STARFIELD SUMMIT

Starfield III Conference Brief

A Framework of Primary Care Measurement Domains and Key Elements

Why This Matters

Primary care in the United States lacks a generally accepted and satisfying measurement framework – leading many to find that it is inappropriately measured, under assessed, and at risk for devaluation. Required are primary care measures informed by those concepts most central to primary care and adequate to the tasks of global primary care assessment and performance improvement.

What We Know

- Research demonstrates consensus regarding the foundational characteristics of primary care: accessibility, comprehensiveness, continuity, care coordination, attention to whole people, and attention to the context in which health and health care delivery are located.[1]
- Measures are considered meaningful and useful when they are clearly and directly connected to the foundational characteristics of the thing being measured.[2]
- An effective set of Primary Care Measures is one that supports national efforts, such as:
  - Advancing the triple aim of better health, better patient experience, and smarter spending.[3]
  - Addressing the quality chasm with safe, effective, patient-centered, timely, efficient, equitable care.[4]
  - Supporting the National Quality Strategy: safety, engagement of family and patient, communication and coordination, treatment and prevention, enablement of healthy living, and affordable care.[5]
  - Fostering care that is: person and family centered, continuous, comprehensive and equitable, team-based and collaborative, coordinated and integrated, accountable, and of high value.[6]

What Needs to Change

Primary care measures should adhere to three unshakeable truths: 1) connect to the purpose of primary care, 2) enable use meaningful to primary care purpose and function, and 3) support national health interests.

- Measures focused on disease-specific pathways satisfy a felt need but avoid/ignore ambiguity even though primary care is delivered within the ambiguous space of lives lived in the context of others.
- Many current quality measures were created without recognizing important distinctions between primary and secondary care. Problem recognition, comprehensiveness, and a long-term relationship between a person and their clinician/team are key characteristics of primary care and yet we lack measures able to identify value, confidence, competence, and growth opportunities in these areas.
- We are aware that knowing a person's biography and circumstance is as important to the pursuit of health as knowing about their disease and yet we lack critical attention to such knowing.

How This Informs Starfield III

People are waiting for achievable enhancements in health and health care that can be realized by learning how to care for people in the context of where they live, work, and play. Our measurement framework is structured around five organizing concepts. The first two – Domains and Key Elements – are shared below. These along with a third concept – Core Measure Focus – will be the focus of conference discussion.

- Domains "represent the highest level of organization of the core measures"[2]. Each is critical to the function of the others and to the ability of the whole to meet patient health goals and expectations.
- Key Elements "represent the broadest conceptually discrete components of the respective domains"[2].

Our Framework is organized around the following Domains:

- Receipt of Care – focuses on patient experience and interacts with the tasks of providing care.
- Provision of Care – focuses on the experiences and activities of the care team.
- Outcomes of Care – focuses on what makes a difference to patients, families, and communities.
- Ecology of Care – focuses on environmental factors (within the health system, among payers, and among communities) affecting the potential for high quality primary care.

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Provisional Framework – Key Elements listed under each Domain

Domain – Receipt of Care

- Access – first available contact when possible; care assured when, where, and how it is needed; care commensurate with patient expectations and any problems or concerns presented
- Self confidence – patient is enabled to participate in self-care, self-management, and shared decision-making; feels they have a real role in their care and they are able to play that role well in line with their preference
- Care experience – makes access provided worthwhile and helps to build self-confidence; office and team are friendly, approachable, respectful; there is clear, easy, and transparent communication; patient feels supported by a team that has the patient's interest at heart; care is driven by shared and jointly derived health goals and values
- Being known – patient feels cared for, personally known, held in genuine high regard, sense of familiarity and personal connection, "I'm a known person here"

Domain – Provision of Care

- Comprehensiveness – scope is whole people; focused on wholes across settings, health states, lifespans; all patient problems are my problem, even if managed by others; problem recognition and awareness are key; recognize where help is needed, using knowledge of medicine and person to allow for focus on depth where it matters most
- Connectedness – continuity and longitudinality; care that addresses moments with the understanding that they are part of an ongoing life; care informed by and developed through relationships, over time, across multiple concerns; includes data and moments captured to support informational continuity across time and settings
- Care coordination – synthesize care to create an integrated, discernable, understandable narrative; apply expertise based on knowledge of patient and medicine to prioritize needs within that complex narrative; manage care across clinicians and settings to counteract fragmentation and to recognize when follow up or reassessment is required
- Resource stewardship – prevent waste of time, processes, resources, out-of-pocket and health system expenses
- Clinical sense-making – decisional action responsive to balancing 1) ambiguity and evidence, 2) patient preferences and evidence, 3) standardization of work and proactive attention to potential areas of disparity, 4) long and short term interests/concerns and energy available for them
- Professionalism – keeping those who provide the care in balance, self-regulated, knowledgeable of their limits (when consultation is needed), and continuously learning in order to create an environment and care team that feel safe, trustworthy, and committed to being fully present, genuine, and empathetic

Domain – Outcomes of Care

- Health – achieving health goals (by disease, organ, function, or meaningful participation in the community) and avoiding illness or unnecessary disease burdens that interfere with health and cause pain and suffering
- Equity – attention to preventable differences in health opportunities, health status, and health seeking experiences as found among groups defined by similarities in social status, societal groupings, or health characteristics
- Patient experience – care was accessible, continuous, coordinated, integrated; at the right time, in the right place
- Value – a combination of resource spent on primary care, payment received for care delivered, and perceived benefits of that care among those most impacted by care delivery

Domain – Ecology of Care

- Patient factors – aspects of the patient population that influence characteristics of care provided by the practice
- Community factors – aspects of the community in which the practice is located that make it an area in which it is easy to be healthy or hard to be healthy
- Health system factors – aspects of the local, state, federal, business environment that impact primary care, including regulatory environment and payer/insurer markets

References

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