Transforming Primary Care
What Medicare Beneficiaries Want and Need from Patient-Centered Medical Homes to Improve Health and Lower Costs

Friday July 25, 2014
Washington, DC
The John A. Hartford Foundation

- Private, non-partisan foundation based in New York City.
- Founded in 1929 by John A. Hartford with funds from the family-owned A&P grocery store chain.
- Mission: improving the health of older Americans.
- New strategic direction focused on putting geriatrics expertise to work and fostering improvements in health care delivery, notably primary care.
Why Older Adults?

- Older Americans are the major users of health care because of their burden of chronic diseases.
- Older Americans receive only about 30% of indicated care for age-related conditions, and fragmented care is a clear and present danger to older patients.
- Older Americans have special needs for health care services to maintain independence and function.
- Medical homes and primary care “reinvention” continue to struggle to find the best ways to provide better outcomes and reduce costs.
## Methodology

*All Used Knowledge Networks*

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<td>• N = 1,028 adults 65+</td>
<td>• N = 1,318 adults 65+</td>
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<td>• Oversampling (=307) of patients diagnosed with a MH issue</td>
<td>• Fielded: November 16 through December 26, 2012</td>
<td>• Fielded: January 30 through February 3, 2014</td>
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Listening to Older Adults:
John A. Hartford Foundation
Primary Care Poll Series

• “How Does It Feel?” (April 2012)
  — 95%+ had a primary care provider and were satisfied . . .
  — Revealed gaps in prevention and wellness services (from AWV) needed for healthy aging.
    o 76% have received less than half of the seven key services.
  — Lack of awareness about Medicare Annual Wellness visit.
  — Desire for more geriatrics training for their clinicians.
“Silver and Blue” (December 2012)

- High rates of Depression and Anxiety, interested in treatment.
- Lack of evidence-based mental health treatment and follow up in primary care.
- Older adults want mental health care in their primary provider’s office and want team care. For example:
  - 62% of all adults 65+ think their PCP should have a mental health professional on staff.
“On Your Team” (April 2014)

Overview:

• Explores older adults’ experience of team care and some of the critical services that are part of patient-centered medical homes.
  — Access to care when needed
  — Care coordination
  — Electronic health records
  — Practice-initiated care (e.g. reminders)
  — Medication review
  — Expanded staff
  — Care plan

Sampling of Questions:

• Do you get team care? Do you get each specific service?
• If yes, does team care/the service improve your health?
• If not, would you want team care/service? Would it improve your health?
Key Survey Questions

Do you receive this type of care?

Yes

Has it made a difference in improving your health?

No

Would you want it?

Would it make a difference in improving your health?
Team Care

“Team Care” Description

Some doctors and health care systems are changing to a new model of providing health care that is more centered on the patient. In this type of care, your primary care provider takes the lead in all of your health care. His or her team would work with you to get all the care you need, schedule appointments, and communicate with all of your providers.

If you were in a hospital, for example, your primary care provider would be in contact with the hospital and help oversee what care you need and what follow-up you would need. There would also be a point-person in your doctor’s office you could call at any time to ask questions, understand your health, and help you get the health care you need. This is often called “team care.”
Team Care

Does this sound like the care you get now?
Base n = 1,107

- 83% say team care has made a difference in improving their health
  Base n = 281 who get team care

- 73% would want this type of care*

- 61% say team care would make a difference in improving their health**

* Base n = 820 those who do not get team care, are unsure, or do not have a primary care physician
** Base n = 754 those who do not get team care or are unsure
Access to Primary Care

Types of access to primary care practice
Base n = 1,041 who have PCP

- Can you get same-day appointments: Yes 51%, No 13%, Not sure 35%
- Would PCP be available to hospital or ER staff: Yes 51%, No 5%, Not sure 44%
- PCP available at any time including weekends and evenings to answer questions by phone: Yes 30%, No 21%, Not sure 48%
Access to PCP

Yes to all 3 types of access
Base n = 1,041 who have primary care provider

- 78% say access has made a difference in improving their health
- Base n = 176 who say yes to all 3 types of care

85% would want this type of access

60% say access would make a difference in improving health

Base n = 857 who do not have all 3 types of access
Care Plan

As far as you know, do you have a care plan?
*Base n = 1,041 who have primary care provider*

- **Not sure/Ref: 20%**
- **Yes: 14%**
- **No: 66%**

74% say plan has made a difference in improving their health
*Base n = 153 who have a care plan*

56% would want a care plan

48% say care plan would make a difference in improving their health

*Base n = 888 who say they do not have a care plan or are unsure*
Satisfaction with PCP
By Number of PCMH Elements

How satisfied are you with the care you get from your primary care provider?
*Mean Rating 0 to 10, extremely unsatisfied to extremely satisfied*

- 0 to 2: 7.4
- 3 to 5: 8.6
- 6 to 10: 9.0

Number of PCMH elements
Key Take-Aways

• Medical homes and primary care “reinvention” continue to struggle to find the best ways to provide better outcomes and reduce costs.

• Older patients’ view of their own health and health care matter and can (and should) inform this redesign.

• Key findings reflect that older patients like the kind of team care delivered in medical homes. For example:  
  —84% would want PCP to initiate follow-up care  
  —57% would want reminders re: immunizations and preventive care  
  —61% would want a written list of medications

• Most aging Americans who receive team care and the services of patient-centered medical homes say it is actually improving their health.
Geriatrics Expertise and Models of Care Needed

• Care Management Plus: Oregon Health & Sciences University

• “IMPACT” Evidence-Based Collaborative Care for Depression: Advancing Integrated Mental Health Solutions Center at the University of Washington

• Guided Care: Lipitz Center at the Johns Hopkins Bloomberg School of Public Health

• GRACE Team Care: University of Indiana/SCAN Foundation