# Post-Katrina Evidence on Medical Homes: Prospects and Lessons for the ACA

**UC Davis Center for Poverty Research**
**November 1, 2013**

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# Partners

- UCSF Research Team:
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- Louisiana Public Health Institute
- New Orleans safety-net clinics, patients and community leaders
- Funders: Commonwealth Fund & U.S. Agency for Healthcare Quality and Research

# The New Orleans Experience

- In 2005, Hurricane Katrina destroyed safety net healthcare infrastructure
- Charity Hospital never reopened
- This tragedy created opportunity to rebuild system around the ACA's model of the medical home
- $100 million in federal funding to support primary care expansion bolstered the system in 2007
- Clinics were given TA and financially rewarded for gaining NCQA recognition as medical homes

# A Unique Natural Experiment in Safety Net Health Reform

We studied the system's transition to medical homes in several ways:

- SYSTEM-WIDE TRANSFOMATION: Three-year biannual longitudinal survey of primary care clinics as they transitioned to medical homes
- PATIENT EXPERIENCE: A cross-sectional survey of patients nested within clinics
- HOW CLINICS TRANSFORM:
  Intensive ethnographic
  case studies of medical home
  implementation in five model clinics

# Key Medical Home Indicators

- Coordination and Integration
  - Electronic patient registries
  - Electronic medical records
  - Electronic access to hospital, ED, specialist notes
  - Nurse care managers
- Quality and Safety
  - Point of care decision support
  - Performance feedback to physicians
  - Participation in quality improvement collaborative
  - Incorporating patient feedback in CQI activities
- Enhanced Access
  - Communication with patients by e-mail
  - Open hours during weeknights & weekends
  - Translation services
  - Urgent phone responses during afterhours and weekends

FINDINGS FROM:

# PROSPECTIVE STUDY OF CLINIC TRANSITIONS TO MEDICAL HOMES

## BIANNUAL SURVEY OF ALL CLINICS, 2008-2010

# Diverse Primary Care Clinics

**Population Served:**
- Both Adults/Pediatrics (55.6%)
- Pediatrics only (27.8%)
- Other populations (13.9%)
- Adults only (2.8%)

**Type of Clinic:**
- Fixed sites (94.4%)
- Mobile sites (5.6%)

**Ownership:**
- Private/Non-profit (72.2%)
- State-owned (27.8%)

**Affiliation:**
- Neither (58.3%)
- Academic (27.8%)
- Faith-based (13.9%)

**FQHC Status:**
- Have FQHC recognition (8.3%)

**Provider Size (mean/median FTE):**
- Physicians (2.10/1.95)
- Nurse practitioners (1.11/1.00)

**Payer Mix:**
- Uninsured (51.2%)
- Medicaid (29.6%)
- Private insurance (12.4%)
- Medicare (4.5%)
- Unknown (1.9%)

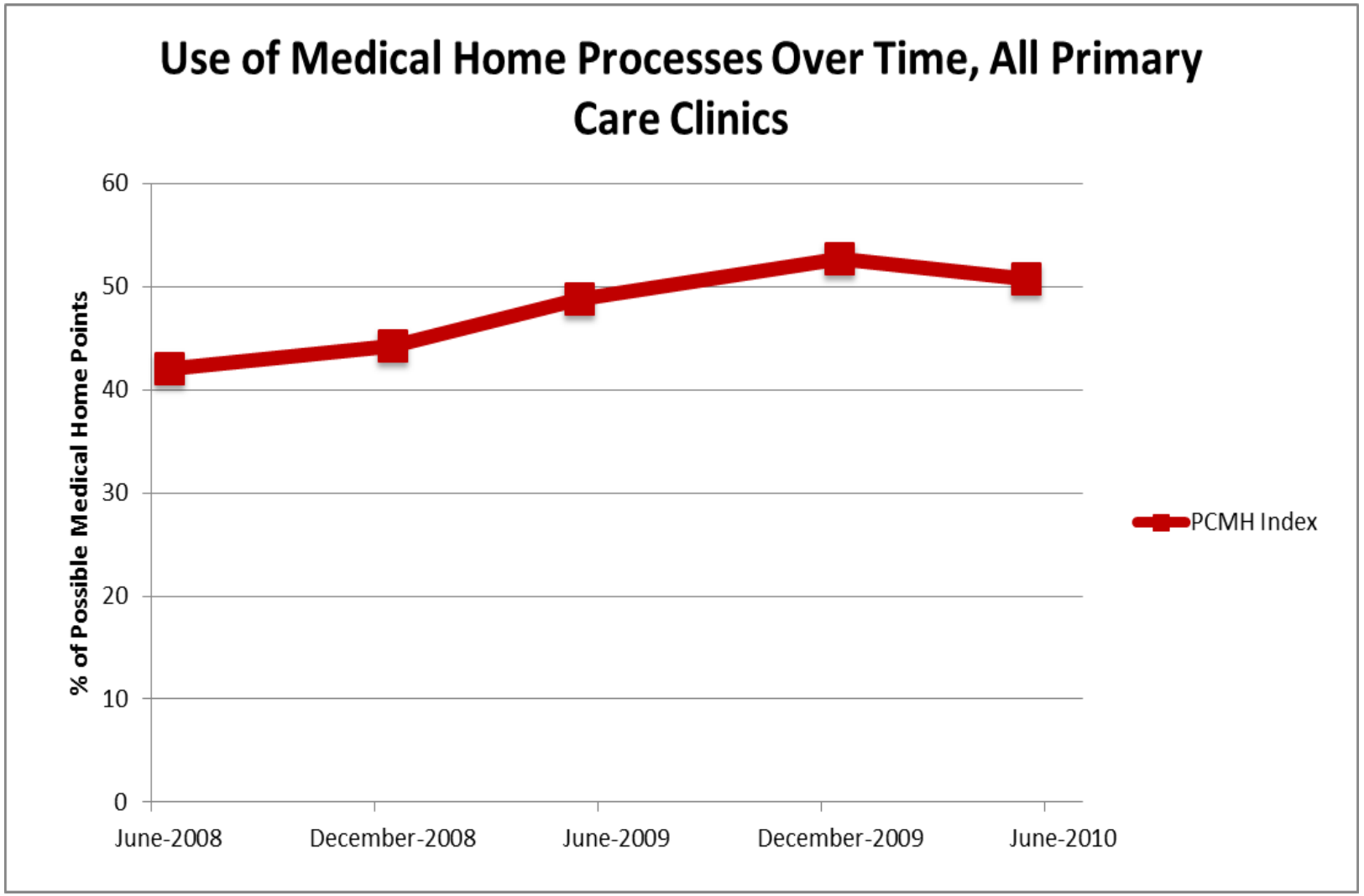
**Patient - Race:**
- African American (58.6%)
- White (15.6%)
- Asian (0.9%)
- Other (2.4%)
- Unknown (22.5%)

**Patient - Ethnicity:**
- Non-Hispanic (68.2%)
- Hispanic (6.0%)
- Unknown (25.8%)

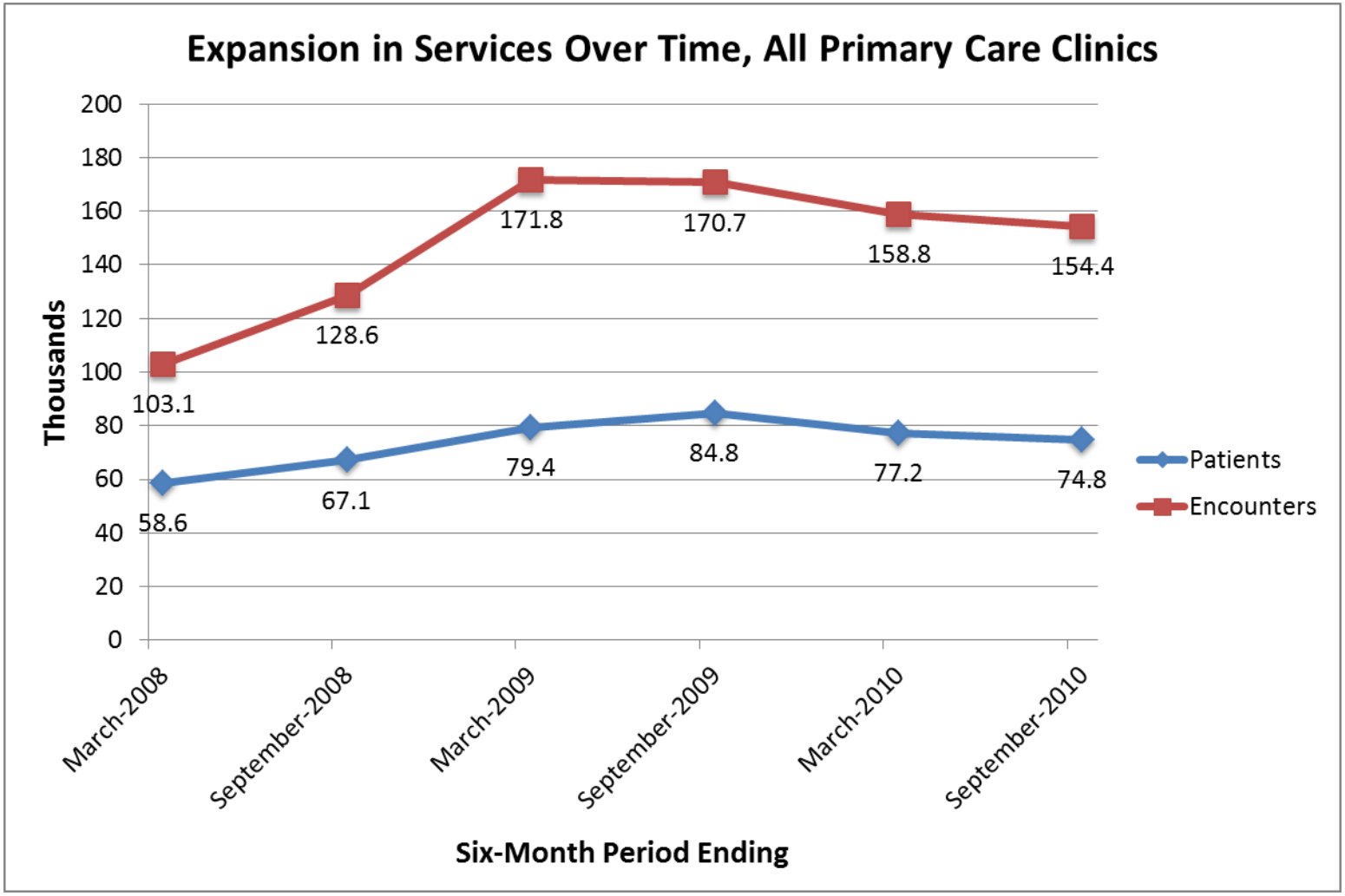
**Limited English Proficiency**
- 8.6%

Notes: Includes validated primary care service delivery sites in June 2008. N=36

# Is System-wide Change Possible?



# Expansion in Services



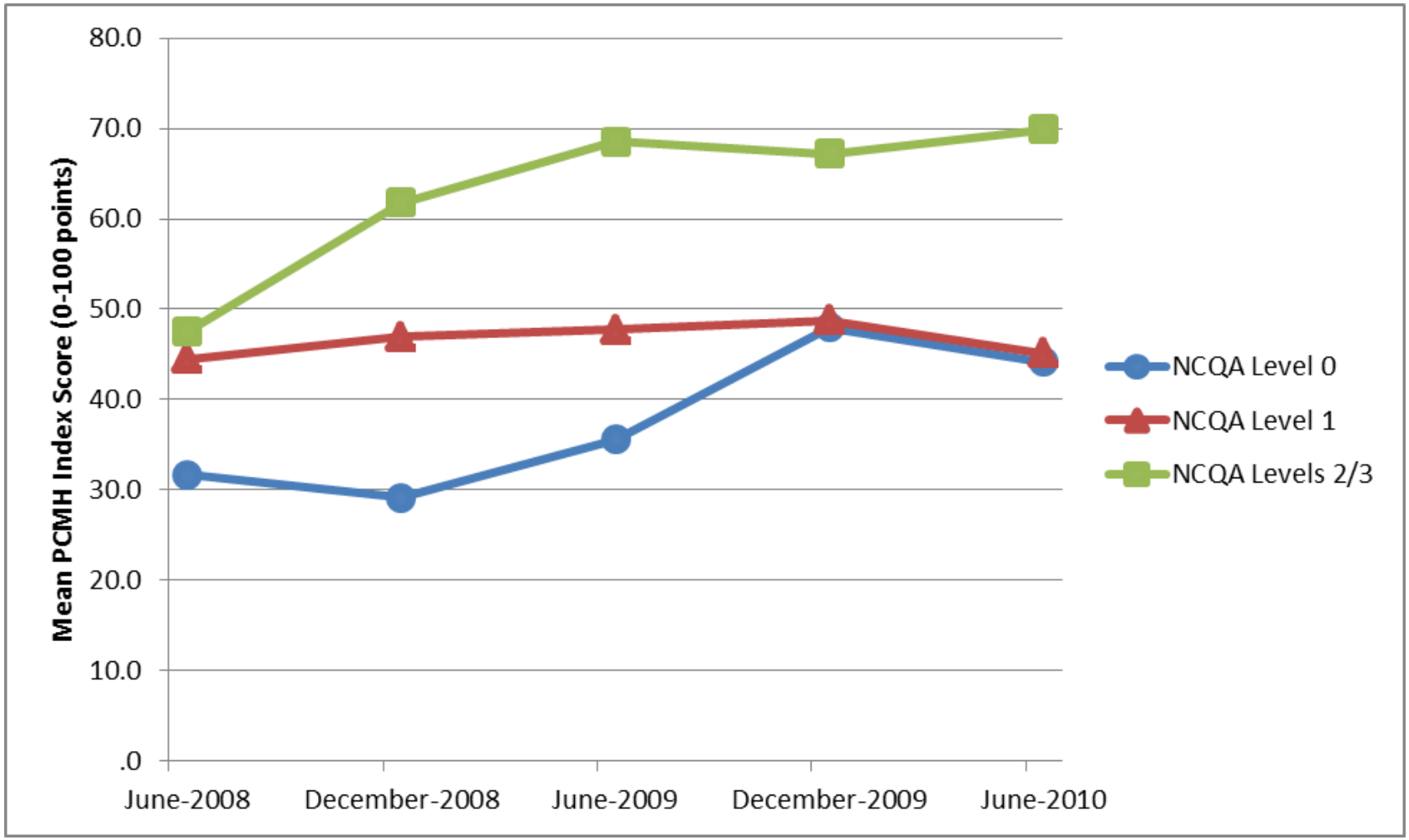

**SOURCE** Louisiana Public Health Institute administrative data for Primary Care Access and Stabilization Grant.

# Clinic Response to Financial Incentive Program

- More than 1/5 clinics obtained NCQA Level 2 or 3 recognition – well above minimal qualifications for incentive payments

- Clinics most responsive to incentives had higher baseline use of PCMH processes, were larger in size, and part of larger health systems

# Trends in Use of PCMH Processes Over Time (N=50 Primary Care Sites)




*Note*. Clinics are classified according to their final of NCQA recognition in December 2009.

# CLINIC SURVEY FINDINGS

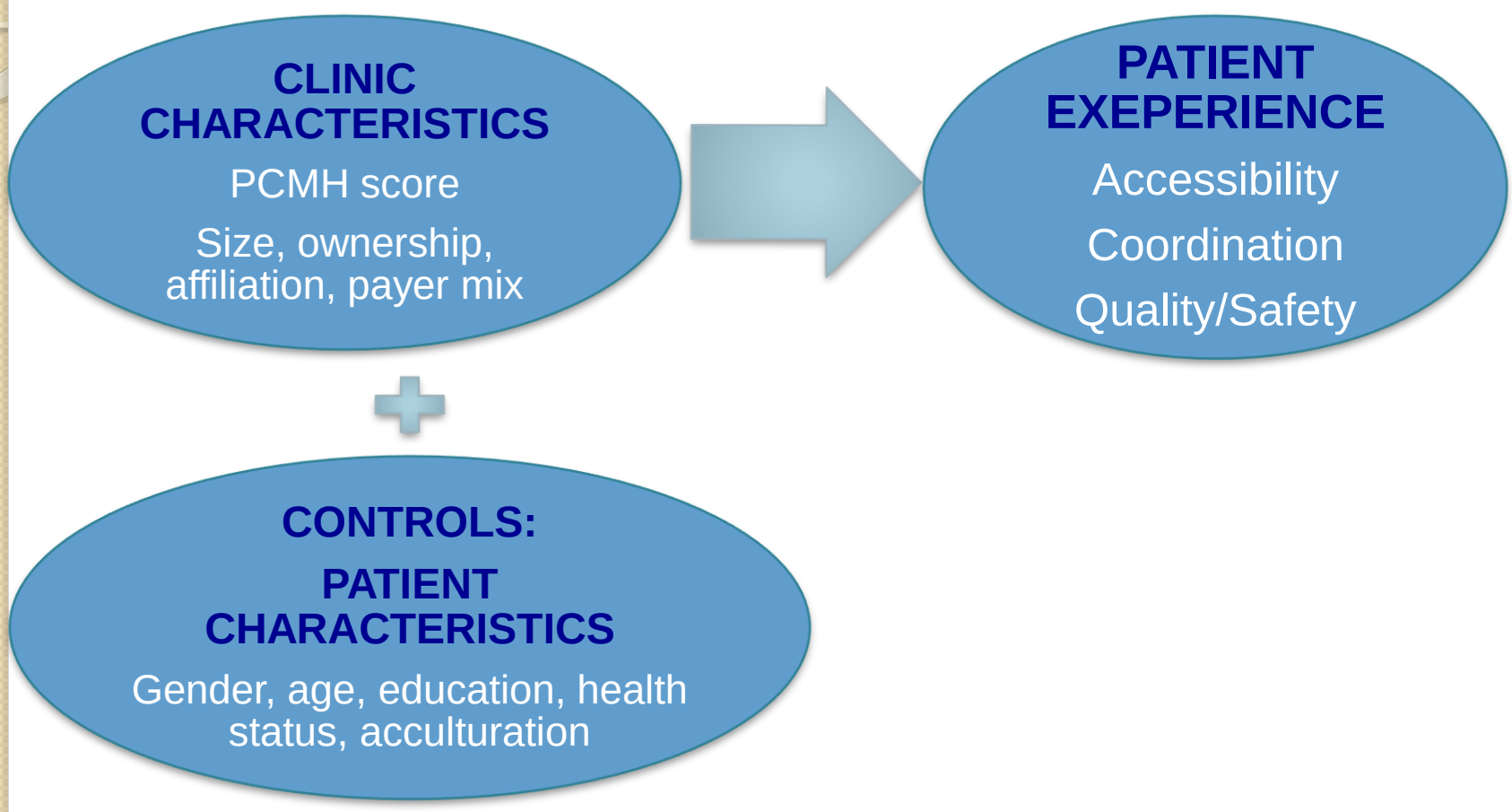
- We observed system-wide improvements in primary care transformation
- Financial incentives worked
- Improvements tapered off towards the end of the study
  - Federal relief funds ended
  - Incentive program ended
  - Hurricane Katrina became ‘old news’

FINDINGS FROM:

# CROSS-SECTIONAL STUDY OF THE PATIENT EXPERIENCE

SYSTEM-WIDE SURVEY OF PRIMARY CARE PATIENTS, 2009

# Patient Experience Study




Representative sample of 1573 patients nested within 27 primary care clinics

# Most pronounced on patient experience involve care coordination

**TABLE 4.** Logistic GEE Models Predicting Positive Patient Experience Ratings as a Function of PCMH Clinic Score, Case-Mix Adjusted

| Clinic PCMH Score | Positive Patient Rating of Accessibility (AOR) | Positive Patient Rating of Care Coordination (AOR) | Positive Patient Rating of Confidence in Quality/Safety (AOR) |
|---|---|---|---|
| All clinics (N=26 clinics, n=1573 patients) | | | |
| High PCMH Score (vs. low) | 0.470 | 2.581** | 0.619 |
| Medium PCMH Score (vs. low) | 0.543 | 1.642 | 0.409 |
| Small clinics (N=14 clinics; n=678 patients) | | | |
| High PCMH Score (vs. low) | 0.156** | 10.697*** | 0.906 |
| Medium PCMH Score (vs. low) | 0.290* | 0.969 | 0.614 |
| Mid-sized clinics (N=7 clinics; n=386 patients) | | | |
| High PCMH Score (vs. low) | 0.298 | 2.570** | 0.076*** |
| Medium PCMH Score (vs. low) | 1.423 | 2.537*** | 0.061*** |
| Large clinics (N=5 clinics; n=509 patients) | | | |
| High PCMH Score (vs. medium) | 0.739 | 0.723 | 0.552** |

Data are weighted for nonresponse and sampling fractions. Results are adjusted for case-mix.

*$P<0.05$, **$P<0.01$, ***$P<0.001$.

AOR indicates adjusted odds ratio; GEE, generalized estimating equations; PCMH, patient-centered medical home.

# Trade-Offs in the Patient Experience

Patients who reported highly positive experiences with:

- Access *and* care coordination 21%
- Access *and* quality/safety 46%
- Care coordination *and* quality/safety 22%

# PATIENT SURVEY FINDINGS

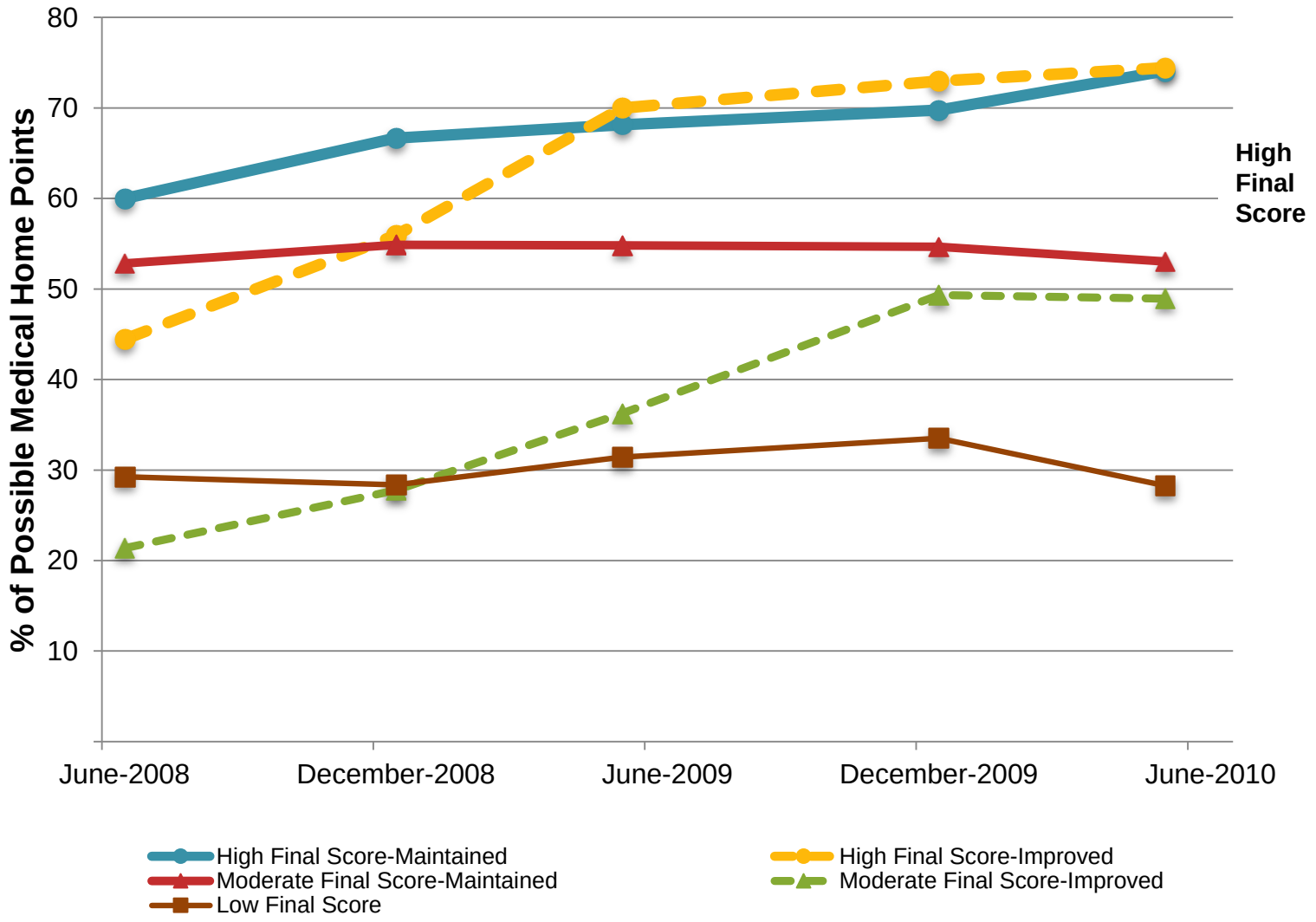
- Safety-net clinics adopting medical home practices had a more positive patient experience with respects to coordination and accessibility of care, but not experiences of quality/safety

- Most clinics were not able to improve the patient experience in more than one area

FINDINGS FROM:

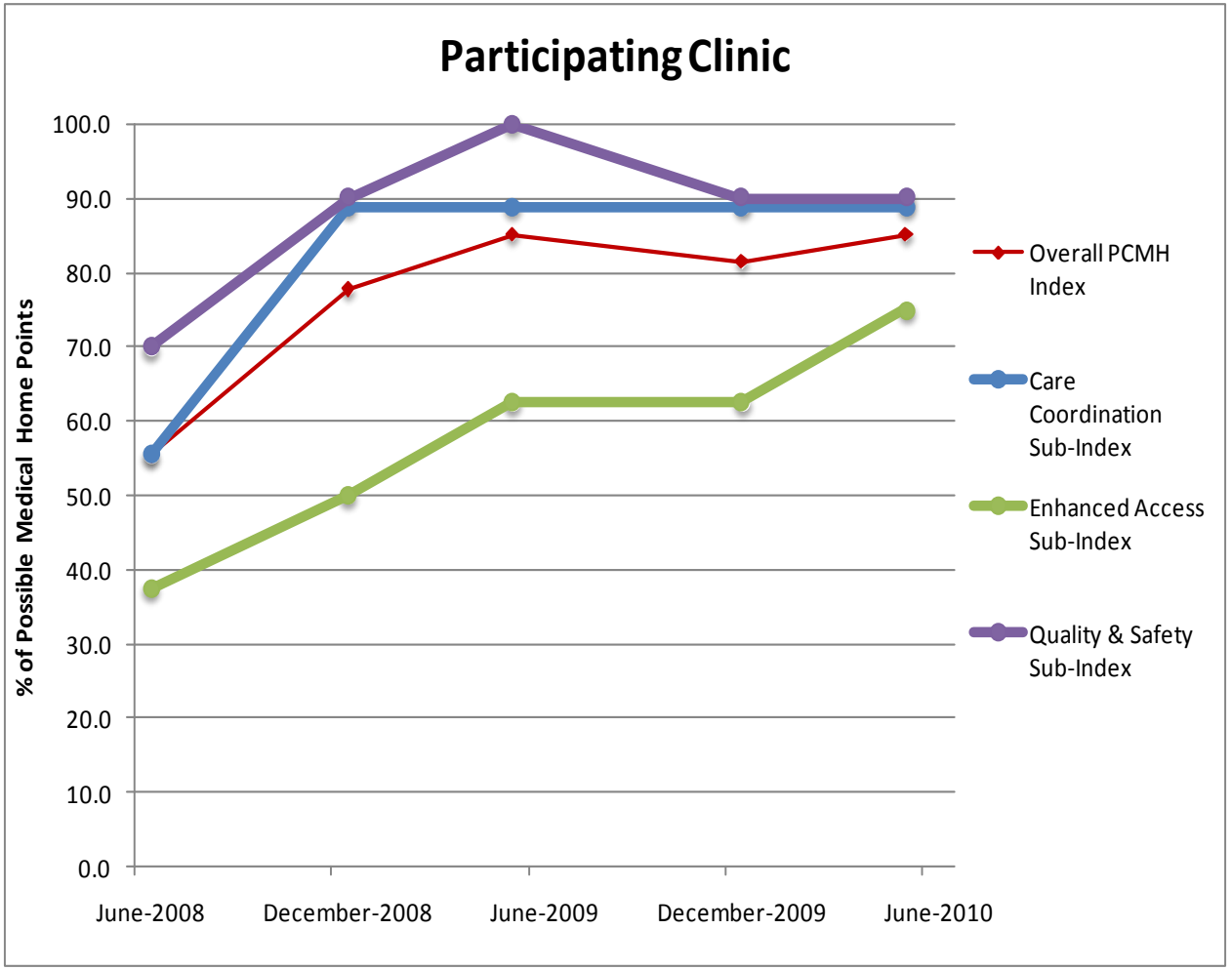
# INTENSIVE CASE STUDIES OF FIVE MODEL CLINICS

# Trajectories of Change Varied



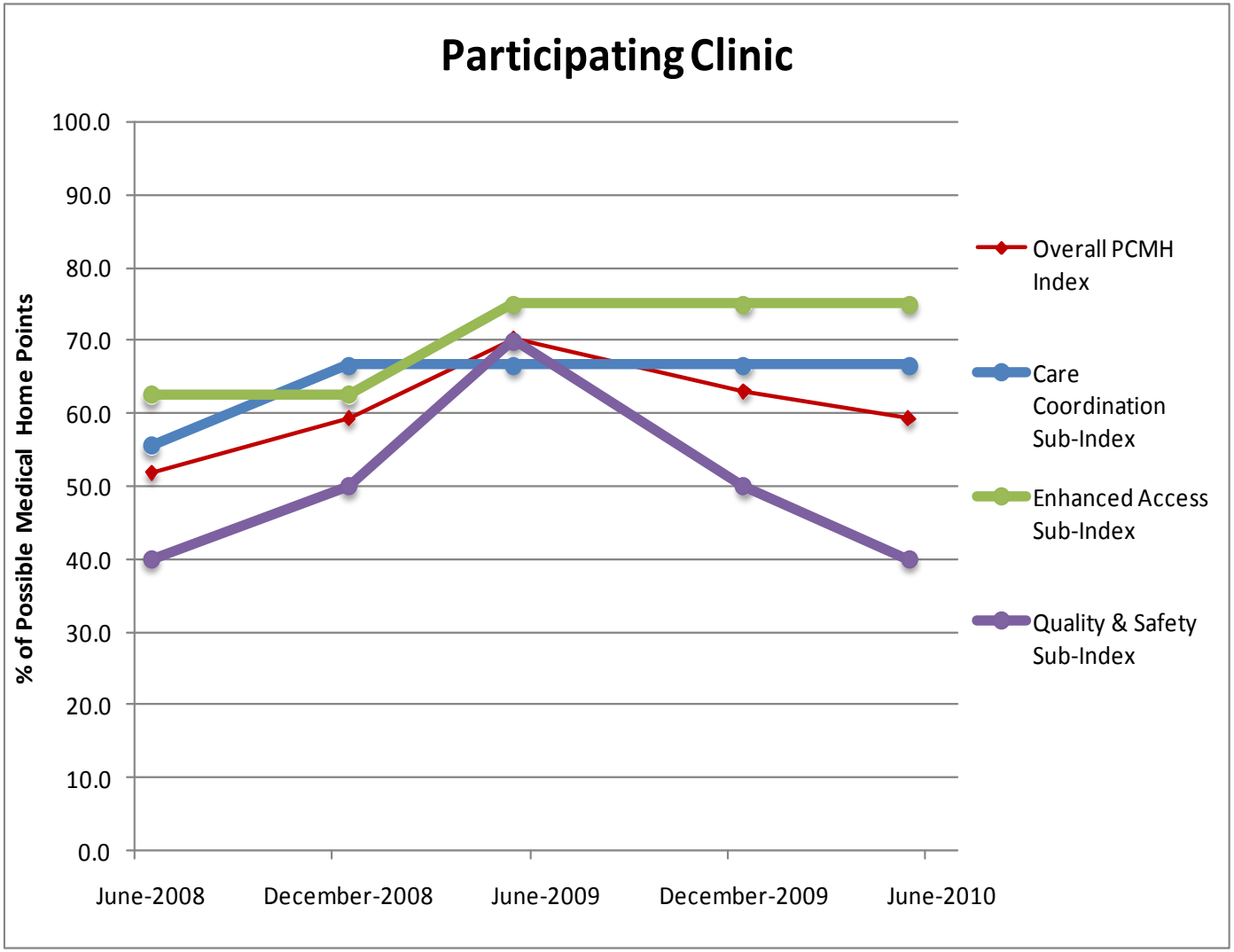
# Types of Improvements Varied Too

## Clinic A



# Types of Improvements Varied Too

# Clinic B



# Tough Trade-Offs

"I mean, only just to acknowledge that people were going to not be seeing as many patients' cause they were going to be in meetings. When you're ready to transform primary care, it is incredibly disruptive to the practice.

For example, *it was because of the medical home recognition process that the leadership team made the decision to stop taking hardly any walk-ins' cause we just could not focus on chronic disease*

# Money Matters

"I think when the medical home stuff fell by the wayside and we were recognized and then we were getting into this sustainability discussion. All of our meetings had been about money, money, money, money. How are we billing, are we doing a good enough job? … *The unfortunate thing is that in the absence of a sustainable payment mechanism for it, you go right back to looking at volume and the money and you stop thinking about quality of care and patient experience in your system.*"

# CASE STUDY FINDINGS

- Clinics specialized in one element of transformation or another

- Tough trade offs were often required

# Lessons for the ACA

- System-wide primary care transformation is possible in the safety net
- Financial incentives make a difference
- Clinic changes, to some extent, can impact the patient experience
- Clinics will vary in their trajectories of change and “specialize”
- Money matters and clinics are forced to make tough trade-offs

# Selected Publications


Rittenhouse, D., Schmidt, Laura, Wu, K., Wiley, J.
"The Post-Katrina Conversion of Clinics In New Orleans To Medical Homes Shows Change Is Possible, But Hard To Sustain"
*Health Affairs*, 31(8):1729-1738, 2012.

Schmidt, Laura, Rittenhouse, D., Wu, K., Wiley, J.
"Transforming Primary Care in the New Orleans Safety Net: The Patient Experience" *Medical Care*, 51(2):158-164, 2013.

Rittenhouse, D., Schmidt, Laura, Wu, K., Wiley, J. "Incentivizing Primary Care Providers to Innovate: Building Medical Homes in the Post-Katrina New Orleans Safety Net."
*Health Services Research,* doi: 10.1111/1475-6773.12080, 2013.

Rittenhouse, D, Schmidt, Laura, Wu, Kevin, Wiley, James.
"Contrasting Trajectories of Change in Primary Care Clinics: Lessons From New Orleans Safety Net"
*Annals of Family Medicine*,11.Suppl1:S60-67, 2013.