Linking Primary Care and Resources in the Community to Improve Health

ASTHO Integrating Primary Care and Public Health
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AHRQ and Clinical-Community Relationships

Building the Evidence Base: What Do We Know? What Do We Need to Know?

- How are partnerships among primary care and medical specialty providers, the community, and public health organizations developed, strengthened, and sustained to improve care and meet the needs of patients and families?
The Promise of Clinical-Community Relationships

- Form partnerships among clinical, community, and public health organizations to fill gaps in needed services.
- Coordinate health care delivery, public health, and community-based activities to promote healthy behavior.
- Promote patient, family, and community involvement in preventive health care.
Clinical-Community Relationships Measures Atlas

- Provides a framework for understanding the measurement of clinical-community relationships.
- The domains within the framework conceptualize various attributes of a well-functioning clinical-community relationship.
- Provides a list of existing clinical-community relationship measures and aligns them to the measurement framework.

Clinical-Community Relationships Evaluation Roadmap

- Will be available by September 2013
- Serves as a guide for future research and evaluation into the effectiveness of clinical-community relationships for delivering clinical preventive services
- Provides recommendations on methods for studying these relationships
- Rooted in a conceptual framework of contextual factors that may influence the effectiveness of connecting patients in primary care clinics with community resources
Provides suggested “candidate” measures or measurement concepts for those domains in the measurement framework – 52 in total.

Suggest a core set of existing and candidate measures that represent the essential aspects of clinical community relationships for prevention – 13 in total.

The measures may serve as a starting point for future measure development and refinement work in the context of specific program implementation efforts, quality improvement initiatives, or program evaluations.
AHRQ Health Care Innovations Exchange


Building Relationships Between Clinical Practices and the Community to Improve Care

Introduction
As part of its mission to improve health care, from primary prevention to chronic care management, the Agency for Healthcare Research and Quality (AHRQ) is exploring how to develop, strengthen, and sustain relationships among primary care practices, the community, and public health organizations in order to meet the needs of patients and families.

Measuring Clinical-Community Relationships
In 2008 and 2010, AHRQ convened two summits that focused on how linkages between clinical practices and community organizations (such as local health departments and community organizations) can enhance the delivery of clinical preventive services. At the 2010 Summit, stakeholders identified strategies to support local efforts to develop such linkages, and recommended the development of metrics to support related research. In 2011, AHRQ launched the Clinical-Community Relationships Measures (CCRM) project, a collaborative effort to explore how to define, measure, and evaluate programs that support the delivery of clinical preventive services through clinical-community relationships.

What’s New
QUALITY TOOL
Clinical-Community Relationships Measures Atlas
A measurement framework and listing of existing measures of clinical-community relationships to support research and evaluation

Spotlight on Vermont Blueprint for Health
Vermont’s Blueprint for Health program provides comprehensive, coordinated care while improving health outcomes and reducing costs. The Innovations Exchange video series, Vermont Blueprint for Health: Working Together for Better Care, describes successful linkages among primary care, public health, and clinical community resources in the state of Vermont.

On September 25, 2012, the Innovations Exchange held
CCRM
Conceptual Framework
Base for Measurement Framework
CCRM Measures
The Challenge

- Populate the measurement framework with existing or suggested measures.

- Measures should be:
  - Scientifically sound.
  - Useful for program implementation, evaluation, and research.
  - Feasible.
The Challenge

The measurement framework includes 33 domains, or measurement areas, some of which apply to multiple elements and relationships.

- Includes structure, process, and outcome measures related to primary care clinics, patients, and community resources, as well as their inter-relationships.

- A total of 56 measurement categories
Environmental Scan

- Peer-reviewed literature
- Grey literature
- Web content
- Author search

Searched for measures used in assessments of clinical-community relationships for prevention, or more broadly for other types of relationships between clinicians and community-based organizations.
Environmental Scan

- Team approach and expert feedback to selecting and abstracting measures.
- 22 measures identified.
- Contacted authors to obtain instruments and other documentation to be included, with permission, in the CCRM Atlas.
Next Step:
Fill in the Framework

- Iterative process involving staff, expert panel, and AHRQ to develop measurement concepts for the 46 empty categories in the framework.
  - Draft report in review.

- Measurement concepts need further development in the context of specific programs, data sources, and analytic objectives.
Core Measure Set

The core set represents suggested priorities for further development and testing.

- Drawn from both existing and candidate measures.
- Focus on key structures, processes, and outcomes.
- Broadly applicable across program types, services, and populations.
- Limited in number.
Draft Core Measure Set

- **Structure Measures**
- Clinic/clinician and community resource infrastructure to maintain clinical-community relationships (Candidate Measures H and AA).
- Community resource capacity to deliver preventive services (Candidate Measure U).
- Strength of a clinical-community resource relationship (Candidate Measure OO).
Draft Core Measure Set

- **Process Measures**
- Percentage of referrals to a community resource that are actionable (Candidate Measure PP).
- Clinician receipt of treatment plan from the service coordinator (CCRM Atlas Measure 12).
Draft Core Measure Set

- **Outcome Measures**
  - Percentage of clients referred to a community resource who received appropriate preventive services (Candidate Measure UU).
  - Percentage of patients who received appropriate preventive services (Candidate Measure EE).
  - Patient experience of care with community resource (Candidate Measure XX).
  - Utility of “bridging resources” / informational tools used by clinicians and community resources to foster clinical-community relationships (Candidate Measure JJ and LL).
  - Costs to the clinic/clinician and a community resource to establish and maintain a clinical-community relationship (Candidate Measure MM and NN).
Questions & Feedback
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For more information about AHRQ’s work in this area, visit http://www.innovations.ahrq.gov/linkingClinicalPractices.aspx or contact:
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