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title Developing an assessment tool for Australian general practices transforming to a Patient-Centred Medical Home model of care

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summary

The Patient-Centred Medical Home (PCMH) model is associated with high-performing primary care and provides a framework for transforming general practice to deliver more person-centred care.

To support general practices to more easily measure their degree of 'medical homeness' and identify practical areas for improvement, Brisbane South Primary Health Network (PHN) in partnership with the Australian Healthcare and Hospitals Association (AHHA) developed a short-form subjective survey tool; the Person-Centred Care Practice Assessment (PCC-PA). Testing of the PCC-PA demonstrated its suitability, feasibility, acceptability, relevance and rating consistency compared to an internationally validated survey tool, the Patient-Centred Medical Home Assessment (PCMH-A), for general practices in the Brisbane South PHN region. Respondents found the PCC-PA more relevant to their practice and easy to use, and the PCC-PA was preferred by general practices with:

- 75% of respondents reporting that they completed the PCC-PA survey in
 5–10 minutes,
- 89% of respondents reporting that the PCC-PA was easy or very easy to complete, and
- 95% of respondents indicating that the PCC-PA identified opportunities and starting points for practice improvement.

context

In response to the National Health Reform Agenda, and in line with international evidence, Brisbane South PHN has introduced their Person-Centred Care Practice (PCCP) initiative, drawing on evidence and experience internationally, nationally and locally.

The model places the person, or consumer, at the centre of their care, and seeks to tailor and coordinate health care that is respectful and responsive to a patient's needs, preferences and values. Person-Centred Care is an approach that involves the entire health care system, providing integrated care that is patient-centred, seamless and well supported by systems to achieve better patient outcomes.

Brisbane South PHN is not one of the 10 PHN regions selected for the national Health Care Homes trial, a Commonwealth-funded trial of a Patient-Centred Medical Home type model of care (Department of Health, 2016; Department of Health, 2019a). Rather, the Brisbane South PHN PCCP initiative is geared toward preparing and supporting general practices in the region in line with international evidence, and in readiness for future primary health care reform.

The support offered to general practices and Aboriginal Medical Services is multidimensional and incorporates characteristics and principles of the Safety Net Medical Home Initiative (Safety Net Medical Home Initiative, 2019b), Patient Centred Medical Neighbourhood (Huang and Rosenthal, 2014), WHO framework for integrated





people-centred health services (World Health Organisation, 2016), Bodenheimer's building blocks of high-performing primary care (Bodenheimer et al., 2014) and the Canterbury model for integrated care (Canterbury District Health Board, 2015).

The PCCP initiative is responsive and adaptable to the needs and priorities of each general practice and is focused on practical action and continuous quality improvement. The initiative uses the Patient-Centred Medical Home 'Change Concepts' as a framework to guide action.

The Change Concepts reflect the many components that together aim to build the capacity and capability of general practice, and are:

- engaged leadership
- quality improvement strategy
- patient registration
- continuous and team-based healing relationships
- organised and evidence-based care
- patient-centred interactions
- enhanced access
- care coordination (Safety Net Medical Home Initiative, 2013).

General practices are supported to think differently and explore options to enhance the satisfaction and cohesion of their teams, establish systems to gather feedback, track outcomes for patients in terms of their experience and health outcomes, and enhance their business efficiency and sustainability. Brisbane South PHN also engages with general practices to identify and support the change goals and priorities of each practice through facilitation, mentoring, training, tools and other resources.

policy issue

Australia's Long Term National Health Plan, includes a focus on stronger primary health care and a modernised health system that is more integrated, more efficient, more equitable and, most importantly, more focused on patients (Department of Health, 2019b).

The Patient-Centred Medical Home model facilitates a partnership between individual patients, their usual treating General Practitioner (GP) and their extended healthcare team, which enables better-targeted and effective coordination of clinical resources to meet patients' needs (RACGP, 2016).

Assessment tools support practice transformation

Evaluation is important with all change processes. In supporting the transition to a Patient-Centred Medical Home model of care, an effective and efficient mechanism to monitor progress was considered essential. Simple tools assessing practice systems





and relationships identify and inform general practices of their progress along the continuum of better coordinated care (Wagner et al., 2014).

The PCMH-A is a tool developed by the MacColl Center for Health Care Innovation at the Group Health Research Institute and Qualis Health for the Safety Net Medical Home Initiative (SNMHI) in the United States (Safety Net Medical Home Initiative, 2019a).

It helps general practices to understand their current level of 'medical homeness', as identified by the Change Concepts, and to identify opportunities for improvement. It can also help general practices track progress toward practice transformation when it is completed at regular intervals.

It has been extensively tested by 65 sites participating in the SNMHI and is in use in a number of regional and national initiatives (Safety Net Medical Home Initiative, 2019b).

Assessment tools to reflect local context

Organisations implementing the PCMH-A have expressed that approaches to measuring 'medical homeness' should be 'driven by the measures' intended use(s) and users, and that a one-size-fits-all approach may not be appropriate' (Alexander et al., 2013). While modified versions of the PCMH-A have been developed and validated (Poznyak et al., 2018) these adaptations do not address the utility barriers identified by general practices in the Australian or Brisbane South PHN contexts.

The PCMH-A was adapted for use in Australia by WentWest to reflect differences in Australian health care terminology (WentWest, 2019a; WentWest, 2019b; Wentwest, 2019c).

However, a number of barriers to using the PCMH-A, as adapted for use in Australia, were identified through experience with use of the tool by general practices in the Brisbane South PHN region.

General practices identified time to complete the PCMH-A survey tool as a core concern. This was influenced by its structure—comprising 36 questions, each with four statements describing capabilities—with individuals in general practices required to rank these on a range of 1–12. Other contributing factors included the complexity of the language used, the applicability of questions in relation to practice activities, the perceived repetitive nature of some questions and the ability to implement quality improvement changes in areas beyond the control of the practice.

Brisbane South PHN also experienced challenges in administering the PCMH-A survey tool due to its structure, limiting the ability of the PHN to deploy the PCMH-A at scale to general practices.





These challenges included:

- incompatibility of the PCMH-A survey structure with common online survey applications, leading to difficulties in providing the survey to general practices in an online format, as well as difficulties extracting and analysing the PCMH-A survey results, and
- time required by PHN staff to support and guide general practices to complete the survey.

In response to these challenges, Brisbane South PHN in partnership with AHHA developed the Person-Centred Care - Practice Assessment (PCC-PA) tool for general practices to assess their current level of alignment with the Change Concepts, addressing the barriers-to-use of the tool identified by general practices.

developing a simplified instrument

In response to challenges identified by general practices associated with use of the PCMH-A, Brisbane South PHN pursued development with AHHA, of a short-form tool to support general practices in identifying areas for improvement against the Change Concepts and routinely tracking progress in transformation.

The resulting PCC-PA is a survey designed to help general practices rapidly undertake an assessment of their current state as a first step towards a stronger focus on personcentred care. It comprises 12 questions, aligned to 8 Change Concepts, for completion by all staff members within a general practice. Each question is focused on an area of potential quality improvement for the practice.

The PCC-PA is supplemented by user guides for general practices, including a meeting guide that supports all staff within a general practice to determine a consensus on the practice's PCC-PA scores and subsequently set shared practice priorities.

Criteria for development

A steering group was established to govern the development of the PCC-PA. Members were selected for a breadth of expertise including:

- primary care research and survey design,
- general practice engagement and quality improvement,
- person-centred care, and
- tertiary care integration with primary care.

At the outset, the steering group determined the criteria by which success with the development of the PCC-PA would be assessed.





The five criteria were:

1. Suitability

- Alignment with the Change Concepts, ensuring congruence with the intent of the PCMH-A and allowing general practices to shift between the shorter and longer survey, depending on needs, with a level of consistency.
- Alignment with the aims of the Brisbane South Person-Centred Care Practice initiative and the support services offered by Brisbane South PHN, allowing practice improvement opportunities and subsequent improvement activities to be mapped to the Change Concepts.

2. Feasibility

- Respondents being able to complete the survey in approximately 10–15 minutes, maximising the uptake by participants across the practice.
- Respondents being able to complete the survey relatively independently, without hands-on support from Brisbane South PHN.

3. Acceptability

Respondents finding the survey and language used easy to understand.

4. Relevance

- Respondents perceiving completion of the survey as a valuable exercise.
- Respondents being able to readily identify implementable change opportunities from the results of the survey.
- 5. Rating consistency between the PCMH-A and the PCC-PA.

Development process

Development of the PCC-PA commenced with a detailed preparatory analysis to understand factors which had limited utility of the PCMH-A in the Brisbane South PHN context, alongside key aspects of person-centred care a) that could be easily assessed and b) where impactful change could be readily made. This analysis involved:

- 1. Consultation with Brisbane South PHN staff and the PHN's GP Clinical Advisor for person-centred care, to seek feedback on their experiences administering the PCMH-A and supporting general practices using the instrument.
- 2. Desktop analysis of the PCMH–A survey tool to identify which of its questions were most readily responsive to implementable change opportunities for general practices in the Australian context.





- 3. Mapping each of the Change Concepts against the development criteria, outlining the focus of questions that would form the PCC-PA.
- 4. Scoping of survey instrument design to determine the question type and style that would best capture the perceptions, experiences and behaviours of general practice staff.

On completion of the preparatory analysis, a final set of PCC-PA questions was developed using a consistent question style. Respondents were asked to use a Likert scale (in contrast to the multi-faceted scale in the PCMH-A) to rate how well the statement aligned with (their perception of) the performance of their general practice.

To enhance consistent interpretation between respondents, additional question guidance was provided with examples of what low, medium or high general practice performance looked like. Definitions of more complicated terms were also developed to improve comprehension across the variety of professionals working in a general practice setting.

The development of questions was iterative and involved review and modification by Brisbane South PHN staff, the Brisbane South PHN's General Practice Clinical Advisor and the project steering committee.

Testing process

The testing process was conducted with 21 staff across three general practices that had been enrolled in the PCCP initiative but had yet to complete the PCMH-A. The practices committed to staff completing both the PCMH-A and the PCC-PA within several days of each other and participating in a follow up focus group-style interview to explore their experiences of the two instruments.

Staff participating in the testing process included a representative sample of general practice staff roles, including practice principals, General Practitioners, nurses, practice managers and receptionists.

The testing process involved a mixed method evaluation of the PCC-PA via two methodologies:

- 1. Comparison between respondent answers to the PCC-PA and PCMH-A, used to assess suitability and rating consistency.
- 2. Qualitative study of respondent's impressions used to assess feasibility, acceptability and relevance.

The first test was to assess the extent to which responses to the short form PCC-PA conformed with those provided when completing the long form PCMH-A. That is, do respondents consistently rate the performance of their general practice across the two instruments. This initially involved the mapping of responses between the two surveys, followed by a comparison of responses given in each form to determine the consistency of assessment by the individual of their general practice.





The second test examined the usability of the PCC-PA, both in isolation and in comparison to the PCMH-A. This related to the practical completion, and to the relative analytical information provided with the alternative instruments.

Taken together, the testing process enabled an assessment to be made of the utility of the PCC-PA from the perspective of both user engagement and the practical analytical insights provided.

Comparison of answers

Respondents completed the PCMH-A and the PCC-PA at the same time, or within several days of each other. Answers from the two surveys were compared to evaluate respondents' consistency between aligned questions across the surveys. This enabled assessment of the suitability and rating-consistency criteria.

Variation analysis

Alignment between the instruments was compared both for individual questions and the eight broad Change Concepts. The PCMH-A asks respondents to rank a statement on a scale of 1–12, which is further divided into four levels A–D. The PCC-PA asks respondents to rank a statement on a scale of 1–8 which, for the purpose of analysis, was also divided into four levels A–D. For both instruments, a higher number indicates better practice performance.

The levels were as follows:

Rating Scale		
Level	PCC-PA rank	PCMH-A rank
Level D	1-2	1-3
Level C	3-4	4-6
Level B	5-6	7-9
Level A	7-8	10-12

For analysis, no variation indicated a respondent provided answers to both instruments at the same level. The number of respondents who showed no variation between survey tools was plotted on a graph as having zero variation.

The use of positive and negative numbers reflected the direction in which variation was observed between the PCMH-A and the PCC-PA, enabling a graphical representation of the consistency of responses between the two instruments.





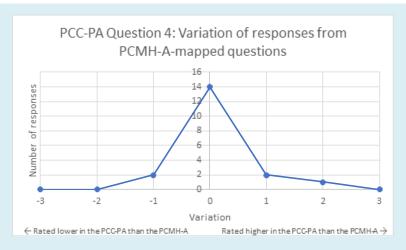


Figure 1: This graph demonstrates the method used for analysing variation. It depicts the response consistency of respondents across the two instruments for a single question.

Qualitative study of respondents' impressions

Feasibility, acceptability and relevance were tested via a respondent questionnaire on completion of each survey, followed by an interview process with staff at each general practice.

Results

Based on the analysis, the PCC-PA has demonstrated it can be used by general practices in rapidly assessing their current state of person-centredness as a first step towards a PCMH model of care, and for identifying areas for improvement, as assessed against the five criteria.

Suitability

The detailed mapping exercise established alignment between the PCC-PA and:

- the Change Concepts; and
- the features of the Patient-Centred Medical Home model.

This process demonstrated:

- congruence with the intent of the PCMH-A and allowing general practices to shift between the shorter and longer survey, depending on needs, with a level of continuity;
- alignment with the aims of the Brisbane South PHN PCCP initiative and the features of the medical home model (Primary Care Collaborative, 2013) to support the broader Brisbane South PHN work plan; and
- alignment with the support services offered by Brisbane South PHN to ensure available support for practices that identified areas for change and improvement.





Feasibility

The PCC-PA was preferred by the general practices involved in the testing due to the reduced amount of time required to complete the survey, with 75% of respondents reporting that they completed the PCC-PA in 5–10 minutes.

The PCC-PA was able to be fully completed by all members of the general practice testing cohorts without external support from Brisbane South PHN staff.

Acceptability

All respondents were able to fully complete the PCC-PA, whilst 10% of respondents were not able to, or otherwise did not, answer all questions in the PCMH-A. Eighty-nine per cent (89%) of respondents reported the PCC-PA was easy or very easy to complete, compared to only sixteen (16%) of respondents indicating the PCMH-A was easy or very easy. Qualitative feedback identified that respondents perceived the PCC-PA to be simpler to use and comprised questions and answers that were easier to understand and respond to.

Relevance

Respondents found the PCC-PA more relevant to their practice and easy to use, providing greater utility. Respondents also recognised potential value in repeating the assessment tool in the future to monitor and evaluate progress.

Most respondents felt that the PCC-PA more clearly identified issues and opportunities for practice improvement, with 95% indicating that they were confident or very confident that the findings would assist them to identify areas for improvement.

Rating Consistency

In analysing consistency between the respondents' ratings for Change Concepts, strong consistency was identified between the PCMH-A and PCC-PA. Where there was variation, respondents predominantly scored their practice's performance in the PCC-PA as better aligning with the Patient-Centred Medical Home Change Concepts than in the PCMH-A.

This consistency leads to the conclusion that the PCC-PA is suitable to be used as an assessment tool for measuring a general practice's performance against the Change Concepts in the Brisbane South PHN context.

Where inconsistencies were identified, a comprehensive analysis by the steering group indicated that these were primarily due to:

- the use of simpler language which could be more easily comprehended by respondents leading to higher confidence in answering, and
- changes made in the development of PCC-PA questions to ensure they
 adequately reflect local contextual differences, which tended to make it more
 likely for a respondent to assign a more favourable assessment of the practice
 in some questions.





Future use

Monitoring with ongoing use is recommended, with a particular focus on:

- Sustained relevance over time: a question may become irrelevant where a
 ceiling effect occurs with general practices consistently providing maximum
 scores against a Change Concept. This may suggest that the question reflects
 standard practice, and no longer reflects an opportunity for further
 improvement.
- Sustained relevance within a changing environment: regulatory and funding model changes and other environmental factors may influence the extent to which questions continue to be relevant.
- **Sustained feasibility**: the regularity of completion and the extent to which additional support is requested in completing the survey may indicate whether the survey continues to be feasible for general practices to use.
- **Sustained acceptability**: the PCC-PA was tested in a hard-copy paper format. As an online survey tool is developed and utilised, monitoring for the ongoing acceptability of the tool in an electronic format will be required.

Full versions of the PCC-PA survey instruments, user guides, supporting resources, and comparative analysis are accessible though links provided in key reading section below.

what does this mean for PHNs?

The Person-Centred Care Practice Assessment (PCC-PA) was developed for use in the Brisbane South PHN context and was based on the PCMH-A, a validated tool from the United States that helps general practice teams reflect on their current state based on a Patient-Centred Medical Home model, and to identify opportunities for improvements that drive practice transformation.

Testing of the PCC-PA demonstrated its suitability, feasibility, acceptability, relevance and rating consistency with the PCMH-A, for general practices in the Brisbane South PHN region.

The structure of the PCC-PA survey makes the tool easier and less resource intensive for PHNs to administer and deploy at scale to general practices. As a result, the PCC-PA can be used to more broadly engage all staff in general practices as part of activities or programs that support transformation toward Person-Centred Care and the Patient-Centred Medical Home model.

While the PCC-PA was developed for Brisbane South PHN use, its utility and generalisability should apply for other PHNs; its use is encouraged.

Monitoring with ongoing use is recommended, with a particular focus on continued relevance, feasibility and acceptability.

As the PCC-PA was developed for Brisbane South PHN in the context of their specific programs and initiatives, consideration should also be given to testing the PCC-PA in





other PHN regions to expand the evidence base and evaluate applicability and suitability across different regions and operating environments.

key readings

<u>Links to the PCC-PA comparative analysis, survey instruments and user guides:</u>

Comparative analysis of the PCMH-A and the PCC-PA survey instruments, viewed November 2019, https://bsphn.org.au/wp-content/uploads/2019/11/ATT-1-Comparative-analysis-of-the-PCMH-A-and-the-PCC-PA-survey-instruments.pdf.

PCC-PA, viewed November 2019, https://bsphn.org.au/wp-content/uploads/2019/11/ATT-2-PCC-PA-paper-version-FOR-PRACTICE-TESTING-002.pdf.

PCC-PA Testing Protocol, viewed November 2019, https://bsphn.org.au/wp-content/uploads/2019/11/Att-3-PCC-PA-Testing-Protocol.pdf.

Practice assessments fact sheet, viewed November 2019, https://bsphn.org.au/wp-content/uploads/2019/11/ATT-4-practice-assessments-fact-sheet.pdf.

Practice assessments meeting guide, viewed November 2019, https://bsphn.org.au/wp-content/uploads/2019/11/ATT-5-practice-assessments-meeting-guide.pdf.

Practice assessments user guide, viewed November 2019, https://bsphn.org.au/wp-content/uploads/2019/11/ATT-6-practice-assessments-user-guide.pdf.

Additional key readings:

North Western Melbourne Primary Health Network 2016, *The Health Care Home:* What it means for Australian Primary Health Care, viewed November 2019, https://nwmphn.org.au/wp-

content/uploads/2017/08/NWMPHN DiscussionPaper Health Care Home-FINAL.pdf.

NSW Health Agency for Clinical Innovation 2019, What is the Patient Centred Medical Home Model?, viewed November 2019,

https://www.aci.health.nsw.gov.au/nhn/patient-centred-medical-home-model/whatis-the-patient-centred-medical-home-model.

Pearse J and Mazevska D 2018, *The Patient Centred Medical Home: barriers and enablers: an Evidence Check rapid review*, brokered by the Sax Institute for Coordinare, viewed November 2019, https://www.saxinstitute.org.au/wp-content/uploads/The-Patient-Centred-Medical-Home-barriers-and-enablers-to-implementation.pdf.

Wentwest Primary Health Network 2019, *Patient Centred Medical Home*, viewed November 2019, https://www.wentwest.com.au/phn/programs/pcmh.





references

Alexander J, Paustian M, Wise C, Green LA, Fetters MD, Mason M and El Reda DK 2013, 'Assessment and measurement of Patient-Centered Medical Home Implementation: the BCBSM experience', *Annals of Family Medicine*, vol 11, no. 1, pp. 74—81.

Bodenheimer T, Ghorob A, Willard-Grace R and Grumbach K 2014, 'The 10 building blocks of high-performing primary care', *Annals of Family Medicine*, vol. 12, no. 2, pp. 166–171.

Canterbury District Health Board 2015, *Canterbury District Health Board*, Canterbury District Health Board.

Daniel DM, Wagner EH, Coleman K, Schaefer JK, Austin BT, Abrams MK, Phillips KE and Sugarman JR 2013, 'Assessing progress toward becoming a patient-centered medical home: an assessment tool for practice transformation', *Health Services Research*, vol. 48, no. 6, pp. 1879–1897.

Department of Health 2016, *Better Outcomes for People with Chronic and Complex Health Conditions*, viewed November 2019,

https://www1.health.gov.au/internet/main/publishing.nsf/Content/76B2BDC12AE5 4540CA257F72001102B9/\$File/Primary-Health-Care-Advisory-Group_Final-Report.pdf.

Department of Health 2019a, Health Care Homes – Health Professionals, viewed November 2019,

https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-care-homes-professional.

Department of Health 2019b, Australia's Long Term National Health Plan: to build the world's best health system, viewed November 2019,

https://www.health.gov.au/resources/publications/australias-long-term-national-health-plan.

Huang X and Rosenthal MB 2014, 'Transforming Specialty Practice — The Patient-Centered Medical Neighborhood', *The New England Journal of Medicine*, vol. 370, pp. 1376–1379.

Poznyak D, Peikes D, Wakar B, Brown R and Reid R 2018, 'Development and validation of the modified Patient-Centered Medical Home Assessment for the Comprehensive Primary Care Initiative', *Health Services Research*, vol. 53, no. 2, pp. 944–973.

Patient Centred Primary Care Collaborative 2013, *Why the Medical Home works: A framework*, viewed November 2019, https://www.pcpcc.org/resource/infographic-why-medical-home-works.

Productivity Commission 2017, *Shifting the Dial: 5 Year Productivity Review*, Inquiry Report No. 84, Productivity Commission, Canberra.





Rapport F, Hogden A, Faris M, Bierbaum M, Clay-Williams R, Long JC, Shih P and Braithwaite J 2018, 'Qualitative research in healthcare – modern methods, clear translation: A white paper', Australian Institute of Health Innovation, Macquarie University, Sydney, viewed November 2019,

https://apo.org.au/sites/default/files/resource-files/2018/09/apo-nid190691-1216296.pdf.

The Royal Australian College of General Practitioners (RACGP) 2016, *Standards for Patient-Centred Medical Homes: Patient-centred, comprehensive, coordinated, accessible and quality care*, viewed November 2019,

https://www.racgp.org.au/running-a-practice/practice-standards/standards-for-other-health-care-settings/view-all-health-care-standards/patient-centred-medical-homes.

Safety Net Medical Home Initiative 2013, 'Introduction to the Safety Net Medical Home Initiative Implementation Guide Series', in: Phillips KE, Weir V, eds. *Safety Net Medical Home Initiative Implementation Guide Series*. 2nd ed. Seattle, WA: Qualis Health and The MacColl Center for Health Care Innovation at the Group Health Research Institute, viewed November 2019,

http://www.safetynetmedicalhome.org/sites/default/files/Change-Concepts-for-Practice-Transformation.pdf.

Safety Net Medical Home Initiative 2019a, *Assessment*, viewed November 2019, http://www.safetynetmedicalhome.org/resources-tools/assessment.

Safety Net Medical Home Initiative 2019b, *Patient-Centered Care for the Safety Net*, viewed November 2019, http://www.safetynetmedicalhome.org/.

Wagner EH, Sandhu N, Coleman K, Phillips KE and Sugarman JR 2014, 'Improving Care Coordination in Primary Care', *Medical Care*, vol. 52, pp. s33–s38.

WentWest 2019a, *Understanding Patient Centred Medical Home (PCMH) Transitions in Western Sydney*, WentWest, Sydney, viewed November 2019, https://www.wentwest.com.au/phn/programs/pcmh.

WentWest 2019b, *Transforming Primary Care Part 1. The Patient Centred Medical Home in Western Sydney*, WentWest, Sydney, viewed November 2019, https://www.wentwest.com.au/phn/programs/pcmh.

WentWest 2019c, *Patient-Centred Medical Home Assessment (PCMH-A) for Australian General Practice*, WentWest, Sydney, viewed November 2019, http://www.improvingchroniccare.org/index.php?p=Survey Instruments&s=165.

World Health Organisation 2016, *Framework on integrated people-centred health services*, Sixty-Ninth World Health Assembly, Provisional agenda item 16.1, World Health Organisation, Geneva, viewed November 2019,

http://apps.who.int/gb/ebwha/pdf files/WHA69/A69 39-en.pdf?ua=1.





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