



## IMPLEMENTING THE PERON-CENTERED PRIMARY CARE MEASURE TO IMPROVE CARE IN ACTION/REFLECTION CYCLES

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A large literature show the usefulness of engaging stakeholders in cycles of reflecting on quality of care data, designing and carrying out improvement initiatives, and then re-evaluating and refining actions based on evolving understanding. The reflection part of the action/reflection cycle is particularly important in a world that emphasizes often frenzied action. An outside facilitator sometimes can be helpful in the process.

The effectiveness of facilitated action/reflection cycles has been variable in primary care, in large part because the narrowly-focused quality data on which they typically are based do not adequately reflect the higher-order primary care functions of integrating, personalizing and prioritizing care for whole people. These higher-order primary care functions are not assessed by current measures, but likely are responsible for primary care's paradoxical effect in generating healthier populations, and greater health equity, cost sustainability and health care quality.

Fortunately, a new measure of higher-order primary care functions has been developed and validated, based on careful analysis of the wisdom of hundreds of patients, clinicians, and health care payers. This patient-reported Person-Centered Primary Care Measure (PCPCM) is being used in multiple US health care systems and practices, has been translated into 30 languages and used in 37 countries. It is now ready for use to foster meaningful action/reflection cycles based on what matters in (primary) health care.

The PCPCM can be administered in different ways, but for focusing attention on what matters and fostering health care improvement, it is most helpful to ask a sample of patients to complete it on a regular basis. For example, many practices and systems decide to send it electronically to their patients during their birth month, thus providing a monthly sample of responses that can be used to assess changes over time in response to improvement efforts.

The PCPCM generates an overall score, but more importantly, an average score and range on 11 individual items that together reflect important primary care functions. In comparison to desired levels or to scores from peers, the scores on individual PCPCM items can be used to stimulate individual and group reflection, and then informed action, across multiple levels of stakeholders:

- Patient, family, caregiver
- Clinician, practice staff
- Health care system, employer/payer, community

Reflection begins with asking personal questions, such as: Why and how is this topic important? What level of performance did I/we expect? How do we understand any differences from what was expected? What might we do to gain a deeper understanding, from multiple perspectives?

Next, the individual or group asks questions to design helpful action, such as: What might we do to further understand or improve our performance in this domain of quality primary care? Who else needs to be at the table to further understanding and improvement? In addition to re-assessing this item over time, what other information do we need to monitor or inform improvement?

The individual and group identify action steps, a timeline, who does what, and any additional needed measures. Then they implement their plan, ideally in a way that fosters ongoing, shared learning among diverse stakeholders and refinement of change plans on the basis of what is being learned.

Re-assessment by the next wave(s) of PCPCM and any related measures then looks at changes in the PCPCM item(s) of focus. Since quality primary care is how the items measured by the PCPCM work together, it is important to examine changes in other items, to look for both synergies and unanticipated consequences.

This cycle of reflection, action, and re-reflection often is supported by other practice or health care system initiatives, and by Performance Improvement initiatives of medical specialty boards. We have created a Practice Improvement Module that supports using the PCPCM to meet this requirement. A Worksheet on the next page can be used to support these action/reflection cycles.

Here are some steps to consider in using the patient-reported Person-Centered Primary Care Measure (PCPCM) to foster action/reflection cycles based on what matters in (primary) health care.

**1. Consider how and when to administer the PCPCM to your patient population.**

To focus attention on what matters and to provide feedback on health care improvement efforts, it is most helpful to ask a sample of patients to complete the PCPCM on a regular basis. Many practices and systems decide to send it electronically to their patients during their birth month, and this approach can focus attention on the whole patient panel or if desired, on particular subgroups. Another approach is to ask patients to complete the form after each health care encounter, by having staff, and electronic prompt, or an outside vendor ask, the patient to complete the form. This approach requires considering where the administration of patient-reported quality measures fits within the practice workflow.

**2. Consider how the PCPCM data will be summarized and reported.**

A method is needed to aggregate PCPCM reports. Creation of a total score is easy - just add up the scores for each individual item and divide by the number of items (11 for people who complete all items). We recommend excluding from the total score calculation surveys from people who responded to <8 items.

Since most action will be around individual items, it is also important to report the average score and range of responses for each of the 11 PCPCM items.

Consider whether you will report for individual clinicians or teams, or for patient subgroups, as well as for the whole practice

**3. Ask: who should be at the table for action/reflection cycles? Invite them to participate.**

– Patients, families, clinicians, practice staff, health care system leaders, community partners, payers.

Each participant should be asked to reflect on the data individually, and then in group discussion. Some practices decide to start with who already is getting together to understand and improve the practice, such as a clinician or a clinician/staff meeting, and then expand to others. Involving patients (the ultimate stakeholder) can be very helpful in focusing the conversation on what matters. When action steps involve changes at the level of the health care system or community partners, it is important for individual or multiple practices to have a mechanism for engaging system leadership and community connections.

**4. Consider an outside facilitator to help with the conversation, action planning and follow up**

A growing literature shows the benefits of expert facilitation, but it also is possible for the groups to identify the needs met by a facilitator, and to accomplish that within their own participant group.

Here is a pragmatic [resource on practice change facilitation](https://insights.ovid.com/article/00019514-200910000-00007): <https://insights.ovid.com/article/00019514-200910000-00007> :

**5. Begin with reflection**

Reflection begins with asking personal questions, such as: Why and how is this topic important? What level of performance did I/we expect? How do we understand any differences from what was expected? What might we do to gain a deeper understanding, from multiple perspectives?

**6. Develop and implement a plan with ongoing feedback and shared learning**

Next the individual or group asks questions to design further action, such as: What might we do to further understand or improve our performance in this domain of quality primary care? Who else needs to be at the table to further understanding and improvement? In addition to re-assessing this item over time, what other information do we need to monitor or inform improvement?

The individual and group identify action steps, a timeline, who does what, any additional needed measures, and implements, ideally in a way that fosters ongoing, shared learning among diverse stakeholders and refinement of change plans on the basis of what is being learned. Here is a resource on [Plan, Do Study, Act cycles](http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx): <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

Re-assessment by the next wave(s) of the PCPCM and any related measures then looks at changes in the PCPCM item(s) of focus. Since quality primary care is how the items measured by the PCPCM work together, it is important to examine changes in other items, to look for both synergies and unanticipated consequences.

This cycle of reflection, action, and re-reflection often is supported by other practice or health care system initiatives, and by Performance Improvement initiatives of medical specialty boards. You can use the self-initiated module, and we are working on a specific Practice Improvement Module that supports using the PCPCM to meet this requirement.