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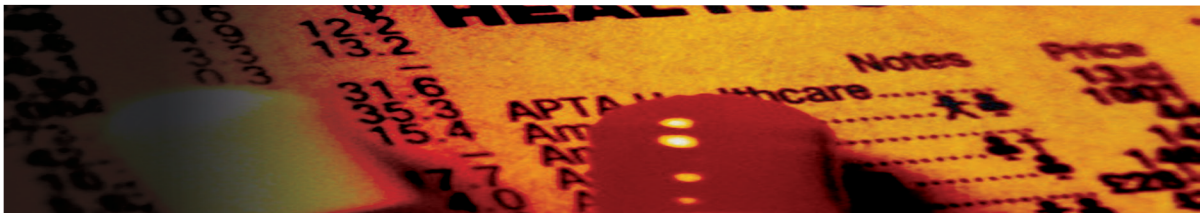
Issue 2



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IN THIS ISSUE

The paper "Impact of Patient-Centered Medical Home Implementation on Diabetes Control in the Veterans Health Administration" co-authored by LeChauncy Woodard et al. was published in the Journal of General Internal Medicine in April 2018. Woodard is an associate professor of medicine and health services research at Baylor College of Medicine and the Center for Innovations in Quality, Effectiveness, and Safety at the Michael E. DeBakey VA Medical Center.

Baylor College of Medicine

RICE UNIVERSITY'S BAKER INSTITUTE FOR PUBLIC POLICY

HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine
Joint Program in Health Policy Research

Has patient-centered medical home implementation improved diabetes care in the VA?

"The results are mixed," says LeChauncy Woodard, M.D., MPH. Woodard is the lead author on a study that examines care for diabetic patients in the Veterans Health Administration (VA), which implemented patient-aligned care teams (PACTs), its model of the patient-centered medical home (PCMH), beginning in 2010.

Currently, over 2 million veterans receive primary care services for diabetes in the VA health care system. Twenty-five percent of patients cared for by the VA are diabetic. This is more than twice the proportion of diabetics in the general population, where the prevalence of diabetes is estimated at 9 percent. With the introduction of PACTs, the VA, which provides primary care to over 5 million veterans, became the largest integrated health system to implement the PCMH model. In line with PCMH priorities, VA PACTs aim to deliver team-based care that is comprehensive, patient-centered, coordinated, accessible, and data-driven. VA PACTs are organized into "teamlets" consisting of a primary care provider, registered nurse care manager, licensed practical nurse or medical assistant, and clerk who are supported by discipline-specific team members including pharmacists, social workers, and registered dietitians.

Since its launch, the PACT model has been implemented nationwide in all VA primary care clinics and has elicited varied responses from providers, patients, and system administrators. Recent evidence on the impact of PACTs highlights significant reductions in emergency room and inpatient admissions, improved primary care clinical outcomes, better adherence to mental health treatment, and increased use of electronic messaging and telemedicine encounters. Despite these benefits, however, findings regarding quality of care in PCMH models have been mixed. To examine the impact of PCMH implementation on diabetes care, we conducted regression analysis to assess outcomes for 20,858 veterans receiving primary care within one Midwestern VA region before (2009) and after (2012) PCMH implementation. We focused on two measures of quality: glycemic control and lipid management. We also assessed the impacts of VA PCMH implementation on female and non-Hispanic black patients, two high-risk diabetic populations for whom disparities in care are well documented.

We found that despite PCMH implementation, the odds of glycemic control were lower in 2012 than 2009, and this change in control varied by race over time. While the disparity in glycemic control between white and black patients persisted post-PCMH, the disparity was smaller in 2012 compared to 2009. The odds of lipid control did not significantly change between 2009 and 2012 and change did not vary by race and/or gender. Thus, although there were no significant improvements in the odds of lipid control, and the odds of glycemic control decreased following PCMH implementation, there was evidence of reduced racial disparities in glycemic control post-PCMH implementation. While non-Hispanic white patients had 59 percent greater odds of glycemic control relative to non-Hispanic black patients pre-PCMH implementation (2009), they had 32 percent greater odds of glycemic control post-PCMH implementation (2012). Future research should identify ways in which PCMH models of care can be improved to better address the needs of chronically ill patients, such as those with diabetes, and to determine what factors of the VA PCMH model may have contributed to the reported reduction of racial disparities in glycemic control.

HEALTH POLICY research presents a summary of findings on current health policy issues. It is provided by Vivian Ho, Ph.D., James A. Baker III Institute Chair in Health Economics and director of the Center for Health and Biosciences at Rice University's Baker Institute for Public Policy, in collaboration with Laura Petersen, M.D., MPH, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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