Patient-Centered Specialty Care

Module 1
Instructional Webinar

Plan-Do-Study-Act (PDSA) Improvement Model

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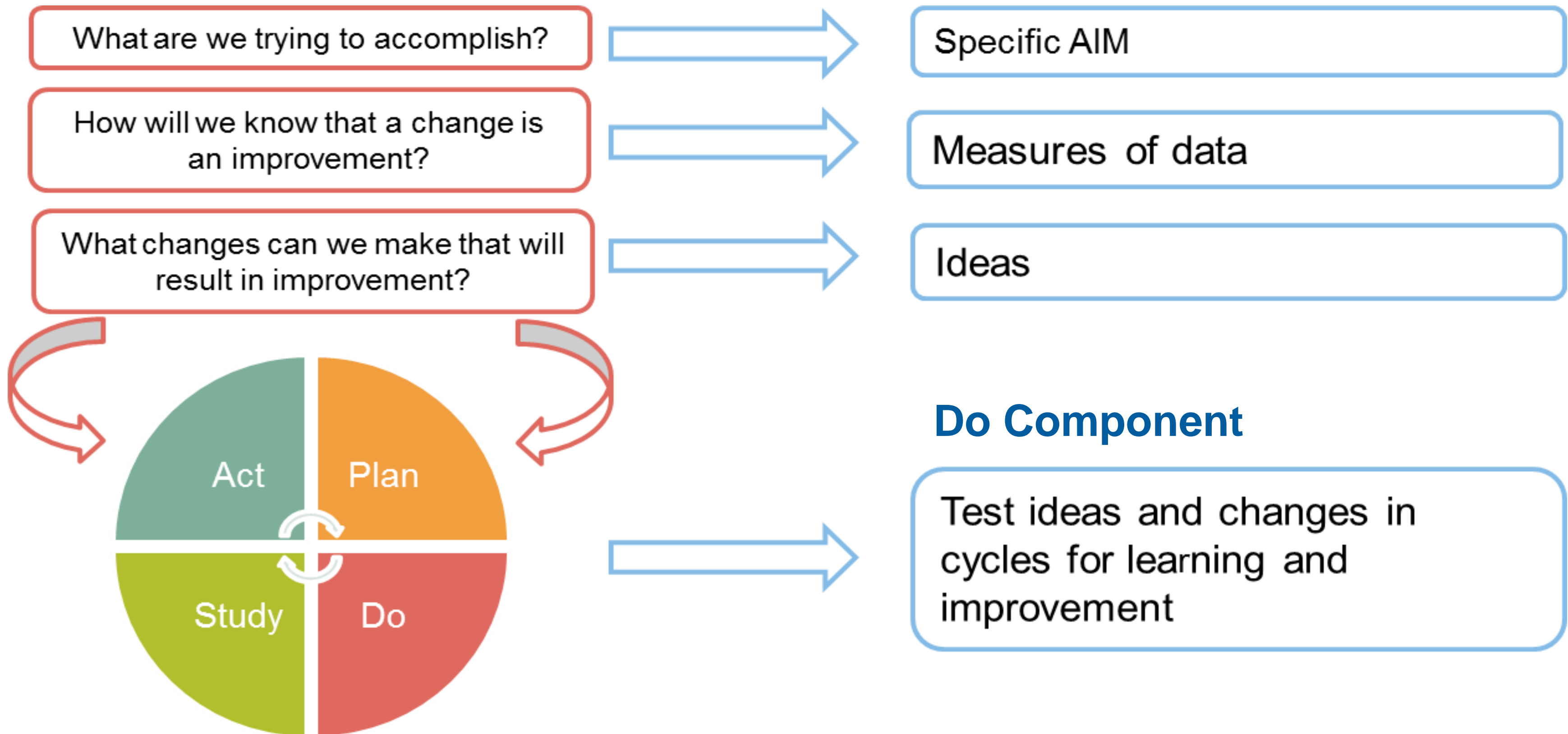
Agenda

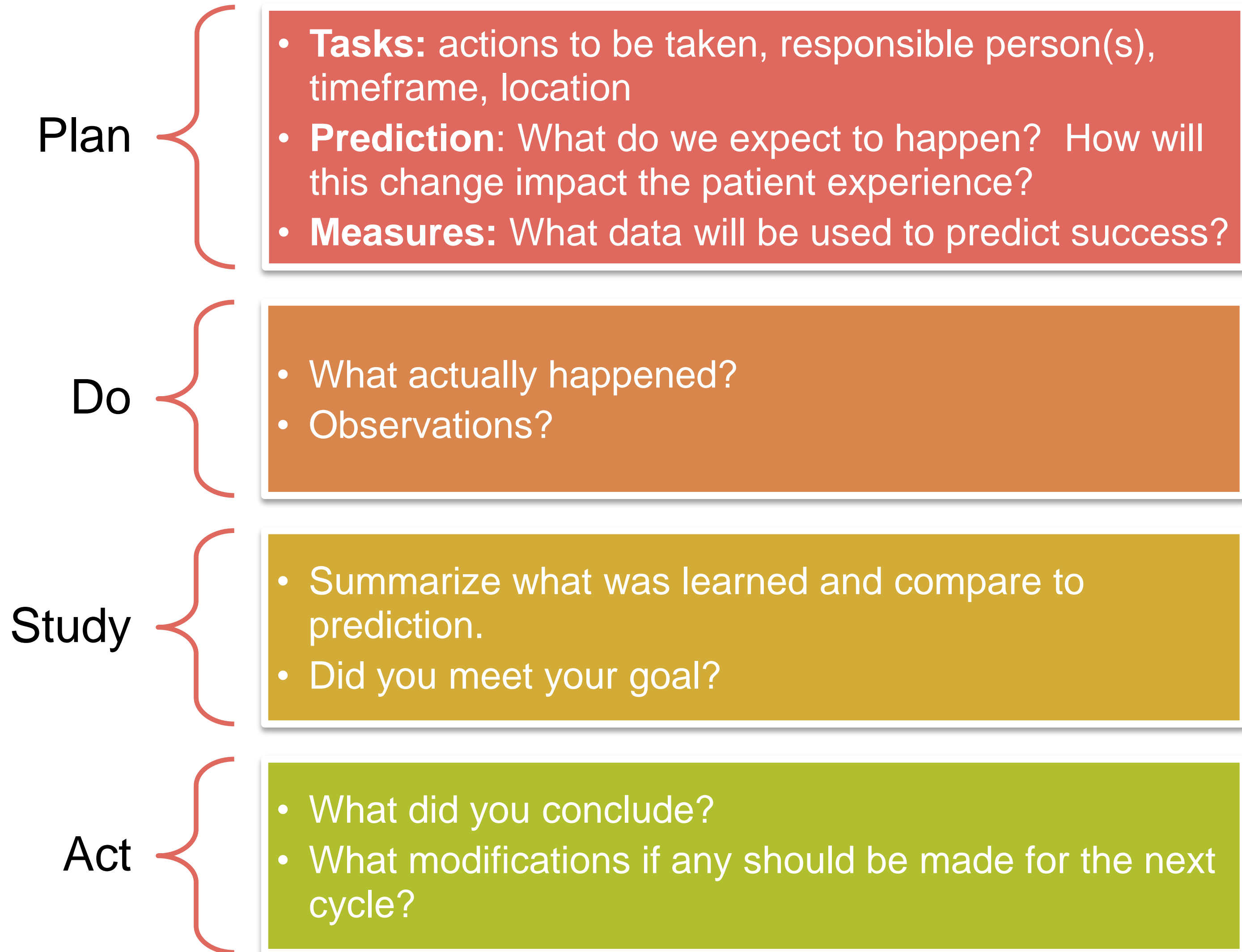
- Define the PDSA improvement model
- Identify components of the PDSA model
- Review a Specialty PDSA sample
- Discuss Next Steps

What is the Model for Improvement?

Model for Improvement



What is Plan-Do-Study-Act (PDSA)?



What is Process Mapping?

- **A clear and comprehensive picture of the way something gets done**

The patient’s chart is examined

The nurse prepares the patient

The doctor treats the patient

The patient schedules the follow-up appointment

Why Process Maps?

Understand

- Process maps allow teams to work together to develop a shared understanding of the actual steps in a process (current state)

Improve

- Workflow analysis can improve efficiency, reduce redundancy and/or identify gaps or areas of instability

Create

- Provide a structured format to create an improved process (ideal state)

Excellent Process Mapping -
Creates Functional Workflows

Workflows are created to increase efficiency
and quality while decreasing costs.

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What is a Data Wall?

- Visual representation of information comprised primarily of numbers, charts, and diagrams
- Consolidated display of activities or quality improvement initiatives
- Dynamic and interactive methods of communicating information
- Evolves over time as new data is added
- Captures questions from Quality Improvement initiatives

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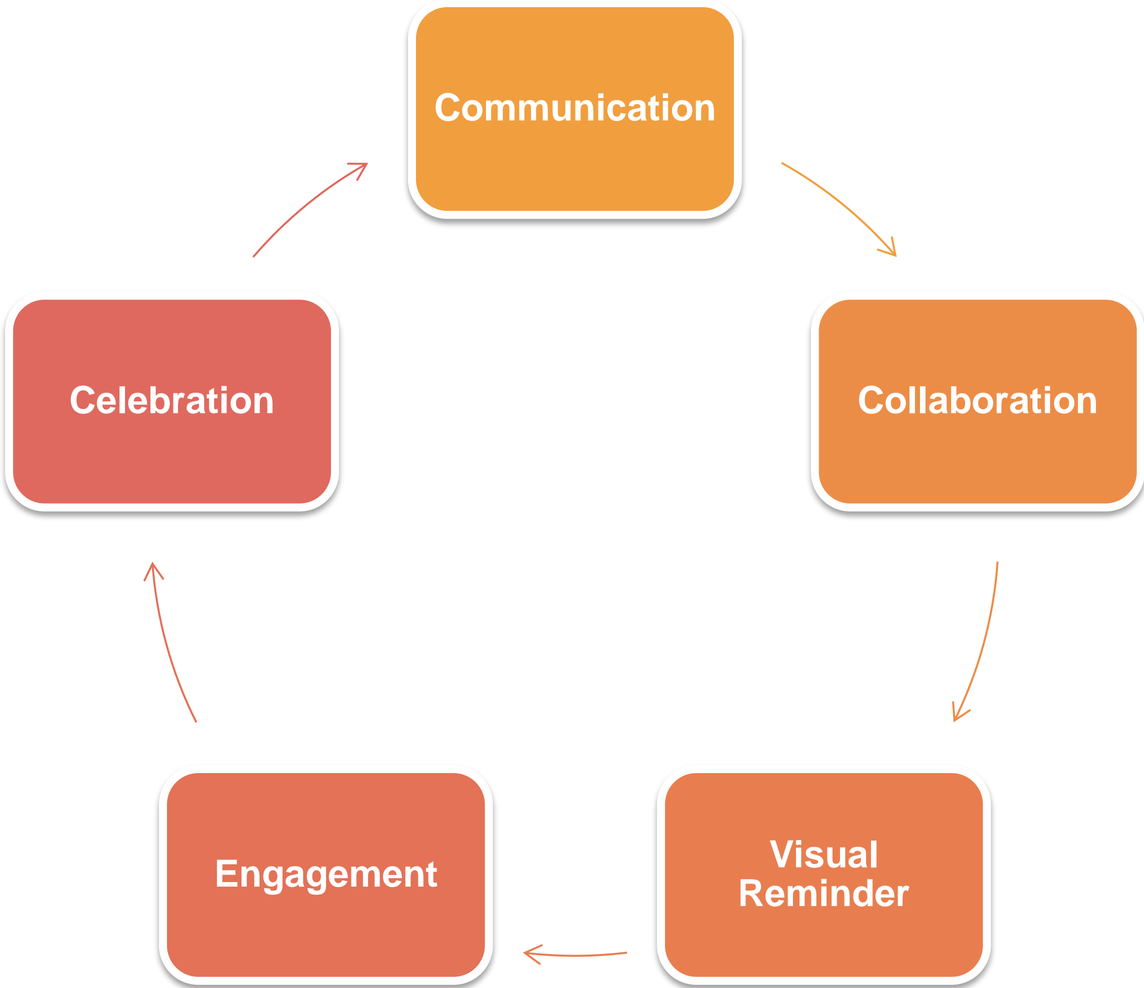
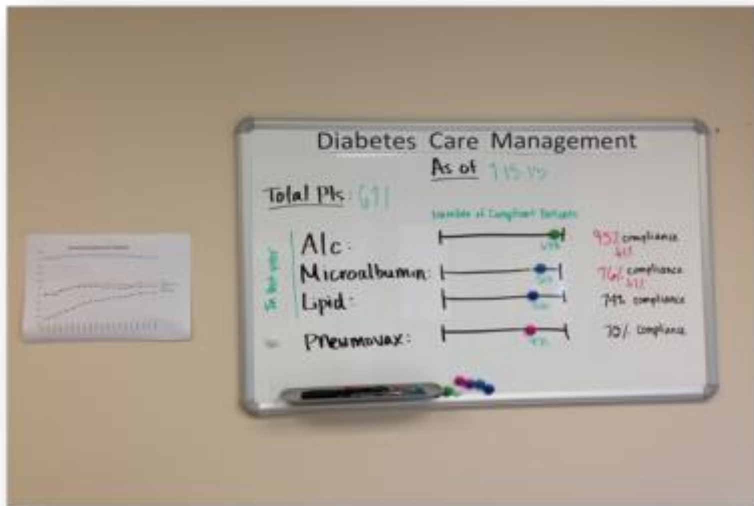
Benefits of a Data Wall



Using a Data Wall

Data Wall Examples



Case Study Example

Portland Multi-Specialty Care

Mid-size Multi-Specialty Care Practice located in Portland, Maine

- 4 Specialists
- 1 Referral Specialist
- 1 Registered Nurse (Triage)
- 4 Medical Assistants
- 2 Patient Service Representatives
- 1 Advance Practice Professional (FNP)
- 1 Part-time Certified Diabetes Educator (CDE)
- Practice panel of 900–2,000 patients per provider

Members of the Multidisciplinary Team

Role	Member
Physician Champion:	Dr. Richard Smith
Practice Manager:	Mary Queen
Physician Participation:	Lynda Robertson
Advanced Practice Professional:	Katie Lamp, FNP
Registered Nurse:	Debra Hockey
Medical Assistant(s):	Denise Hopeful & Liz Small
Patient Service Representative(s):	Kathleen Ice & Donna Horn
Referral Specialist:	Stephanie Bench

Creating the Meeting

Meeting Information

Day – Frequency

Thursdays – Weekly

Time

7:30-8:30 a.m.

Location

Practice Conference Room

Meeting Ground Rules

- Be present and ready to begin on time
- No side conversations
- Cut off lengthy conversations and assign tasks off line as appropriate
- Have and follow the agenda
- If you oppose, you must propose
- Assign action items to people who are present at the meeting.
- Choose action item due dates with a realistic goal
- Strive for 100% on time but provide advance warning if an action item will not be completed on time.
- If things get heated, focus on the situation, not the person
- Respect for each other, no matter how contentious the topic

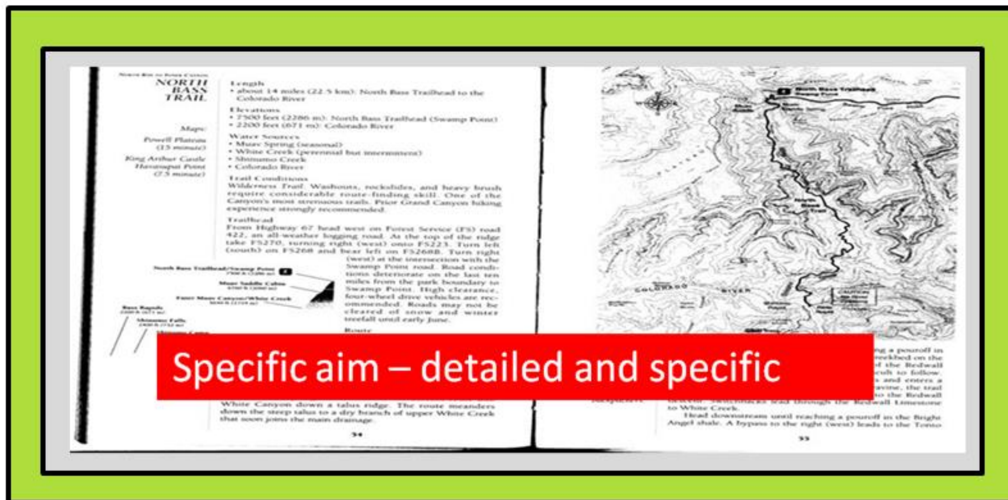
Determine an Area of Focus

Category	Proportion of Shared Savings	
	With NCQA Recognition	Without NCQA Recognition
Clinical: Acute and Chronic Care Management		
Medication Adherence	10	12
Diabetes Care	5	6
Annual Monitoring for Persist Meds	2	2.4
Other Acute and Chronic Care Management	8	9.6
Clinical: Preventive		
Adult	10	12
Clinical: Improvement	10	12
Utilization	40	40
NCQA PCMH Recognition	10	N/A
TOTAL	**100**	**100**

Specific Aim

What will we accomplish?

- Ensure medication reconciliation occurs 100% of the time with all the patients – regardless of the office visit type over the next 3 months



SMART Goals

- **S**pecific
- **M**easureable
- **A**ctionable
- **R**ealistic
- **T**ime-bound

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What Does Success Look Like?

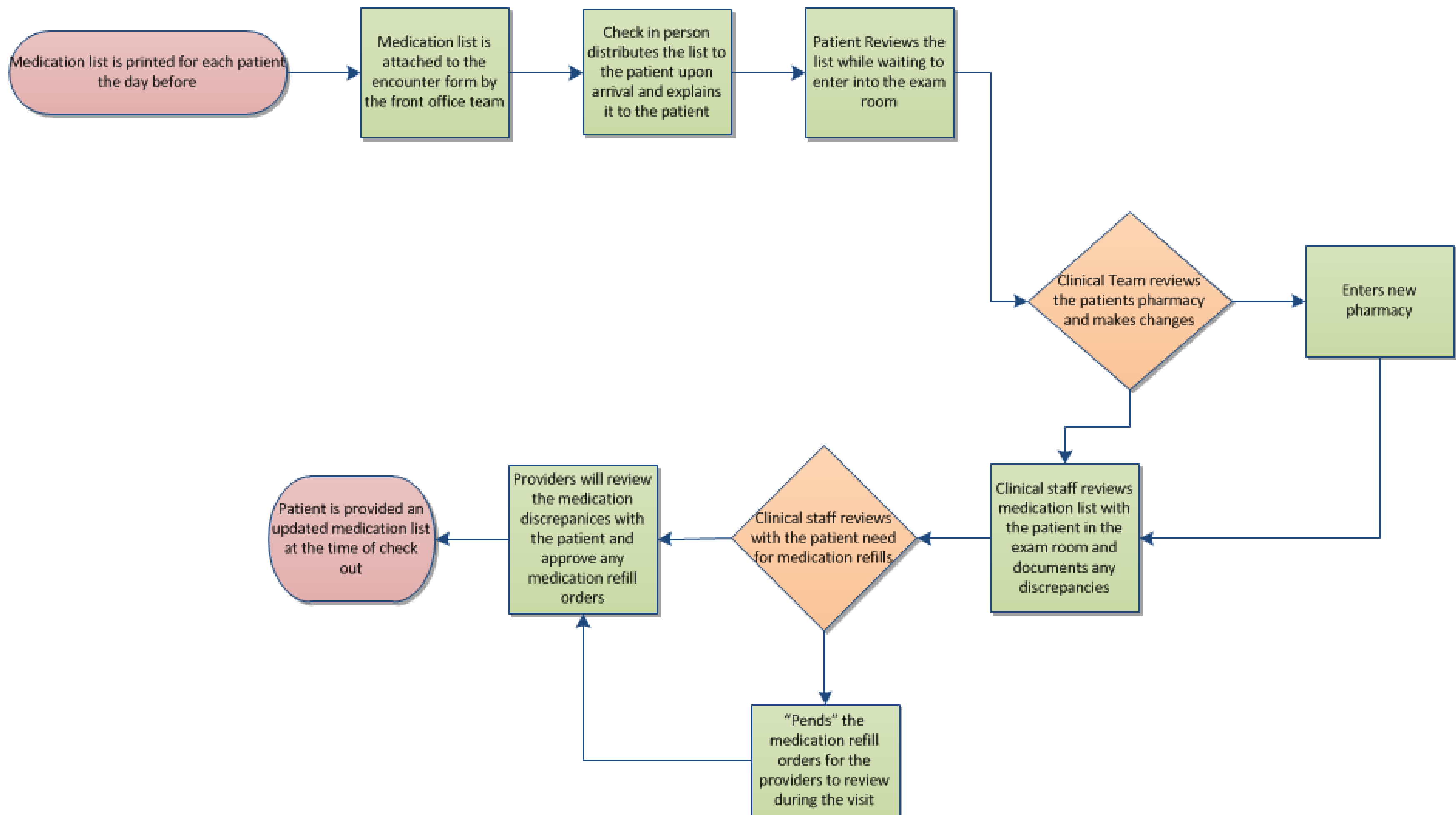
Increase medication reconciliation rates.

How can we drive success? **Examine what each providers practice is currently doing:**

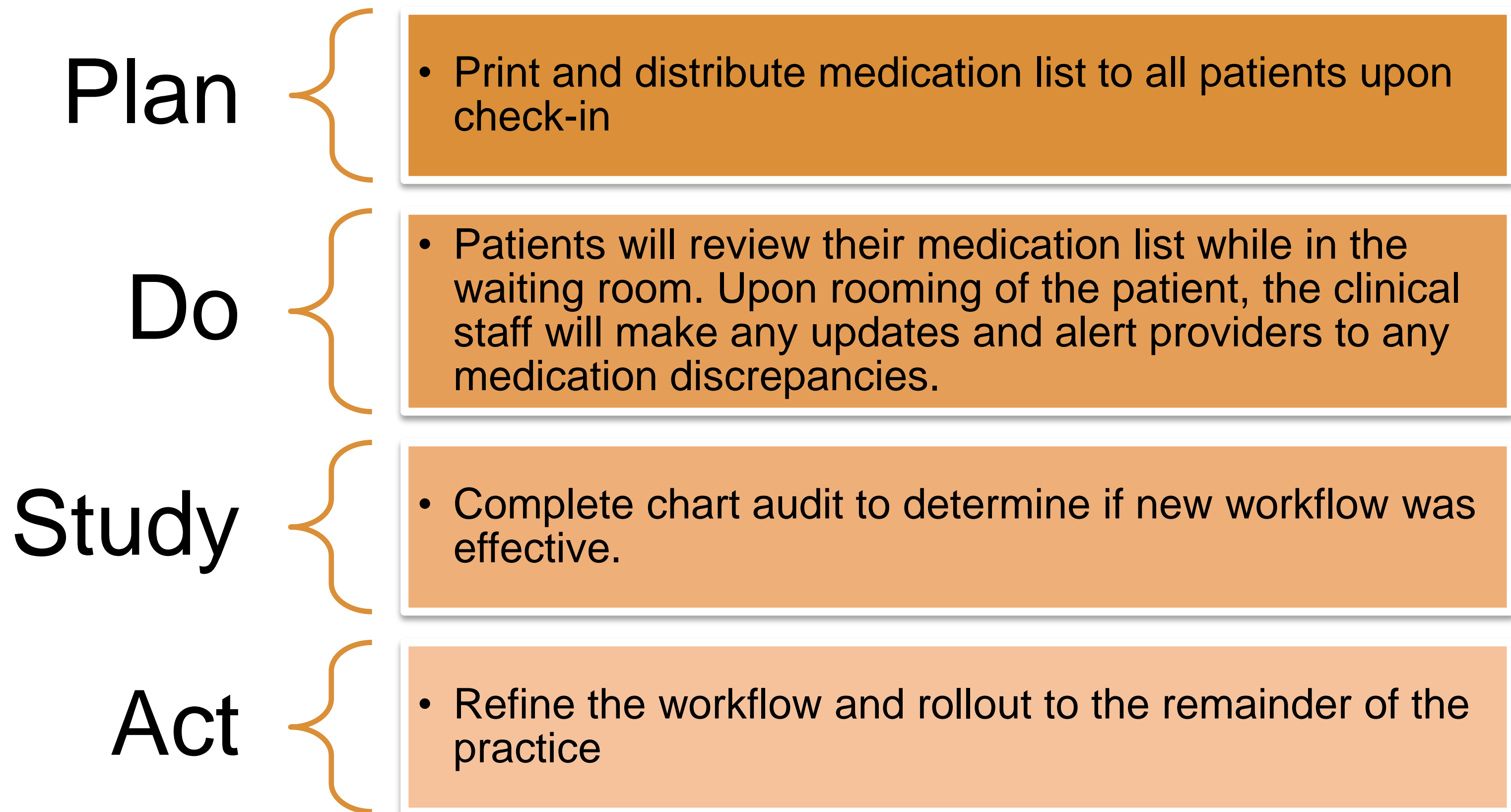
- 4 providers in the office with 4 different reconciliation processes
- Created a Process Map for each provider / clinical team to determine their current processes
- Explored ways to promote consistency with each of the teams
- The Physician Champion agreed to “pilot” this in the office for a week

Medication Reconciliation Work Flow

Ideal State



PDSA in Action



Study in Action

Pre-Data

Date	Patients Seen	Medications Reconciled	% Reconciled
01.17.2012	46	26	57%
01.18.2012	46	34	74%
01.19.2012	72	36	27%
01.20.2012	44	28	63%

Post-Data

Date	Total Patients Seen	Medications Reconciled	% Reconciled
03.02.2012	53	48	91%
03.05.2012	65	63	97%
03.06.2012	45	40	89%
03.07.2012	44	31	70%

Outcomes Achieved

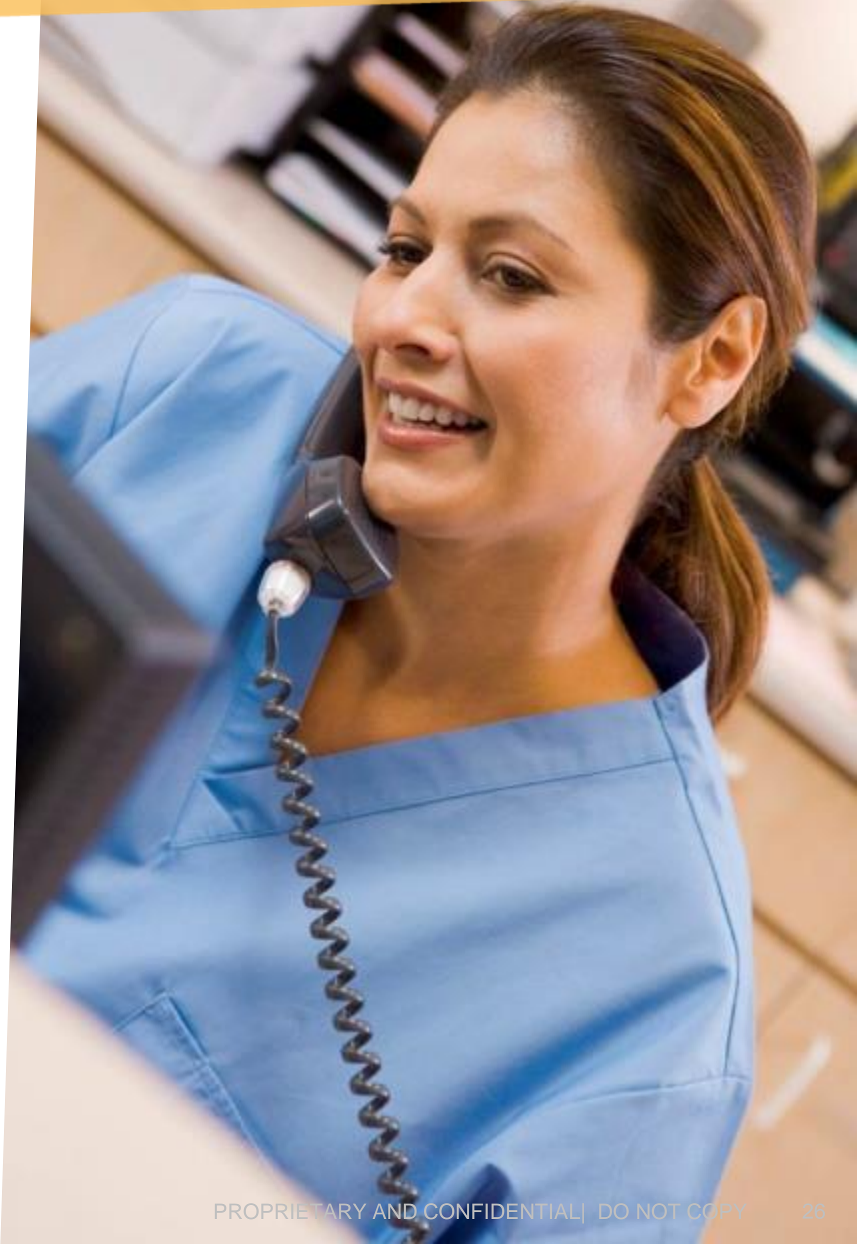
- Enhanced medication reconciliation completion
- Medication refill orders pended for providers to help reduce the need for patients to call the office after their appointments
- Pharmacies updated for today's visit
- Patients leave with an up-to-date medication list

Barriers Encountered

- Medication lists not printed
- Provider preferences
- Patient confusion
- Clinical Team Members' comfort level with medications

Moving Forward

- Refine the process to ensure lists are printed each day
- Continue to monitor the data
- Explore with EHR team to see if it was possible to auto print the medication lists
- Work with providers to standardize the discontinuation of medications
- Offer educational opportunities for clinical staff on medications



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Next Steps

ENHANCED PERSONAL HEALTH CARE
Patient-Centered Specialty Care

Module 1 PDSA - Cycle Number: 1

What is the Aim Statement? What are we trying to test? How will the patient experience be impacted?

	List the tasks needed to execute this test of change	Responsible Person	Date to be performed	Place to be performed
Plan				
	Predict what will happen when the test is carried out		Measures to determine if prediction succeeds	
Do				
Study				
Act				

ENHANCED PERSONAL HEALTH CARE
Patient-Centered Specialty Care

Module 1 Questions

How are you identifying patient populations? (registries, EMR, etc.)

How are you closing gaps in care? (standing orders, protocols, outreach calls, huddles to identify patients needing care)

What barriers, if any, have you encountered with closing gaps in care? (financial, cultural, IT, etc.)

Please complete the following:

Please refer to the CDT Learning Collaborative Activities checklist or the PCSC Provider Toolkit to access each event and view the session.

- ❑ Identify a care coordination opportunity within your practice (For example: streamlining your referral process)
- ❑ **Submit completed Module 1 PDSA Worksheet to PCSC@anthem.com** (View PDSA Samples on Provider Toolkit)
- ❑ View Module 2 Webinar: Utilizing Data and Quality Improvement Techniques to Improve Clinical Quality Measures
- ❑ View Module 2 Instructional Webinar: Strategies to Close Gaps in Care