



ADVANCING INTEGRATED HEALTHCARE

Practice Reporting and Transformation Meeting February 26, 2020

Practice Report Out PCMH-Kids Cohort 2

Aquidneck Pediatrics

PDSA Plan for Improving Performance Measure

Aim: To have Aquidneck Pediatrics deliver consistent, professional, and service-oriented phone interactions with patients, their families, and other health providers with the goal of improving their customer experience.

Describe your first (or next) test of change:	Person responsible:	When to be done	Where to be done
Will our process changes result in self-reported improved provider and customer experiences?	All staff answering a phone	When answering an incoming call	On the phone

Aquidneck Pediatrics

PDSA Plan for Improving Performance Measure

Plan:

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:
Train all staff involved in this process in their individual roles.	Sabrina P. and John E.	During office hours Fall 2019	Face-to face demonstration with each staff member involved.
Restructure the Phone system after new Avaya phones installed	Becky D. and John E.	During office hours Fall 2019	Within our new phone system with the help of RI Telephone staff. Written Script and Phone Menu available in Common Files
Install new phone system, provide written guides and train staff on how to answer live calls, check messages, transfer calls, place a caller on hold or 'park' a caller for another staff member to take the call live, etc.	Kathy P. and Becky D.	During office hours Fall 2019	Documents to be e-mailed to staff and made available in Common Files on computers. Face-to-face demonstration with all staff members.
Administer patient phone satisfaction survey via. our practice Facebook site using Surveymonkey.com	John E. and Becky D.	In Aug'19 & Jan '20	On our practice Facebook site

Prediction:

Patient surveys to be reviewed by January 2020

Aquidneck Pediatrics

PDSA Plan for Improving Performance Measure

Do: We initially had 23 respondents to our survey in August and September. We had 12 respondents to our survey over the months of October, November, December, and January.

Study: In September, about 50% had positive responses when asked how their overall experience was when they called our office. In January, about 75% had positive responses when asked how their overall experience was when they called our office.

Act: Based on some of the comments made by the respondents, we will take steps do a better job of confirming with the parents that their follow up appointment will work for them before they leave the office. Based on the relatively small number of replies, we will repost our survey on our Facebook page and also provide a link to the survey that is easy to see on our website.

Barrington Pediatric Associates

PDSA Plan for Improving Performance Measure

Aim: Identify patients ages 12-18 who are scheduled for a yearly routine office visit and administer PHQ-4 (Anxiety/Depression) questionnaire.

Plan:

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:
Front desk identifies patient needing to complete PHQ-4. The front desk will hand the patient the tablet that is used for screenings. Upon return of the tablet, front desk will import results in EMR. MA working with provider will pull "procedure" PHQ-4. Referral to specialists as needed. Goal is to increase screenings in order to identify depression and/or anxiety.	Front desk, MA, provider	In office upon arrival	PHQ-4 questionnaire completion on a tablet in office. Discuss results with patient prior to completion of yearly routine visit.

Do: To be determined in 6 months; January 31, 2020. Goal is to screen 50% of patients ages 12-18 years of age by 6 months 80 % by 1 year.

Barrington Pediatric Associates

PDSA Plan for Improving Performance Measure

Study: A few months after we began using the PHQ-4 - which is comprised of; PHQ-2, a two question depression screening, GAD-2, a two question anxiety screening questionnaire we realized that it was not working well for our providers as they had concerns about the scoring of the questionnaire.

Act: We decided to use two screening tools; the PHQ-9 for Depression and the GAD-7 for Anxiety. We were initially concerned that this could be overwhelming to the patients and that there may be some push back on completion of the screenings. We have found that for this population they are tech savvy and complete the screening in a very timely manner. We looked at our work flow for pulling the information into our EHR. We had the front desk staff pulling the screening in and the medical assistant working with the provider documenting in the record. We ran numbers each week in the beginning to track our progress and found that often times it was not documented in the patient record- a result of it not being available to the provider at this time of the visit. We changed our workflow to have the MA pull the completed screening as well as the procedure/ billing into the patient record. This has helped to ensure that it is in the patient's record and available for the provider to review while the patient is in the office and secondly, we are pleased to report that our screening rates at 6 months are over 90%.

Children's Medical Group

PDSA Plan for Improving Performance Measure

Aim: We will initiate allergy testing on children ages 2 -18 on site to avoid unnecessary referrals to a specialist for assessment and medication initiation.
The site will be able to report data by January 31, 2020.
Number of allergy testing completed since inception of program August 22,2019, (avoidance of referrals to allergist) and how many children were prescribed allergy medication due to the testing.

Describe your first (or next) test of change:	Person responsible:	When to be done	Where to be done
Perform allergy tests on patients who would normally be referred out to a specialist for the skin testing, to determine environmental and/or food allergies.	Cynthia, Allergy tester	Once per week	Clinic Office

Children's Medical Group

PDSA Plan for Improving Performance Measure

Plan:

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:
Dr. Eden and Martha (NP) will see patients and decide, based on their symptoms who will need to be tested for environmental/food allergies.	Providers	Mon.-Sat.	Office
Front desk staff will then book an allergy testing appointment with me on the day I do testing in the office.	Gail, Nicole	Mon.-Sat.	Office

Prediction:	Measures to determine if prediction succeeds
When we do the allergy testing in office, we will decrease outpatient referrals and unnecessary bloodwork.	Keeping track of patients coming in for appointments, that have allergy symptoms and need to get tested.

Children's Medical Group

PDSA Plan for Improving Performance Measure

Do: When doing allergy testing In-house, we decreased our patients having to go to an allergist to get their scratch test. Therefore saving the patient and their health insurance the extra cost of a specialist.

Study: Since 8/22/2019, 12 children have come in for allergy testing and of the 12 none have been referred to a specialist for the scratch test and we prescribe any medications needed here in the office.

Act: Increase the number of patients that we see in the office for the allergy testing. Offer the test if we see a patient that is having symptoms that require it so they don't ask for a referral to a specialist. Also start offering Grasstech medication, which prevents patients from going to an allergist for allergy shots for a grass allergy.

Coastal Medical – Bald Hill Pediatrics

PDSA Plan for Improving Performance Measure

Aim: 2019 Coastal Medical target = 85 Percent of all Well Child visits will have a Social Determinants of Health Screening. We implemented SDOH in January of 2019 with no annual target. Our aim is to have an 85% completion rate by December 31, 2019.

Plan:

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:
Review patient panels for well child visits -Obtain exception report and sort by children eligible to be screened	Manager	Monthly	At practice.
Review Pre visit planning to ensure the SDOH Forms are: -Handed to parent/patient at check in -Parent/Patient completes Patient Wisdom	Manager/Medical Secretaries	September 2nd	Team Meeting
Review appropriate documentation of SDOH screening in order to capture the data correctly	Managers/Nurses/MA's	September 2nd	Team Meeting

Coastal Medical – Bald Hill Pediatrics

PDSA Plan for Improving Performance Measure

Do:

Implementation Time Period:	Check-in Date:	Person Responsible:
3 Months	January 2020	Practice Manager

Study:

Patients were given a SDOH at their physical. We made it to 81% but not the 85% that we were hoping for. At this time of year, we see more sick visits than physicals. Hoping we will see improvement in the spring.

Act:

We will do another cycle and hope to get the numbers up in the spring.

Coastal Medical – Toll Gate Pediatrics

PDSA Plan for Improving Performance Measure

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Coastal Medical – Toll Gate Pediatrics

PDSA Plan for Improving Performance Measure

Do:

Implementation Time Period:	Check-in Date:	Person Responsible:
3 Months	January 2020	Practice Manager

Study:

As reported on our transparency reports we have exceeded our target of capturing 85% of our patients being screened for the SDOH. With our process we have captured the SDOH screening on 90% of our patients.

Act:

The PDSA was successful and we will not be doing another cycle.

Cranston Pediatrics

PDSA Plan for Improving Performance Measure

Aim:

Describe your first (or next) test of change:	Person responsible:	When to be done	Where to be done
Improving on lowering our number of patients with pending Lead orders	Carolina Ruiz Care Coordinator	January 31,2020	Park Pediatrics Amazing Charts

Plan:

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:
Create a Log to track who was sent out for Lead testing	Carolina Ruiz Care Coordinator	Throughout the final Quarter	Park Pediatrics Amazing Charts
Create a blast message to all the families who have been sent or Lead testing	Carolina Ruiz Care Coordinator	Throughout the final Quarter	Park Pediatrics Amazing Charts
Pull a report from amazing charts and Kids net for pending Lead testing and have the staff and myself contact all these for the next few months	Carolina Ruiz Care Coordinator	Throughout the final Quarter	Park Pediatrics Amazing Charts

Cranston Pediatrics

PDSA Plan for Improving Performance Measure

Plan:

Prediction:	Measures to determine if prediction succeeds
We predicted our list would be a lot smaller than it currently is now even though there are families that do not get their kid's labs done right when they are ordered, We are soon opening a new lab here in the office and this will lower our numbers of high Lead pending Orders.	<ul style="list-style-type: none">-Running reports from Amazing charts-Pulling Lead report from Kid's Net-Following up on a weekly basis with these families until we have them complete the patient labs

Do: I pulled a report on Kids net and one on Amazing Charts these two gave me different numbers the one on Kidsnet had many patients that are not our patients and we could not reach them because they are not our patient and unfortunately, we do not have their telephone numbers. The patients that do come here we reached most of them and the ones that we couldn't reach we wrote a small addendum so that when they come in for their next visit we would be able to inform them that its import that every lab ordered should be completed as soon as possible.

Cranston Pediatrics

PDSA Plan for Improving Performance Measure

Study: I thought that by running the test and calling everyone to follow up with their labs it would lower our list. Unfortunately we couldn't lower the list as much as we wanted to but we didn't consider the fact that in Kids net we had many transferred patients that still continue to have Dr. Quiles as their primary doctor on the insurance card and some of those patients have never been patients here and they were automatically assigned Doctor Quiles as their PCP. I didn't get to the part where I was supposed to do the log because after I considered it and didn't think it would be too helpful because many patients on a daily basis get sent out for labs and I ran reports on Amazing charts every month and found this method a bit more helpful and easier to work with.

Act: Modification that will be done in the future to make the list better would be making sure to tell all family members like we usually do is that labs are very important and that if they are not completed they are at risk with their child having pending important blood work because of previous high lead level cases that we've seen in patients that finally got tested and came back positive after the pediatrician insisted in getting these tests completed, also making sure we tell families that transfer out to please change their PCP on the insurance because unfortunately they can get billed if they don't have the correct PCP on the insurance card.

East Side Pediatrics

PDSA Plan for Improving Performance Measure

Aim: Improve HPV immunization compliance from 71% to 90% by February 2020.

Describe your first (or next) test of change:	Person responsible:	When to be done	Where to be done
Use EMR and KidsNet to determine current HPV coverage; will run reports to reassess progress monthly	Practice Manager	Monthly	Office

East Side Pediatrics

PDSA Plan for Improving Performance Measure

Plan:

List the tasks needed to set up this test of change:	Person responsible:	When to be done:	Where to be done:
<p>With new protocol all staff will play a role in quality improvement. Front desk will assess HPV vaccine status when booking appointments, inform family that patient is due for the vaccine and enter task in patient's chart as reminder, if vaccine will be administered at an appointment other than annual physical or shot-only visit. Nurse will check immunization status whenever engaging a family and enter task/book visits, as needed. Provider will emphasize the importance of booking/keeping shot-only visit in 6 months to complete series. MAs will review immunization status of all scheduled patients and advise provider of opportunities to immunize during morning huddle. During flu clinics, MAs will also offer HPV. Office manager will run monthly report and do direct outreach to patients who are behind/due for initial or booster dose.</p>	receptionist, MA, provider, nurse, office manager	phone call, office visit, shot only visit,	office

East Side Pediatrics

PDSA Plan for Improving Performance Measure

Plan:

Prediction:

Currently, 81% of patients have received the first dose of HPV vaccine. 71% of patients have completed the series. When the test is carried out, we suspect there will be markedly improved compliance with daily monitoring / monthly outreach. We anticipate 85% (initial), 80% (series) compliance within the next 3 months and 90% compliance (initial and series completion) by February 2020.

Measures to determine if prediction succeeds

Will evaluate coverage rates (KidsNet and EMR)

Kingstown Pediatrics

PDSA Plan for Improving Performance Measure

Aim: Awaiting our CHAPS results but have done internal satisfaction survey.

Describe your first (or next) test of change:	Person responsible:
What are we doing wrong to continue being on the bottom of the list when compared with our peers? We continue to have talks about customer service during all in house meetings.	All staff

Kingstown Pediatrics

PDSA Plan for Improving Performance Measure

Plan: Waiting on CHAPs scoring still and still continue to give and review all in-house surveys.

Do: Obtain surveys with great in-house results.

Study: Always reminding staff: “It’s not what you say, it’s how you say it”.

Act: Continue monthly meetings and positive re-enforcement.

Northern RI Pediatrics

PDSA Plan for Improving Performance Measure

Aim: To increase the time spent with all well child physical ages 14 to 18 from 15 to 20 minutes. This was decided to hope

Plan:

List the tasks needed to set up this test of change:	Person responsible:
Our plan was to increase the time spent with all well child physical ages 14 to 18 from 15 to 20 minutes. This was decided to hopefully increase the interview process of the SBIRT screening tool. In the past the providers used their personal discretion to screen certain patients. This added time will hopefully allow our providers to be more successful in screening and catching positive screens that could have been missed.	provider

Northern RI Pediatrics

PDSA Plan for Improving Performance Measure

Do: From 8/1/2018 to 1/31/2019 we screened 297 patients out of 598 patients between the ages of 14-18. We had 3 positives that were all were followed until they were no longer participating in risky behaviors.

*We screened 49% of patients.

From 1-21-2019 to 2/1/2020 we screened 479 patients out of 673 patients between the ages of 14-18. We had zero positive screenings.

* We screened 71% of patients.

Study: **We increased our percentage of screening SBIRT by 22%!!**

After speaking with all 4 providers they all agreed that the educational program they took was successful in helping them improve on their screening interview process. The extra time has allowed them to take their time and individualize the personal questions for each patient. Their daily schedule was able to stay on time and infrequently fell behind. Although we did not have any positive screening during this past year the providers felt that patients were more honest with experimenting with drugs or alcohol. In the past this was not the case, patients usually responded with a “no”. Patients were educated and, because no chronic use was identified, the SBIRT was negative.

Barrington Family Medicine

PDSA Plan for Improving Performance Measure

Aim: Identify children ages 2-18 with a diagnosis of asthma and increase the vaccination of the pneumovax 23 vaccine by 20%.
Baseline Data: 5 out of 15 (33.33%) pediatric patients with asthma have documentation of receiving the Pneum23 vaccine.

Plan: Provide outreach and chart review to identify Pneum23 vaccination status of pediatric patients with a diagnosis of asthma. Plan will be to provide patient and caregiver education to increase the percentage of patients with asthma to a pneumo23 vaccine rate of 58%

Do: The practice was able to run a report in EPIC to determine the number of patients ages 2-18 with a diagnosis of asthma. The result was 15 patients. Next, the NCM reviewed all 15 charts to identify which patients have not received the pneum23 vaccine using both EPIC and Kidsnet data. Patients who have not received the vaccine had flags entered into their chart as the flag is easily visible to the physician and the vaccine can be discussed at their next visit.

Barrington Family Medicine

PDSA Plan for Improving Performance Measure

Study: Over the next several months, chart audits occurred monthly to identify patients still missing the vaccine, patients identified as overdue for annual visits were contacted for appointments and vaccination education was provided at the annual wellness visits. Barriers to vaccination were addressed at visits.

Act: Between August and January, the practice was able to improve vaccination rates from 38.46% to 53.3%. The practice has identified several patients with 'fear of needles,' anxiety or other barriers. The practice will continue to utilize each visit as an opportunity to provide education on recommended vaccinations and identify/discuss barriers to improve rates of recommended vaccinations. The practice plans to continue the use of the patient 'flag' system in EPIC to provide alert to provider for patients overdue for the pneum23 vaccination.