

# THE QUALITATIVE AND QUANTITATIVE EFFECTS OF PATIENT CENTERED MEDICAL HOME IN THE VETERANS HEALTH ADMINISTRATION

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# Introduction

- ▶ The Patient Center Medical Home (PCMH) Model, called “Patient Aligned Care Team” (PACT) in the VHA, is the coordinating and integrating of services which ensure optimal health outcomes at an acceptable value

# Introduction

- ▶ PCMH Created in the 1960's as care for children with special needs
- ▶ Created in 2010 transforming 20 years of a loosely based systems of inpatient services to provide outpatient primary care for veterans
- ▶ PACT is based on a model created by the Agency for Healthcare Research and Quality (AHRQ)

# Introduction

- ▶ Agency for Healthcare Research and Quality (AHRQ) defines PCMH as encompassing five functions :
  - ▶ Comprehensive Care
  - ▶ Patient-centered
  - ▶ Coordinated Care
  - ▶ Accessible Services
  - ▶ Quality and Safety

# Purpose

- ▶ The purpose of this study was to determine the qualitative and quantitative effects of the PACT in the Veterans Health Administration

# Methodology

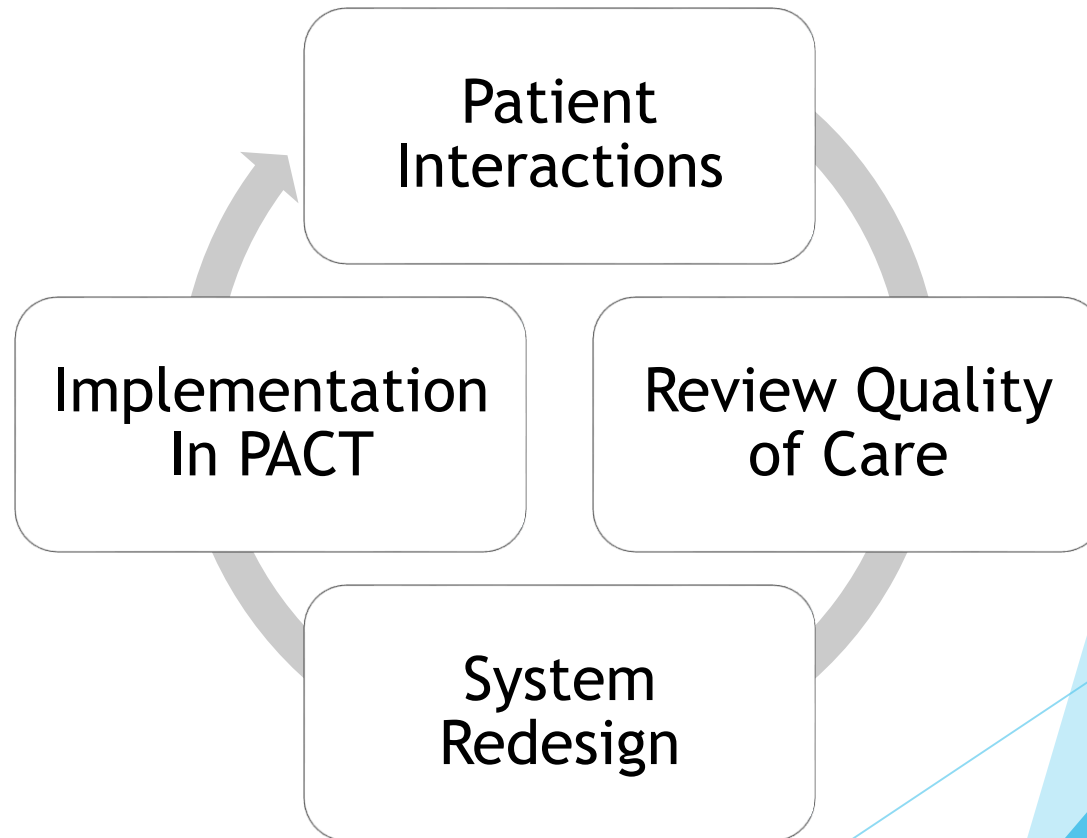
- ▶ The primary hypothesis of this study was: that utilizing the PCMH program, PACT, in the VHA would increase access and quality of care while decreasing costs.
- ▶ Method used in this study was a literature review partnered with a semi-structured interview of a VHA PACT Coordinator.

# Methodology

- ▶ The following electronic databases and sources were used: EBSCOhost, Pub Med, ProQuest, LexisNexis, and Google Scholar Key search terms: “VHA,” AND “PCMH” AND “PACT” OR “cost” OR “access” OR “quality” OR “barriers.”
- ▶ Inclusion criteria: Publications in U.S. written in English between 2007 and 2015

# Methodology

## Conceptual Framework Of PACT



Adopted from Dr. James Duthie



# Results: Costs and Utilization of PACT

- ▶ Results of one study demonstrated that of the 814 VHA clinics with the highest access to health care and utilizing efficient scheduling through the PCMH method this could:
  - ▶ Lower costs by 17% for an Ambulatory Care Sensitive Condition (ACSC)
  - ▶ Additionally, if these clinics were to maximize the utilization of the PCMH an estimated annual savings of <\$100,000 could be seen for those patients ACSC

# Results: one study showed

Table 1: The Reduction of Costs Associated with Implementation of a PCMH.

	With Chronic Conditions	Without Chronic Conditions	All Patients
Pharmacy Costs	-14.0%	-9.5%	-12.5%
Ancillary Costs	-17.0	-13.0	-15.5
PMPQ Costs	-10.5	-7.0	-9.5

Source: Christensen et al (2013).

Notes: Pharmacy Expenditures Per Member Per Quarter (PMPQ)

Results: PCMH has changed patient encounters for various medical visit need in a given year. Results are based on the use of less expensive primary and specialty care physicians.

Table 2: The Increase or Decrease in Patient Encounters with Various Medical Needs.

	With Chronic Conditions	Without Chronic Conditions	All Patients
ER Visits	-7.0	0.0	-6.0
Specialty Care Visits	-3.0	15.0	3.0
Primary Care Visits	27.0	0.0	21.5

Source: Christensen et al (2013).

# Results: based on multiple studies

- ▶ Costs and Utilization of Pact
  - ▶ Varied/mixed results with implementation
  - ▶ One study found \$774 million in implementation costs for VHA in 2012
    - ▶ Most costs associated from new coordinated care and training
  - ▶ Yet after implementation of PCMH a savings in 2012 was \$596 million due to increased efficiency and utilization in VHA

# Results

- ▶ Quality of Care with PACT in the VHA
- ▶ Team-based approach to care delivery was found to be a major factor in the PCMH performance for the VHA
  - ▶ Lit review demonstrated more consistency found in studies with increase in quality
  - ▶ Observational study had utilized data on more than 5.6 million U.S. veterans who received care at over 900 VHA facilities, tracking the results of quality of patient services
    - ▶ Patients had higher satisfaction with their healthcare, and higher clinical performance on 41 of 48 quality measures.

# Results

- ▶ Access to Care with PACT
  - ▶ Study with 850 VHA's from 2009 to 2012 found
    - ▶ Same-day appointments increased from 67% to 73%
    - ▶ Total number of inquiring messages from patients to primary care staff increased from 9,852 in 2010 to 289,519 in 2011

# Discussion

- ▶ VHA PACT encompasses three pillars :
  - ▶ Access to Care
  - ▶ Coordination of Care
  - ▶ System Redesign

# Discussion

- ▶ Disadvantage of implementation:
  - ▶ Increased need for staffing and office space
  - ▶ High Turnover of personnel cause a slow down in the team-approach dynamic
- ▶ Advantages
  - ▶ No savings, but no cost increases
  - ▶ Quality of care has increased
  - ▶ Continues to evolve with needs



# Limitations

- ▶ Search strategy
- ▶ Quantity of databases searched
- ▶ Publication bias
- ▶ Researcher bias
- ▶ Financial information was limited due to estimated costs related to PACT in various VHAs

# Implications

- ▶ The literature review has shed light on the various benefits and changes that can be seen with the implementation of the PACT program within the VHA.
- ▶ Further research is needed as PACT grows to discover if there is a savings in long term implementation of the program to help decrease inpatient stays and emergency visits.

# Conclusion

- ▶ The PACT program has shown varied results in costs
- ▶ Research has shown a more positive consistency in the quality and access to care in the VHA for veterans
- ▶ PACT continues to evolve and develop as more VHA's fully adopt and implement the program, working to provide healthcare to the veterans in the United States, focusing on individual results.

# QUESTIONS?

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