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.
- **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

- **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?"
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
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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?"
Figure 1: Bass and G/SG models of Any EHR Adoption.
(So. We have reasons to hate “data.”)
The Primary Care Paradox
New Rules for the Future
1. We measure data for our ourselves and our patients. And nobody else.
1. We measure data for our ourselves and our patients. And nobody else.
2. Metrics and data collection should never interrupt flow.
1. We measure data for our ourselves and our patients. And nobody else.
2. Metrics and data collection should never interrupt flow.
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
● 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.

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

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

• Business-oriented metrics

• Patient-oriented metrics
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AVERAGE PMPM</strong></td>
<td><strong>$51.16</strong></td>
</tr>
<tr>
<td>Up until</td>
<td>4/30/2017</td>
</tr>
<tr>
<td>4/30/17 to</td>
<td>11/14/2017</td>
</tr>
<tr>
<td>11/15/17 to</td>
<td>5/1/2018</td>
</tr>
<tr>
<td>After</td>
<td>5/1/2018</td>
</tr>
</tbody>
</table>
### Average PMPM

- **$51.16**
- **Up until 4/30/2017:** **$40.92**

---

**Gross New Patients per Month**

![Graph showing monthly gross new patients from 7/1/2017 to 7/1/2019]
### THOSE WHO HAVE QUIT...

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. # of Days Enrolled Prior to Quitting</td>
<td>226 Days</td>
</tr>
<tr>
<td>Avg. # of Months Enrolled Prior to Quitting</td>
<td>7.5 Months</td>
</tr>
<tr>
<td>Avg. amt Pd Prior to Quitting</td>
<td>$469.72</td>
</tr>
<tr>
<td>Avg. Price per Visit for Quitters</td>
<td>$260.00</td>
</tr>
<tr>
<td>Avg. Cost per Interaction for Quitters</td>
<td>$185.29</td>
</tr>
<tr>
<td>Avg. # of Quitters per month</td>
<td>4.17</td>
</tr>
<tr>
<td>Avg. % of Membership Quitting per month</td>
<td>2.3%</td>
</tr>
</tbody>
</table>

**Reasons for Quitting:***
- Too Expensive/Don't Work: 18.3%
- Confusion About Specialty: 9.9%
- Death: 0.7%
- "I got insurance": 22.5%
- Medicare Age-Out: 5.6%
- Substance Abuse: 3.5%
- Moved: 11.3%
- Employee Termination: 4.9%
- "I'm not using you": 3.5%
### Those Who Have Quit...

<table>
<thead>
<tr>
<th>Metric</th>
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### Those Still Around...

<table>
<thead>
<tr>
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<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avg. # of Days Enrolled</td>
<td>394</td>
</tr>
<tr>
<td>Avg. # of Months Enrolled</td>
<td>13.1</td>
</tr>
<tr>
<td>Avg. amt Pd</td>
<td>$663.33</td>
</tr>
</tbody>
</table>

- Too Expensive/Do: 18.3%
- Death: 0.7%
- "I got insurance.": 22.5%
Quitters
Per Month (Absolute #s):
Revenue, Revenue, Less DWC and Expenses (Trendline from 2/2018 projections)

- Blue: Revenue
- Red: DWC Income/consult
- Orange: Revenue Less DWC
- Green: Expenses

January 2, February 20 to March 20:

January 2017 to July 2019:

$0.00 to $40,000.00

15

10

5

0

$0.00

$10,000.00

$20,000.00

$30,000.00

$40,000.00

94

3.1

33
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?
1. We measure data for our ourselves and our patients. And nobody else.

- 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”
  - Prevented hospitalizations, ER visits, urgent care visits, minute clinic visits, etc.
  - Cost savings (for the patient)
1. We measure data for our ourselves and our patients. And nobody else.

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

<table>
<thead>
<tr>
<th>PLEASE TELL US A BIT ABOUT YOURSELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>How is your health compared to other people your age?</td>
</tr>
<tr>
<td>How many years have you known this doctor?</td>
</tr>
<tr>
<td>Do you consider yourself a member of a minority group?</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>Was it hard to complete this form?</td>
</tr>
<tr>
<td>If your doctor or practice received the answers to these questions, would it help them to understand how you feel about your care?</td>
</tr>
<tr>
<td>Do you have a single doctor or practice that you would say handles most of your care</td>
</tr>
</tbody>
</table>
### Person-Centered Primary Care Measure

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

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

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Don’t forget to evaluate this session!

Contact Information

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