Is there Room for a Team Approach in the Patient Centered Medical Home? A STARNet Study

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Introduction

- A key element of the Patient Centered Medical Home (PCMH) is the "practice-based care team" which refers to the delegation of responsibilities to team members. [1,2]
- There is evidence linking team-based care to better patient outcomes, patient satisfaction, care processes and reduced resource utilization and costs.
- Team-based care may also improve practices' capacity for improvement.[3-4]
- It is not clear how these concepts may be received and accepted by clinicians or patients.
- The purpose of this study is to evaluate and compare clinician and patient assessments of alternative modalities of health care delivery in primary care offices.

Materials and Methods

Setting: Fourteen small Family Physician offices in the South Texas Ambulatory Research Network (STARNet). The range of number of physicians in each office was 1 to 9 with a median of 2. Seven of the practices also had at least one Nurse Practitioner or Physician Assistant.

Subjects and Data Collection: Sixty (60) consecutive patients presenting for a scheduled visit during a one-week period. (excluded if they were under 18 years of age, pregnant, or mentally impaired). Data were collected using survey cards completed by the medical assistant and physician at the time of the visit, and then a patient survey completed by the patient after the visit. Patients were asked: "I think the care I received today could have been provided by…" with a Likert scale response for each alternative from "strongly agree to strongly disagree" for each alternative delivery modality. *(see Table 1)*

Analysis: Descriptive data were analyzed using frequency counts and measures of central tendency such as means modes and medians. Associations between non-parametric responses were assessed using Chi-square tests. The study was approved by the Institutional Review Board at the University of Texas Health Science Center at San Antonio.

Table 1: Agreement between Patient and Physician

Service provide by	Patient % Agree or Strongly Agree	% of visits MD said "none of above"	% of visits MD agreed with patient
PA or NP	44.7%	38.5%	55.4%
Phone Call	29.7%	43.0%	5.8%
RN/LVN/MA	23.2%	44.1%	3.8%
On Line Chat with Doctor or Nurse	17.9%	42.2%	3.1%
Email	13.7%	52.0%	0.02%
Group Visit	9.4%	58.8%	0.0%

Table 2: Percentage of Patients Who Agree/Strongly Agree with Alternative Care Delivery

	Physician Assessment of Level of Skill/Knowledge Used in Visit		
	Low	Medium	High
PA/NP	50.0%	48.6%	35.8%
RN/LVN	34.3%	31.2%	25.0%
Phone Call	23.9%	21.8%	23.9%
On-Line Chat	18.2%	17.0%	20.8%
Email	12.1%	12.6%	16.5%
Group Visit	12.1%	6.6%	13.9%

Table 3: Preference by Type of Visit

	Frequency (%)	% Pts agree or strongly agree PA/NP	% MD said PA/NP	% MD said none of the above
Acute Minor	6.9%	42.0%	65.3%	24.3%
Acute Major	15.7%	35.5%	51.2%	42.2%
Chronic Exacerbate	15.4%	40.2%	54.5%	44.7%
Chronic stable	34.5%	50.6%	43.0%	34.7%
Prevention	27.6%	33.4%	44.3%	44.3%

Results

- Physicians and staff completed 656 (96.3%) of the cards and 481(73.3%) patients returned surveys.
- Physicians responded "none of the above" in 40.1% of visits when asked how else could services have been provided.
- Physicians and patients had moderate level of agreement that services could have been provided by a PA or NP.(Table 1)
- Physician rating of skill/knowledge used was not associated with patient acceptance of alternative care delivery. (Table 2)
- For most types of visits, physicians were more willing for a PA/NP to provide the services than were the patient, especially for acute minor illnesses. (Table 3)

Conclusion

- With the exception of PA/NP, there was little agreement among physicians and patients regarding alternative modalities of a face-to-face physician visit.
- Primary care practices, payer and policy makers will need to work together to develop realistic and acceptable frameworks for alternative methods of primary care delivery. [5-7]

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