Identification of structural components of primary care practices indicating a patient-centred medical home

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OBJECTIVE

➢ Primary care (PC) reform is a top priority in Ontario, with an increasingly popular PC delivery concept being the patient-centred medical home (PCMH).

➢ College of Family Physicians of Canada (CFPC) defines a PCMH as a medical office or clinic where each patient would have 1) his or her own family doctor; 2) timely appointments for all visits; 3) other health professionals working with the family doctor; 4) arrangement and coordination of all other medical services; 5) an EMR; 6) necessary system supports for ongoing evaluation and quality management; and 7) appropriate funding and resources.

➢ **This study intends to identify the structural components of Ontario PC practices that resemble PCMH**
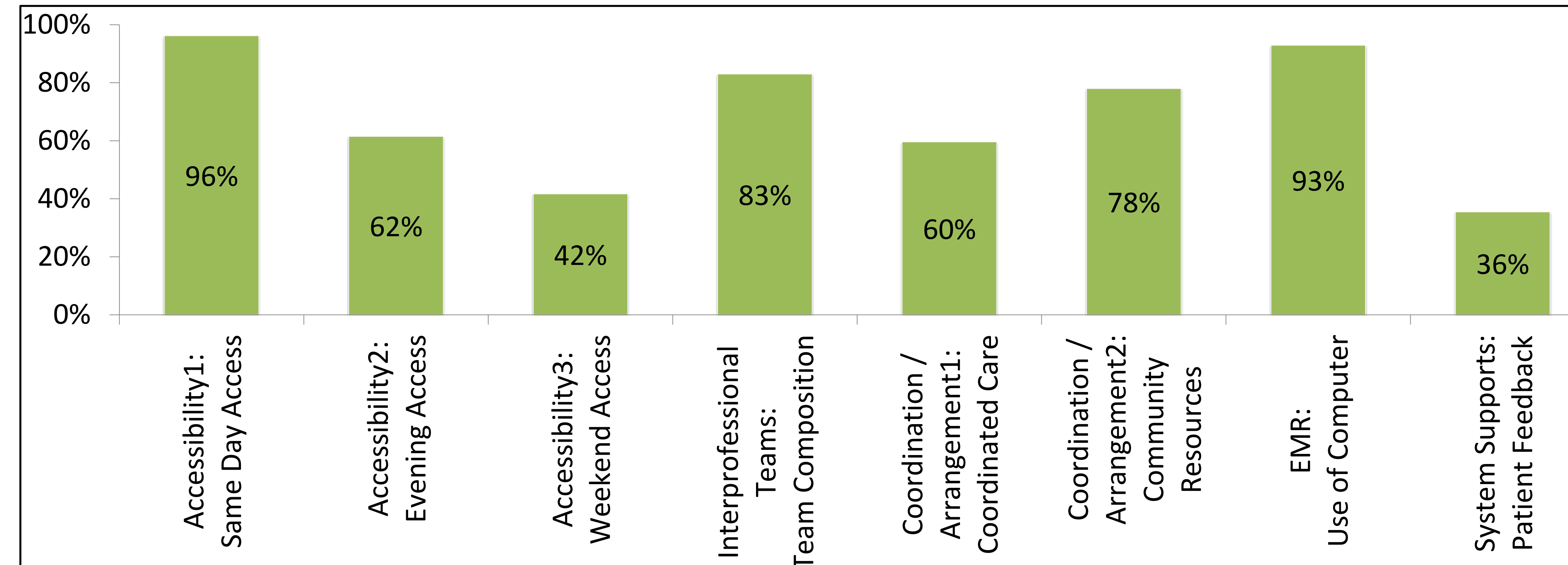
APPROACH

➢ Cross-sectional study using survey data.

➢ Sub-study within the *Quality and Cost of Primary Care* study, an international PC performance measurement study

➢ Ontario family/general practice physicians listed in the Ontario College of Family Physicians database were invited to participate via email.

➢ One physician per practice was allowed to enroll.

➢ Surveys included: 1) Family physician survey; 2) Practice survey; and 3) Patient experience surveys (completed by 9 patients per practice).

➢ Survey data measured the extent PC practices resembled PCMH based on the CPFC definition.

➢ Survey data was mapped into domains of the PCMH definition and linked with health administrative data for all participating physicians' patients using OHIP billing claims.

➢ **Future Research:** Hierarchical logistic regression models will be used to determine the relationship between PC practice characteristics and patient hospital utilization (non-urgent emergency department (ED) visits and ambulatory care sensitive (ACS) hospitalizations).
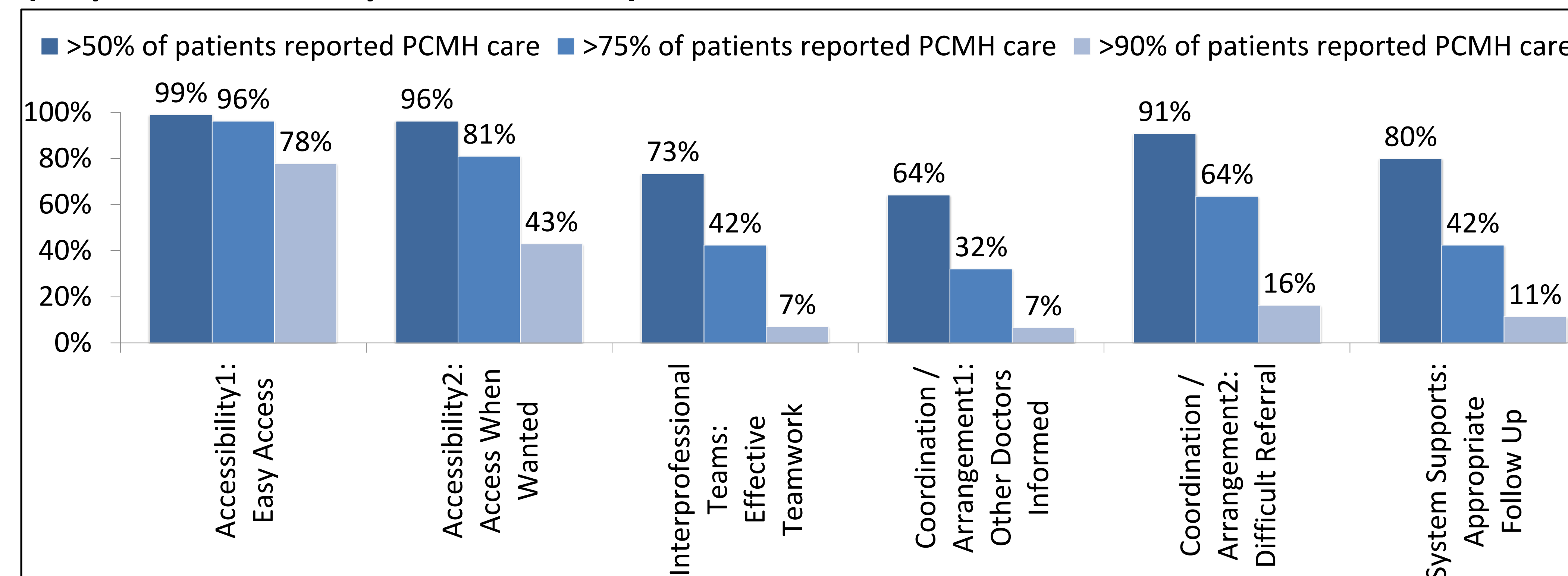
RESULTS

➢ Survey data was collected from 184 PC practices and 1,706 patients.

➢ Results are being linked with health administrative data; pending analysis.

➢ Figure 1 and Figure 2 highlight select results of PCMH resemblance of practices based on survey data from the physician and patient perspective, respectively.

Figure 1. PC practices that resemble PCMH based on provider survey data *(n=183)*[1]

➢ Physician survey data shows a moderate proportion of PC practices (>75%) resemble PCMH in terms of having same day access, interprofessional team compositions, awareness of community resources for patients, and computers for EMR purposes.

➢ Less than half of PC practices have weekend access to PC, or monitor quality through patient satisfaction feedback.

Figure 2. PC practices that resemble PCMH based on patient survey data (PC practice n=184; patient n=1706)[2]

RESULTS

➢ Patient survey data shows a moderate proportion of PC practices (>75%) provide care resembling PCMH care to the majority of their patients (>50% of surveyed patients) in terms of being easily accessible, providing appointments when patients want them, arranging referrals to medical specialists for patients, and providing patients with appropriate follow-up reminders.

➢ As more patients' experiences are considered, there is a steep drop in the proportion of PC practices whose patients report PCMH care, with the exclusion of ease to access.

DISCUSSION

➢ There is considerable variation in resemblance of Ontario PC practices to PCMH depending on the PCMH domain under observation and on the perspective being taken.

➢ Study findings may support evidence-based decisions in the ongoing PC reform in Ontario.

➢ Due to the central role that PC plays, stronger PC may lead to a positive change in the performance of the overall healthcare system.

➢ **Future Research:** To determine the relationship between PC practice structural components and patient health utilization. We expect to find fewer ED visits and ACS hospitalizations correlate with PC practices that resemble PCMH more, including higher:

▪ Accessibility to care;

▪ Use of interprofessional teams

▪ Coordination of care;

▪ Use of EMR to support patient safety and quality improvement; and

▪ Sufficient access to resources/funding availability.

Limitations: Physicians represent a convenience sample of volunteers to the study and may not be representative of the provincial population of primary care physicians.

Strengths: Data collected through a provincial wide survey. Survey data was linked with health administrative data.

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1. Provider Perspective Survey Questions

Accessibility 1 Do you allow walk-in visits or same-day appointments (*yes = PCMH; no = not PCMH*) **Accessibility 2** Does your practice/centre offer clinic hours after 18h00 (*2-3 times/week / 4+ times/week = PCMH; no /once/week = not PCMH*) **Accessibility 3** Does your practice/centre offer clinic hours on a weekend day (*2 – 3 days/month / 4+ days/month= PCMH; no /1 day/month= not PCMH*) **Interprofessional Teams** How many of the following disciplines are working in your practice/centre (*if select multiple medical professions = PMCH; if not = not PCMH*) **Coordination/Arrangement1** For your most complex patients, to what extent are you able to co-ordinate care with service organizations in the community in planning and providing care (*usually / always or almost always able to = PCMH; unable to; occasionally unable to; sometimes able to = not PCMH*) **Coordination/Arrangement2** How strongly do you agree or disagree that you and your practice staff are aware of community resources that are accessible to patients (*agree/strongly agree = PCMH; strongly disagree/disagree/neutral = not PCMH*) **EMR** For which of the following purposes do you use a computer in your practice (*if select: keeping records of consultations, sending referral letters to specialists, storing diagnostic test results, sending prescriptions to the pharmacy, or to maintain and use electronic health records = PCMH; If not = not PCMH*) **System Supports** In the past 12 months, has the following occurred in your practice/centre: Feedback on the satisfaction of your patients (*yes = PCMH; no = not PCMH*)

2. Patient Perspective Survey Questions

Accessibility 1 Was it is easy to get the appointment (*yes = PCMH; no = not PCMH*) **Accessibility 2** Were you able to arrange an appointment with the doctor as soon as you wanted to (*yes = PCMH; no = not PCMH*) **Interprofessional Teams** Different doctors or healthcare professionals that I see in this practice work together effectively on my care (*yes = PCMH; no/don't know = not PCMH*) **Coordination/Arrangement1** When I am referred, my family doctor informs the medical specialist about my illness (*yes = PCMH; no/don't know = not PCMH*) **Coordination/Arrangement2** It is difficult to get a referral to a medical specialist from my family doctor (*no = PCMH; yes/don't know = not PCMH*) **System Supports** I am informed by the practice when I am due for the recommended check-ups, tests or preventative screening (*yes = PCMH; no/don't know = not PCMH*)