



PRACTICE QUALITY
& INNOVATION

PRIMARY CARE IMPROVEMENT COLLABORATIVE

IHQI Seed Grant Program Symposium


May 5, 2015

Stepped Approach to Preventive Services Outreach in Primary Care

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DON'T
FORGET

The Problem

- A 58 year old healthy woman only goes to the doctor for acute illnesses
 - Due for colon cancer screening and flu shot
 - Missed prevention opportunities



Background

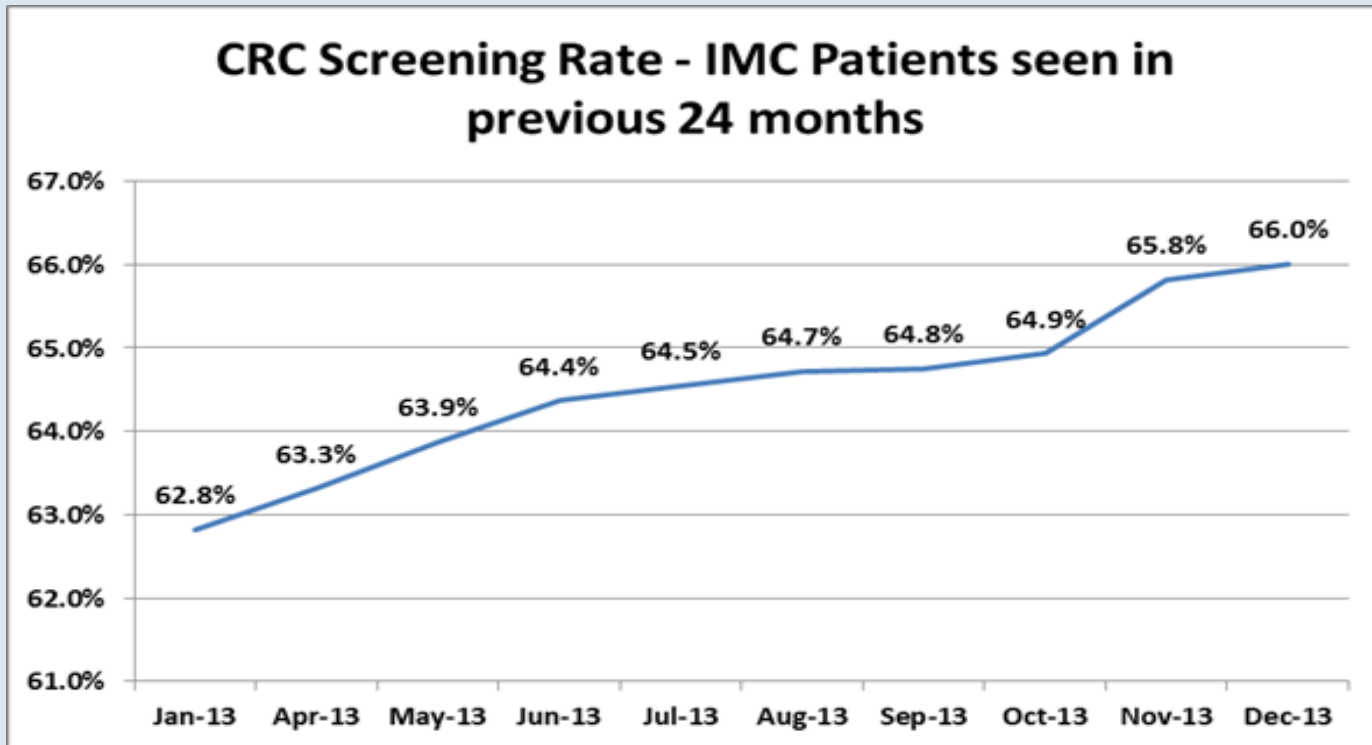
- Certain cancer screenings and adult immunizations save lives and decrease costs
- Many patients do not receive these important services^{1,2}
- UNC quality goals and national incentives: populations
- Research and QI projects show
 - mailed outreach and care management can help close care gaps³

1. McGlynn et al. N Eng J Med 2003.

2. Improving Quality and the Patient Experience: The state of healthcare quality 2013.

3. Green et al. Ann Int Med 2013

Previous Project



Division Meeting

50 Year Old Letters Start

New Outside Records Process

Provider Level Data Sent

Resident Chart Reviews

Primary Care Improvement Collaborative (PCIC)

UNC Internal Medicine
UNC Family Medicine
UPN Carolina Advanced Health
UPN Pittsboro Family Medicine
UPN Highgate Family Medicine
UPN Internal Medicine at Chapel Hill North
UPN Chatham Primary Care

UPN Mebane Primary Care
UPN Knightdale Family Medicine
UPN Orange Family Medicine
UPN REX Primary Care of Cary
UPN Family Practice of Panther Creek
UPN Chapel Hill Internal Medicine

Baseline:

80,000 due for influenza vaccine

8,300 due for breast cancer screening

15,000 due for CRC Screening

14,000 due for pneumococcal vaccination

Project AIM

To improve cancer screening and vaccination rates among patients in the Primary Care Improvement Collaborative.

Outreach will occur for the following:






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

Method

- Developed in IMC
- Spread to PCIC



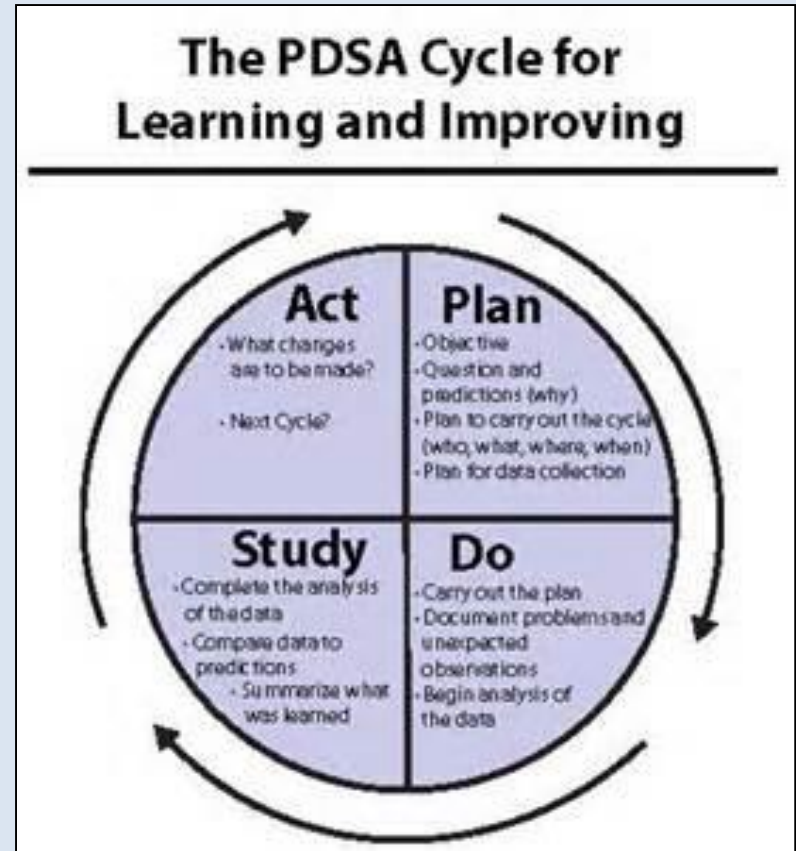
Project Elements

	Epic@UNC infrastructure
	Standard work for outreach
	Mailings to due patients
	Phone calls
	Case management

Building Epic Infrastructure



- Validating and editing reports
- “Bulk communication”
- Small PDSAs
- 1 patient





DATE

FIRSTNAME LASTNAME|
STREET ADDRESS
CITY, STATE ZIPCODE

Dear FIRSTNAME LASTNAME,

The UNC Internal Medicine Clinic cares about your health, and we want you to get the right medical care to help prevent disease. I am writing to remind you that you may be overdue for preventive care.

Colon cancer screening is recommended for men and women from ages 50 to 75. Colon cancer is the third leading cause of cancer-related deaths, and the average chance of getting colon cancer is about 1 in 20. Colon cancer screening helps with early detection of cancer. There are two good ways to screen for colon cancer. One is a test for blood in the stool with stool cards. The other test is a colonoscopy.

You can schedule an appointment with me to discuss these options or if you know which option you prefer, you can call us at 919-966-1459 and we can arrange it.

Maintaining accurate and complete medical records for our patients is very important to us. If our records are incorrect and you have already had a colonoscopy, please call us at 919-966-1459 so that we can update your chart and request a copy of your results.

We look forward to helping you stay healthy with preventive care.

Best,

PROVIDER NAME, TITLE
UNC Internal Medicine Clinic

Stakeholders

- Family medicine survey (providers)
 - Approved of centralized care management sending reminders for vaccinations without provider input
 - Wanted to be involved in patient selection for cancer screening
- Internal Medicine Providers
 - Administrative aspects could be centralized

Mailings

Flu / Pneumo Vaccinations

- Discussion with leadership and faculty
- Centralized outreach using Epic@UNC
- Staff notified and educated

Cancer Screenings

- Discussion with leaders and faculty
- Gap reports generated and disseminated to PCP
- Providers review and return lists
- Centralized outreach using Epic@UNC
- Staff notified and educated
- “Cleaning the panels”

Mailings

Flu / Pneumo Vaccinations

- Discussion with leadership and faculty
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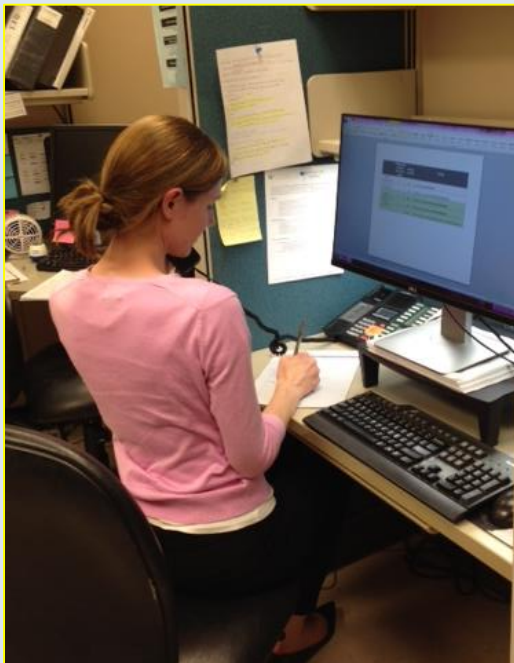
Cancer Screenings

- Discussion with leaders and faculty
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Care Manager

Additional Steps

- Phone Call
- MyUNC Chart Message
- Obtaining outside records



High-risk Abnormal Results

- Tracking
- Positive stool cards (colon cancer)
- Pap smears (cervical cancer)
- Breaking down barriers

SPREAD

Developing standard work

Examples:

- *Building and running reports*
- *Generating provider panels*
- *Sending bulk communication*
- *Cleaning up panels*
- *Following-up on letters by phone*
- *Preparing staff for outreach*

Click on Sign to add text and place signatures on a PDF file.

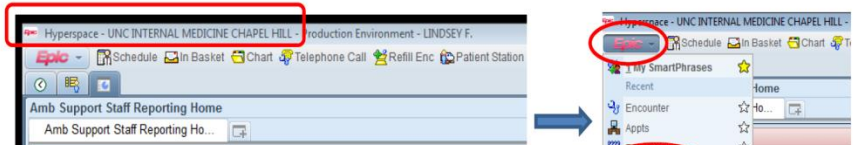
Table of contents:

SENDING BULK COMMUNICATION TO **65+ PATIENTS**..... Pg. 2-9

SENDING BULK COMMUNICATION TO **64- (HIGH RISK) PATIENTS**..... Pg. 10-16

BEFORE YOU BEGIN:

1) Are you in your **department's context** in Epic? (e.g., If you are sending a letter to Highgate patients, be sure you are in the Highgate context in Epic).



The screenshot shows two browser windows. The left window has a red box around the text 'UNC INTERNAL MEDICINE CHAPEL HILL' in the title bar. The right window shows a context menu with 'Epic' highlighted by a red circle. An arrow points from the left window to the right window.

RESULTS

Pilot Clinic Outreach

OUTREACH Initiative	*Mailings	Phone Follow up	My UNC Chart Follow up
Influenza vaccination	8,934	NA	NA
Breast cancer screening (Round 1 / Dec 2014)	995	350	139
Breast cancer screening (Round 2 / April 2015)	159	Pending	Pending
Pneumococcal vaccination	1,437	NA	NA
Colorectal cancer screening	1,136	Pending	Pending
TOTAL	12,661	350	139

*Mailings = standard mail letters + My UNC Chart messages

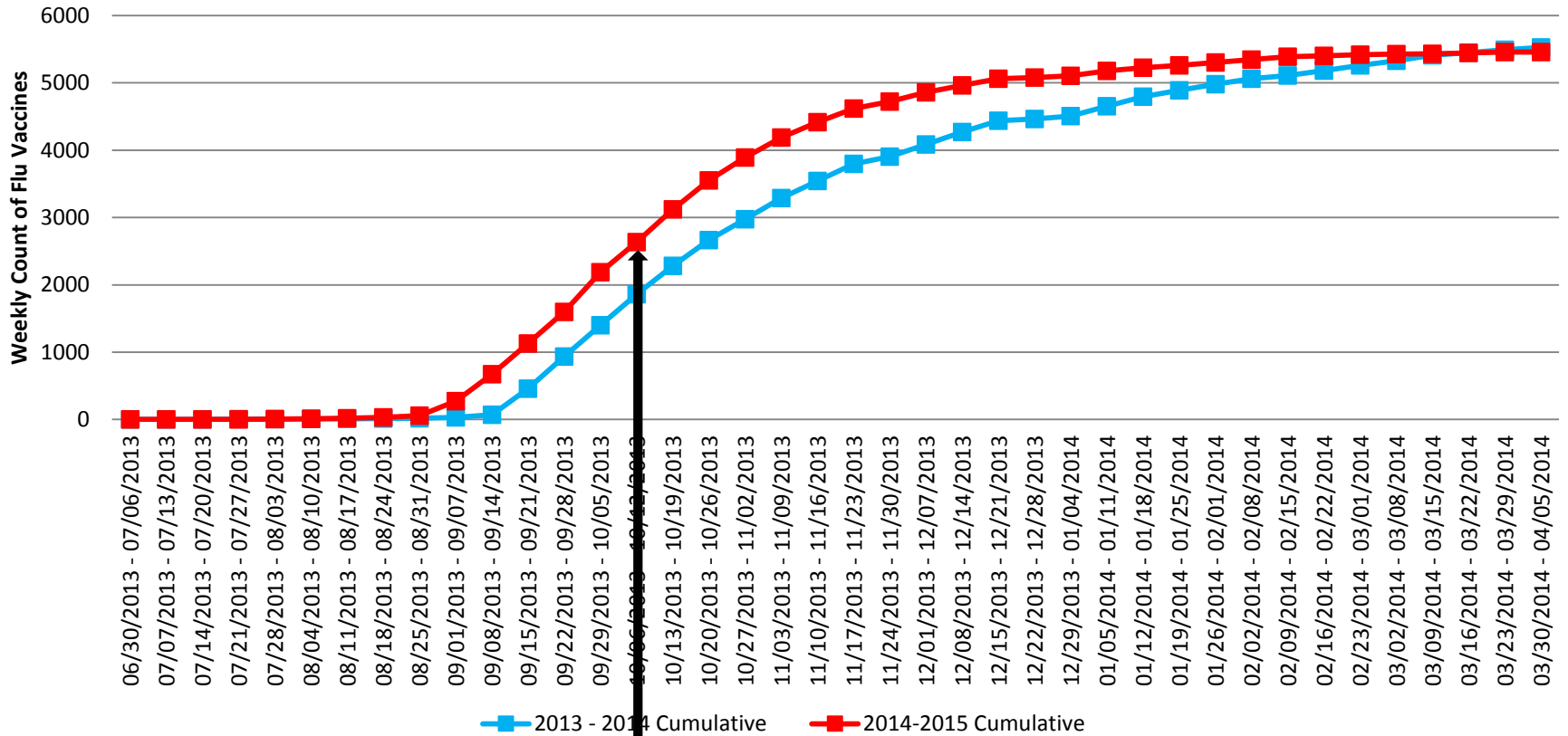
PCIC Outreach

PCIC Practice		Flu Mailings	BCS Mailings	Pneumo Mailings	CRC Mailings
1	UNC IMC	✓	✓	✓	✓
2	UNC Family Med	✓	✓	✓	
3	Carolina Adv Hlth	✓	✓	✓	
4	Rex of Cary	✓	✓	✓	
5	Orange Family		✓		
6	Rex Panther Creek	✓	✓	☆	
8	Mebane	✓	✓		
7	Chatham	✓	✓	☆	
9	Knightdale	✓	✓		
10	Highgate	✓	☆		
11	Chapel Hill North	✓	☆		
12	CH Internal Med	✓	☆		
13	Pittsboro	✓	☆		
	PCIC	49,276	4,275	3,607	1,136

✓ = Completed
 ☆ = In progress

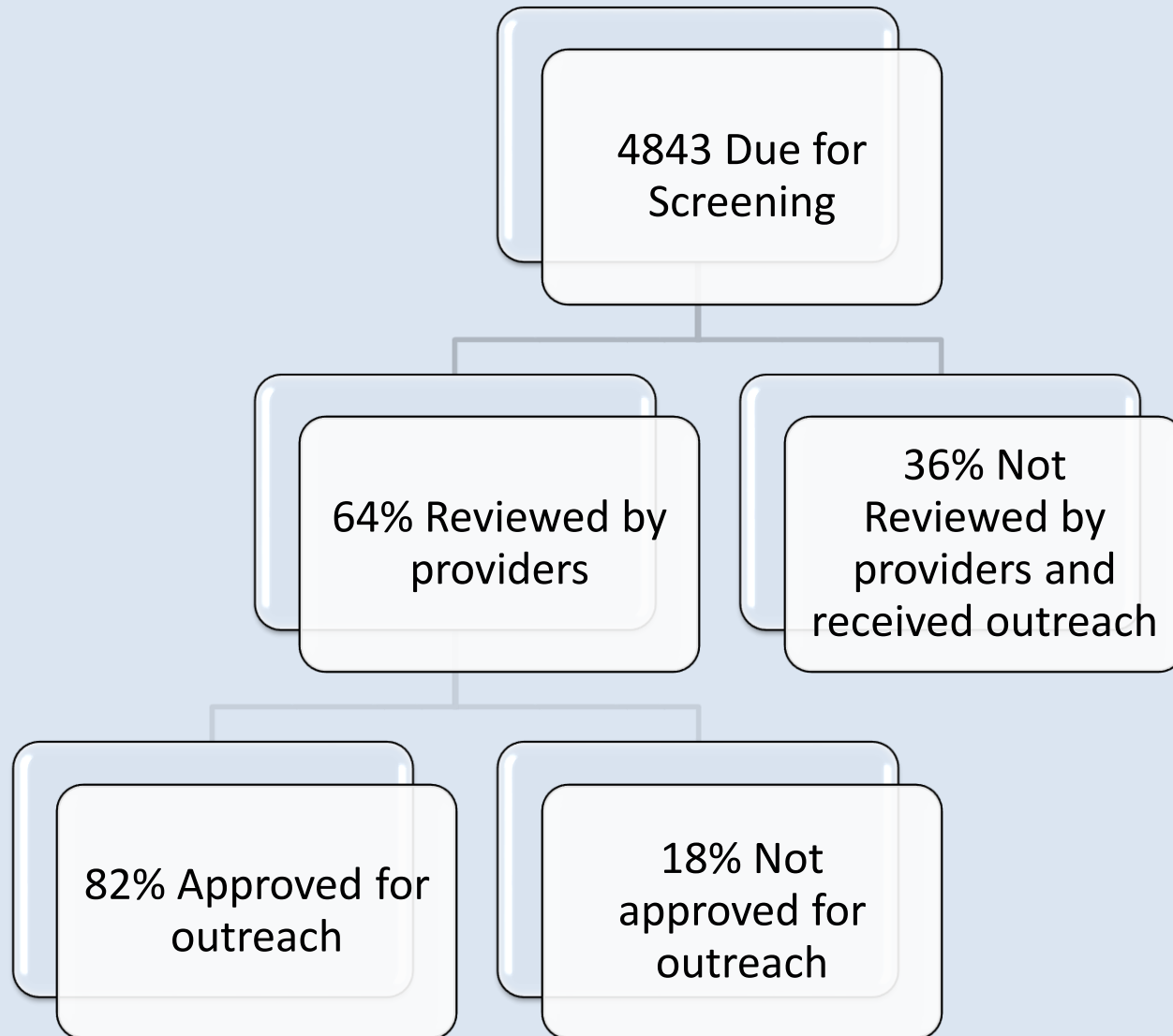
IMC Influenza Outreach

Comparing 2012 - 2013 /2013-2014 / 2014-2015 IMC Patients Vaccinated



sent flu letters

Breast Cancer screening outreach



Inappropriate for outreach (n=551)

- Reasons

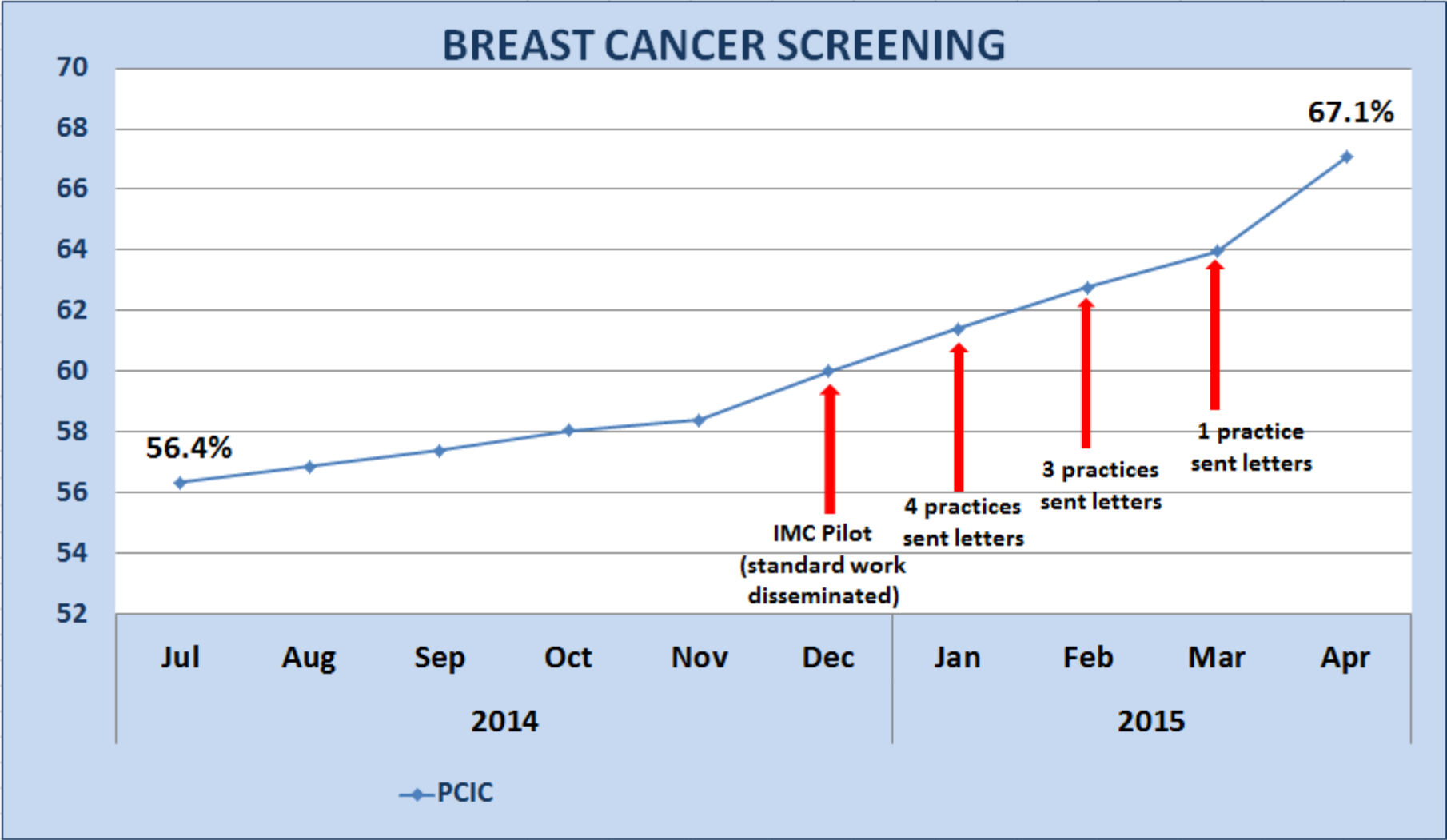
- 28% - Up to date (154)
- 10% - Obtained at different institution (55)
- 8% - Permanently declines (45)
- 6% - Moved (32)
- 8% - Too sick/not appropriate candidate (45)
- 3% - Bilateral mastectomy (17)
- 2% - Died (11)
- 1% - Hospice (5)

Breast cancer screening

- 4275 received outreach
- Within 3 months of outreach
 - 765 (18%) women completed breast cancer screening
- Revenue \$150 per screening = \$114,750
- Avert breast cancer deaths

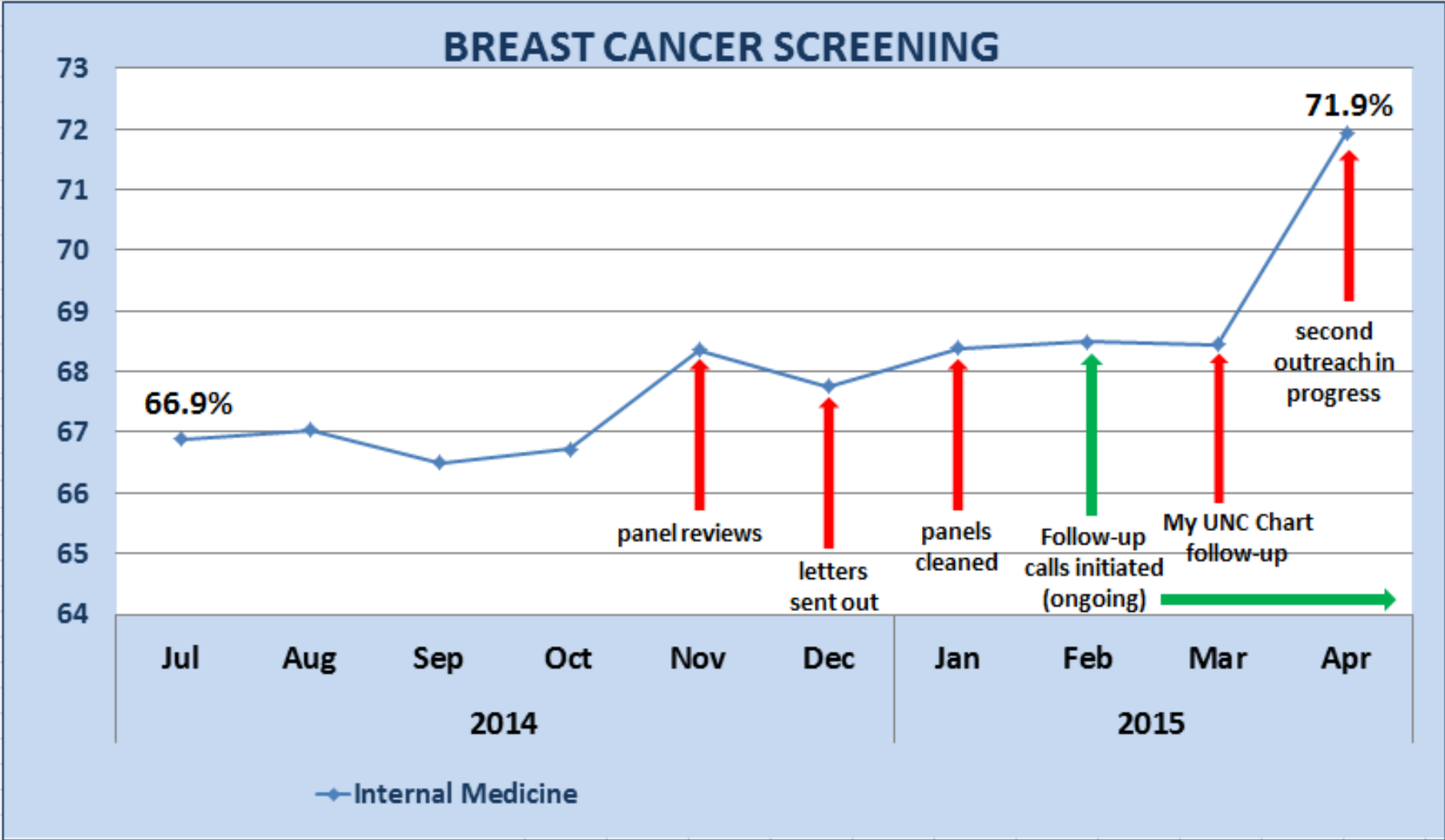
Breast Cancer Screening Outreach

PCIC: 19,018 eligible



Breast Cancer Screening Outreach

IMC: 3,744 eligible



Pneumococcal Vaccination

- In process
- IMC
 - 1437 Mailings
 - 1 month, 258 (18%) have completed vaccine
- PCIC
 - 2741 mailings so far
 - Based on 18% response rate, 493 now vaccinated
- Revenue of up to \$168 per vaccine

High-risk care management

- Positive stool cards
- Abnormal pap smear
- 19/49 required care management
- 4 would not have been notified of abnormal results without the care manager

High-risk patient success story

- 44 year old woman with an abnormal pap smear
- Two months later, patient hadn't followed-up with gynecology
- Care manager (CM) identified her
- CM and patient identified transportation as barrier
- Facilitated EZ Rider
- Patient successfully completed colposcopy (normal!)
- Addressed social determinants of her health

FEEDBACK

Key elements of spread

- Pre-work
- Local Physician champion
- Faculty meeting
- Communication from a known source
- Centralized care manager



UNC Physicians Network

“Your work on these have saved our group hundreds of man hours and these best practices will save UNC and other institutions time and money.

I wish that we had these types of best practices for so many other interventions that could improve the quality of care we deliver. Epic should be buying this stuff from the IMC. . .

I hope you realize how valuable your work has been.”

Patients are satisfied

“I am happy to know my doctor is keeping their eye on me!”

“I’m comforted to know you’re making these calls, even if they don’t apply to me! Thanks for calling!”

-Woman w/bilateral mastectomy

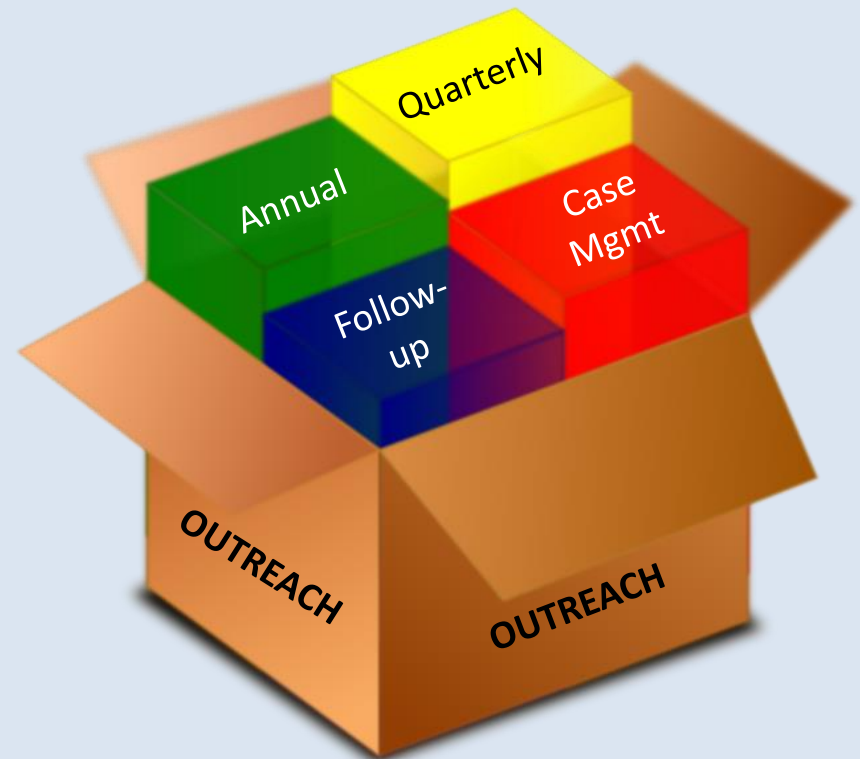
NEXT STEPS

Sustainability Plan

- Clinics working to secure care management staff
 - UNC Internal Medicine: Lindsey Franks, MSW
 - UNC Family Medicine: Care assistant with QI support staff
 - UNC PN: Randi Townes and current care management infrastructure

Proposal: A Standard Outreach “Package”

- Annual flu outreach
- Quarterly outreach for breast cancer, colorectal cancer, cervical cancer, and pneumococcal vaccine
- Follow-up on initial outreach (phone/mailings)
- Targeted case management with high-risk patients
- Run charts to track improvements



LESSONS LEARNED/CONCLUSIONS

Conclusions

- Small tests of change
- Spread requires standardization and attention to local culture
- Collaboration between care manager and PCP leads to high value outcomes
- Outpatient care management critical to keeping our population of patients healthy

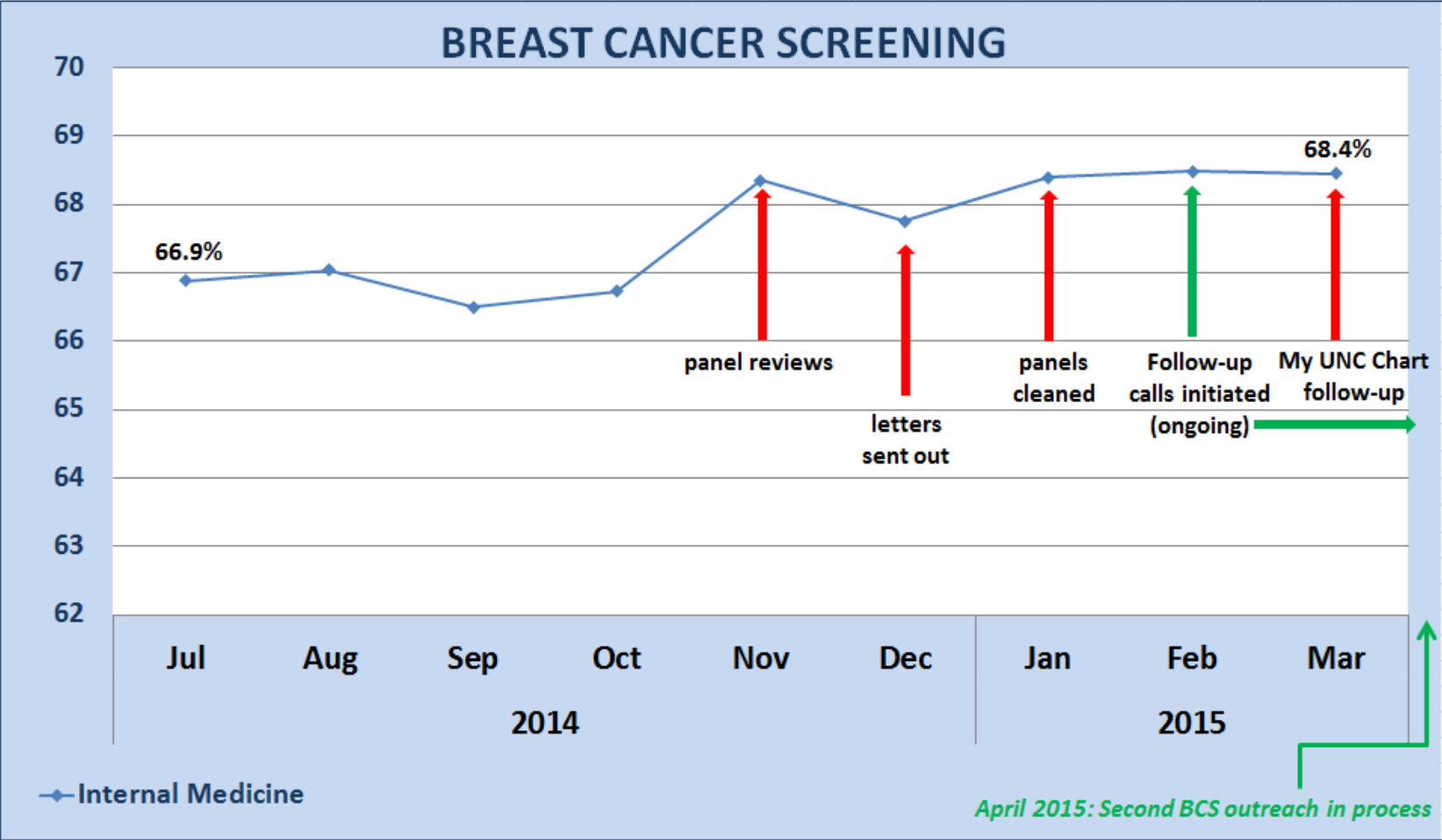
Thank you!

- IHQI
- Lindsey Franks, MSW
- Brooke McGuirt, MBA
- Laura Brown, MPH
- Mike Pignone, MD
- Primary Care Improvement Collaborative
- Annie Whitney
- Robb Malone, PharmD, CPP
- Wilson Gabbard, MBA-HSM
- Randi Townes
- Mark Gwynne, MD
- James Garner
- UNC Family Medicine
- UNC Internal Medicine Clinic
- Carolina Advanced Health
- UNC Physicians Network
- And many, many more....







Financial Benefits

- Meaningful Use
 - Bulk communication
- PQRS Measures
 - Influenza Vaccination
 - Breast cancer screening
 - Colon Cancer Screening
 - Pneumococcal Vaccination
- UNC Healthcare Quality Goals
 - Increase breast cancer screening
 - Increase colorectal cancer screening
 - Increase cervical cancer screening
 - Increase pneumococcal vaccination

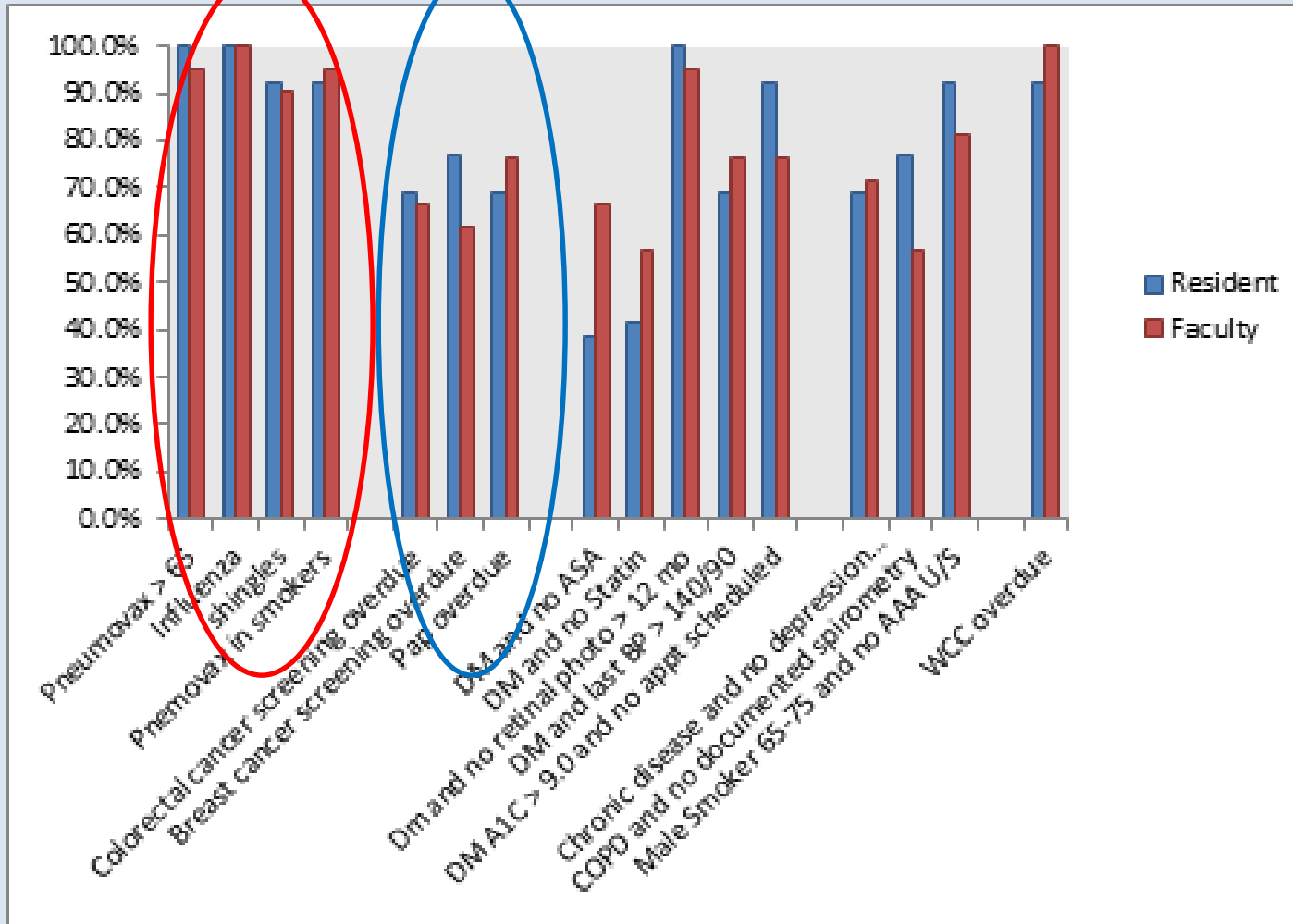
Breast Cancer Screening Outreach (UNC Internal Medicine)



IMC Mammo Outreach

MONTH	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	April 2015
INTERVENTION						
	Providers reviewed panels of "due" patients	995 mailings sent out	panels cleaned (195 adjustments made in Epic)	Follow-up phone calls (270)	Follow-up phone calls (37) Follow-up My UNC Chart messages sent (139)	Follow-up phone calls (40)
Mammos *completed among 995 outreach recipients						379 (38%)

% Agree with Outreach without PCP Involvement



Immunizations

Cancer Screenings

Clinical Revenue

Preventive service	Payments per Test Completed
Pneumococcal vaccine	\$76-178
Influenza vaccine	\$15
Mammogram	\$60-150
Screening Colonoscopy	\$500-600
Stool Cards	\$4

Internal Medicine Clinic: Finances

Preventive Service	Prior FYTD	FYTD	Difference
Pneumococcal Vaccine: Quantity billed	219	1321	1102
Pneumococcal Vaccine: Net Payments	\$16,995	\$100,947	+\$83,952
Influenza Vaccine: Quantity billed	2,277	2,666	389
Influenza Vaccine: Net Payments	\$77,900	\$86,617	+\$8,717