Robust Pre-Visit Planning Through The Lean Process

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Background

The demands placed on providers and patients during an office visit are ever increasing. There continues to be more to review and complete (screening tests, preventive services, required labs) and more to order to follow standards of care. Previsit planning can serve an important role in ensuring that necessary testing and services are provided without taking more time within an already rushed office visit.

Pre-Pilot State

- No standard for previsit planners
- Staffing
  - Inconsistent staff availability
  - Changing compliance guidance
- Untapped capacity to off-load clinician work
- Inefficient provider order entry and result notification
- Standards of care get missed in busyness of office visits
- Unclear ROI for *dedicated* previsit planner positions

Purpose/Aim

Through Lean Processes, develop a financially self-supporting previsit planning (PVP) process to implement across primary care to improve quality metrics, improve the patient experience and improve staff and provider efficiency and effectiveness.

Specific Goals

A Kaizen event was held with the following goals:

- Develop a detailed guide for primary care pre-visit planning
- Pilot *dedicated* pre-visit planning to evaluate the ROI
- Increase completion of recommended screening services including colon cancer, breast cancer, cervical cancer, chlamydia, osteoporosis, diabetes and cholesterol
- Increase quality measures by catching overdue or coming due disease specific tests such as A1c, foot exam, statin use, ASA use and tobacco cessation in diabetes
- Improve provider resilience by decreasing chart review and order entry tasks
- Increase patient satisfaction and understanding by discussing results at the visit, *not* after the visit via phone, email or letter
- Decrease provider and staff time spent reviewing results and notifying patients
- Increase revenue through testing and value-based payments

Kaizen Participants

Internal Medicine and Family Medicine Physicians & Quality Improvement Specialists
Nurse Managers & Clinic Site Directors
Pre-Visit Planning Specialists & Education and Training Specialists
Director of Ambulatory Nursing
Patient Access Representatives
Information Services (Epic is our EHR)

Pre-Visit Planning Guide

Population or Diagnosis	Order or Task	Frequency
Anxiety	**GAD 7**	6 months if controlled, 2 months if titrating meds
Asthma	**ACT**	Annually or at WCC or physical
CKD	**Basic Metabolic Panel**	Annually
CKD	**Hemoglobin**	Annually
Depression	**PHQ-9 Monitoring**	6 months if controlled, 2 months if titrating meds
Diabetes	**Microalbumin**	Annually
Diabetes	**Lipid Profile**	Every 5 years
Diabetes	**Basic Metabolic Panel**	Annually
Diabetes	**A1C**	controlled (A1c<8) - 6mo; uncontrolled (A1c >8) - 3mo
Diabetes	**Aspirin**	Each Visit
Diabetes	**Eye Exam**	Annually
Diabetes	**Foot Exam**	Annually
Diabetes	**Statin use**	Each Visit
Hypertension	**Basic Metabolic Panel**	Annually
Hypertensive Patients, not on ACEI or ARB	**Microalbumin**	Annually
Hypothyroidism	**TSH**	Annually
Vascular Disease	**Statin use**	Each Visit
Vascular Disease	**Aspirin use**	Each Visit
Vascular Disease	**Lipid Profile**	Every 5 years
Women 16-24	**Chlamydia**	Annually
Age 50-75	**Colonoscopy**	Every 10 years
Age 50-75	**Cologuard - DNA Test**	Every 3 years (if not Colonoscopy)
Age 50-75	**Fecal Imm. Test (FIT)**	Yearly (if not Colonoscopy)
Women >65	**Dexascan**	Every 5 years
DOB b/n 1945-65	**Hep C**	once
>35	**Glucose**	Every 5 years
>35	**Lipid Profile**	Every 5 years
Women 40-49	**Mammogram**	Need to discuss
Women ≥50	**Mammogram**	Every other year
Women ≥21	**PAP**	21-29yo 3 Yrs; ≥30yo 5yr w/HPV
≥50	**Shingrix vaccine**	Once
≥65	**Tdap**	Every 10 years
Men -Hx of Prostate Ca	**PSA**	Annually
>65	**MAW Mini-Cog**	Annually
>65	**MAW Questions**	Annually
<18	**WCC forms**	WCC visits
<18	**Immunizations**	WCC visits
<18	**ASQ, PSC Survey**	WCC visits
>50	**Advanced Directive**	Annually
All Patients	**Height**	Each Visit
>18	**MyChart**	Each Visit
18 and above	**PHQ-9 Screening**	Annually
Age 12-17	**PHQ-9A Screening**	Annually
Smokers	**Smoking history**	Each Visit
DOT	**UA**	DOT Visit
ESL patients	**Interpreter**	Each Visit
All Patients	**Health Maintenance Clean-up**	Each Visit

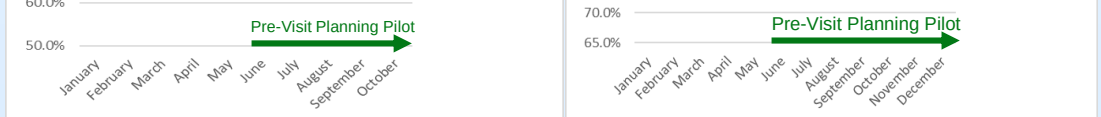
Pilot Results

- Pilot implemented at the Family Health Center & for Dr. Thompson at another FM clinic.
- Family Health Center improved from meeting 3 of 13 to 9 of 13 metrics in 12 months and achieved all 3 measures for the clinic quality incentive bonus.

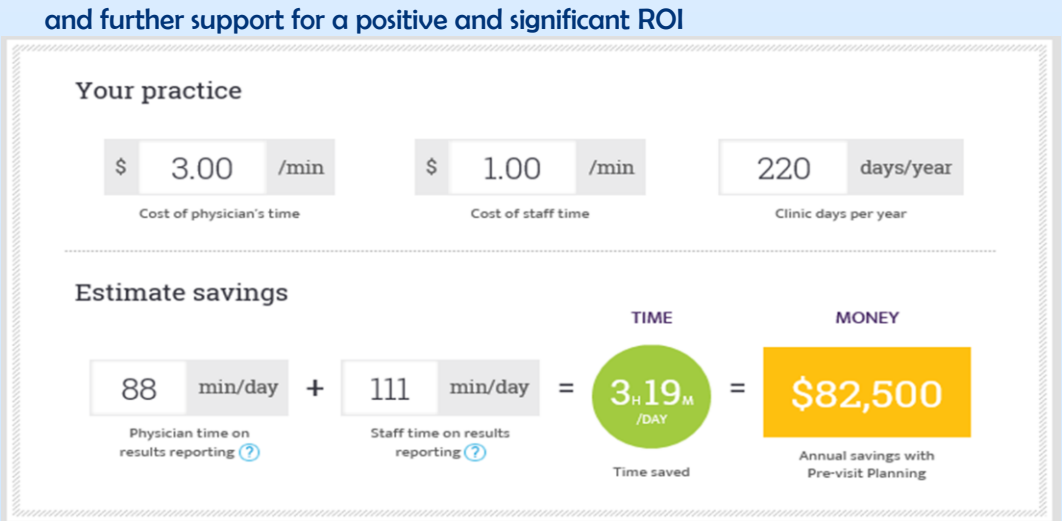
Family Health Center Quality Measures Scorecard FY 2017-2018

Quality Measure	System Goal	Site Goal	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Current # of patients to Optimal
Cervical Cancer Screening	84.9%	67.0%	66.0%	67.0%	68.4%	69.6%	69.6%	69.4%	69.9%	69.2%	69.2%	69.8%	69.4%	69.5%	68.7%	
Colon Cancer Screening	79.7%	56.7%	55.4%	55.9%	54.6%	56.4%	56.4%	57.6%	57.4%	57.5%	58.5%	59.1%	58.9%	58.4%	57.2%	
D3 Optimal Care*	N/A	48.2%	N/A	45.9%	47.9%	46.0%	47.7%	46.1%	46.0%	44.9%	48.2%	49.2%	47.8%	45.9%	48.5%	
Hypertension Optimal Care	84.3%	78.6%	77.9%	77.7%	77.4%	77.5%	77.5%	76.9%	77.3%	76.6%	76.1%	77.1%	77.0%	77.9%	78.6%	
Asthma Optimal Care - Adults	67.1%	52.7%	51.2%	54.4%	59.4%	58.4%	55.5%	51.1%	48.0%	43.8%	45.2%	45.6%	45.5%	44.6%	42.6%	18
Asthma Optimal Care - Pediatric	80.7%	63.2%	62.1%	66.7%	65.4%	59.6%	64.9%	55.8%	50.9%	47.3%	44.6%	48.1%	51.0%	48.2%	48.2%	9
Depression: PHQ-9 Use-Adolescent					60.0%	70.0%	73.0%	74.0%	81.0%	82.0%	86.0%	81.0%	85.0%	96.0%	100.0%	
Depression: 6 Month Remission-Adolescent					0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Depression: PHQ-9 Use- Adult	94.5%	92.2%	92.0%	91.0%	91.0%	93.0%	92.0%	93.0%	93.0%	92.0%	93.0%	94.0%	94.0%	94.0%	95.0%	
Depression: 6 Month Remission-Adult	12.2%	8.8%	6.0%	7.0%	8.0%	9.0%	8.0%	7.0%	7.0%	7.0%	6.0%	6.0%	5.0%	5.0%	6.0%	13
D5 Optimal Care	51.9%	33.8%	31.8%	27.2%	32.7%	30.6%	32.9%	32.9%	32.8%	31.5%	34.3%	35.2%	34.5%	32.8%	34.4%	
Vascular Optimal Care	63.9%	53.3%	51.9%	49.0%	49.7%	53.1%	52.8%	49.7%	51.8%	51.2%	58.4%	53.8%	52.9%	54.1%	55.8%	
Chlamydia Screening	69.1%	71.8%	70.9%	71.4%	71.3%	73.4%	72.8%	72.0%	71.0%	71.4%	71.3%	71.3%	75.9%	74.2%	72.3%	
Breast Cancer Screening	84.0%	49.0%	47.4%	48.6%	48.7%	50.0%	50.0%	49.2%	49.6%	48.5%	47.8%	47.7%	48.3%	47.8%	48.7%	3

- Most of Dr. Thompson's quality metrics impacted by pre-visit planning realized significant improvement relative to the rest of the clinic *not* utilizing pre-visit planning over 6 months



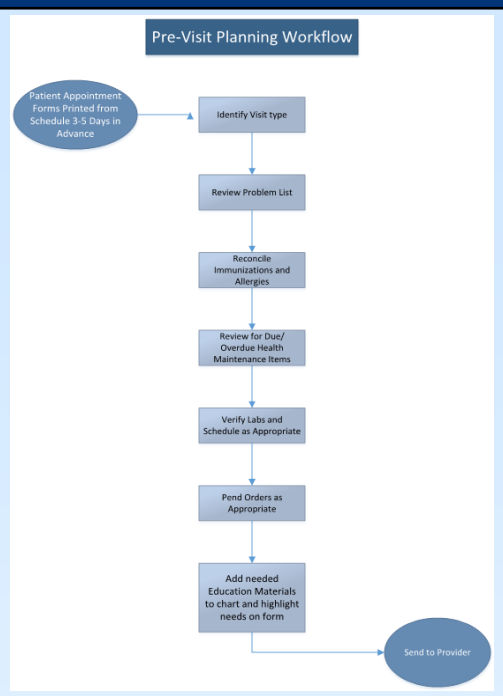
- ROI was assessed by analyzing FY17 (no PVP) and FY18 (PVP pilot) revenue related to test completion for the FHC site as well as time saved by clinicians and nursing
- Robust pre-visit planning resulted in a *14% test revenue increase per year*
- Reduced time needed for result review and notification
  - Average provider time saved across clinic for 60 visits – 88 min
  - Average nursing time saved across clinic for 60 visits – 111 min
- Increased efficiencies and effectiveness results in money saved as estimated by AMA and further support for a positive and significant ROI



Source: AMA. *Practice transformation series: pre-visit planning*. 2014.

- Increased patient satisfaction
- Increased provider and staff resilience

Pre-Visit Planning Process



Next Steps

- Secured 9.5 additional FTEs to implement pre-visit planning at all family medicine clinics based on ROI and quality improvement results
- Create and roll out a consistent training program for PVP to ensure standard process
- Adjust site workflows to get as much testing done prior to the visit to ensure standard process
- Quarterly measurement to ensure financial results are achieved to off-set the expense of the positions
- Ongoing feedback and continuous improvement regarding guide specifics, PVP workflow and customizing to individual clinic/site needs as needed