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Diabetes Care Trends in the MA Patient Centered Medical Home Initiative (MA PCMHI) at Mid-Point

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Et al.

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Title:

Diabetes Care Trends in the MA Patient Centered Medical Home Initiative (MA PCMHI) at Mid-Point

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Background: The MA PCMHI is a multi-payer demonstration involving 45 primary care practices. Thirty-one (31) practices receive additional financial support; all receive technical assistance.

Objectives: To assess data trends in diabetes quality measures from participating adult practices.

Study Design: Quality improvement study utilizing practices' self-reported data on clinical quality measures. Diabetes measures included blood pressure, LDL cholesterol and hemoglobin A1C control and depression screening.

Methods: Monthly quality data from 38 practices reported June 2011 (baseline) through November 2012 were evaluated. Using a general linear mixed model Analysis of Variance (ANOVA), an overall comparison across time and pair-wise comparisons between times were made to identify periods with significant changes. The analysis also identified the effect of each practice's performance on aggregate performance and practice performance in change over time for each measure, to determine high and low performers.

Results: On aggregate, the change over time performance was statistically significant for two measures: hemoglobin A1C >9% and depression screening. Some practices were either high or low performers on most measures. Some practices were high performers on some but low performers on other measures. Practices with and without financial support were equally represented in high and low performer categories.

Conclusions: In the first 18 months of the MA PCMHI, participating practices have significantly improved diabetes care by reducing the percentage of patients with poorly controlled diabetes and by more consistently screening patients for depression. Certain sites are excelling – consistently or only in certain measures. Financial support does not appear to be a factor but practice payer mix, size and leadership engagement may be important factors. Analysis of the impact of these factors and a qualitative analysis of best practices implemented by high performing sites, are planned.

Policy Impact: Findings will inform the technical assistance provided to practices undergoing transformation to PCMHs.