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-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 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.

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 overdue & performance improves.

**Initial Work Flow**
- Patient informs the health center about an overdue test or procedure that they received outside of the UMass system.
- Staff member makes written note or mental note to obtain the medical record from the outside facility.
- Medical record is never tracked down and test remains listed as overdue. Health center performance suffers.

**New Work Flow**
- Patient informs the health center about an overdue test or procedure that they received outside of the UMass system.
- Medical staff generates a task in the EMR to track down the test. Task is assigned to the Medical Records.
- Medical Records tracks down the record; test is no longer listed as overdue. Health center performance improves.

**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

1. 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.
2. 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.
3. Quality Improvement teams must continually reassess work flows and improve work flow inefficiencies.
4. 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.

References


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**Figure 1.** Photo of BFHC staff in a T&B article about the BFHC’s status as a “Patient-centered medical home”.

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

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

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

**Provider Report Card**

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**Figure 5.** Example of a Provider Report Card.

**Patients in the Following Categories Received Outreach Letters**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overdue for 2 cancer screens</td>
<td>127</td>
</tr>
<tr>
<td>Overdue for 3 cancer screens</td>
<td>6</td>
</tr>
<tr>
<td>Overdue for labs and 1 cancer screen</td>
<td>69</td>
</tr>
<tr>
<td>Overdue for labs only</td>
<td>49</td>
</tr>
<tr>
<td>Overdue for cancer screens and labs</td>
<td>7</td>
</tr>
</tbody>
</table>

**Provider Name**

- **Barnard**
  - Total # Pts: 60
  - Breast cancer screening rate: 91%
  - Colorectal cancer screening rate: 92%

- **Koch**
  - Total # Pts: 428
  - Breast cancer screening rate: 87%
  - Colorectal cancer screening rate: 90%

- **Lester**
  - Total # Pts: 829
  - Breast cancer screening rate: 94%
  - Colorectal cancer screening rate: 95%

- **Mcgregor**
  - Total # Pts: 622
  - Breast cancer screening rate: 98%
  - Colorectal cancer screening rate: 97%

- **Jenner**
  - Total # Pts: 521
  - Breast cancer screening rate: 98%
  - Colorectal cancer screening rate: 99%

- **Larven**
  - Total # Pts: 525
  - Breast cancer screening rate: 95%
  - Colorectal cancer screening rate: 100%

**Figure 6.** Example of a Provider Report Card.

**Quality Improvement at a Rural Family Health Center**

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