

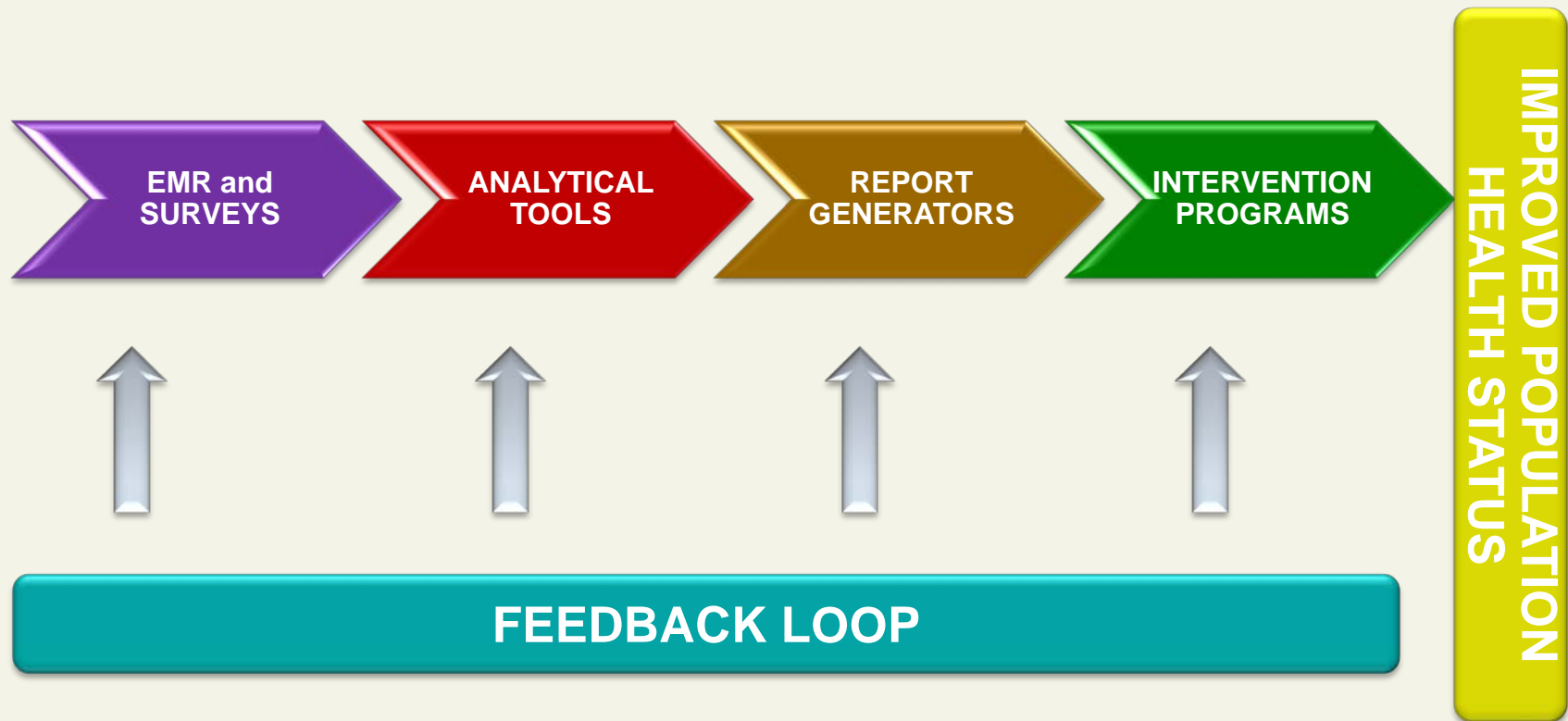


*How Information Can Improve
the Delivery of
Primary Health Care*

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Information is key to improving the delivery of primary health care



Technologies for Primary Care

- Primary care assessment - PCATs
- Morbidity burden: assess and manage
ACG System
- Problem recognition/follow-up (outcomes),
including adverse effects - ICPCs



The Primary Care Assessment Tools (PCATs)*

Utility of the PCATs

- To compare one type of facility with another
- To compare one type of practitioner with another
- To compare one country or region with another
- To detect particular functions that appear to be suboptimal, and explore why

PCAT Versions

Primary Health Care
Systems Assessment

Primary Care

Facility long/short

Provider long/short

Adult consumer long/short

Child consumer long/short

The Primary Care Assessment Tool – Systems Version

This tool assesses the primary health care and primary care characteristics at the system level. It addresses all of the primary care functions.

It is being used to compare the primary care orientation of different health systems, both within and across countries.

Domains of the Systems PCAT

- Equity in distribution of resources
- Universality of financing
- Role of government in policy regarding quality, comprehensiveness, and payment for services

Primary Care Orientation of Health Systems - Domains

- First-contact
- Person-focus over time
- Comprehensiveness
- Coordination


- Family-centeredness
- Community orientation
- Cultural competence

How Are the Features of Primary Care Actually Measured?

Each domain of primary (health) care has two subdomains, one related to important characteristics of the facility or practice and one related to the performance of the practitioner or facility on primary care functions.

PCAT Languages

- English
- Spanish
- Catalan
- Portuguese
- French (Quebecois)
- Korean
- Turkish
- In progress: Mandarin, Maltese



Some of the countries in which the PCATs are being used or is planned for use (other than just for research), as of 2012:

- US (some patient-centered medical home demonstrations);
- Spain;
- Brazil;
- Korea;
- Turkey;
- Hong Kong and PRC;
- Uruguay;
- Vietnam;
- Philippines;
- Japan;
- South Africa

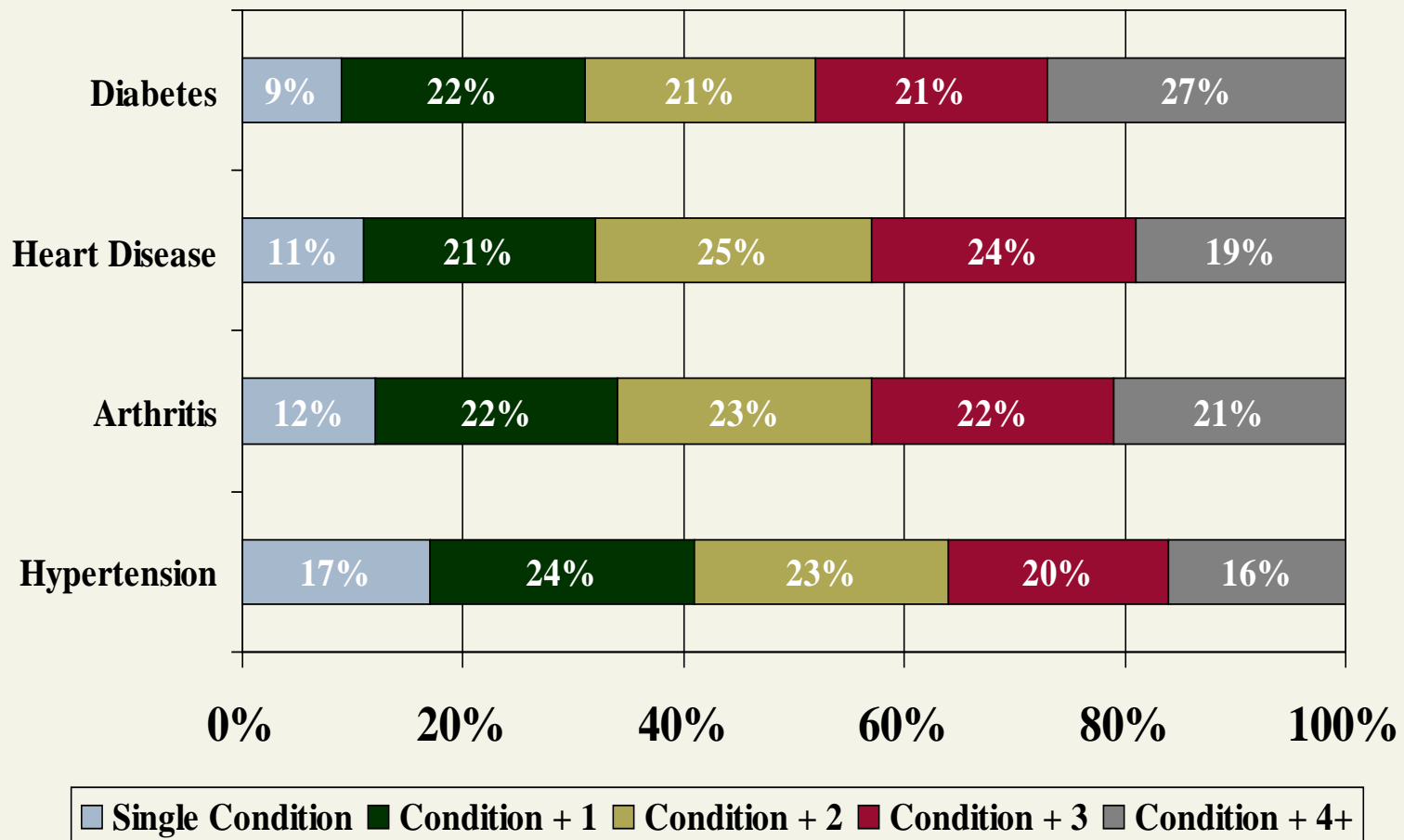



Co-morbidity

Total morbidity is not the same as the sum of different diseases, because diseases cluster and are inter-related in various ways.

A more accurate way of characterizing morbidity is to characterize the pattern of diseases in people and populations.

Co-morbidity is the norm among older adults





The Adjusted Clinical Groups (ACG) System*

Case Mix

Case mix (risk adjustment) is the process by which the health status (morbidity profile) of a population is taken into consideration when setting budgets or capitation rates, evaluating provider performance, or assessing outcomes of care.

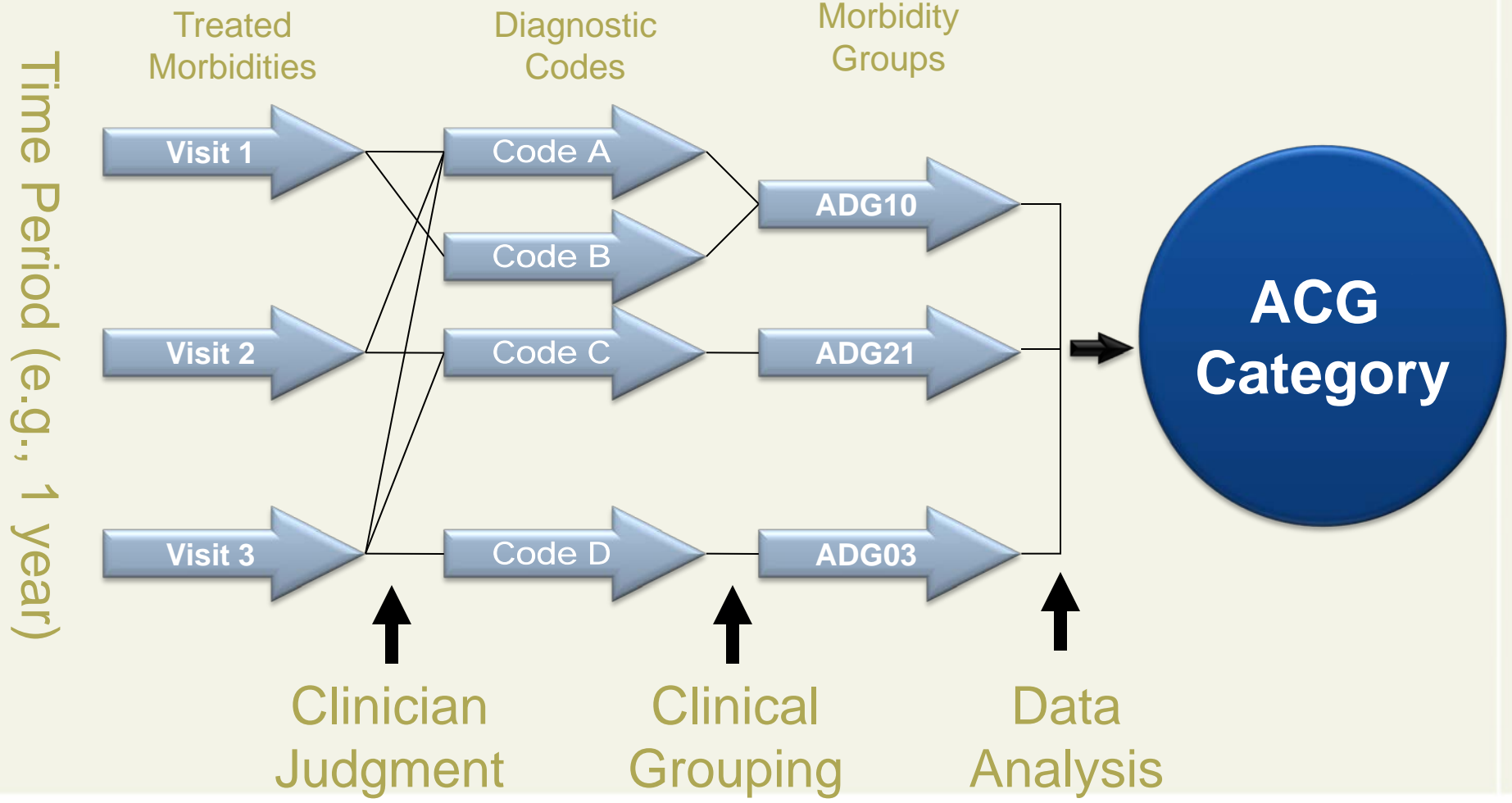
Conceptual Basis for ACGs

- **Individual diagnoses are less important** in the care of patients and populations than are patterns and overall burdens of morbidity
- **Models of care** need to be based on overall morbidity burdens rather than on specific diagnoses
- **Assessing the appropriateness of care** needs to be based on patterns of morbidity rather than on specific diagnoses

Overview of the ACG System

- **TOTAL POPULATION** – Not just those who have been in hospital and includes non-users.
- **TOTAL EXPERIENCE** - Applied using all diagnoses describing the person. They do not focus on individual visits. Ideally they are derived from primary and specialty ambulatory contacts as well as inpatient.
- **TOTAL PERSON** -Comprehensive measure of a population's risk and morbidity burden. They do not just categorize organ system-based diseases.

ACG Actuarial Cells Reflect the Constellation Of Health Problems Experienced by a Patient



Possible Applications

- Population based needs-assessment across patient populations
- Assessing performance of providers (e.g. hospital clinics, doctors, regions).
- Resource allocation / budgeting across clinics, regions or other care units.
- “Predictive Risk” measurement to assist in targeting patients for chronic care management.
- Quality improvement comparisons.
- Ensure appropriate comparisons for research

Over a Dozen nations

In addition to the **US**,

- Several Provinces in **Canada**
- Numerous County Councils in **Sweden**
- Several Regions of **Spain**
- Multiple Primary Care Trusts in the **UK**
- Sickness Fund in **Germany**
- The largest Health Plan in **Israel**
- Two Medical Schemes in **South Africa**
- Active piloting in **Denmark, Italy** and **Chile**
- Research in **Lithuania** and **Taiwan**
- Interest expressed in numerous other countries

In Closing.....

We have instruments to assess the utility of health systems, the strength of primary care, and the outcomes as measured by morbidity burden. We need the political will to use them.

For More Information

- Dr. Karen Kinder

- kkinder@jhsph.edu

- PCATs

- www.jhsph.edu/pcpc/pca_tools.html

- ACGs

- www.acg.jhsph.edu

- *Dr Barbara Starfield*

- Attend session tomorrow or see me

