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Using PDSAs to Optimize Surgical Screening

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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 screening
  - BH screening

* http://commed.umassmed.edu/pcmh/mapping/pcmh.png

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

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

Root Cause Analysis Algorithm

Study: Cervical Cancer Algorithm Results – Raw Data

Raw Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Pts</th>
<th>% Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No further action</td>
<td>20</td>
<td>16%</td>
</tr>
<tr>
<td>2. Already done Duffy</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>3. Already done other office</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>4. Already done other office no report</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>5. Scheduled w/ other office</td>
<td>26</td>
<td>21%</td>
</tr>
<tr>
<td>6. Done today w/ provider</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>7. Sched. w/ PCP</td>
<td>41</td>
<td>33%</td>
</tr>
<tr>
<td>8. Sched. w/ female provider</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>9. Refused</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>10. Other</td>
<td>5</td>
<td>4%</td>
</tr>
</tbody>
</table>

Rank-ordered Results

<table>
<thead>
<tr>
<th>Question</th>
<th>% Pts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled with PCP</td>
<td>33%</td>
</tr>
<tr>
<td>Scheduled with other office</td>
<td>21%</td>
</tr>
<tr>
<td>Health Reminder satisfied</td>
<td>16%</td>
</tr>
<tr>
<td>Scheduled with Duffy female provider</td>
<td>6%</td>
</tr>
</tbody>
</table>

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 most skilled/comfortable providers be utilized?
  - Groupers vs Splitter?
  - 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

PATIENT PROFILE

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

<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>9.65%</td>
</tr>
<tr>
<td>6. Other mental health disorders, including 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>Patient with Mental Health Conditions</th>
<th>Patient Percent by Category</th>
<th>Visit Percent by Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic Patients:</td>
<td>4.45%</td>
<td>3.72%</td>
</tr>
<tr>
<td>Hypertensive Patients:</td>
<td>12.08%</td>
<td>10.31%</td>
</tr>
<tr>
<td>Overweight and Obese Patients:</td>
<td>8.48%</td>
<td>7.76%</td>
</tr>
</tbody>
</table>

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