Using PDSAs to Optimize Surgical Screening

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Using PDSAs to Optimize Cervical Cancer Screening

**AIMS**
- Create a process to improve the patient cervical cancer screening experience at Duffy Health Center by applying a Patient-Centered Medical Home model
- Anticipate common barriers to the implementation of cervical cancer screening workflows and processes
- Develop strategies and tools to address barriers to the implementation of cervical cancer screening processes, to advance whole person care in a community health center

**GOAL**

Patient-Centered Medical Home Model

**METHOD**

**Transforming Duffy Health Center – The Journey Begins**

- **Implementing Care Management:**
  - Determine process that would be used to establish eligibility for Care Management pilot patients
  - Identify a group of 20 patients (based on engagement) from payer list
  - Conduct patient assessment of potential risk drivers across multiple domains
  - Medical
  - Behavioral health (BH)
  - Social determinants of care
- **Establish relative risk rank**
  - Patient Acuity Rubric
- **Guide intervention type and intensity**
- **Provide framework for Care Plan development and implementation**
  - Team members complete Patient-Centered Medical Home Assessment (PCMH-A)* as assessment of current state of medical homeness
  - Results provided to team
- **Identify Improvement Opportunities/Preliminary Workflow and Data Collection**
  - Cervical cancer screening
  - BH screening

**Supporting Infrastructure Elements**

**Leadership**

- **Resource Allocation**
  - Protected time
    - Team training
    - Team meetings
  - Determination of gaps in practice transformation staffing
    - RN Care Manager
    - QI/Practice Transformation Manager (RN)

**Data**

- **Point of Care Collection**
  - Cervical cancer screening
  - Relationship between appointment date and no shows

**Rapid Tests of Change**

- **Electronic**
  - EMR template development
  - Registry functionality

**LESIONS LEARNED**

- Using the PDSA process provides a framework that is aligned with everyday work
- Identifying existing opportunities to provide whole-person care may provide revenue enhancement opportunities
- Effective practice workflow tools require user input in their development to be accepted and effective
- Buy-in from all team members was crucial, and it was important for the team to be in agreement on the process
- Data collection was also essential, along with ongoing quality improvement and practice transformation coaching
- Challenges included cultural barriers to change and providing cancer screening for uninsured patients

**Plan**

- Increase percent of patients having up-to-date cervical screenings

**Current State**

- Collect and analyze current state data
  - How many are being completed for eligible patients at Duffy now?
  - Only 25% of patients who need cervical screening have this done at Duffy

**Impact of Current State**

- Missed opportunities to receive whole person, evidence-based care
- Staff time to review existing patient medical records to identify care gaps in EMR is a cost for Duffy
- Missed opportunities to enhance revenue from value-based payments for cervical cancer screening

**Do**

- Dr. K developed a paper root-cause analysis form that underwent several revisions based on user feedback

**Act**

- **MA to continue to use form**
  - Just doing questions 2 – 4 can improve screening rates w/o any provider time
  - Noted that patients may have co-existing BH needs
- **Address provider attitudes regarding PAPs**
  - Comfort level w/ procedure
  - How can the more skilled/comfortable providers be utilized?
  - Groupers vs Splitter?
  - Recently assigned NP to be woman’s health champion and address Duffy’s self-identified needs

**Study**

- Cervical Cancer Algorithm Results – Raw Data

**Raw Results**

- **Question**
  - # Pts
  - % Pts
  - **1. No further action**
    - 20
    - 16%
  - **2. Already done Duffy**
    - 7
    - 6%
  - **3. Already done other office**
    - 3
    - 2%
  - **4. Already done other office no report**
    - 7
    - 6%
  - **5. Scheduled w/ other office**
    - 20
    - 17%
  - **6. Done today w/ provider**
    - 4
    - 3%
  - **7. Sched. w/ PCP**
    - 40
    - 33%
  - **8. Sched. w/ female provider**
    - 7
    - 6%
  - **9. Refused**
    - 5
    - 4%
  - **10. Other**
    - 5
    - 4%

- **Total**
  - 125 Points

- **Rank-ordered Results**

**Percentage of Eligible patients with Completed Cervical Cancer Screening Information in the EMR

- **Question**
  - # Pts
  - % Pts
  - **1. Sched. with PCC**
    - 33%
  - **2. Sched. with other PCP**
    - 21%
  - **3. Health Home/satisfaction**
    - 16%
  - **4. Sched. with Duffy female provider**
    - 6%

- **Total**
  - 76%