Using PDSAs to Optimize Surgical Screening

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*Et al.*

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Using PDSAs to Optimize Cervical Cancer Screening

**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

**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>10.31%</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>6.55%</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 ANALYSIS**

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 done this 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**

<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>10</td>
<td>8%</td>
</tr>
<tr>
<td>3. Already done office</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>4. Already done other office or report</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>5. Scheduled or other office</td>
<td>26</td>
<td>21%</td>
</tr>
<tr>
<td>6. Done today or provider</td>
<td>4</td>
<td>3%</td>
</tr>
<tr>
<td>7. Sched. or PCP</td>
<td>41</td>
<td>33%</td>
</tr>
<tr>
<td>8. Sched. or 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**

**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/p 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

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