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#### Reach of the Pilot

#### **Original Cohort**

- 49 Offices
  - 6 Advanced Networks
  - 1 Independent
- 141 Providers

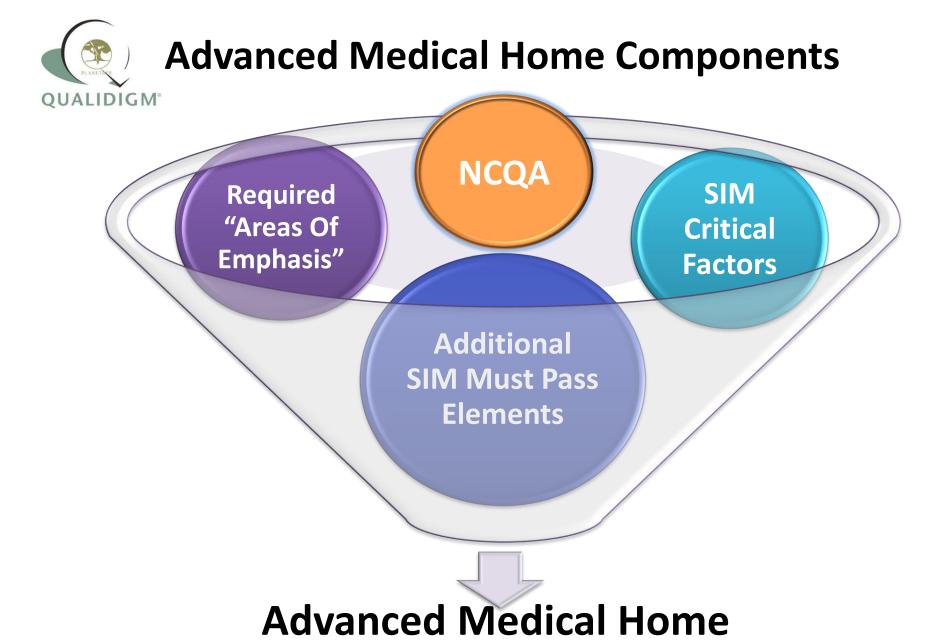
#### **New Cohort**

- 29 Offices
  - 3 Advanced Networks
- 108 Providers



- Advanced Networks & Independent Offices
  - -Attrition: 1
- 10 offices submitted to NCQA as of April





<sup>\*\*</sup>Planetree® is being tested and may be considered for inclusion as a required element in AMH.



### **Benefits and Challenges**

### **Advanced Networks**

#### **Benefits**

- Care coordination
- More resources
- Better access to data

#### Challenges

- -Communication
- -Bureaucracy

# Independent Practices

#### **Benefits**

- Communication
- Easier to make decisions

#### Challenges

- Lack of infrastructure
- Lack of leadership



- Interventions
  - Webinars
  - Surveys & Assessments
- Quality Improvement Measures
  - Diabetes Metrics
  - Access to Care (Press Ganey)
  - Transition of Care Calls
- Accommodations and Modifications in response to:
  - Staff Changes
  - Time Table Changes
  - Results of Needs Assessments





# **AMH Areas of Emphasis**

#### Standard 2: Element C

- Practice should be knowledgeable about CLAS, disparities, and populations served by the practice
- Standard 3: Element C: Factors 2, 6, 10
  - Integration of health literacy and health assessments
- Standard 4: Element A
  - Improvement of care experience and care management
- Standard 4: Element E
  - Integration of shared decision making
- Standard 5: Element C
  - Identifies patients with unplanned readmissions and shares clinical information with hospitals
- Standard 6: Element D
  - Address at least one identified disparity in care/service for identified vulnerable population



### **Evaluation Tools**

<b>Evaluation Tool</b>	Frequency	Description
PCMH-A	Baseline, 6 months, conclusion	Used to help sites understand their current level of 'Medical homeness' and identify opportunities for improvement
Qualidigm Needs Assessment	Baseline	Used to assess leadership, culture and demographics of a practice. Used to develop an office specific plan.
AMH Pre- and Post- Assessment	Baseline, conclusion	Used to assess feelings of burn-out; EHR use; and a host of other questions based on the SIM Physician Survey.
Quality Improvement Measures	After PCMH Standard 6	List of those quality measures chosen by each practice to fulfill this NCQA requirement.



### **Evaluation Tools**

<b>Evaluation Tool</b>	Frequency	Description
Planetree Baseline Observation Report	Baseline	Onsite visit conducted at the beginning of the pilot, includes observation of office workflow, and impromptu interview with patients, families and staff.
Planetree Transformation Validation Report	Conclusion	Onsite visit occurs at the end of the pilot to validate the bronze criteria have been fulfilled.
Staff Satisfaction Survey	Baseline, conclusion, 6 months post	Survey is completed by practice staff.



#### Baseline Needs Assessment & PCMH-A:

- Opportunities for Improvement
  - Measuring Patient Experience
  - Care Management
  - Care Coordination
  - Engaged Leadership





#### Baseline Needs Assessment & PCMH-A:

- Strengths
  - Advanced Networks
  - Patient Feedback





- AMH Pre-Assessments
  - Feelings of burn-out: a few times a month
  - Behavioral health referrals: very challenging
  - Use of EHR: somewhat positive effect on quality and reducing cost



- Staff Satisfaction Surveys
  - Teamwork is an essential driver of satisfaction
  - -Staff feels burdened
  - Perceived cultures of safety





# **Formative Evaluation** of the Q-P Process

- Webinar evaluations
- Customer satisfaction surveys



- Office-specific plans
- Planetree baseline observation report



# **Measure Change from Baseline**

- What contributed to successful AMH transformation?
  - -Themes
  - Lessons Learned





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