

How's Your Health Issues.

1. Getting patients to use it requires the soft carrot and soft stick to get to "Readiness to Use."

The soft carrots include:

- Helps the practice and patient get on the same page WITH YOU
 - [Action form, chronic condition form, pre-visit health checkup, personal health record, educational information and other information tailored to your needs. Free on-line health book summarizing information from thousands of patients like you]
 - Requires practice to make this message clear
 - Requires practice to actually use information
- Help practice manage you and all other patients better
 - Help make a patient registry to automatically keep track of issues of all patients
 - Personal health record so that patients can take and update medical information for any doctor, any place, any time
 - Quality reporting so that your doctor can look at how well the practice is doing and identify ways to improve all patients' care

The soft sticks can be any negatives the practice indicates such as I MUST HAVE THIS BEFORE...

Quad Med has been attaining 90% update by a combination of the soft carrots and sticks described above and a \$ hard carrot (reduction in premium) if using it. In theory, with the addition of the registry and personal health record, IMP practices are in a good position to talk with insurers about premium deals for use.

Once "Readiness to Use" has been established, then tricks to enhance use, such as office computers for very low income patients, often increase use. Too often, however, offices invest too much time in use enhancers instead of soft carrots or soft sticks.

2. New information about How'sYourHealth.

Being prepared for publication the results of building CAHPS into How'sYourHealth supported by the Robert Wood Johnson Foundation.

Patient Report in the Patient-Centered Medical Home: Measures and Strategies

Context: Standard assessment of patients' needs and experiences is not yet an important component of the patient-centered medical home.

Objective: To illustrate how patient reports are being implemented to assess patient needs, distinguish known practice groups, and predict actual bio-clinical and preventive test results.

Participants: Patients aged 19-69 from across the United States.

Setting: 1229 patients receiving care from high performing practices and 3611 receiving usual care. 46 practices had at least 20 patient respondents during the six month study period.

Design: Cross-sectional descriptive study of the results from two patient surveys: How'sYourHealth.org and the CAHPS Clinician and Group Survey.

Main Outcomes: Comparison of survey results across two practice groups (16 high performing and 30 usual care practices) and to information stored in the medical record.

Results: The median patient ratings of practice known to be high performers were higher than the 75th percentile of usual practices. There was evidence, however, that measures of some domains of patient experience lack specificity. Agreement of patient report with receipt of preventive procedures and normal test results ranged from 75-96%.

Conclusion: Standardized patient report is generally valid for assessing the overall quality of care and the results of preventive procedures and common test results.

Sample Table Follows showing relationship of patient report to actual medical record. Think of this for pay for performance/medical home stuff.

Table Four
Agreement of Patient-Reported Measures with Data from the Medical Record

Patient-Reported Measure	Patient Response	Agreement with Medical Record Audit
Screening for Breast Cancer (Age 50+)	Done	96% (104/109)
	Not Done	68% (17/25)
Screening for Bowel Cancer (Age 50+ in 2 years*)	Done	76% (88/116)
	Not Done	80% (53/66)
Recent Blood Pressure (If Diagnosis of Hypertension, Diabetes, or Cardiovascular Disease)	150 or less	94% (162/173)
	More than 150	36% (10/28)
Recent Blood Sugar (if Diabetic)	140 or less	75% (47/63)
	More than 140	59% (23/29)
Total Cholesterol (If Age 50+ and Diagnosis of Hypertension, Diabetes, or Cardiovascular Disease)	200 or less	86% (42/49)
	More than 200	84% (16/19)

* Or colonoscopy in 9 years

Table Four shows the agreement between patient report of bio-clinical and preventive information gathered on the HowsYourHealth survey to medical record data. The results demonstrate that when a patient responds positively that a test was done or a test result is in the desirable range, their report is usually confirmed by audit of the medical record. For example, when a patient with a diagnosis of diabetes reported that their blood sugar in the past four weeks was less than or equal to 140, the last value recorded in the medical record within a year was of the same value 75% of the time.

Since three of the six practices served primarily a low income patient population, 41% of the patients had inadequate financial status and 48% had less than a high school education. None of the results shown in Table Four varied consistently by patient educational attainment or financial status.

Table Four Here

Even though the patient and medical record values are seldom temporally concordant, the agreement appears clinically useful. Thus, 91% (50/55) of the patients who reported that the recent blood sugar was less than less than or equal to 140 had a HbA1c within a year less than 8. Conversely when patients said their last blood sugar was greater than 141, the majority (64%; 21/33) had a HbA1c 8 or greater. Among the 20% of diabetic patients who self-test their blood sugars and reported that their blood sugar was always in the range 80-150, 92% (22/24) had a HbA1c less than 8.