Evaluating the Triple Aim & Health Center Participation

New Mexico Primary Care Association

2017-2018 Evaluation

NMPCA

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Project Overview

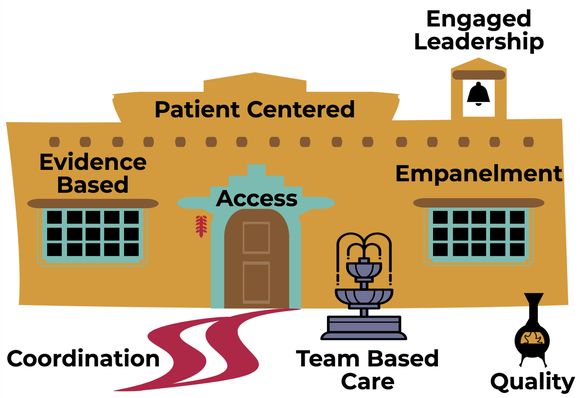
NMPCA

- Represents 19 member organizations that operate over 160 primary care, dental, behavioral health, and school based safety net clinics in NM
- Provides training, technical assistance, facilitation, data storage, coaching, and other services
- Assists Federally Qualified Health Centers (FQHCs) to provide accessible, high-quality health care for all New Mexicans

Evaluation Questions

- Are the FQHCs meaningfully embodying the Patient Centered Medical Home Model (PCMH)?
- If so, is the NMPCA influential in that embodiment?

Patient Centered Medical Home



Evaluation Framework

- The Triple Aim as a framework to evaluate FQHC performance
- Compare to participation in NMPCA offerings

Triple Aim

Data Selection & Analysis

All data was collected for the years 2015 and 2016.

Patient Experience

The NMPCA distributes a 12-question patient experience survey.

Evaluation Team chose 5 questions on Likert scale related to PCMH themes of:

- Comprehensiveness
- Communication
- Access
- Coordination of Care

Indicator: Average response rates for each question to create a single number for each FQHC.

Cost per Patient

Uniform Data System: All FQHCs are required to report on cost per patient.

Cost per patient calculation=

$$\frac{\text{total allowed cost}}{\text{total patient visits per year}}$$

Indicator: Average cost per patient for each FQHC

Health Outcomes

Uniform Data System: All FQHCs are required to report on 16 measures. Evaluation Team chose diabetes and hypertension as the Health Outcomes indicator due to high rates of both chronic diseases in New Mexico.

Diabetes

Rate of patients between the ages of 18-75 with a diagnosis of diabetes who have a hemoglobin A1C greater than 9 or who were not tested.

Inverted the rate to reflect controlled diabetes and hypertension.

Hypertension

Rate of patients between the ages of 18-75 with a diagnosis of hypertension and a blood pressure reading less than 140/90.

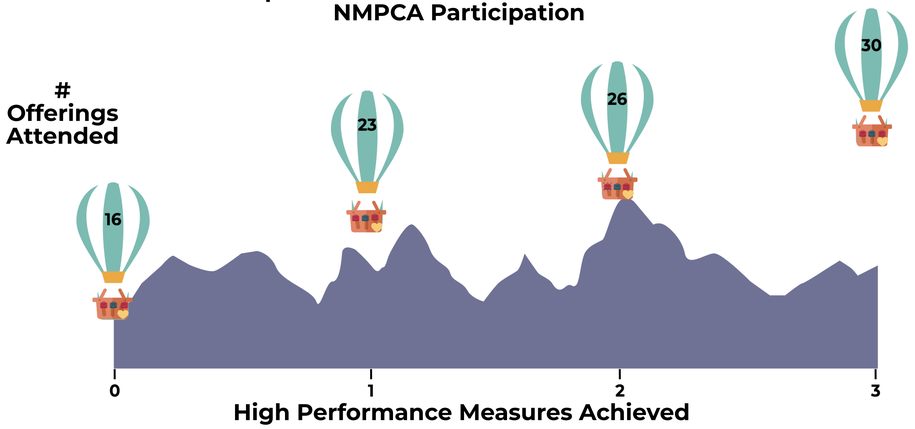
Indicator: Averaged rates of diabetes and hypertension to achieve a single number.

Results

Performance in the Triple Aim Indicators as Related to Participation in NMPCA Offerings

Clinic Code	Health Outcomes	Cost per Patient	Patient Experience	Average Meetings	Average Gross Attendance
9	0.704	884	0.826	30	152
3	0.695	1016	0.783	26	127
4					
13					
8					
10					
14					
17					
2	0.635	1049	0.737	23	121
5					
18					
12					
15					
7					
11					
6	0.542	1717	0.752	16	65
16					
1					

Relationship Between Health Center Performance and NMPCA Participation



Additional Findings

- Urban vs Rural
- At risk populations

Recommendations & Next Steps

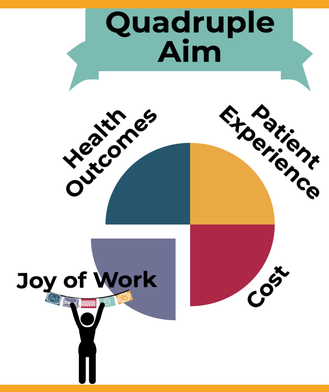
Recommendations

- Repeat data collection and analysis of this evaluation annually or biannually
- Streamline collection and storage of sign-in sheets
- Encourage shared patient experience data
- Educate organizations on what belongs in the cost per patient denominator

Next Steps

- Measure the Quadruple Aim: Joy of Work
- Conduct focus groups and/or interviews on staff satisfaction

Quadruple Aim



Gratitude

Thank you to the staff at the NMPCA for all their generous help. Thank you to Albuquerque Heath Care for the Homeless for providing a member of staff to lend the health center perspective.

NMPCA

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