

Community-Level Quality Improvement and the Patient Experience for Chronic Illness Care

Take Away Points

- Community-level quality improvement efforts may lead to improvement in receipt of recommended care services for diabetes and patient satisfaction as reported by patients, but the effect size may be small.
- Community-level quality improvement efforts did not improve patients’ perception of care coordination or providers’ interaction with patients and support for patient engagement.

The Issue

Despite growing quality improvement (QI) efforts among health care providers, quality issues still persist in the delivery of health care. Some experts suggest that QI efforts should advance from organization-level initiatives to community-level approaches that follow a coherent, overarching vision.

Community-level QI efforts are potentially more effective than individual organizational approaches as they can consolidate duplicate efforts, reduce fragmentation, improve information sharing, and influence factors that are out of the control of individual providers. A major focus of many community-level QI initiatives is improving care for people with chronic illness, due to its increased cost and complexity, as well as it being the leading cause of death and disability in the United States. As individuals with chronic disease often see multiple providers, community-level QI holds the potential to improve care coordination so patients get the the right care at the right time, with the goal of avoiding unnecessary duplication of services (Centers for Medicare & Medicaid Services, 2013).

Source

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<http://www.hsr.org/hsr/abstract.jsp?aid=51566241829>

The Robert Wood Johnson Foundation’s [Aligning Forces for Quality \(AF4Q\)](#) is the largest privately funded QI program to date (2012), with funding and technical assistance directed toward multistakeholder (payers, providers, consumers, and purchasers) alliances and an overarching goal of improving the quality of health care provided in ambulatory settings for persons with chronic diseases.

This study explored the impact of community-level QI initiatives in 14 AF4Q communities aimed at improving care of patients with chronic illness. Specifically, it examined whether chronically ill adults in these AF4Q communities reported greater improvement in the below (4) domains of patient experience (outcome measures) compared with similar patients in non AF4Q communities.

Care coordination	Patient satisfaction (a key indicator in creating a patient-centered health system & a frequent benchmark in pay-for-performance)
Provider interaction and support	Receipt of recommended care for diabetes

Study Methods and Design

The study utilized a quasi-experimental, pre-post survey design. Data was gathered from the AF4Q Consumer Survey (AF4QCS) in two waves. Baseline data was collected using random-digit-dial phone calls completed in August 2008 for chronically ill adults living in all 14 AF4Q communities, as well as a comparison group (national sample). Minorities were oversampled to ensure adequate representation. The second wave was completed in November 2012, surveying the same respondents from the baseline/first wave. A difference-in-difference analysis approach was utilized to detect relative changes over time.

Key Findings and Limitations

- A well-resourced community-level QI initiative led to modest improvement in patient experience in two domains: receipt of recommended care for diabetes and patient satisfaction.
- Perception of Care Coordination did not improve. Timing of the interventions may explain this lack of impact. Implementation of QI interventions often leads to an initial state of disruption before benefits are realized. Additionally, the CMS Quality Improvement Organizations (QIOs) and the Affordable Care Act introduced policy initiatives focused on improved care coordination and care transition. The national sample communities may also have been able to focus their attention on these dimensions, even more so than the AF4Q communities which were required to spend their efforts and resources on broad areas (such as consumer engagement and disparities reduction), rather than a specific focus on care coordination. Though some hope that focusing on these broad areas may lead to greater improvement in outcomes long-term, we do not yet know the overall impact.
- Provider Interaction and Support did not improve. Improving the providers' interaction with patients and support of patient engagement was not a major focus of the alliances' work, which may explain a lack of improvement in those areas. Provider interaction and support require behavior change from both physicians and support staff. Changing provider behavior is challenging and increases the difficulty of QI implementation.
- **Limitations:** The methodology used in this study made attribution of improvement difficult. Lack of control for all other QI efforts occurring within the AF4Q communities may have influenced the findings. Other limitations include: AF4Q communities are not nationally representative; only a subset of outcome measures were analyzed; only patient-reported outcome measures were examined (claims-based process of care measures or physician-reported QI measures may yield different results). Importantly, respondents were selected based on their home address; it was not possible to assess whether survey respondents or their physician practices were exposed to the AF4Q intervention.

“Currently there is no widely accepted approach to measuring the dose of community-level QI interventions, yet a program’s reach or intensity may drive a program’s success (or lack thereof). This is an important area for future research. “

Final Thoughts

- Variation in outcomes among AF4Q sites can be due to a number of community-level factors (history of engaging in QI, market characteristics), approaches to QI taken, and variations in the dose of the intervention across sites.
- Outcome measures or benchmarks were not developed in advance of the AF4Q initiative that would signal success.