

Effectiveness of Models or Systems of Adolescent Care



GroupHealth

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Care access and finance not considered

Distinguish between care delivery system and health plan effects

“Managed care plan” versus “Integrated care system”

Virtual integration increasingly possible through health plan coordination and information technology

Consider care needs for three populations of adolescents:

Well without health or lifestyle risk factors

Well with risk factors

Chronically ill

Current Global Performance of U.S. Health Care System



Ample evidence of quality gaps

Preventive screening

Patient-centered care

Chronic illness care

Considerable variation in care delivery by health plan and/or delivery system

Overall level of quality surveillance insufficient both for breadth and trend

Strong markers of care quality lacking for adolescents, especially those with special health care needs

Care 'Model'

Idealized platform as target for change and quality improvement

§ Medical home model

§ Chronic care model

§ IOM "Quality Chasm" model : 10 simple rules

Care 'System'

Current organized systems of U.S. medical care

§ Integrated medical groups

§ Independent practice groups

International care system models

Medical Home model

Originated with abuse/foster health care gaps

- § Primary focus on children with special health care needs (CSHCN)
- § Remedy to 'uncoordinated' care experienced by special populations

Primary care-centric

- § Full and timely access to outpatient and inpatient care
- § Continuous healing relationship with personal physician
- § Active coordination of care
- § Family-centered care
- § Facilitated access to pediatric ancillary and specialist care

Medical Home model (cont'd)

Organizing linkages between practice groups

Basis for quality improvement collaboratives with special focus on CSHCN

Strong public-private partnership for implementation emerging

§ e.g. state facilitation of QI collaboratives

Fully applicable to adolescent care

Endorsed by family physician and internal medicine professional organizations

§ AAFP, SGIM, ACP

Chronic Care Model (aka Planned Care Model)

Overlaps with medical home model concepts

§ micro-perspective vs. meso-perspective

Describes health system approaches to optimization of chronic care

Heavy focus on system organization/inputs to enhance patient/provider activation

Applicable to both specialty and primary care processes

Chronic Care Model (aka Planned Care Model)

Applicable to both chronic illness care and preventive care

Associated with model for quality improvement collaboration

Focus on proactive, planned care

Patient activation and self-management are key aims of the system

Information technology is essential ingredient

Fully applicable to adolescent care

Chronic Care Model



Medical Home model:

No rigorous evidence or controlled trials of full model implementation

Fair to Good elemental evidence

- § Continuity of care and quality/satisfaction
- § Family-centered care approach and satisfaction
- § Access to care and outcomes
- § Collaborative group quality improvement and performance

Very little work specifically addresses vision/viability of *adolescent* medical home

Chronic Care Model

Full-model evidence related to practice change

- § Few randomized trials; very few for adolescents
- § RAND evaluation of Improving Chronic Illness Care collaboratives encouraging (pre-post evaluation design)
 - § Did not distinguish between model implementation process and model elements
 - § Final evaluation report pending
- § Most CCM evidence derived from adult studies
- § Asthma is main area of evidence of value of CCM for adolescent care
- § Interventions/evidence mostly single disease-focused and *not* directed toward preventive care

Chronic Care Model

Evidence of model elements

§ Health information technology

- § EMR

- § Web access

- § Email and other communication tools

§ Ideal practice design for adolescent care

- § Idealized team care

- § Visit vs. virtual care

§ Self-management support and patient activation

- § Are activated ill patients more adherent?

- § Do activated risky patients take fewer risks?

§ Timely decision support for clinicians (guidelines, prompts, reminders)

Integrated vs. Non-integrated care delivery systems

- n Higher levels of medical group integration associated with improved quality performance both inside and outside staff model organizations

 - §Adults preventive and chronic illness care

 - §Adolescent preventive care

n **Cross-national variation in systems of care**

 - §No cross-national studies of effectiveness of system design found for adolescent care

 - §Primary care based systems associated in reduced costs and quality

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Health Risk Appraisal: from Web to EHR



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Report

Your report assesses how you're managing your health and the steps you're taking to lower your risk for certain diseases and conditions. The summary table is followed by details, including actions you can take to maintain or improve your health.

You may discuss the report with your personal physician, who oversees your primary care. The report doesn't replace professional medical advice. If you have questions, contact your health care team.

Category	Current Mar-29-2006	Previous Feb-17-2005
General Health		
Age at time of HRA	52	51
How I rank my general health	Poor	Poor
Sick/injury days	10	12
Prescription medications	3	2
Lifestyle		
BMI (weight-to-height ratio)	Needs attention	Needs attention
Nutrition	Needs attention	Needs attention
Physical activity	Needs attention	Needs attention
Alcohol use	Needs attention	Needs attention
Tobacco use	Urgent attention	Urgent attention
Substance abuse	Urgent attention	Urgent attention
Stress	Urgent attention	Urgent attention
Sexual health	Urgent attention	Urgent attention
Disease Risks		
Breast cancer	Low risk	Low risk
Colorectal cancer	Moderate risk	Moderate risk
Diabetes	High risk	High risk
Heart disease	High risk	High risk
Lung cancer	High risk	High risk

Workspace - RFM FAMILY PRACTICE

Home | Schedule | In Basket | Chat | Encounter | Tel Enc | Patient Lists | Secure | Print

WebSitec, Trevor

Trevor Age: 53 Sex: M DOB: 12/1/1953 MRN: 82900004 Allergies: Not on File POP: (Non)

Chart Review (records loaded: 15)

Stat Review

Laboratory | Imaging | Procedures | ECG | Other Orders | Medications | Episodes | Letters | MI

PRIMARY CARE TEAM HRA REPORT

Group Health Cooperative WebSitec, Trevor (MRN#2900004) Encounter Date: June 1, 2006
 Age at time of HRA: 53 Gender: male Date of last HRA: June 1, 2006
 HRA Contact Info: If questions, contact by Secure Patient Message
 Phone #:

Health Risk Assessment Report

DISEASE MANAGEMENT CONCERNS: DIABETES
OTHER ISSUES TO CONSIDER: PHYSICAL ACTIVITY, TOBACCO

The following prioritized information has been gathered from the Health Risk Assessment to help you manage the care needs of this member. Because the data are self-reported, confirm their accuracy directly with the member or caregiver. Members receive a copy of their HRA.

Chronic conditions			
COPD	Impact Score = 4 (Severe)	Hospitalization for COPD in last 6 months and/or ED visit for COPD in last 6 months	Click here to link to clinical and patient information references
Hypertension	Impact Score = Inadequate control	Systolic = 140 Diastolic = 90	Click here to link to clinical and patient information references
Diabetes	Impact Score = Moderate	HbA1c: 7.0-8.0% Family history of early heart disease Readiness to change: No plans to change	Click here to link to clinical and patient information references

4 No filters applied

Results

Challenges to delivery systems



Purchaser (private/public) interest in adolescent care

not the subscriber

not a cost driver

ROI / cost-effectiveness

Evidence base for effective interventions

Paucity of established quality measures for care and satisfaction

Workflow challenges for clinicians

Privacy policy issues for IT

Provider self-efficacy

Lack of effective self-management resources

Leadership

- n **Does implementation of the medical home model or chronic care model for ill and well adolescent populations improve quality of care, health outcomes, costs and self-perceived quality of life?**
- n **What is the optimal primary care practice design model for adolescent care? How should it be integrated with pediatric care and/or adult level care? What are ideal team structures and roles?**
- n **What are optimal approaches to engaging and activating adolescents to better self-manage their illnesses and reduce risk factors? What is the optimal role of information technology in maintaining a medical home for adolescent care?**
- n **Does care quality, cost and satisfaction differ for adolescents cared for in integrated medical groups compared to independent practice settings?**

Quality Chasm 10 simple rules



1. **Care based on visits**
 2. **Professional autonomy drives variation**
 3. **Professionals control care**
 4. **Information is a record**
 5. **Decisions made on experience**
 6. **Safety up to individual**
 7. **Secrecy necessary**
 8. **System reacts to needs**
 9. **Cost reduction sought**
 10. **Professional deference over system**
1. **Continuous healing relationship**
 2. **Customized for patient's needs and values**
 3. **Patient is in control**
 4. **Knowledge shared freely**
 5. **Made based on evidence**
 6. **Safety is system property**
 7. **Transparency necessary**
 8. **Needs are anticipated**
 9. **Waste continuously decreased**
 10. **Teamwork among clinicians critical**