

## 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".

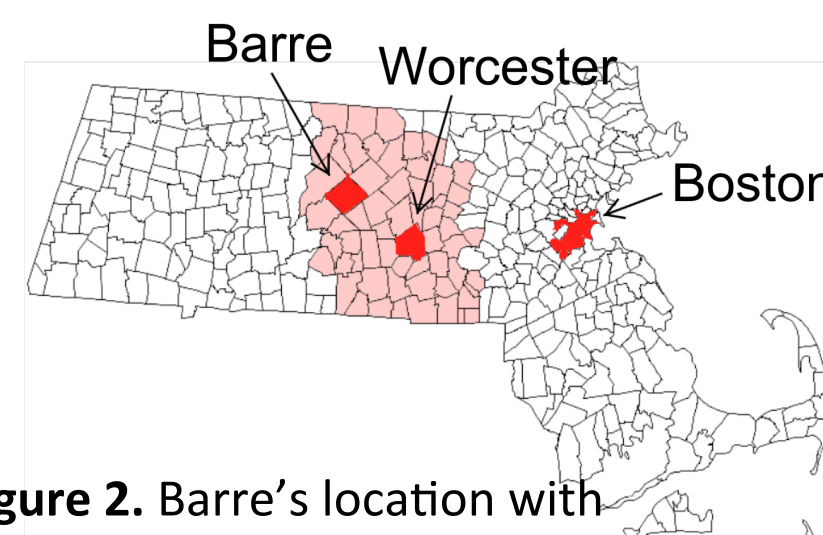


Figure 2. Barre's location with respect to Worcester and Boston.

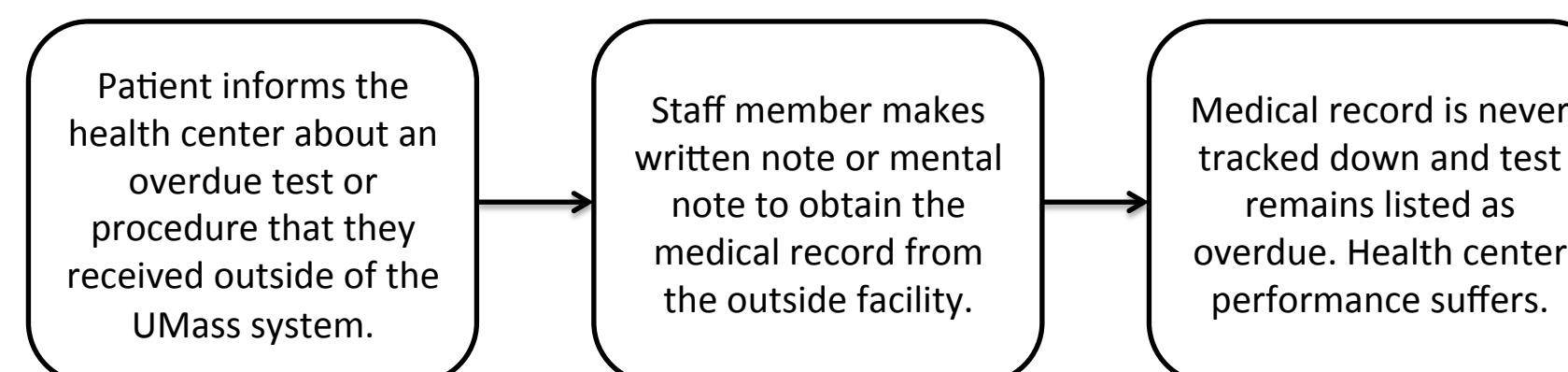
## Improving Performance By Improving Work Flows

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

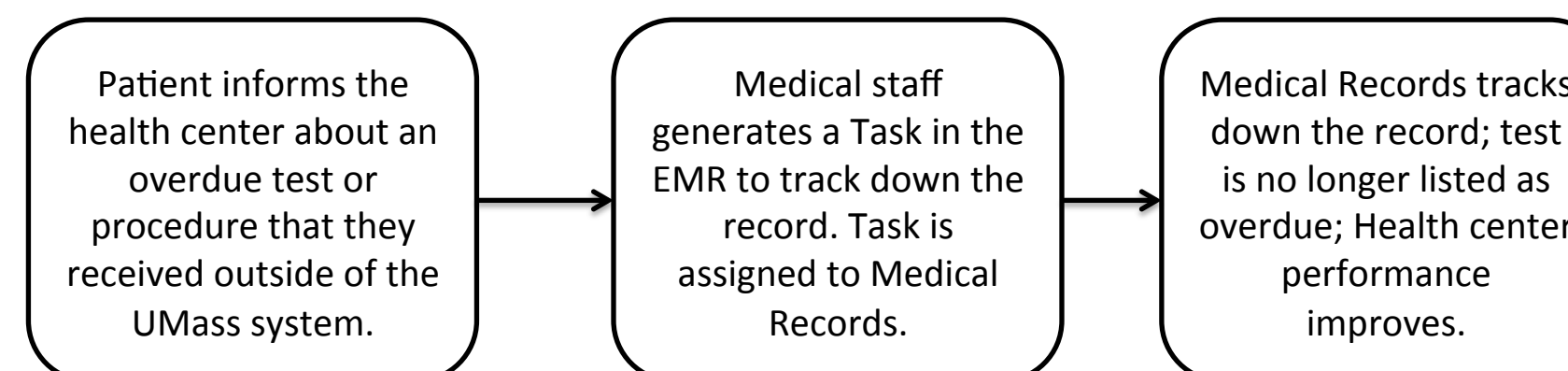


Figure 4. Example of a poor work flow and how it was improved.

### Patients in the Following Categories Received Outreach Letters

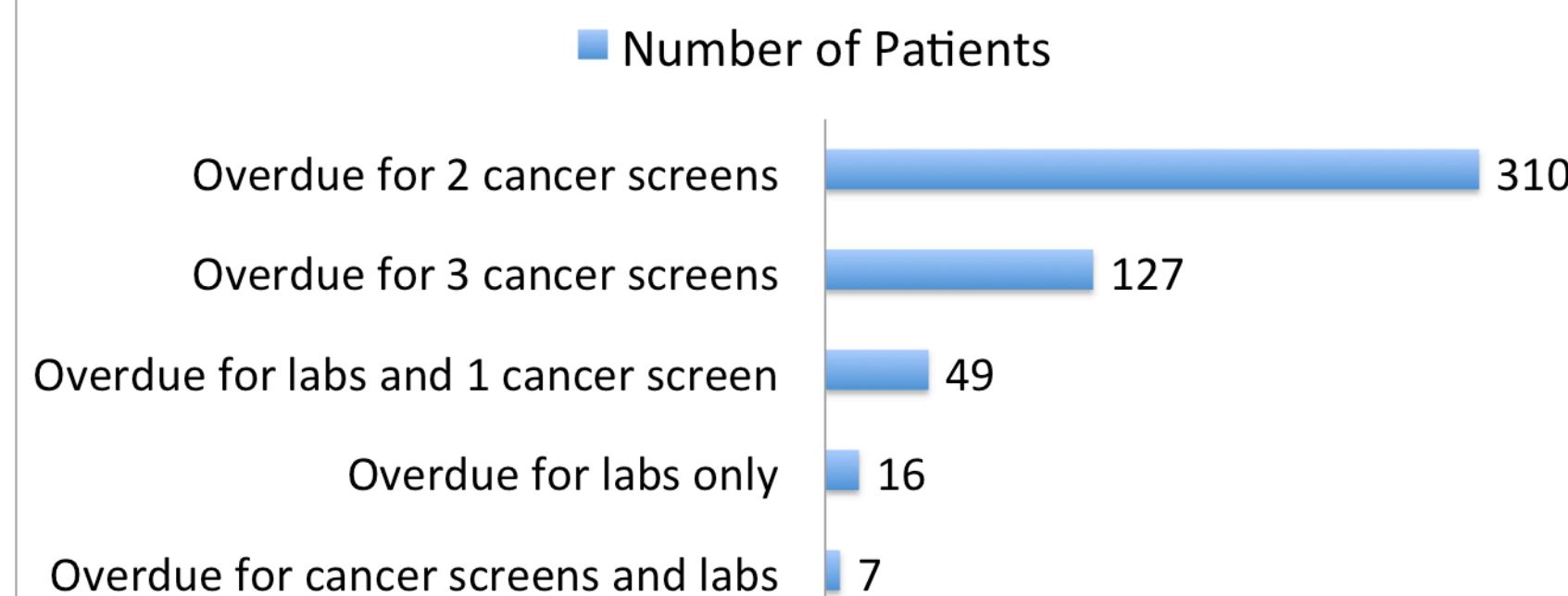


Figure 3. Patients in our Outreach Group fell into 1 of 5 categories.

## Provider Report Card

June 2013 - Barre Family Health Center

|               |             |                              |                                |                                  | DIABETES                                 |                          |                                  | HTN                              | CVD                      |
|---------------|-------------|------------------------------|--------------------------------|----------------------------------|--|--------------------------|----------------------------------|----------------------------------|--------------------------|
| Provider Name | Total # Pts | Breast cancer screening rate | Cervical cancer screening rate | Colorectal cancer screening rate | HbA1c poor control (<9, lower is better) | LDL---C control (<100mg) | 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                            | 85.71                    |
| Koch          | 428         | 57.14                        | 67.50                          | 58.93                            | 20.59                                    | 85.29                    | 55.88                            | 58.40                            | 69.70                    |
| Joslin        | 434         | 64.94                        | 71.43                          | 71.10                            | 22.86                                    | 85.71                    | 77.14                            | 69.17                            | 90.00                    |
| Vesalius      | 384         | 65.04                        | 63.57                          | 67.69                            | 20.00                                    | 56.67                    | 60.00                            | 64.04                            | 68.42                    |
| Gray          | 494         | 58.68                        | 70.49                          | 58.59                            | 34.29                                    | 48.57                    | 42.86                            | 51.55                            | 75.00                    |
| Lister        | 829         | 61.82                        | 64.01                          | 55.88                            | 25.68                                    | 56.76                    | 54.05                            | 56.40                            | 58.62                    |
| Meyerhof      | 622         | 59.30                        | 61.72                          | 49.75                            | 37.78                                    | 42.22                    | 46.67                            | 52.29                            | 56.00                    |
| Jenner        | 521         | 68.91                        | 70.88                          | 59.32                            | 23.08                                    | 50.00                    | 34.62                            | 53.25                            | 71.43                    |
| Laennec       | 525         | 81.25                        | 73.28                          | 67.53                            | 16.95                                    | 77.97                    | 59.32                            | 61.54                            | 76.92                    |
| AQC Gate 1    |             | 80.79                        | 83.50                          | 65.20                            | 20.40                                    | 52.70                    | 46.00                            | 69.50                            | 65.70                    |
| AQC Gate 2    |             | 83.09                        | 85.73                          | 69.73                            | 17.48                                    | 56.45                    | 50.63                            | 72.55                            | 70.13                    |
| AQC Gate 3    |             | 85.39                        | 87.95                          | 74.25                            | 14.55                                    | 60.20                    | 55.25                            | 75.60                            | 74.55                    |
| AQC Gate 4    |             | 87.70                        | 90.18                          | 78.78                            | 11.63                                    | 63.95                    | 59.88                            | 78.65                            | 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.

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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 Cinclair.
- 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/agc.html>