

AIM

To implement a population management system in order to improve cancer screening rates and vaccination efforts by 3-5% by June 30, 2015 throughout the Primary Care Improvement Collaborative practices.

PROBLEM

Many patients do not adhere to evidence-based screening guidelines and vaccination recommendations that can improve outcomes and decrease cost. Current patient reminders and outreach efforts have not been standardized in the UNC system; each individual clinic expends significant effort designing processes for these predictable tasks.

IMPORTANCE

Prevention interventions have proven to make a significant impact on patient outcomes. Specifically Colorectal cancer screening for patients aged 50-75, breast cancer screening for women aged 50-74, cervical cancer screening for women aged 21-65 are all supported by evidence and recommended by the US Preventative Services Taskforce. Nationally there are Healthy People 2020 Goals to improve vaccination rates. There is currently significant waste in having each clinic try to develop processes to solve this problem. Prevention services are institutional and national quality measures such as PQRS.

EXPECTED OUTCOMES

Metric	Unit	Current	Target
Colorectal cancer screening (Patients screened 50-75 years old)	%	TBD* (IMC) TBD* (PCIC)	3% increase (IMC) 3% increase (PCIC)
Breast cancer screening (Patients screened 50-74 years old)	%	TBD* (IMC) TBD* (PCIC)	5% increase (IMC) 3% increase (PCIC)
Cervical cancer screening (females 21-65 years old)	%	TBD* (IMC) TBD* (PCIC)	5% increase (IMC) 5% increase(PCIC)
Pneumococcal vaccination (Patients >65 years old or comorbidities)	%	TBD* (IMC) TBD* (PCIC)	remain steady (IMC) 5% increase (PCIC)
Influenza vaccination (all patients)	%	TBD* (IMC) TBD* (PCIC)	5% increase (IMC) 5% increase (PCIC)

*Current data will be pulled in August, 2014 once Epic reporting is functioning correctly.

Deliverables:

- Standard work documents for patient outreach
- Standardized letters for each of the 5 preventative care services
- Scripts for phone outreach to encourage screenings
- Best Practice Advisory (BPA) assessments
- Runcharts of screening rates
- Runcharts of BPA utilization
- Gap reports of patients due for screening/immunizations

MEASURES

Outcome measures:

Percent of patients eligible who adhere with each of the following preventive services:

- Colorectal cancer screening
- Breast cancer screening
- Cervical cancer screening
- Pneumococcal vaccination
- Influenza vaccination

Process measures:

- Scheduled but uncompleted services this will include colonoscopies scheduled (but not completed), stool cards given, and mammograms scheduled (but not completed), pap smears performed. Referrals to gynecology for cervical cancer screening may need to be abstracted by chart review.
- Visit-based prompts: Survey providers regarding clarity and usability of BPA. Track % of each BPA started and completed.
- Outreach mailing: Track # of mailings sent by US mail and MyChart
- Case management: Time spent per call, # of phone calls, # of failed phone call attempts per patient

Feasibly measure: The number and percent of patients who required one component (BPA or mailing), two components (BPA and outreach mailing), and three components (BPA, outreach mailing, and case management). We will quantify time spent by the CA on these components.

RISKS/BARRIERS

One anticipated barrier will be close timing of the project with Epic Implementation. Epic is requiring significant process redesign for clinics which demands more time from management and quality improvement infrastructure. Since this project will be integrated with several key Epic changes, we hope that this potential barrier will instead serve as a driving force to require improvement. The UNC Internal Medicine Clinic has a strong culture of quality improvement. In a culture such as this however, there is risk of improvement fatigue among staff. Additionally, the data warehouse has not been functioning this summer. We need to await baseline data to know what our new starting point will be. Because of this, we have changed our metrics to reflect an improvement in rates over the years as opposed to current and target numbers.

STAKEHOLDERS

Patients and primary care providers are the key stakeholders in our change efforts. The primary care improvement collaborate is a stakeholder in the initial pilot in the Internal Medicine Clinic. Several of the preventative services such as cervical cancer screening and stool cards will require significant buy-in and participation from nursing staff. We will utilize our Patient Advisory Council to ensure that mailings and phone scripts are patient-centered, readable, and clear.

SCOPE

In Scope: Colorectal cancer screening, breast cancer screening, cervical cancer screening, influenza vaccination, and pneumococcal vaccinations
Internal Medicine Clinic patients (Pilot)
PCIC practices (dissemination)

Out of Scope: Other preventative services and vaccinations

SCHEDULE

June, 2014-July, 2015: Monthly discussions with PCIC on current efforts/ feedback on project
June 11, 2014: Project kickoff
July-September: Write and test letters for mailing
July-October: Test BPAs
August, 2014: Develop Runcharts
August, 2014: Establishing a plan for dissemination with PCIC
September, 2014 & March, 2015: Providers review gap reports
September, 2014 & March, 2015: Mailings sent for cancer screenings
September: Write & test scripts for phone case management
October, 2014: Influenza vaccine mailing sent
October, 2014: Prepare to spread intervention
October-November, 2014: Train PCIC providers and care managers

PROJECT TEAM

Team Member	Project Role (<i>sponsor, lead, SME, coordinator, etc.</i>)
Shana Ratner, MD	Team Lead, Process Owner
Mike Pignone, MD, MPH	Executive Sponsor
Brooke McGuirt, MBA	QI Coordinator for IMC

IHQI Population Health

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Prevention Care Assistant (Currently Hiring)	Intervention
Tom Miller, MD	IMC
Ashley Purdy, MHA	Quality Coach
Annie Whitney, MS, PMP	PCIC Lead
Hunter Gay, MPH	Reporting
Dana Neutze, MD	Family Medicine Representative
Wilson Gabbard, MBA	P&N Practices Representative
Primary Care Improvement Collaborative	Sponsoring Group
Sarah Smithson, MD, MPH	Carolina Advanced Health Representative
Aaron Miller, MD	Chapel Hill North Representative