

# Determining the Benefits of Implementation of Patient Centered Medical Homes within Pediatric Primary Care Practices and the Use of External Support

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## Purpose and Scope

- Purpose
  - To improve health care coordination, patient satisfaction, patient to physician communication, and staff satisfaction at We Care Pediatrics by establishing a Patient Centered Medical Home (PCMH)
- Scope
  - Educate We Care Pediatrics staff and physicians on benefits of patient centered medical homes
  - Development of policies and procedures compliant with the National Committee for Quality Assurance's (NCQA) PCMH standards
  - Implementation of PCMH policies and procedures
  - NCQA application submission was beyond the scope of this project

## Background

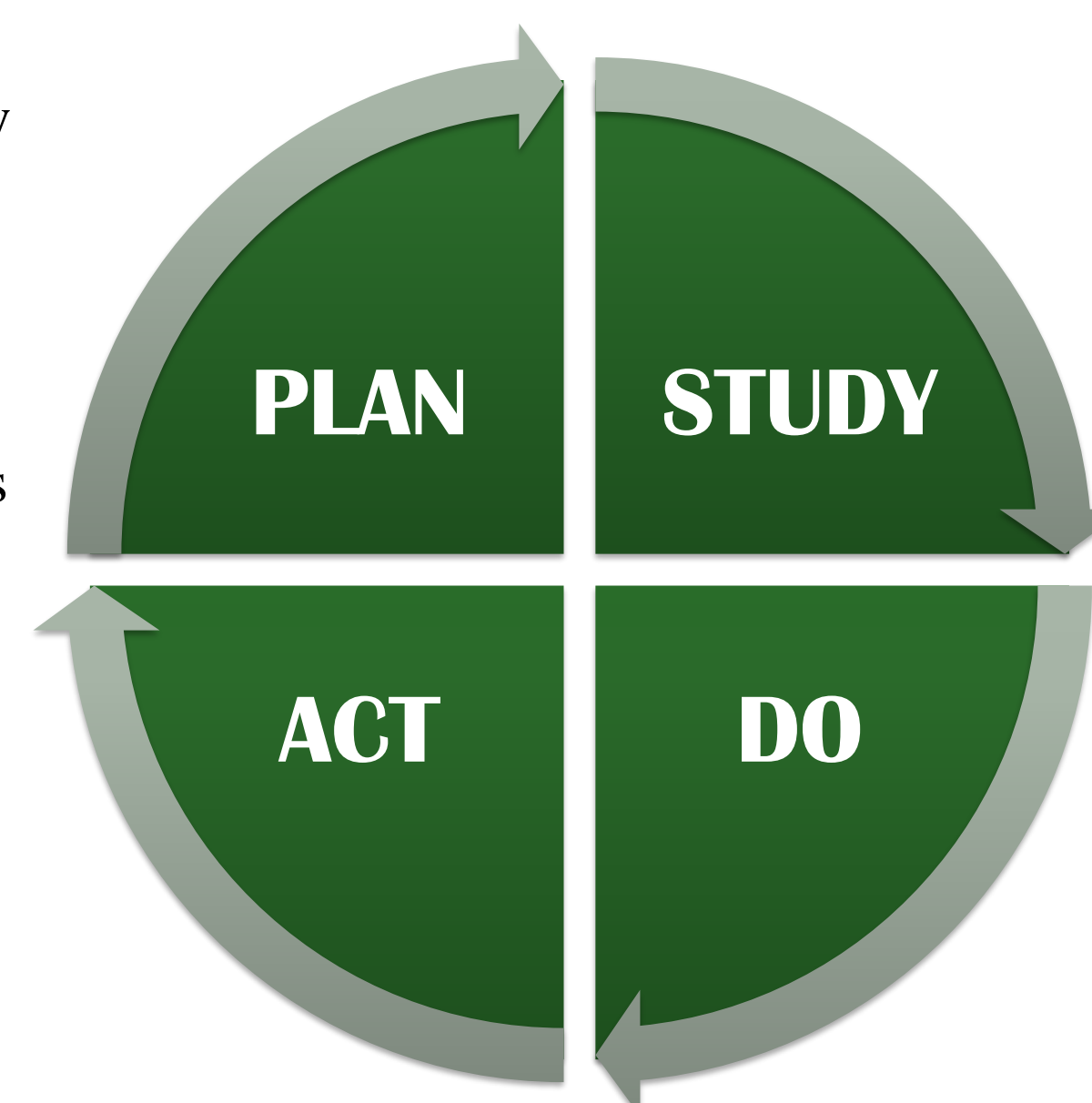
- The NCQA based medical home is a model of care that was established to create a complex, high-quality, well-managed patient-centered primary care office
- Research shows that obtaining PCMH recognition helps small primary care practices
  - Improve quality of care through improved coordination and communication
  - Patient satisfaction
  - Staff satisfaction
  - Reduce overall costs
- The Medical Care Journal published that pediatric patients treated in a medical home received significantly higher quality care in six out of ten quality measures, including preventative measures and developmental screening exams
- A study completed within 20 Florida medical homes stated that with the care coordination provided by the medical home staff, families with children with chronic conditions reported higher satisfaction as they felt they were receiving patient and family centered care

## Setting

- We Care Pediatrics in Riverview, Florida
  - Small, independently owned primary care practice containing few staff members and two pediatricians
  - Patient panel - 3,000 children

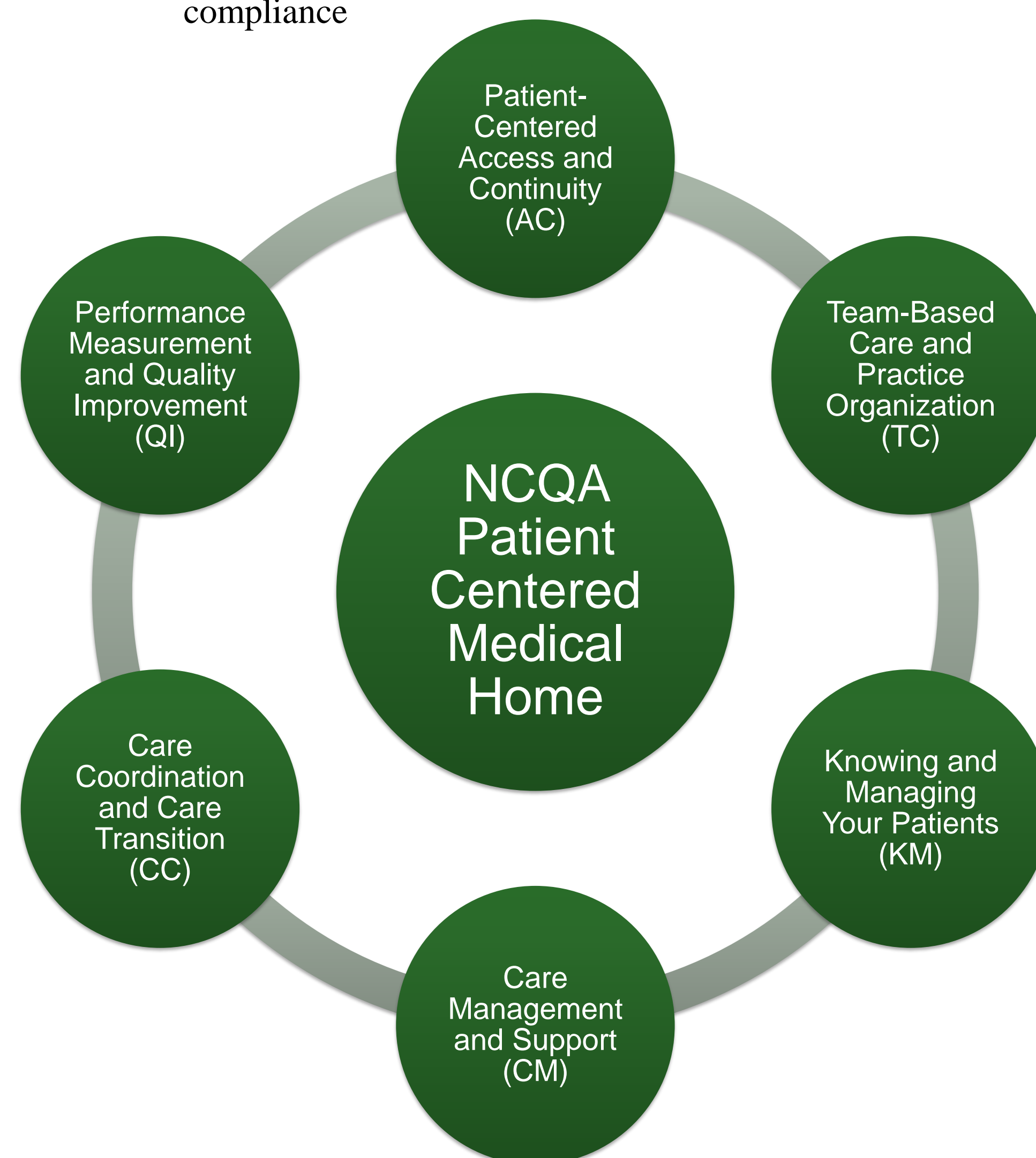
## Framework

- The Model for Improvement is used by the Institute for Healthcare Improvement to improve healthcare processes and outcomes
- Plan-Do-Study-Act (PDSA) cycle



## Method

- NCQA PCMH Implementation Model
  - Six concepts
  - 40 core criteria and 25 elective criteria required for compliance



## Implementation

	Description	Evidence Needed	Summary of Needs	Comments
<b>Team Based Care and Practice Organization (TC)</b>				
Competency A	Staff members serve specific roles that are clearly defined by the organizational structure and are trained accordingly			
<b>Core Criteria</b>				
TC Core 01	Designate a lead clinician for PCMH transition Details should include: individual's name, credentials, and roles/responsibilities.	The clinician has been advised to have curriculum vitae prepared for himself and the other individuals he designates as PCMH project leader	Ensure that providers and PCMH project leader have prepared CV's as suggested during site visits Evidence required for credit includes written details about the lead clinician and details about the PCMH manager	Completed
TC Core 02	Define practice organizational structure & staff responsibilities/skills to support key PCMH functions. Overview should be organized as a concept map or a clearly written outline delineating the duties of the staff to support medical home functions.	The provider has begun to organize the areas of the office into zones/stations where the individuals assigned will be carrying out the functions that are enumerated for that station	Make sure the document of organizational structure is staff responsibilities/skills is formatted as a table of bulleted functions for each "station," or a concept map The evidence required for credit includes a document of staff structure overview and description of staff roles	Completed

- Attended educational seminars presenting the NCQA PCMH model and benefits of implementation, presented by previous DNP student scholar, Dr. Jillian Stuper.
- Examined the gap analysis of We Care Pediatrics, completed by Dr. Stuper, and utilized the information to develop an implementation plan
- Partnered with Dr. Peter Kosoff and We Care Pediatrics staff to determine We Care Pediatrics goals and needs and begun drafting the PCMH policies and procedures
- Created a tool to illustrate the gap analysis and organize the goals and needs of We Care Pediatrics
- Developed a completion tool to monitor the completion of all policies and procedures

## Limitations

- Although an agreement was signed prior to IRB approval, the aim of the project was altered after starting the implementation process of this quality improvement project
- Many limitations were encountered including
  - Staff turnover
  - Personal issues from physician owner
  - Lack of resources
    - Financial
    - Work-load support
- Therefore, direct implementation of PCMH policies and procedures at We Care Pediatrics was not started and we could not adequately determine the benefit of external support
- The quality improvement project was continued by completing the remaining PCMH policies and procedures and providing them to the practice

## Results

- We Care Pediatrics physician owner and staff were educated on the importance of the NCQA PCMH model and the benefits it would provide their practice
- Policies and procedures for all 40 core criteria and 25 elective criteria, across the 6 concept areas, were complete and were uploaded to a database shared with the physician owner
- All completed policies and procedures were presented to We Care Pediatrics
  - We Care Pediatrics is now equipped with all necessary tools to apply for and obtain NCQA PCMH recognition in the future
- Completed documents include:
  - Written policies and procedures
  - Patient forms
  - PCMH flyer



## Results

Core Criteria Concepts	Core Points Needed	Criteria met upon evaluation during gap analysis (Yes/No)	Criteria completed after DNP student implementation (Yes/No)	Comments and completion status
<b>Team-Based Care and Practice Organization (TC)</b>				
Competency A	2			
TC Core 01	1	NO	Yes	Completed
TC Core 02	1	NO	Yes	Completed
Competency B	2			
TC Core 06	1	NO	Yes	Completed
TC Core 07	1	NO	Yes	Completed
Competency C	1			Completed
TC Core 09	1	NO	Yes	Completed
CC Credit 12	1	NO	Yes	Completed
<b>Performance Measurement and Quality Improvement (QI)</b>				
Competency C				
QI Credit 16	1	NO	Yes	Completed
<b>TOTAL Core</b>	<b>40</b>			
<b>TOTAL Elective</b>	<b>25</b>			

## Discussions

### Barriers

- Many barriers were encountered during this quality improvement project. PCMH Implementation at We Care Pediatrics was delayed due to personal issues of the physician owner, as well as staffing issues at We Care Pediatrics, causing the physician owner to withdraw his support of the DNP student scholars in March 2018
- After much education, the physician owner determined that his practice could not apply for NCQA PCMH recognition at this time, but remained interested in obtaining PCMH policies and procedures and applying for recognition in the future
- Due to this barrier, we were unable to implement the policies and procedures that were created

### Lessons Learned

- We learned how much impact PCMH can have on improving patient care and overall satisfaction
- We learned through this experience that we cannot always account for all variables no matter the preparation
- We quickly learned how to adjust to the challenges that were presented to us during this process and how to overcome various barriers
- We had a glance at the difficult process that entails establishing a complex pediatric primary care practice

## Acknowledgements

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## References

See available handout for references.