Data in Direct Primary Care:
Striking the Right Balance in Measuring Clinical and Business Outcomes

Allison Edwards, MD, Kansas City Direct Primary Care

Participate in polling questions and submit your questions to https://aafp4.cnf.io/

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Learning Objectives

By the end of this educational activity, participants should be better able to:

1. Briefly discuss current understanding of data and quality metrics as used in primary care
2. Discuss DPC data collection practices from a handful of clinics nationwide
3. Determine what data and metrics make the most sense within your own clinic -- both from a clinical sense and a business sense

Outline:

We hate data.

(We have reasons to hate “data”)

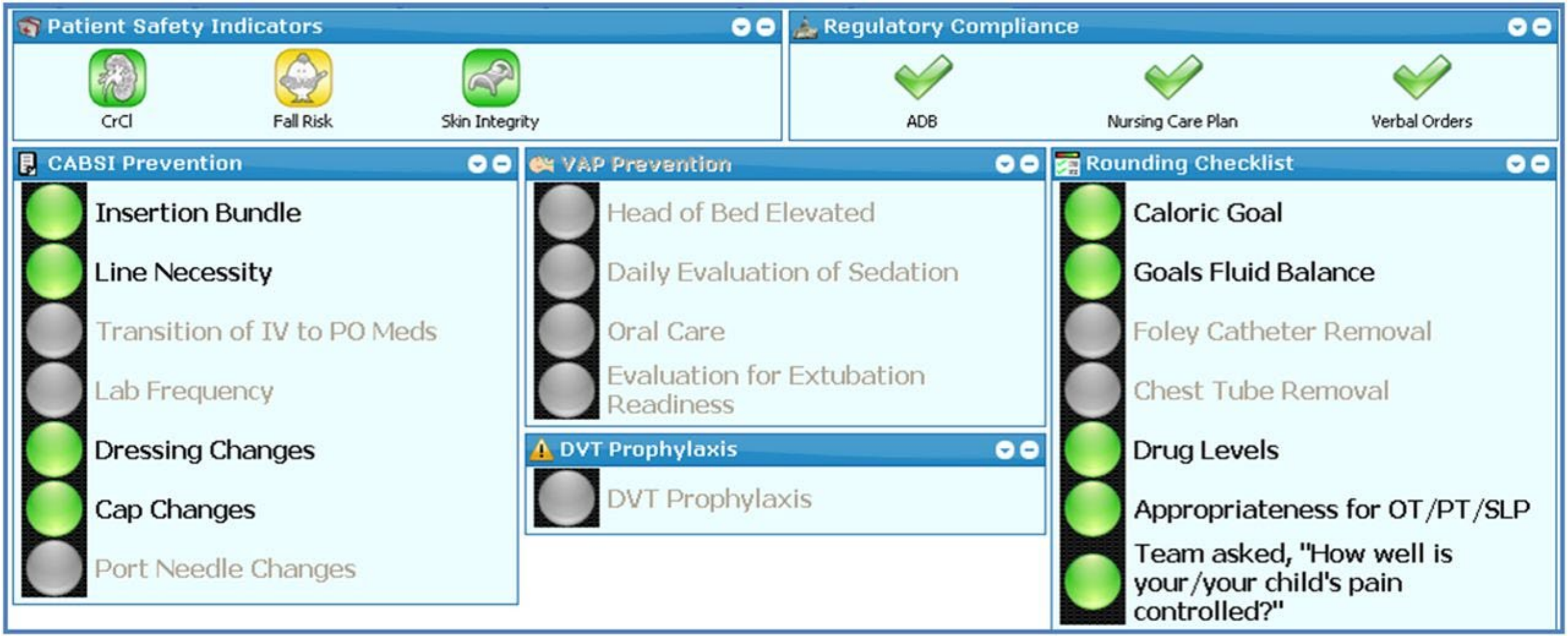
The Primary Care Paradox

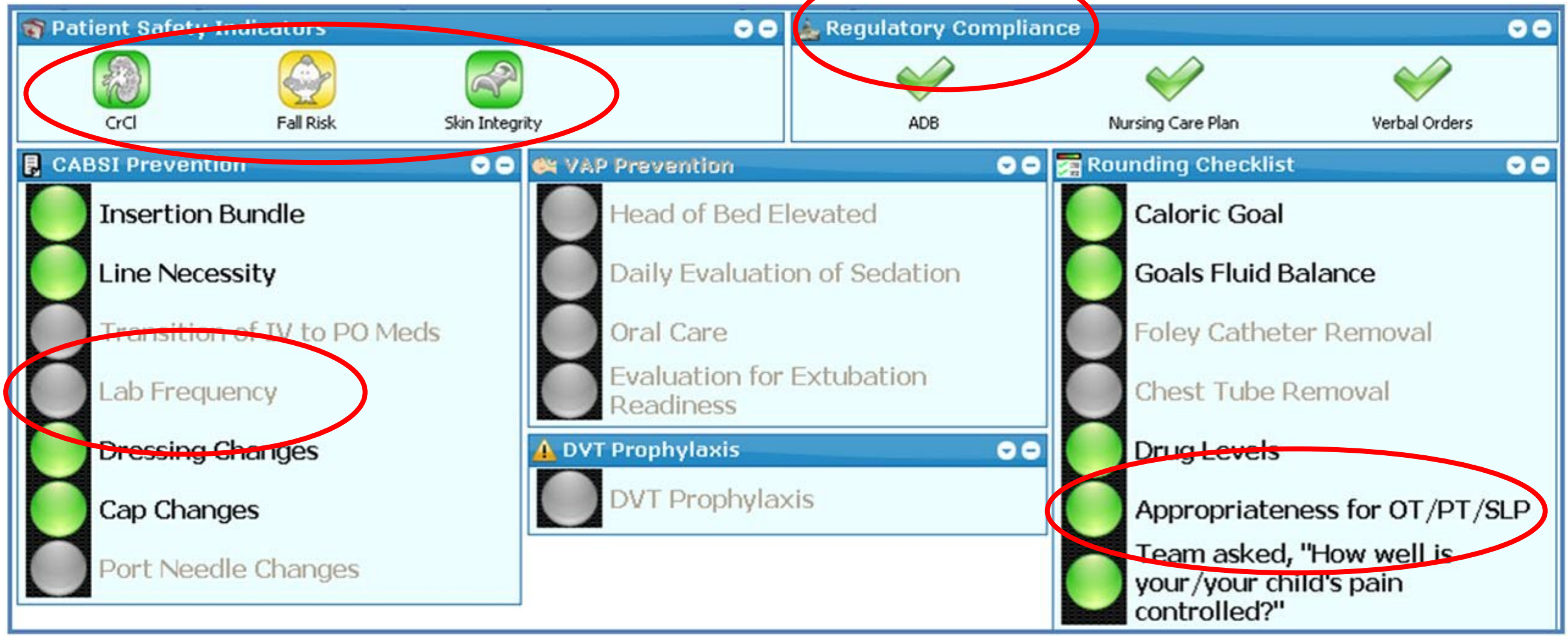
New Rules for the Future

We hate data.

Haha · Reply · 8w

2


Patient Safety Indicators
CrCl
Fall Risk
Skin Integrity
Regulatory Compliance
ADB
Nursing Care Plan
Verbal Orders
CABSI Prevention
Insertion Bundle
Line Necessity
Transition of IV to PO Meds
Lab Frequency
Dressing Changes
Cap Changes
Port Needle Changes
VAP Prevention
Head of Bed Elevated
Daily Evaluation of Sedation
Oral Care
Evaluation for Extubation Readiness
DVT Prophylaxis
DVT Prophylaxis
Rounding Checklist
Caloric Goal
Goals Fluid Balance
Foley Catheter Removal
Chest Tube Removal
Drug Levels
Appropriateness for OT/PT/SLP
Team asked, "How well is your/your child's pain controlled?"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NueMD
See Patients. Get Paid.

athenahealth

Cerner

CureMD
Practice without boundaries

Epic

practice fusion™

PRAXIS
The Template-Free EMR

kareo
Go Practice

NEXTGEN
HEALTHCARE

eClinicalWorks

Centricity

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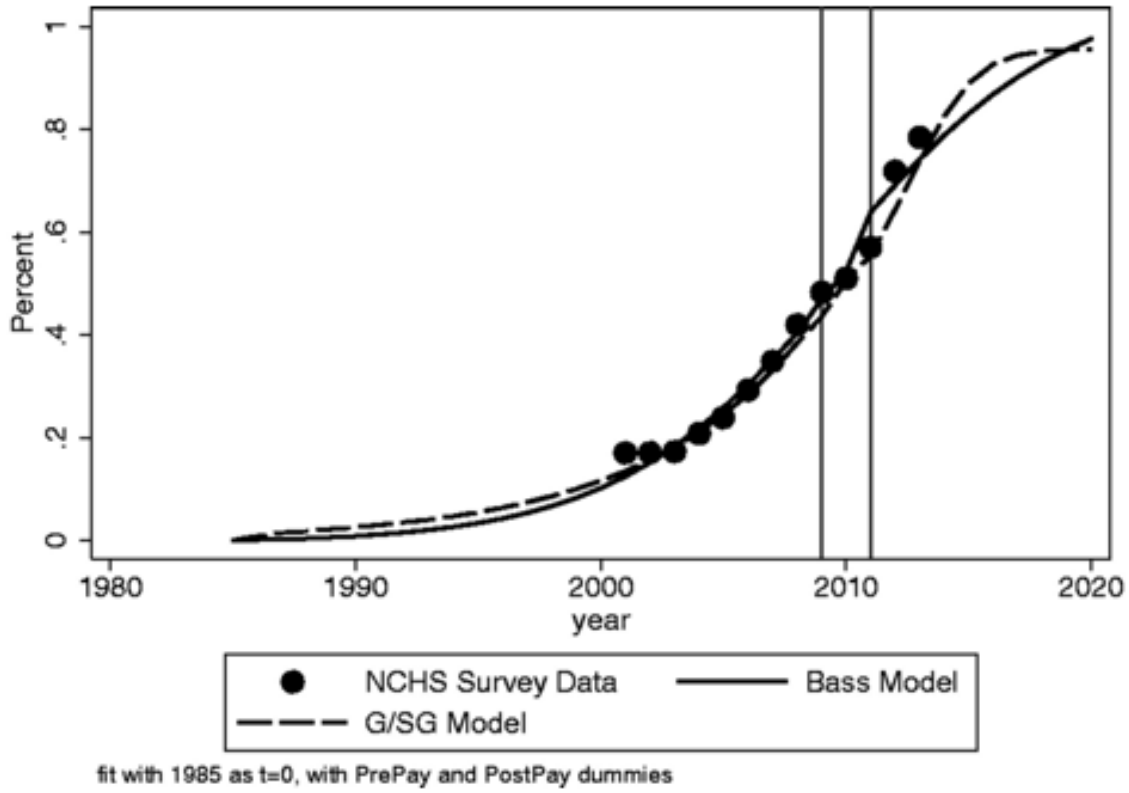
Figure 1: Bass and G/SG models of Any EHR Adoption.



Journal of the American Medical Informatics Association, Volume 23, Issue 2, March 2016, Pages 375–379, https://doi.org/10.1093/jamia/ocv103

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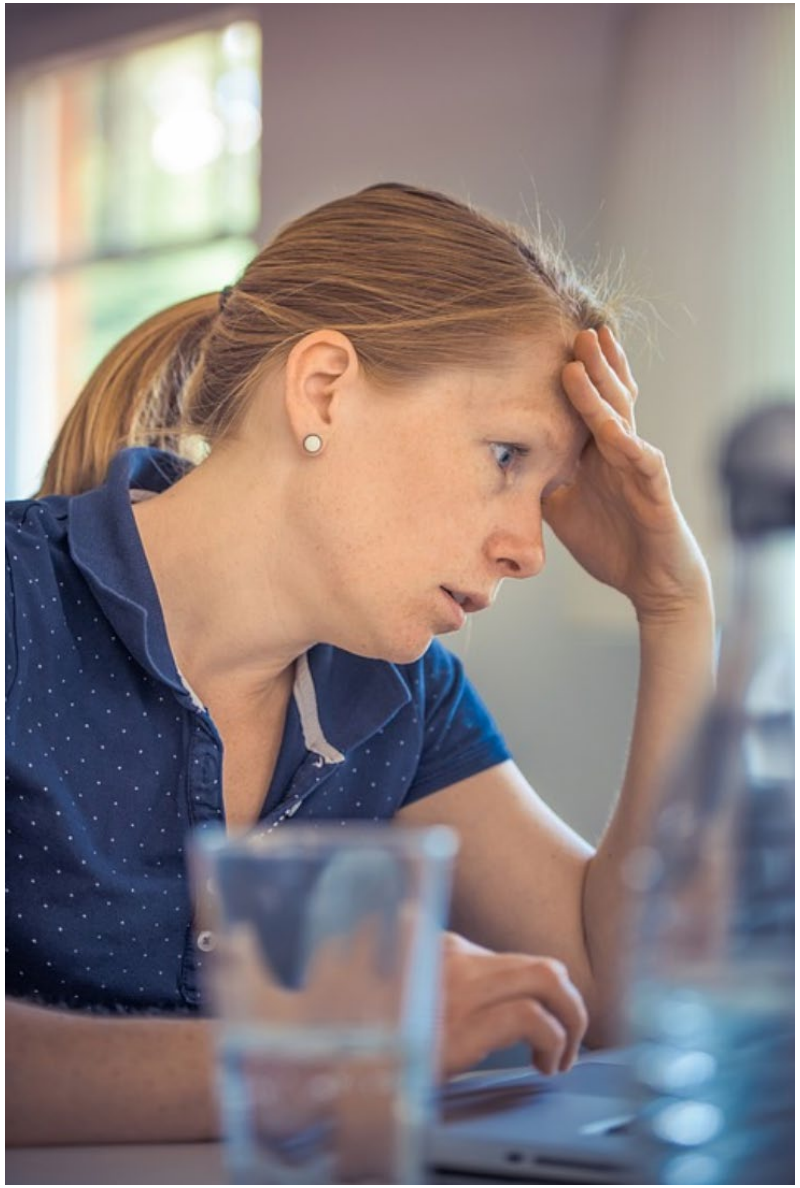

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(So. We have reasons to hate “data.”)

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The Primary Care Paradox

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New Rules for the Future

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2. Metrics and data collection should never interrupt flow.

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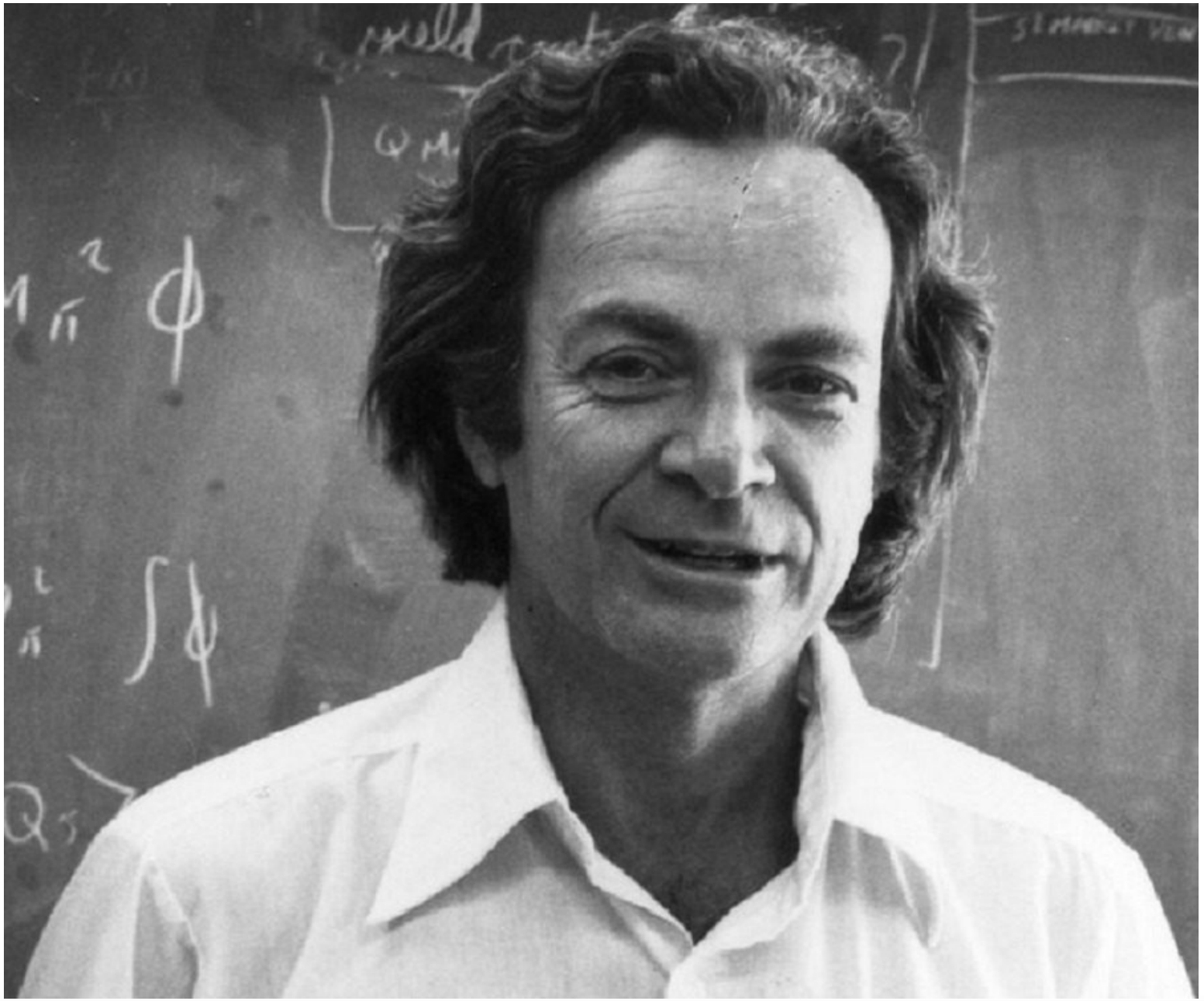
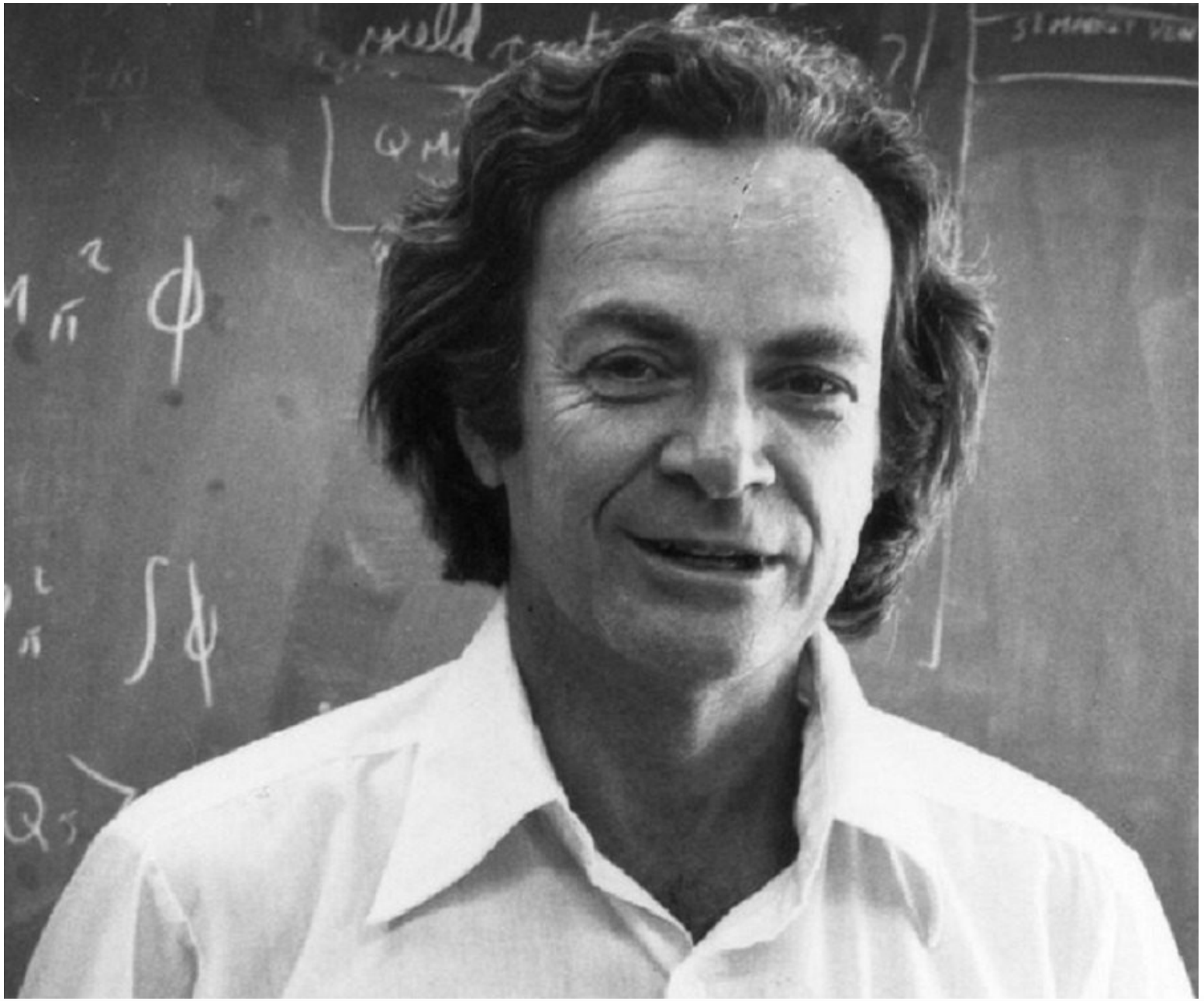
3. Metrics can -- and should -- be retired over time.



You must not fool yourself



You must not fool yourself, and you are the easiest person to fool..- Richard Feynman

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- They cannot be punitive.
- They must be used to foster reflection, experimentation, and assessment of assumptions and knowledge.
- They’re most useful in environments that enable reflection and have systems in place for rapid-cycle learning, institutional memory, and a pathway for collective action.

Stange, Kurt C, and Robert L Ferrer. “The Paradox of Primary Care.” *Annals of Family Medicine*, American Academy of Family Physicians, July 2009, www.ncbi.nlm.nih.gov/pmc/articles/PMC2713149/. Accessed 2 June 2019.

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Rule #1: We measure data for our ourselves and our patients. And nobody else.

Take 2 minutes to jot down the things that adhere to Rule #1 that you are either currently measuring or monitoring in your practice *or* data that you think would be meaningful that you would like to start measuring.

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- Evidence-based practice metrics
- Business-oriented metrics
- Patient-oriented metrics

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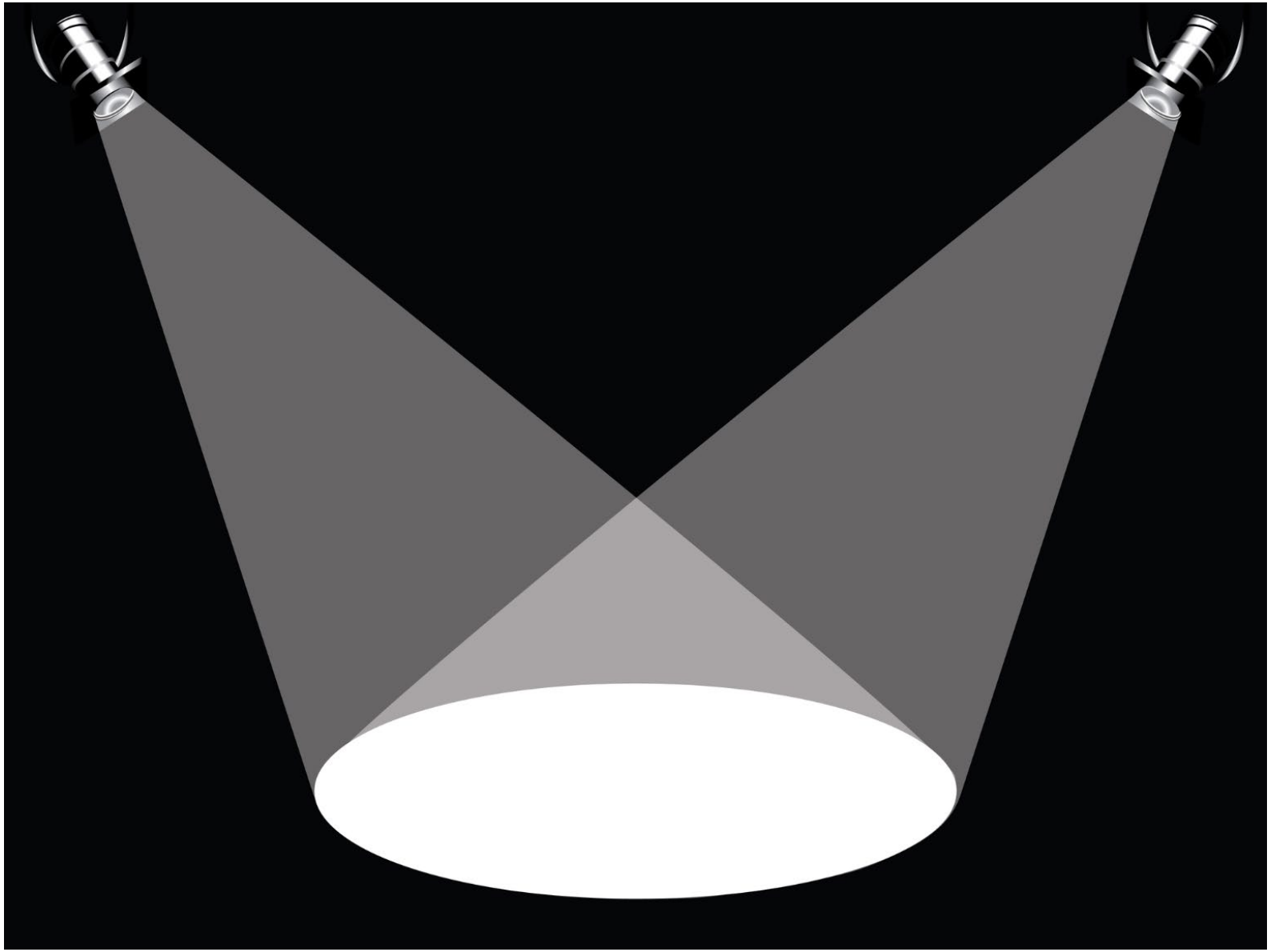

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AVERAGE PMPM		**$51.16**
Up until	4/30/2017	$40.92
4/30/17 to	11/14/2017	$47.64
11/15/17 to	5/1/2018	$47.16
After	5/1/2018	$56.06

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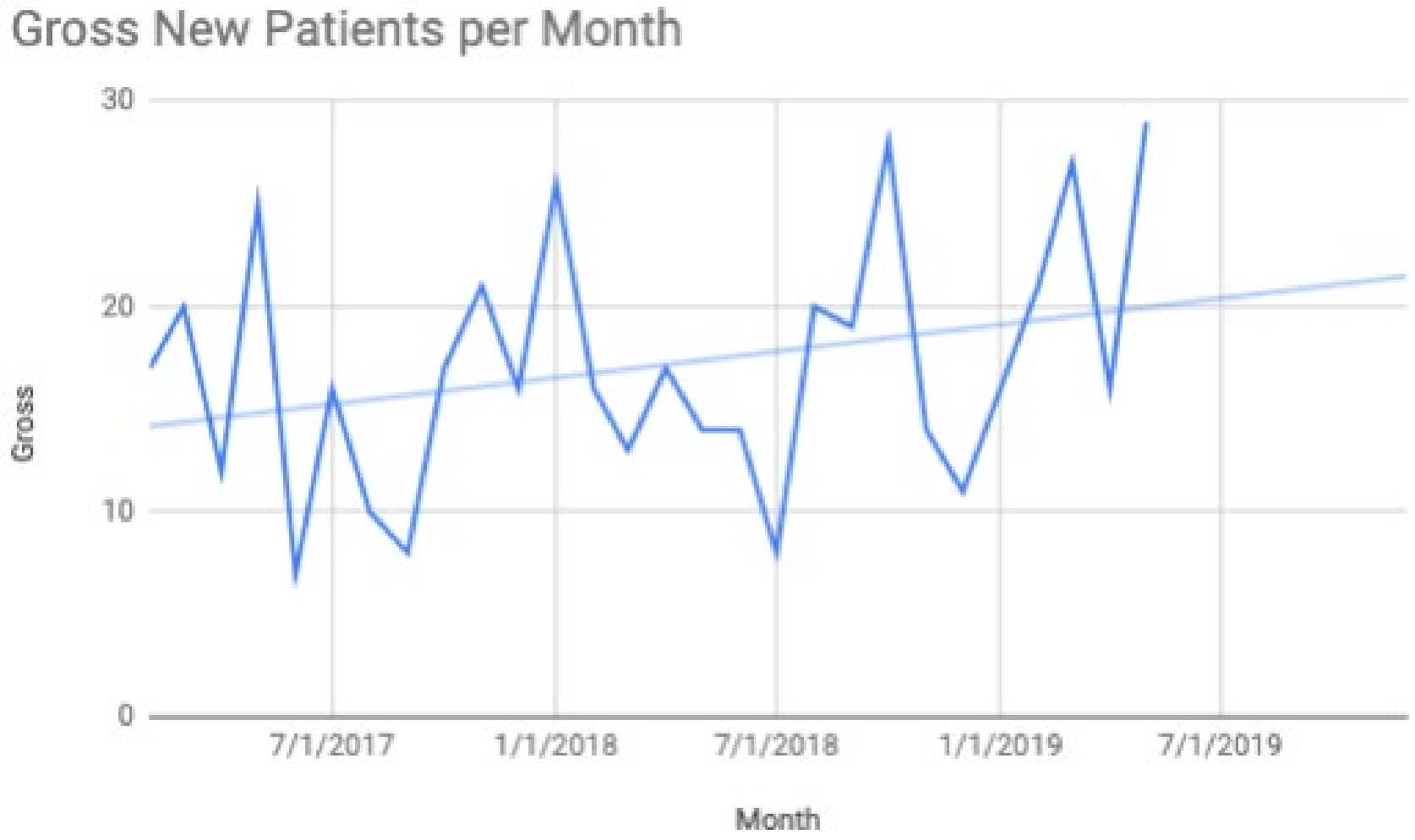

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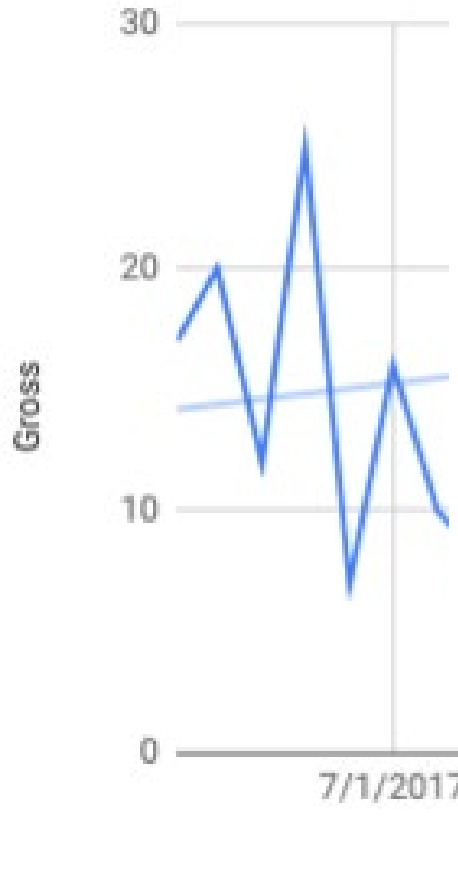

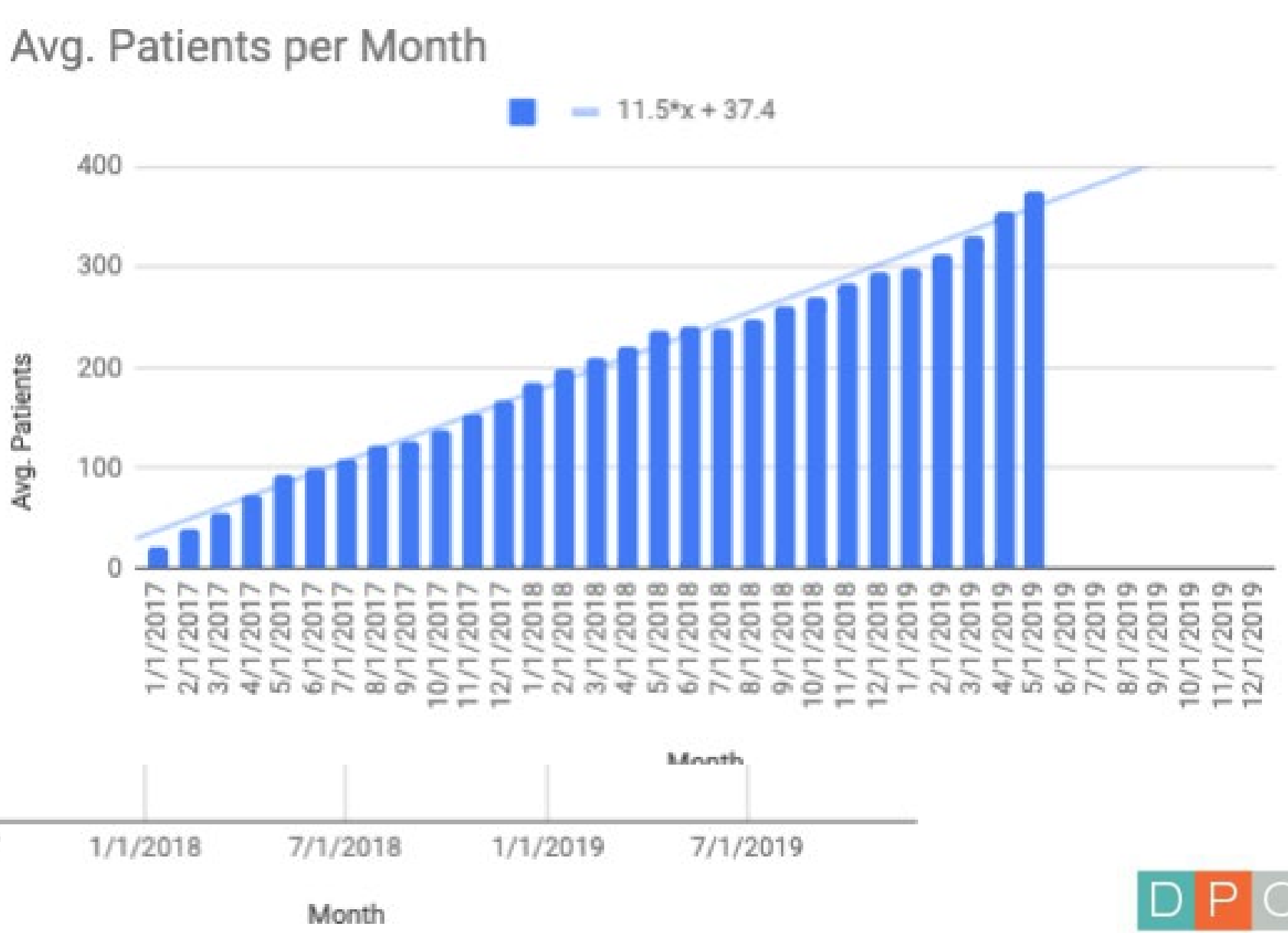

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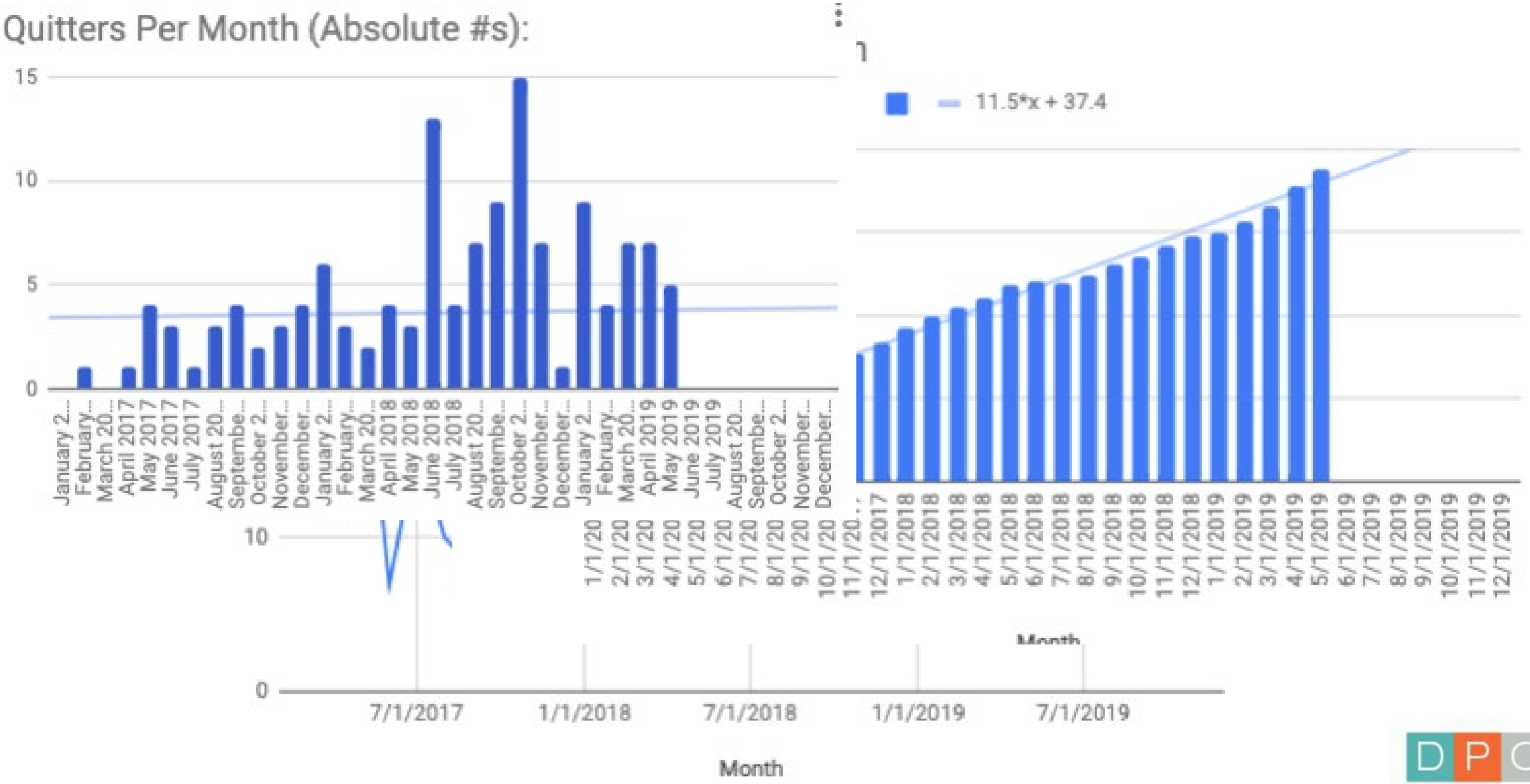
Quitters Per Month (Absolute #s):



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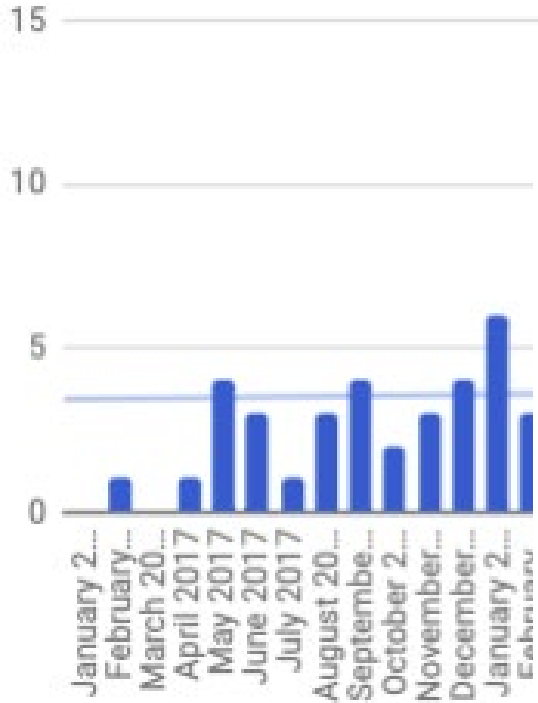
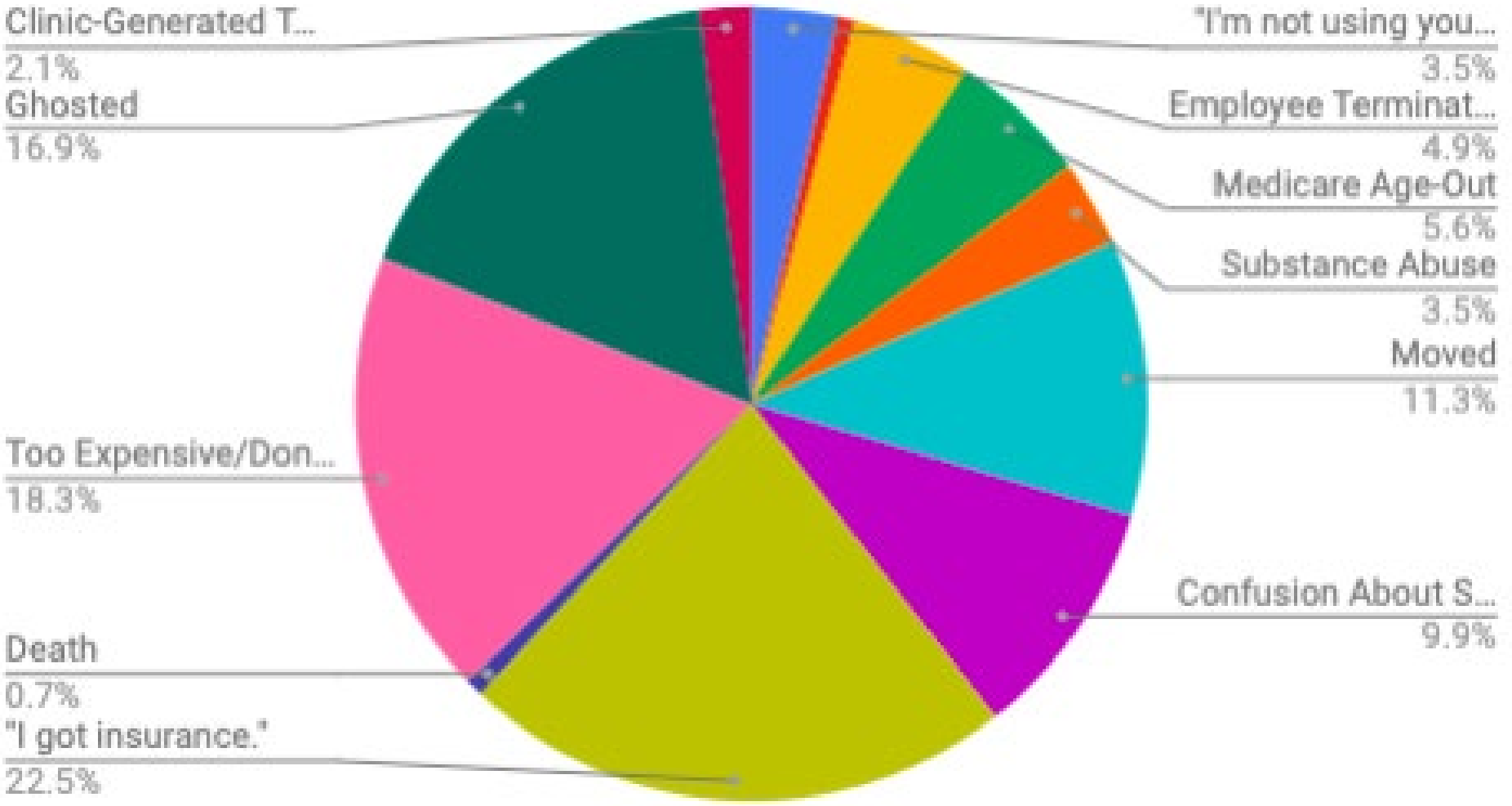


% vs. REASONS FOR QUITTING



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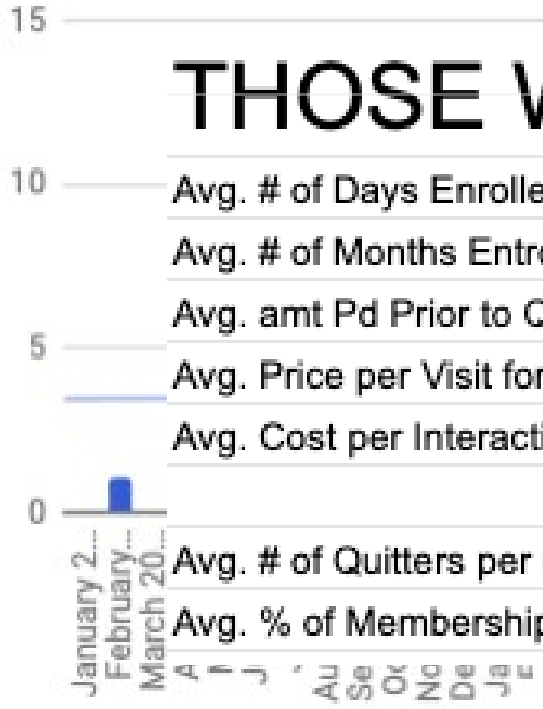
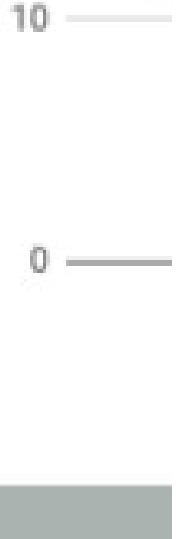
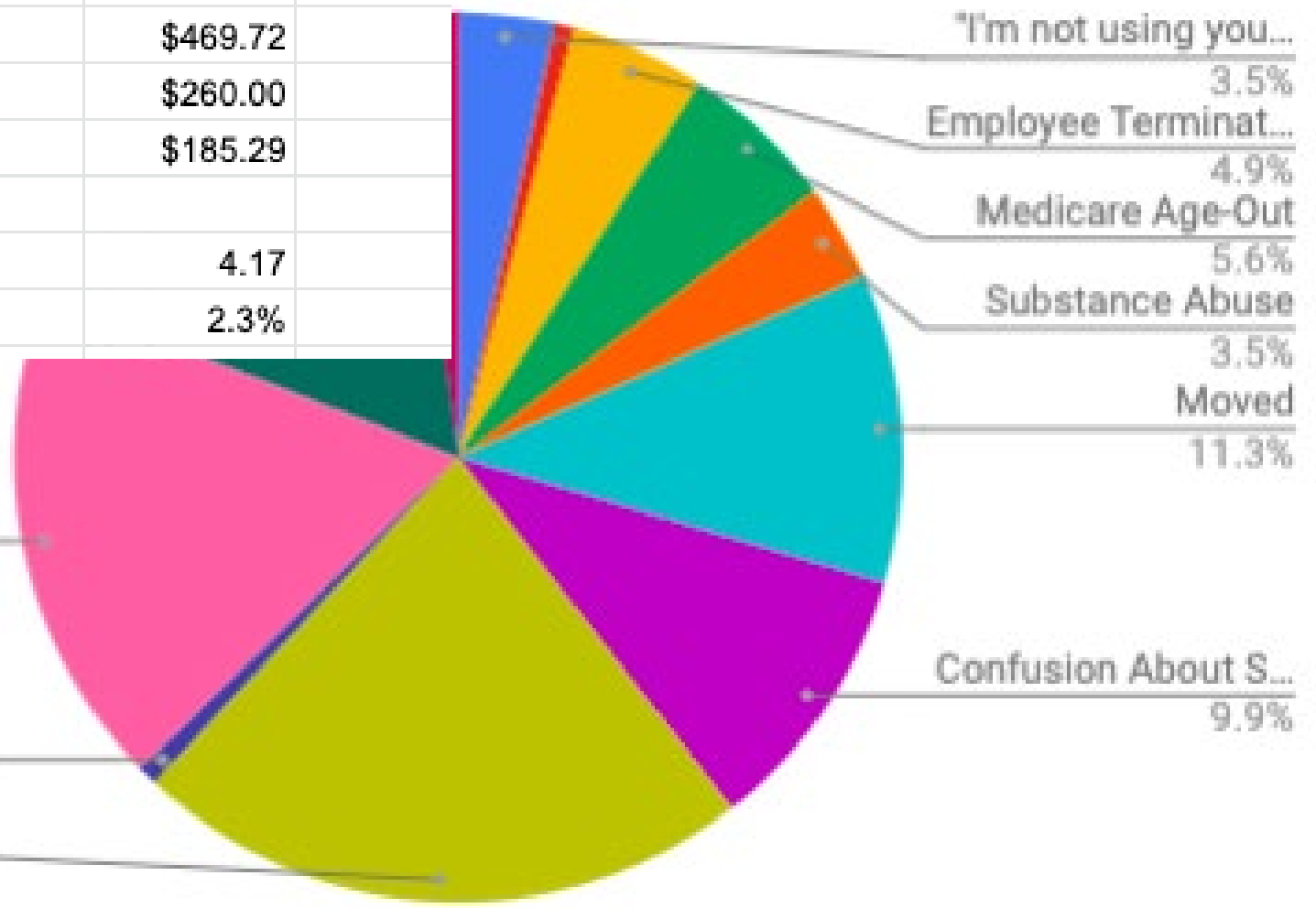


THOSE WHO HAVE QUIT...

Avg. # of Days Enrolled Prior to Quitting	226	Days
Avg. # of Months Enrolled Prior to Quitting	7.5	Months
Avg. amt Pd Prior to Quitting	$469.72	
Avg. Price per Visit for Quitters	$260.00	
Avg. Cost per Interaction for Quitters	$185.29	
Avg. # of Quitters per month	4.17	
Avg. % of Membership Quitting per month	2.3%	





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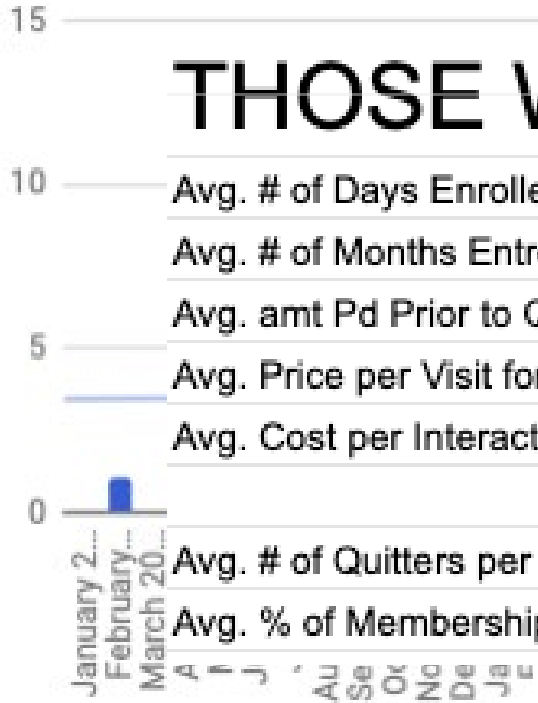

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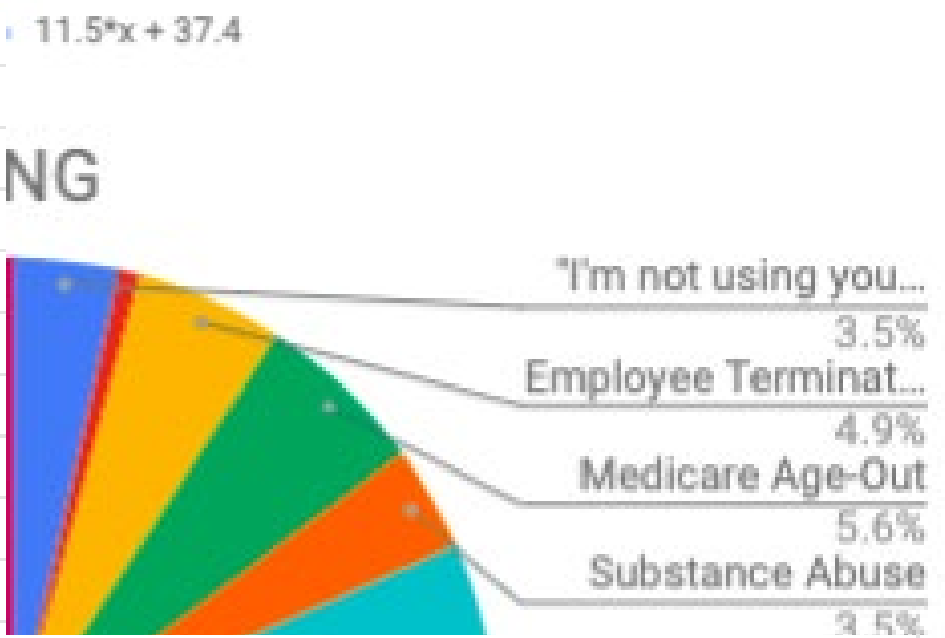
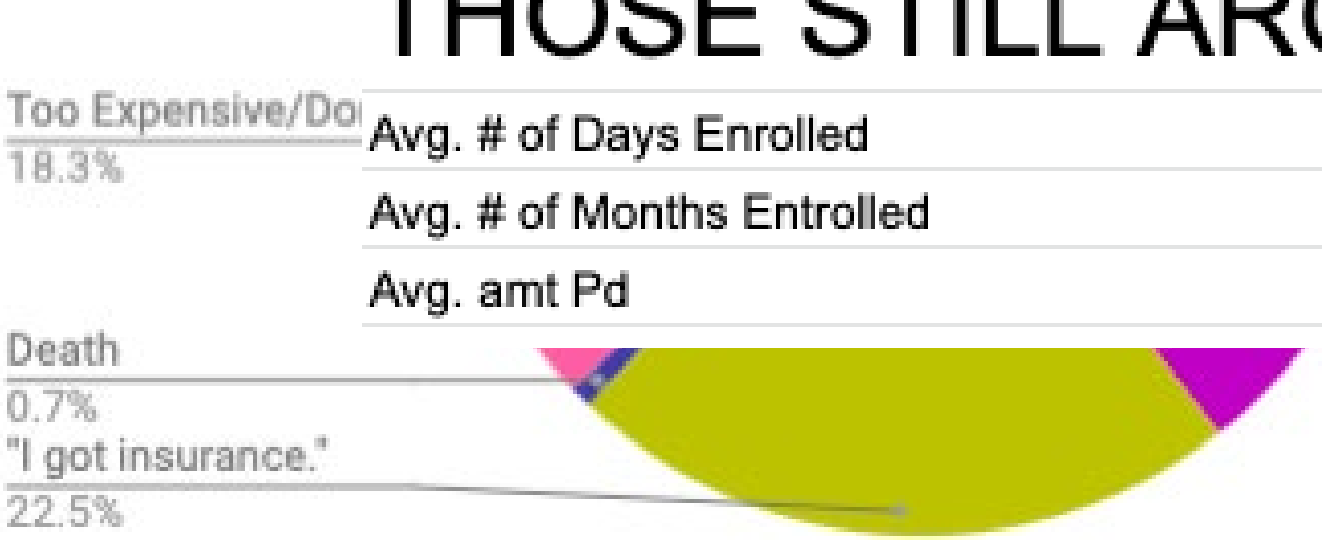
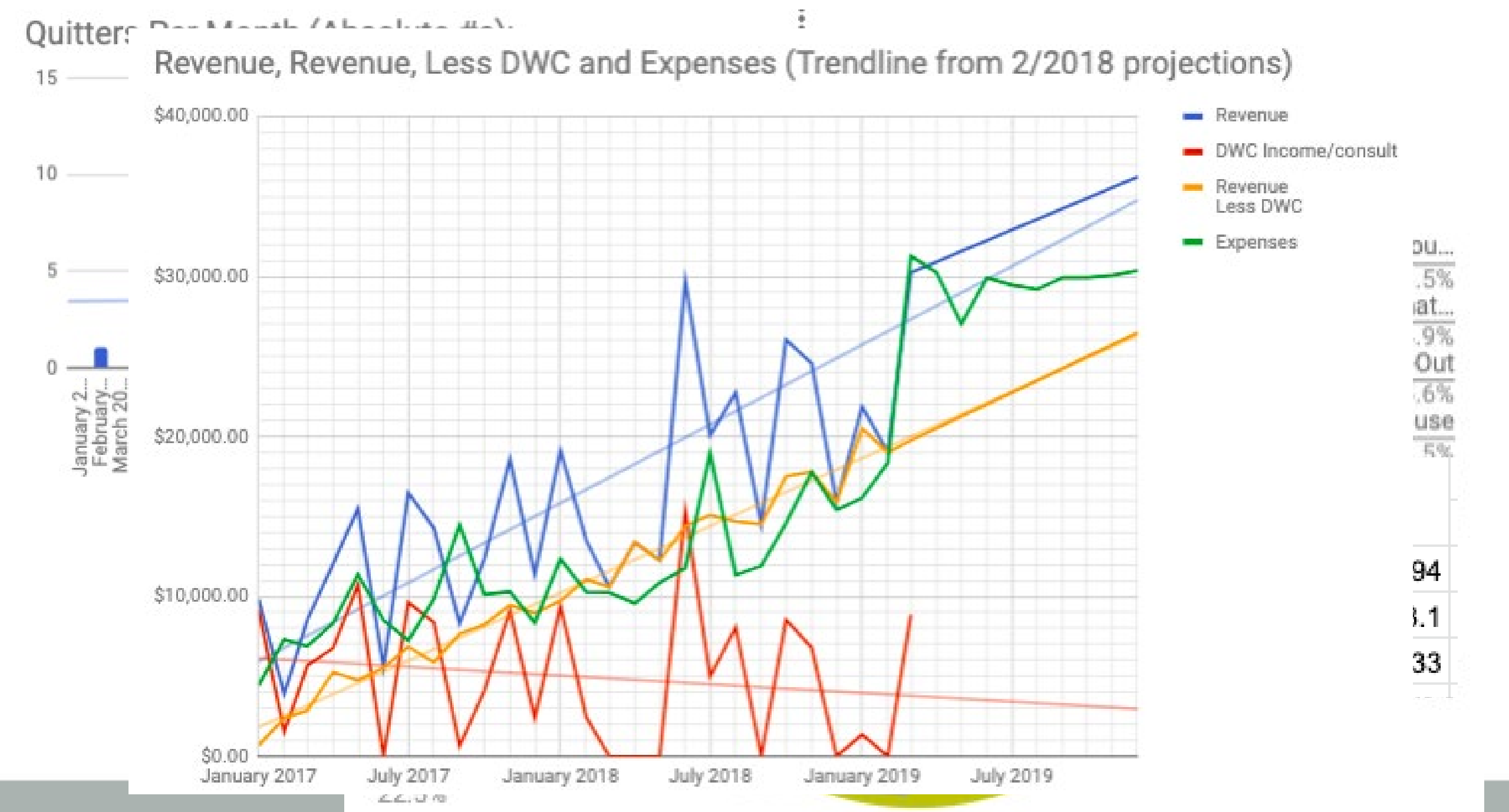


THOSE STILL AROUND...

Avg. # of Days Enrolled	394
Avg. # of Months Enrolled	13.1
Avg. amt Pd	$663.33




Quitters
Revenue, Revenue, Less DWC and Expenses (Trendline from 2/2018 projections)
15
10
5
0
January 2...
February...
March 20...
$40,000.00
$30,000.00
$20,000.00
$10,000.00
$0.00
January 2017
July 2017
January 2018
July 2018
January 2019
July 2019
Revenue
DWC Income/consult
Revenue Less DWC
Expenses
94
33

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1. We measure data for our ourselves and our patients. And nobody else.

- Business-oriented metrics that, ultimately, matter:
  - Did your patients come back?
  - Are you getting new patients?

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- Evidence-based practice metrics
- Business-oriented metrics
- Patient-oriented metrics

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- Patient-oriented metrics:

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- Patient-oriented metrics:
  - “Better health”

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- Patient-oriented metrics:
  - “Better health”
  - Prevented hospitalizations, ER visits, urgent care visits, minute clinic visits, etc.

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- Patient-oriented metrics:
  - “Better health”
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  - Cost savings (for the patient)

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- Patient-oriented metrics:
  - “Better health”
  - Prevented hospitalizations, ER visits, urgent care visits, minute clinic visits, etc.
  - Cost savings (for the patient)
  - Patient-developed goal support/completion

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- Patient-oriented metrics:
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  - Prevented hospitalizations, ER visits, urgent care visits, minute clinic visits, etc.
  - Cost savings (for the patient)
  - Patient-developed goal support/completion
  - PCPCM Survey

PERSON-CENTERED PRIMARY CARE MEASURE FIELDING AND REPORTING KIT

Thank you for your interest in fielding the Person-Centered Primary Care Measure (PCPCM).

The PCPCM is an 11-item patient-reported measure that assesses primary care aspects rarely captured yet thought responsible for primary care effects on population health, equity, quality, and sustainable expenditures. These include: accessibility, comprehensiveness, integration, coordination, relationship, advocacy, family and community context, goal-oriented care, and disease, illness, and prevention management.

We request those using the PCPCM gather a small set of contextual data points (Common Data) and report back how the measure is being used and preliminary findings using a simple, one-page form, found in this kit. This will allow us to provide updates to interested users, to continue to advance the measure, and provide a robust evidence base regarding the use and utility of the PCPCM in performance assessment, quality improvement, and policy-level decisions.

This PCPCM Fielding Kit can be found for easy download on the Green Center:

- Cover letter and quick facts regarding the PCPCM
- The PCPCM instrument

Please consider including the 8 simple demographic and contextual items below. These items can appear in the format below and on the same page as the PCPCM. Feel free to adjust formatting to enable a single page instrument if using paper forms.

PLEASE TELL US A BIT ABOUT YOURSELF	
How is your health compared to other people your age?	[5] Excellent [4] Mostly good [3] Good [2] Fair [1] Poor
How many years have you known this doctor?	_____ (number of years)
Do you consider yourself a member of a minority group?	[1] Yes [0] No
Gender	[4] Female [3] Male [2] Trans [1] Other
Age	____ (number of years – us decimals for children <6)
Was it hard to complete this form?	[1] Yes [0] No
If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care?	[1] Yes [0] No
Do you have a single doctor or practice that you would say handles most of your care	[1] Yes [0] No

Person-Centered Primary Care Measure

Please circle the response that best fits your experience for each item. Thank you.

PATIENT'S GENERAL ASSESSMENT OF TODAY'S VISIT	RESPONSE
The practice makes it easy for me to get care.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
This practice is able to provide most of my care.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
In caring for me, my doctor considers all factors that affect my health.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
My practice coordinates the care I get from multiple places.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
This doctor or practice knows me as a person.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
My doctor and I have been through a lot together.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
My doctor or practice stands up for me.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
The care I get takes into account knowledge of my family.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
The care I get in this practice is informed by knowledge of my community.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
Over time, this practice helps me to meet my goals.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all
Over time, my practice helps me stay healthy.	4 Definitely 3 Mostly 2 Somewhat 1 Not at all

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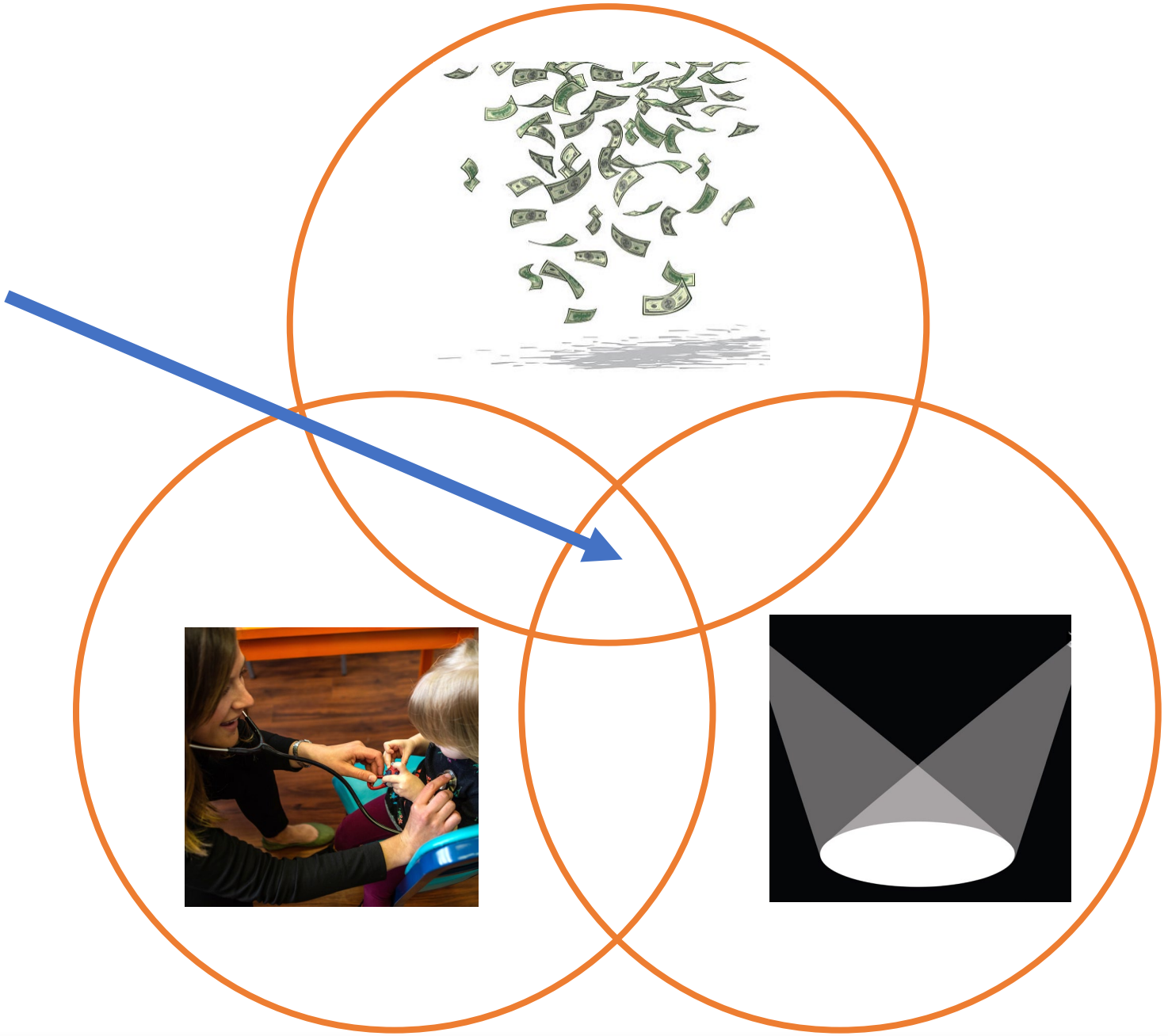

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- Cultivate software that recognizes patterns -- and anticipates physician flow
- Patient *and* provider ownership for patients to truly own and transport their records
- Adhere to interoperability standards
- Seamless integration of clinical decision-making support tools

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- When a metric becomes a target in itself, it ceases to be useful.
  - *Does this improve the experience of the people we're caring for?*
  - *Does it make the physician experience better or worse?*
  - *Who is the data collector?*
  - *For whom are we collecting data?*

So…..What should we be measuring that follows the rules I just laid out?

(Remember, we get to redefine metrics, so think creatively! Broaden your mind!)

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Questions?

Submit your questions to:
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Don’t forget to evaluate this session!

Contact Information

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