with the foundations of primary care or the needs of patients, communities, systems

• Starting over -
  • Begin by “crowd sourcing” - asking diverse stakeholders what is important to them about good quality care
    • Patients
    • Clinicians
    • Employers/Payers
Crowd sourcing - method

• Open-ended online surveys asked:
  – “What is important in health care?”

• Responses analyzed
  • What are people saying?
  • How does this compare to current measures?
Clinician Responses - what is important

• N=425 (5374 responses)

• Relationship, patient focus, integrated care and systemic support

• 42% of what clinicians said was important did not fit with current measures
Patient Responses - what is important

• N=325 (3571 responses)

• Relationship, personalized attention, to assess care, communication

• 72% overlap with what clinicians said was important
Employers/Payers Responses
what is important

• N=82 (807 responses)

• Cost, access to care, happy employees

• Only 46% overlap with what clinicians say is important
Crowd sourcing – Lessons Learned

• Clinicians and patients think that a lot of the same things are important

• Patients want more personalized attention

• Clinicians don’t feel that what they do that is important is recognized or supported

• Employers/payers focus on cost & employee experience

• A large portion of what clinicians & patients think is important is missing from current measures

• All groups consider systemic support & integration important
Starfield III Summit

http://www.starfieldsummit.com/starfield3
(Measures & report available under “Resources” tab.)
Starfield III Summit

• 70 national & international primary care leaders
  • Met for 2.5 days
  • Individual, large and small group work
  • October 4-6, 2017 in Washington DC

• Objectives:
  • Look at data to find what is important
  • Try to develop a simple measure

http://www.starfieldsummit.com/starfield3/
(Measures & report available under “Resources” tab.)
Starfield III Summit - Insights

• Primary care mechanisms that fosters health, healing, and systemic value are interdependent and cannot be accurately assessed as independent items.

• The apparent simplicity of primary care masks the complexity of integrating, personalizing, & prioritizing care.

• Agreement across patient, clinicians, policymakers, on the essence of primary care.

• Two ways of measuring what provides value:
  • Simple rules
  • A simple set of measures for patients to report.
Simple Rules – Birds Flocking

A complex activity that allows for seamless, constant adaptation to both group & particulars simultaneously

• **Alignment** – first, look to line up with those close by

• **Cohesion** – next, steer towards center mass of those around you

• **Separation** – finally, seek to be equi-distant from your neighbors so you don’t collide
Simple Rules – Primary Care & Family Medicine

A complex activity that allows for seamless, constant adaptation to both group & particulars simultaneously:

• Recognize & make sense of problems/opportunities through a life course perspective and being known (as an individual & as a member of family and community)

• Prioritize the problems/opportunities (for person & population at all stages of life)

• Try to generate connection, healing, or health.
3 SIMPLE RULES – Stated for Patients

• Simple rules that, when actualized together by patients and practices and supported by systems, describe the processes from which the outcomes of primary care emerge:

• My primary care knows me as a person.

• My primary care recognizes what is most important to me.

• My primary care helps me to feel connection, healing, or health.
MEASURES OF PRIMARY CARE MECHANISMS
(Phrased in ways that don’t require recent receipt of care.)

• My practice makes it easy for me to get care.
• My practice is able to provide most of my care.
• In caring for me, my doctor considers all of the factors that affect my health.
• My practice coordinates the care I get from multiple places.
• My doctor or practice know me as a person.
• My doctor and I have been through a lot together
• My doctor or practice stand up for me.
• The care I get takes into account knowledge of my family.
• The care I get in this practice is informed by knowledge of my community.
• Over time, this practice helps me to meet my goals.
• Over time, my practice helps me stay healthy.
• [Sometimes I don’t trust my practice.]
• [How many years have you known your doctor?]
Initial Pilot Testing

• Round 1 non visit version online survey- 1,140 people
  • Male – 45%, Female – 54%, other – 1%
  • Self-defined as member of minority group – 20%
  • Has single doctor that handles most care – 83%
  • Age: 18-29 – 17%; 30-44 – 29%; 45-60 – 24%; >60 – 30%

• Round 2 online sample – similar

• 3 rounds of visit version in a clinical sample
  • 77 consecutive patients in a family practice
  • 100 in a community health center
  • 100 in a pediatric private practice
# Items & Statistics

**Likert Scale:** 4=Definitely  3= Mostly  2=Somewhat  1=Not at all.

**N= 1114   Alpha=.94**

<table>
<thead>
<tr>
<th>HOW PRIMARY CARE WORKS - Item</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>My practice makes it easy for me to get care.</td>
<td>3.1</td>
<td>.85</td>
</tr>
<tr>
<td>My practice is able to provide most of my care.</td>
<td>3.1</td>
<td>.84</td>
</tr>
<tr>
<td>In caring for me, my doctor considers all of the factors that affect my health.</td>
<td>3.2</td>
<td>.85</td>
</tr>
<tr>
<td>My practice coordinates the care I get from multiple places.</td>
<td>2.8</td>
<td>1.0</td>
</tr>
<tr>
<td>My doctor or practice know me as a person.</td>
<td>2.9</td>
<td>1.1</td>
</tr>
<tr>
<td>My doctor and I have been through a lot together</td>
<td>2.3</td>
<td>1.2</td>
</tr>
<tr>
<td>My doctor or practice stand up for me.</td>
<td>2.7</td>
<td>1.0</td>
</tr>
<tr>
<td>The care I get takes into account knowledge of my family.</td>
<td>2.7</td>
<td>1.1</td>
</tr>
<tr>
<td>The care I get in this practice is informed by knowledge of my community.</td>
<td>2.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Over time, this practice helps me to meet my goals.</td>
<td>3.0</td>
<td>.91</td>
</tr>
<tr>
<td>Over time, my practice helps me stay healthy.</td>
<td>2.8</td>
<td>.96</td>
</tr>
</tbody>
</table>
Factor Analysis of Patient-Report Items

<table>
<thead>
<tr>
<th>HOW PRIMARY CARE WORKS - Item</th>
<th>Factor Loading</th>
<th>Item-Total Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>My practice makes it easy for me to get care.</td>
<td>.70</td>
<td>.67</td>
</tr>
<tr>
<td>My practice is able to provide most of my care.</td>
<td>.70</td>
<td>.66</td>
</tr>
<tr>
<td>In caring for me, my doctor considers all of the factors that affect my health</td>
<td>.80</td>
<td>.76</td>
</tr>
<tr>
<td>My practice coordinates the care I get from multiple places.</td>
<td>.64</td>
<td>.62</td>
</tr>
<tr>
<td>My doctor or practice know me as a person.</td>
<td>.83</td>
<td>.81</td>
</tr>
<tr>
<td>My doctor and I have been through a lot together</td>
<td>.66</td>
<td>.64</td>
</tr>
<tr>
<td>My doctor or practice stand up for me.</td>
<td>.85</td>
<td>.83</td>
</tr>
<tr>
<td>The care I get takes into account knowledge of my family.</td>
<td>.80</td>
<td>.78</td>
</tr>
<tr>
<td>The care I get in this practice is informed by knowledge of my community.</td>
<td>.71</td>
<td>.70</td>
</tr>
<tr>
<td>Over time, this practice helps me to meet my goals.</td>
<td>.85</td>
<td>.82</td>
</tr>
<tr>
<td>Over time, my practice helps me stay healthy.</td>
<td>.85</td>
<td>.81</td>
</tr>
</tbody>
</table>

Principal components factor analysis reveals a single factor with an Eigen value of 6.85 accounting for 59% of the variance. Alpha=.94.
Higher Score if Patients Agreed with these 2 questions

• Do you have a single doctor or practice that you would say handles most of your care?
  
  N   | Mean | SD     | (p<.001)
  ----|------|--------|---------
  Yes | 907  | 32.3   | 7.9     |
  No  | 191  | 25.9   | 9.2     |

• If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care?
  
  N   | Mean | SD     | (p<.001)
  ----|------|--------|---------
  Yes | 670  | 33.0   | 7.9     |
  No  | 428  | 28.3   | 8.5     |
Association with Total Score

• Was the survey hard to complete?

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>(p&lt;.02)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>41</td>
<td>28.1</td>
<td>9.5</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>1057</td>
<td>31.3</td>
<td>8.4</td>
</tr>
</tbody>
</table>
Next steps

- Additional field testing in practices and in an internet sample
- Further psychometric analyses and validation
- Fielding within the PRIME registry of >2000 family practices across the US working with the American Board of Family Medicine
- Application pending at the US Government Center for Medicare and Medicaid Services
- Implementation, evaluation, and use by new collaborators - ? you???
  - For an early report on the measures, Google: Starfield III, click on “Resources,” then Starfield Summit III Synthesis
Conclusion

• Primary Care is vital for a high-functioning health care system

• Primary care is complex

• Measuring what is important can focus efforts

• Understanding and improving the beautiful complexity of primary care is possible with mixed methods that consider contextual factors
Reinventing Primary Care

“Never ever, think outside the box.”
Principles of Primary Care

- **Accessibility** as 1st contact with health care
- **Accountability** for large majority of healthcare needs (comprehensiveness)
- **Coordination** of care across settings, & **integration** across acute & chronic illnesses, mental health & prevention
- **Sustained partnership** – relationships over time in a family & community context

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Principles of Primary Care

How to *reinvent* these principles in a new era, For/by a new generation?

• **Accessibility** as 1st contact with health care

• **Accountability** for large majority of healthcare needs (comprehensiveness)

• **Coordination & integration** of care across settings, acute & chronic illnesses, mental health & prevention

• **Sustained partnership** – relationships over time in a family & community context

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## Ways of Knowing

<table>
<thead>
<tr>
<th></th>
<th>Inner Reality</th>
<th>Outer Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>“I”</td>
<td>“It”</td>
</tr>
<tr>
<td>Collective</td>
<td>“We”</td>
<td>“Its”</td>
</tr>
</tbody>
</table>

Adapted from:
Ways of Knowing
About Health & Health Care

<table>
<thead>
<tr>
<th>“I”</th>
<th>“It”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient, Clinician, Worker, Policymaker</td>
<td>Disease, Treatment</td>
</tr>
<tr>
<td>“We”</td>
<td>“Its”</td>
</tr>
<tr>
<td>Family, Practice, Team, Community</td>
<td>Systems, Organization</td>
</tr>
</tbody>
</table>

Adapted from:
Ways of Knowing, Learning & Developing