

Optimizing HIT for Medical Home Workflows

Greater Lawrence Family Health Center

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Session 1E

March 7, 11:00 AM -12:30 PM



MacColl Institute at
Group Health Cooperative

About Greater Lawrence Family Health Center

- Section 330 Community Health Center (FQHC)
- Lawrence, MA
- 210,000 Patient Visits per year
- 43,000 patients annually
 - Approx. 90% are Latino
- 4 Clinical Sites
- 2 School-based sites
- Provide care to area nursing homes and shelters

Strategic Plan

- Corporate Strategic item targeted at improving the quality of patient care and reducing health disparities around specific medical conditions
 - Asthma
 - Diabetes
- Second item targeted at being a leader in HIT
 - Developed custom reporting infrastructure to support the clinical and non-clinical business reporting needs

Best Practices for Reducing Disparities

- Established teams composed of clinical members with at least one provider champion
- Specifically chartered to
 - Improve the workflow around the delivery of care
 - Determine best practices for care
 - Establish best practices at an organizational level

Improving Quality of Care

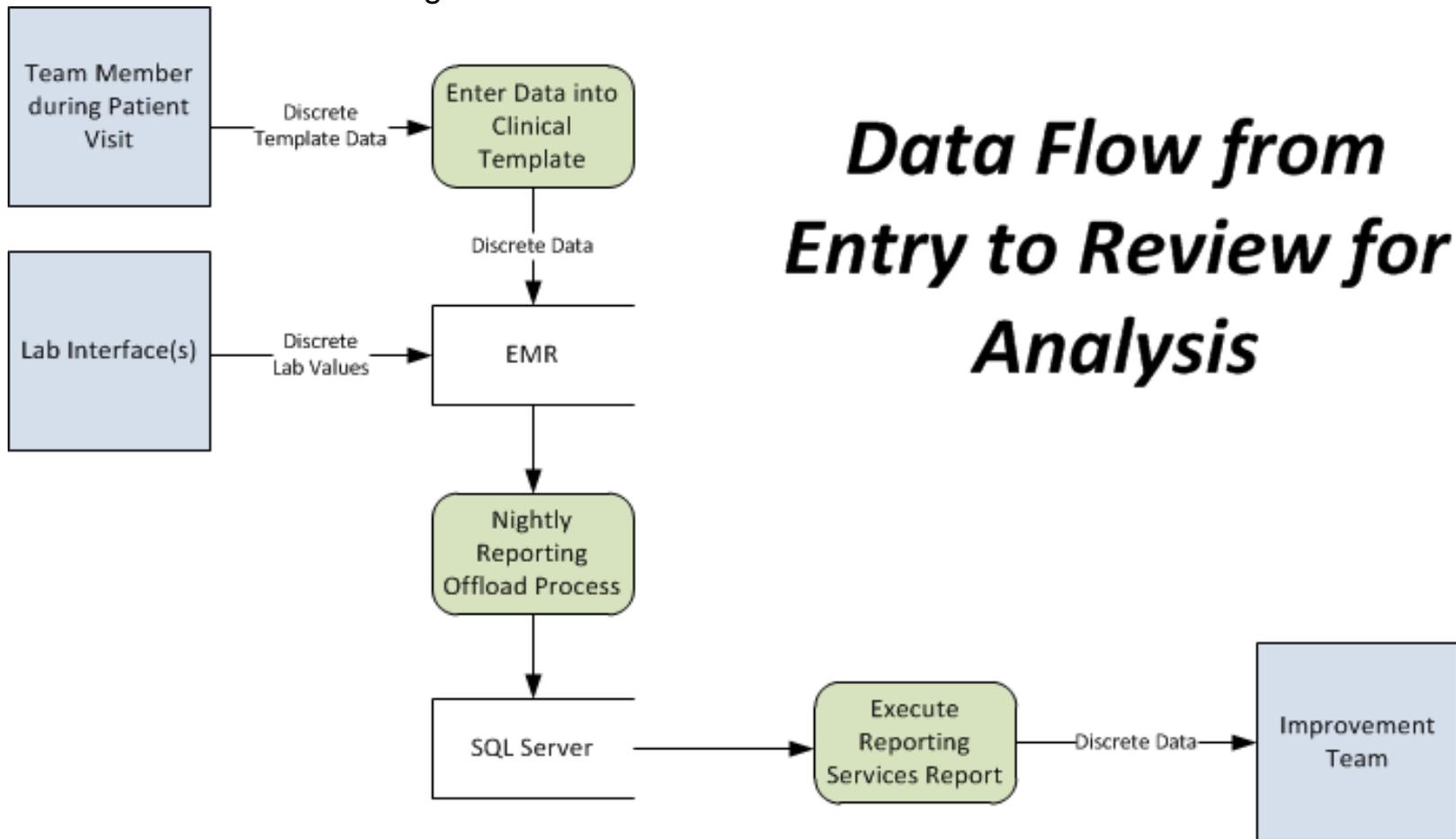
- Step 1: Define the current workflow
 - Determined a structured workflow did not exist and/or workflows were inconsistent among the clinical sites
- Step 2: Create a new workflow
 - Solicited help from the Quality Management, Information Services, and Pharmacy departments
 - Guidelines were acquired and studied
 - Developed ideas and documented a workflow to cover the full cycle of patient care

PDSA Cycles, Data and Change

- Step 3: PDSA cycles
 - Pieces of this new workflow were tested in real clinical situations by the members of the team
 - Data was gathered manually to determine if the steps were as effective as intended
- Step 4: Modifications to the EMR were made to support the workflow
 - Discrete measures were added, new templates were defined, and reports were developed

Importance of Process and Workflow

- “If you can't describe what you are doing as a process, you don't know what you're doing.”
 - W. Edward Deming



Team Development and Collaboration

- Establishing shared vision, communication, and role function.
- Mining clinical data and making it accessible to the team.
- Engaging in time-bound improvement efforts via monthly PDSA cycles related to improving diabetes/asthma care
 - Performing & Documenting diabetic foot exams
 - Measuring & Documenting BMI
 - Checking HbA1Cs and & Reducing these
 - Increasing numbers of Asthma Control Tests
 - Increasing numbers of Pulmonary Function Tests

Outcomes

- In Asthma care over the past year:
 - Asthma Control Tests improved from 21% to 50%
 - Pulmonary Function Tests improved from 10% to 18%
 - ER utilization for asthma decreased by 30%
- Referrals to both Asthma and Diabetes Self-Management Education increased

Outcomes, cont.

- In Diabetes care over the past 6 months:
 - Foot exams rates increased from 43% to 66%,
 - BMI documentation increased from 27% to 75%
 - HaA1c documentation increased from 71% to 75%.
- Improved team function:
 - Team function improved from a “Level 1” to “Level 4” of 8 over a year (“Team Development Measure”)
 - Staff satisfaction with team work increased to 100%

EHR Changes Spread

- As part of PCMH efforts over past 18 months:
 - Teams are spreading lessons learned to other professionals and staff
 - Workflows are now built into team functioning & have become part of the normal process of care

Looking Ahead

- Implementing a new EMR due to Meaningful Use requirements and sun setting of current product
- Asthma and Diabetes work and outcomes has informed importance of EMR capacity
 - Ability to collect and report on important discrete data elements
 - Ability to negotiate best practices between clinical workflow and the software product
- Develop plan for rollout of similar workflow improvements in the future for other disparities

Lessons Learned

- Process Change takes time – patience is needed!
- Traditional role hierarchy can inhibit improvement work – take time to develop & nurture a true “team”
- Clinician champions who carefully present data can be powerful motivators for improvement
- Teams will use accessible data that makes sense to them
- Collectively determined numerical goals are easily developed when data are readily available
- Measureable improvements are possible in short periods of time!

Questions?



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