

Quality Improvement at a Rural Family Health Center

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Setting, Context & Project Objectives

Setting

- The Barre Family Health Center (BFHC)
- Located in Barre MA, 22 miles northwest of Worcester.
- Primary care provider for 10 rural communities.
- 7,800 patients and more than 35,000 visits a year.
- Certified Level-3 Patient-Centered Medical Home.

Payment Reform is Forcing Health Centers To Improve Performance

- Healthcare payment models are switching from fee-for-service to pay-for-performance.
- Insurers use various measurements to assess how well a health center is caring for their patients.
- Reimbursement rates (\$) increase as performance improves.
- BFHC aims to improve their performance so that they can hire more staff and improve patient outcomes.

Project Objectives

- Improve patient health outcomes and improve BFHC's performance measures by implementing creative and innovative approaches.

Patient Outreach Project

Who were the patients we reached out to?

- 509 patients, divided into 6 categories (see figure 3).
- Every patient was overdue for some combination of the following:
 - Colorectal cancer screening
 - Breast cancer screening
 - Cervical cancer screening
 - LDL cholesterol test, and/or
 - Hemoglobin A1c test.

What was the outreach?

- Concise and navigable letter signed by their physician.
- Letter informs the patient what he/she is due for.
- Letter also contains educational materials about the tests that are overdue.
- Educational materials presented in a simple Q & A format.



Figure 1. Photo of BFHC staff in a T&G article about the BFHC's status as a "Patient-centered medical home".

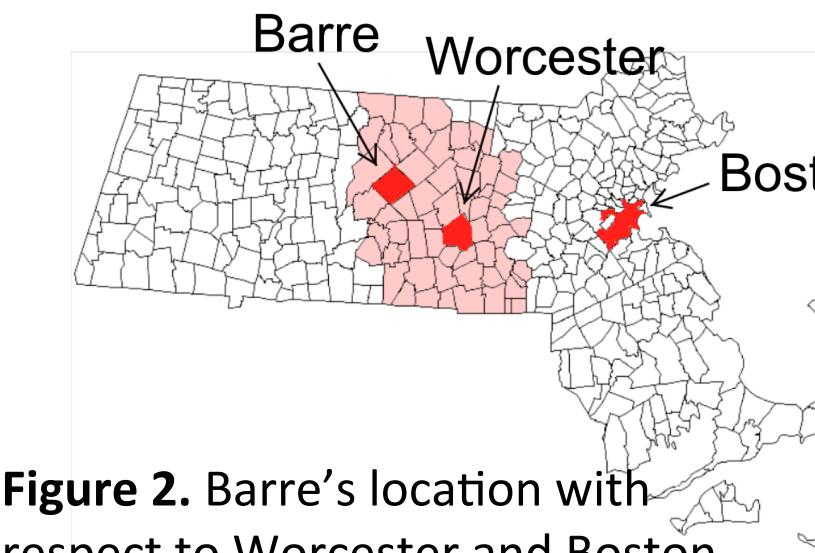


Figure 2. Barre's location with respect to Worcester and Boston.

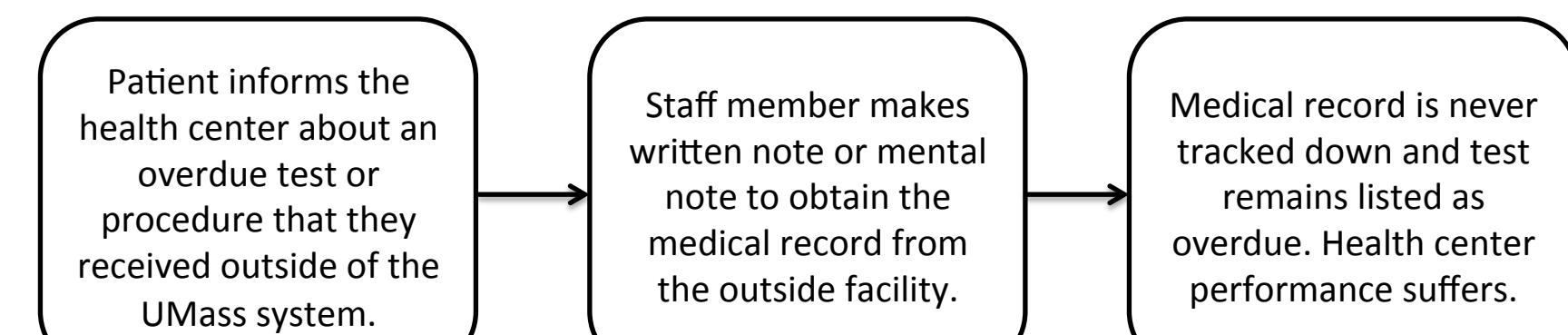
Improving Performance By Improving Work Flows

Inefficient work flows were identified and improved upon.

Example – Documentation and Follow Up on Out-of-System Care:

- Problem**
 - Staff were not appropriately following up on care that patients were receiving outside of the UMass Memorial system.
 - Result was that most records were never tracked down; test remains overdue; performance measures on testing rates such as cancer screenings remained inaccurately low.
- Solution**
 - Staff generate tasks in the EMR to track down medical records for out-of-system care.
 - Task assigned to the Medical Records division.
 - Result is increased likelihood that the medical records are tracked down; test no longer listed as over due & performance improves.

Initial Work Flow



New Work Flow

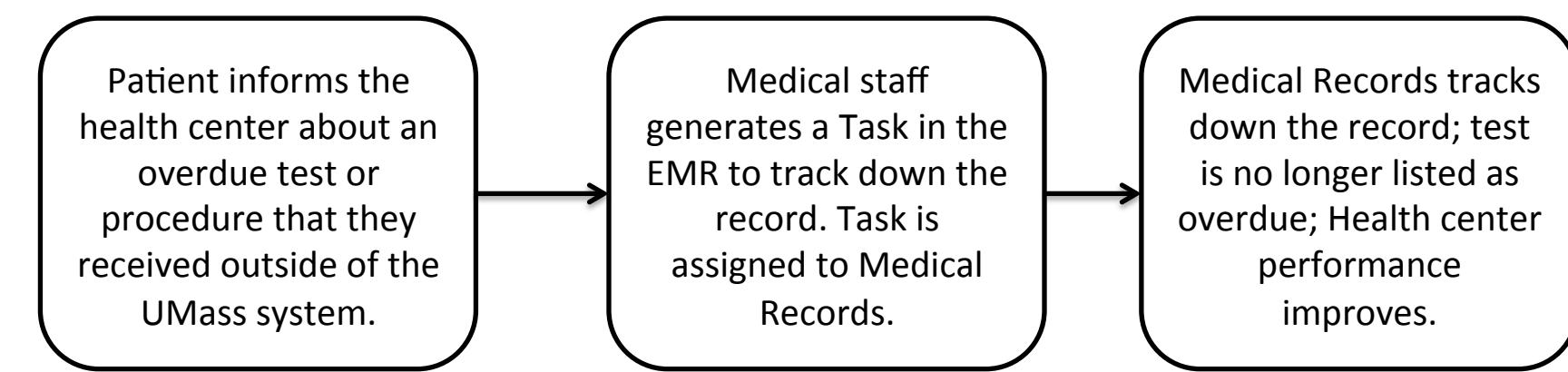


Figure 4. Example of a poor work flow and how it was improved.

Patients in the Following Categories Received Outreach Letters

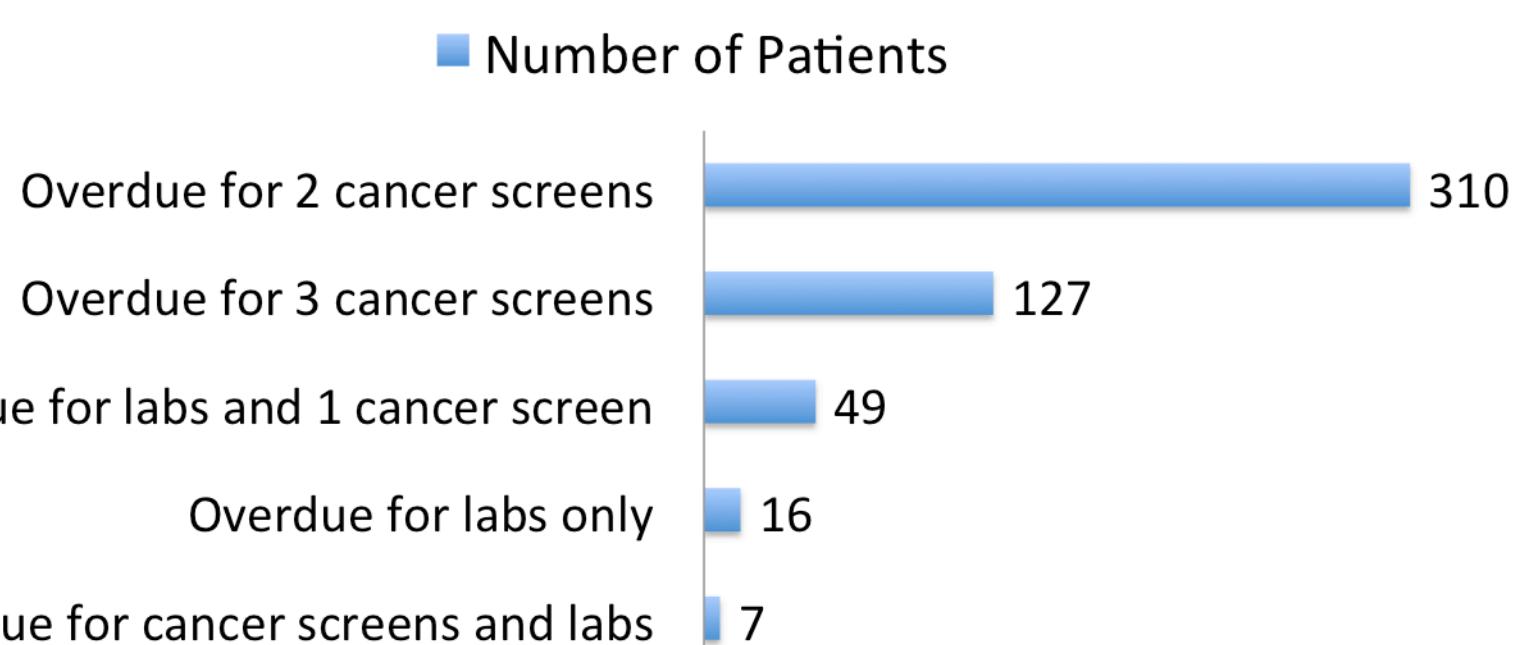


Figure 3. Patients in our Outreach Group fell into 1 of 5 categories.

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References

- Eckelbecker, L 2013, 'Barre clinic joins medical home movement', *Worcester Telegram & Gazette*, 7 July. Photo by T&G Staff/Rick Sinclair.
- Safran, D.G. (2012, October). Alternative Quality Contract White Paper from Blue Cross Blue Shield. Retrieved from <http://www.bluecrossma.com/visitor/about-us/affordability-quality/aqc.html>

Provider Report Card

June 2013 - Barre Family Health Center

Provider Name	Total # Pts	Breast cancer screening rate	Cervical cancer screening rate	Colorectal cancer screening rate	HbA1c poor control (<9, LDL-C lower is better)	DIABETES	HTN	CVD
						Blood pressure control (<140/90)	Blood pressure control (<140/90)	LDL-C control (<100mg)
Barnard	564	60.00	64.58	60.94	27.03	70.27	48.65	60.14
Koch	428	57.14	67.50	58.93	20.59	85.29	55.88	58.40
Joslin	434	64.94	71.43	71.10	22.86	85.71	77.14	69.17
Vesalius	384	65.04	63.57	67.69	20.00	56.67	60.00	64.04
Gray	494	58.68	70.49	58.59	34.29	48.57	42.86	51.55
Lister	829	61.82	64.01	55.88	25.68	56.76	54.05	56.40
Meyerhof	622	59.30	61.72	49.75	37.78	42.22	46.67	52.29
Jenner	521	68.91	70.88	59.32	23.08	50.00	34.62	53.25
Laennec	525	81.25	73.28	67.53	16.95	77.97	59.32	61.54
AQC Gate 1		80.79	83.50	65.20	20.40	52.70	46.00	69.50
AQC Gate 2		83.09	85.73	69.73	17.48	56.45	50.63	72.55
AQC Gate 3		85.39	87.95	74.25	14.55	60.20	55.25	75.60
AQC Gate 4		87.70	90.18	78.78	11.63	63.95	59.88	78.98

Figure 5. Example of a Provider Report Card.

Incentivizing Change with a Provider Report Card

An incentive was needed to improve provider performance.

A solution is a "Provider Report Card" (see figure 5)

- Key Features:**
 - Accurate comparisons of all physicians in the practice
 - Simple color code for quick identification of the "best" and "worst" providers in each category.
 - Target Goals were set according to the Alternative Quality Contract (AQC) Gate Scores, which are the goals set forth by Blue Cross Blue Shield.

Conclusions

- To score well on performance measures a health center needs an accurate and up-to-date electronic medical record (EMR).
 - Medical staff must work as a team to maintain an accurate EMR.
- A major source of Quality Improvement (QI) is to fully implement the resources provided through your EMR.
 - QI teams must maintain good working relationships with IT & EMR staff.
- Quality Improvement teams must continually reassess work flows and improve work flow inefficiencies.
- Quality Improvement requires group solidarity...and group solidarity requires all staff to be part of the conversation.
 - The QI "fever" must manifest itself in as much of your staff as possible.