Using PDSAs to Optimize Surgical Screening

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et al.
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 centers

**GOAL**

**Patient-Centered Medical Home Model**

- Care Coordination
- Clinical Care Management
- Clinic System Integration
- Multi-Disciplinary Care Team
- Evidence-based, Pro-active care delivery
- Data-Driven Quality Improvement
- Patient Involvement in Transformation
- Leadership Engagement

**PATIENT PROFILE ANALYSIS**

<table>
<thead>
<tr>
<th>Most Prevalent Diagnoses</th>
<th>Number of Patients</th>
<th>Percent of Patients</th>
<th>Percent of Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Alcohol and/or other substance use disorders</td>
<td>1,236</td>
<td>42.29%</td>
<td>30.87%</td>
</tr>
<tr>
<td>2. Depression and other mood disorders</td>
<td>1,027</td>
<td>35.14%</td>
<td>24.73%</td>
</tr>
<tr>
<td>3. Tobacco use disorder</td>
<td>740</td>
<td>25.32%</td>
<td>5.90%</td>
</tr>
<tr>
<td>4. Hypertension</td>
<td>635</td>
<td>21.72%</td>
<td>7.22%</td>
</tr>
<tr>
<td>5. Anxiety disorders including PTSD</td>
<td>572</td>
<td>19.57%</td>
<td>6.56%</td>
</tr>
<tr>
<td>6. Other mental health disorders, excluding drug or alcohol dependence (includes mental retardation)</td>
<td>540</td>
<td>18.47%</td>
<td>5.77%</td>
</tr>
<tr>
<td>7. Overweight and obesity</td>
<td>449</td>
<td>15.36%</td>
<td>3.47%</td>
</tr>
</tbody>
</table>

**PATIENT PROFILE** *(Unduplicated Counts)*

<table>
<thead>
<tr>
<th>Selected Chronic Disease Patients with Mental Health Conditions</th>
<th>Patient Percent by Category</th>
<th>Visit Percent by Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Patients with Mental Health Conditions</td>
<td>4.45%</td>
<td>3.72%</td>
</tr>
<tr>
<td>Hypertensive Patients with Mental Health Conditions</td>
<td>12.08%</td>
<td>10.31%</td>
</tr>
<tr>
<td>Overweight and Obese Patients with Mental Health Conditions</td>
<td>8.48%</td>
<td>7.76%</td>
</tr>
</tbody>
</table>

**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

**Plan**

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

**Current State**

Collect and analyze current state data

**Q:** How many are being completed for eligible patients at Duffy now?
**A:** 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

**Study:** Cervical Cancer Algorithm Results – Raw Data

**Rank-ordered Results**

**Act:** Going Forward

- 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 Splitters?
  - Recently assigned NP to be woman’s health champion and address Duffy’s self-identified needs

**LESSONS 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