

Dartmouth-Hitchcock Physicians

Managing Patients With Multiple Chronic Conditions

Dartmouth-Hitchcock has achieved National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Level III recognition at all of its primary care practices.

Project Goals

Dartmouth-Hitchcock implemented a Chronic Case Management and Care Coordination program whose goals were to identify patients with chronic disease and take targeted actions to improve quality and reduce cost.

Headquartered in Bedford, New Hampshire, Dartmouth-Hitchcock is a large multispecialty physician group practice with 5 major ambulatory service center clinics, an academic medical center, and a medical school. Dartmouth-Hitchcock has approximately 900 primary care and specialty physicians who perform 1.5 million outpatient visits in ambulatory centers and care for 21,000 inpatients in its academic medical center each year. The practice serves a large mixed urban and rural area.

Dartmouth-Hitchcock had 2 strategic goals for the program: (1) population health management—to achieve the vision of the healthiest population, the group must assume a proactive role in assessing and managing the overall health of patients and communities; and (2) leadership in quality—to impact the health of populations, the group must discover and close the gap between its current situation and evidence-based care.

Embedding care coordination staff within Medical Homes at Dartmouth-Hitchcock made a difference in its ability to achieve or exceed the target for quality measures and close gaps in evidence-based measures.

Medicare Patients

- Quality Measures: Achieved or exceeded the target for 94% of 32 measures in the Medicare and Medicaid Services Physician Group Practice Demonstration.

Commercial Plan

- Quality Measures: Met the target for all measures in comparison to the market cohort group.

Commercial Gaps in Care

- A matched case-control methodology was used to determine whether Dartmouth-Hitchcock Medical Home with embedded care coordinators close gaps in care more effectively than competing providers without care coordination support.
- General: Dartmouth closed 34.1% vs 30.9% (10.4% more; statistically significant; $P < 0.01$) within the 6-month period. For high-priority rules (gap score > 50), Dartmouth closed 39.7% vs 34.9% (13.8% more; statistically significant; $P < 0.001$). Patients with high gap scores are intelligently triaged in a priority queue.
- Condition-Specific: Hypertension results were significant (39.8% vs 34.3%; 16% more; $P < 0.01$). Diabetes was the next highest (38.6% vs 35.7%; 8.1% more).

Recent Improvements and Outcomes

Dartmouth-Hitchcock has achieved National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Level III recognition at all of its primary care practices. The Group has expanded care coordination programs to other payers, including its employees. Care coordinators in 1 clinic have implemented chronic obstructive pulmonary disease (COPD) action plans that have resulted in reduced emergency department and inpatient use of patients with COPD.

Sustaining Strategies

Dartmouth-Hitchcock has developed registries with built-in clinical and financial stratification algorithms to aid in identifying complicated patients with multiple chronic conditions. The functionality of electronic health records (EHRs) has expanded to include capabilities to support care coordination workflows. Dartmouth-Hitchcock has embraced team-based care: care coordination staff is involved in huddles with the physician/staff care teams and has partnered with and coached ambulatory care nurses in providing continuity of care.

Future Plans

As Dartmouth-Hitchcock continues to improve the health of its populations, it needs to move beyond the traditional medical home to extend its reach to within communities and to meet patient needs where they live.



Lessons Learned

Working within an accountable care structure with both Medicare and commercial plans has been an effective way to contain costs, support staff satisfaction, and enrich quality of care.



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