

2006 Annual Report
Patient-Centered Primary Care Initiative

The Commonwealth Fund launched the Patient-Centered Primary Care Initiative in 2005 to spur the redesign of primary care practices and health care systems around the needs of the patient. Projects supported by the initiative seek to promote:

- The collection of information on patients' experiences with health care, and the public reporting of that information as a way to encourage quality improvement in primary care.
- The adoption of models, and tools to help primary care practices restructure and improve care to meet patients' preferences.
- Improvements in policy that support patient-centered care.



Melinda K. Abrams
Senior Program Officer

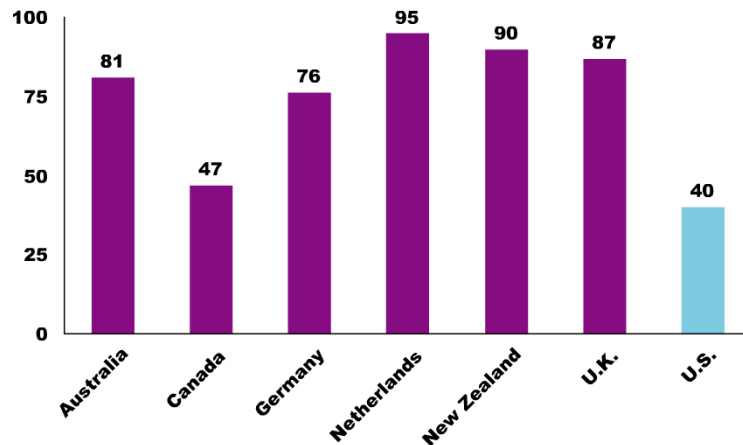


Increasingly, patients want and expect physicians to treat them as partners in care decisions, be responsive to their concerns, and provide the information and support needed to help them manage their own care.

Despite being named one of the key components of quality health care by the Institute of Medicine (IOM), “patient-centeredness” has yet to become the norm in primary care. One of five American adults has trouble communicating with doctors, and one of 10 feels they were treated disrespectfully during a recent health care visit.¹ The Commonwealth Fund 2006 International Survey of Primary Care Physicians shows that less than half of U.S. physicians receive feedback from patient surveys and just 9 percent always or often communicate with patients via e-mail.² A little over a quarter use electronic medical records in their practices.

Only two of five U.S. physician practices make arrangements for patients to see a nurse or doctor after hours.

Percent of primary care practices



Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

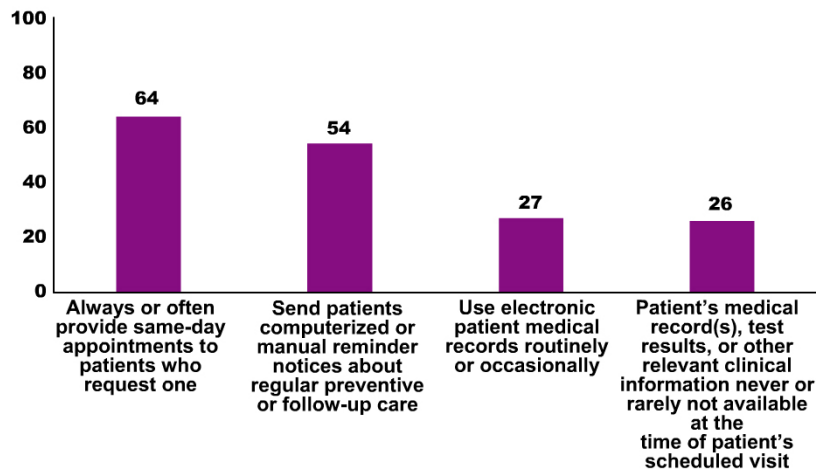
In the essay, “A 2020 Vision of Patient-Centered Primary Care,” Karen Davis, Stephen Schoenbaum, M.D., and Anne-Marie Audet, M.D., outlined what it will take to orient physician practices around patients.³ The authors define a patient-centered primary care practice through seven attributes:

- superb access to care
- patient engagement in care
- clinical information systems supporting high-quality care, practice-based learning, and quality improvement
- care coordination
- integrated and comprehensive team care
- routine patient feedback to doctors
- publicly available information on provider performance.

Ensuring that all Americans have a medical home is a first step toward creating a patient-centered health system, say Davis and colleagues. They argue that a package of patient-centered services—such as e-mail visits, automated patient reminders, access to electronic medical records, and same-day appointments or walk-in hours—could be supported through a fixed monthly fee. In addition, pay-for-performance contracts similar to those employed in the United Kingdom could encourage primary care practices to measure and improve the quality of care they deliver. Demonstration projects could test the viability of such models, helping to develop a “business case” for providing patient-centered care.

Patient-centered care practices have not yet been widely adopted by U.S. physicians.

Percent of physicians



Source: Adapted from A.-M. J. Audet, K. Davis, and S. C. Schoenbaum, "Adoption of Patient-Centered Care Practices by Physicians: Results from a National Survey," *Archives of Internal Medicine*, Apr. 10, 2006 166(7):754–59.

Fund-supported efforts are seeking to answer the challenge put forth in “A 2020 Vision.” The National Committee for Quality Assurance (NCQA), for example, has been developing and testing a comprehensive set of measures to see how well patient-centered care has taken hold in physician practices. Of the patient survey instruments currently in use, most examine individual providers’ performance, but quality improvement experts emphasize the importance of practice structure and environment in the quality of care patients receive. The NCQA measurement set expands and complements patient survey measures to assess a physician practice’s systems, taking into account, for example, patients’ access to medical records, their involvement in quality improvement activities, and systems to coordinate care between providers.

So far, NCQA has incorporated 18 of these patient-centered care measures in the standards for its Physician Practice Connections program, which recognizes practices that use information systems to improve patient care. The program is part of Bridges to Excellence, a physician pay-for-performance program sponsored by several large corporations.



Sarah H. Scholle, Dr.P.H.
National Committee for Quality Assurance

A project led by Dana Safran, Sc.D., of Tufts–New England Medical Center is examining the strength of the relationship between patient experience and clinical quality and outcomes at the individual physician and practice levels. The results from this work will provide much-needed information to motivate greater investment in and commitment to patient-centered care. In particular, it should encourage practices to routinely solicit feedback from patients about their health care experiences.

Successful models of patient-centered primary care can not only demonstrate for physicians the feasibility of delivering such care, but they can provide useful information for developing tools that improve patients' experiences. With Fund support, Susan Edgman-Levitan of Massachusetts General Hospital is documenting the experiences of 12 patient-centered primary care practices. After identifying top practices through patient survey data, Edgman-Levitan will assess how various aspects of each organization—from leadership style to use of technology to quality improvement methods—affect patients' experiences with physician care.

The Fund is supporting the Pacific Business Group on Health, meanwhile, to assess whether a Breakthrough Series Learning Collaborative of 13 practices in California is the type of intervention that can boost patient experience. Additional support for a Dartmouth College project led by John Wasson, M.D., will enable a Medicare quality improvement organization (QIO) to assist primary care practices in integrating Web-based patient surveys and other technologies that facilitate patient-centered care. The hope is that many other practices and QIOs will replicate this model if it is shown to improve patient-centeredness and increase office efficiency.

In the coming months, the Patient-Centered Primary Care Initiative will seek a better understanding of which features of a patient-centered practice are meaningful to patients and associated with high-quality care. Curricula, tools, and models under development will give physicians practical guidance on reorganizing their practices around patient-centered care. And policy analysis and demonstration projects will ensure that patients' experiences are taken into account in efforts to improve the quality and efficiency of primary care.

Notes

¹ [2001 Commonwealth Fund Survey of Health Care Quality.](#)

² [2006 Commonwealth Fund International Survey of Primary Care Physicians.](#)

³ K. Davis, S. C. Schoenbaum, and A.-M. J. Audet, "[A 2020 Vision of Patient-Centered Primary Care,](#)" *Journal of General Internal Medicine*, Oct. 2005 20(10):953–57.