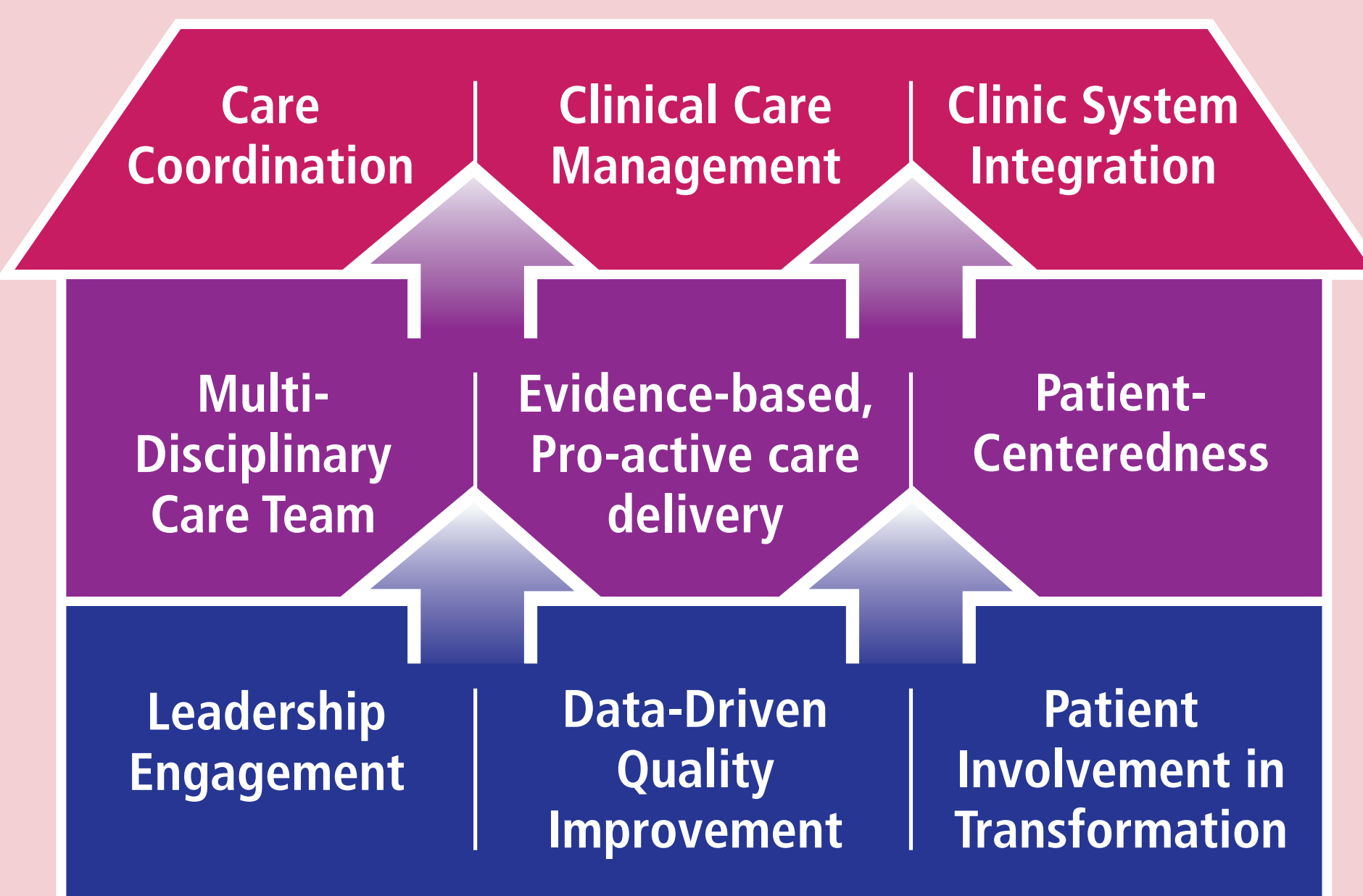


AIMS

- Create a process to improve the patient cervical cancer screening experience at Duffy Health Center by applying a Patient-Centered Medical Home model
- Anticipate common barriers to the implementation of cervical cancer screening workflows and processes
- Develop strategies and tools to address barriers to the implementation of cervical cancer screening processes, to advance whole person care in a community health centers

GOAL

Patient-Centered Medical Home Model



PATIENT PROFILE ANALYSIS

Most Prevalent Diagnoses	Number of Patients	Percent of Patients	Percent of Total Visits
1. Alcohol and/or other substance use disorders	1,236	42.29%	30.87%
2. Depression and other mood disorders	1,027	35.14%	24.73%
3. Tobacco use disorder	740	25.32%	5.90%
4. Hypertension	635	21.72%	7.22%
5. Anxiety disorders including PTSD	572	19.57%	9.65%
6. Other mental health disorders, excluding drug or alcohol dependence (includes mental retardation)	540	18.47%	5.77%
7. Overweight and obesity	449	15.36%	3.47%

PATIENT PROFILE (Unduplicated Counts)

Selected Chronic Disease Patients with Mental Health Conditions	Patient Percent by Category	Visit Percent by Category
Diabetic Patients with: Depression, Anxiety Disorders including PTSD, or other Mental Health Disorder(s)	4.45%	3.72%
Hypertensive Patients with: Depression, Anxiety Disorders including PTSD, or other Mental Health Disorder(s)	12.08%	10.31%
Overweight and Obese Patients with: Depression, Anxiety Disorders including PTSD, or other Mental Health Disorder(s)	8.48%	7.76%

METHOD

Transforming Duffy Health Center – The Journey Begins

- **Implementing Care Management:**
 - Determine process that would be used to establish eligibility for Care Management pilot patients
 - Identify a group of 20 patients (based on engagement) from payer list
- **Conduct patient assessment of potential risk drivers across multiple domains**
 - Medical
 - Behavioral health (BH)
 - Social determinants of care
- **Establish relative risk rank**
 - Patient Acuity Rubric
- **Guide intervention type and intensity**
- **Provide framework for Care Plan development and implementation**
- **Team members complete Patient-Centered Medical Home Assessment (PCMH-A)* as assessment of current state of medical homeness**
 - Results provided to team
- **Identify Improvement Opportunities/Preliminary Workflow and Data Collection**
 - Cervical cancer screening
 - BH screening

* <http://www.safetynetmedicalhome.org/resources-tools/assessment>

Supporting Infrastructure Elements

Leadership

Resource Allocation

- **Protected time**
 - Team training
 - Team meetings
- **Determination of gaps in practice transformation staffing**
 - RN Care Manager
 - QI/Practice Transformation Manager (RN)

Data

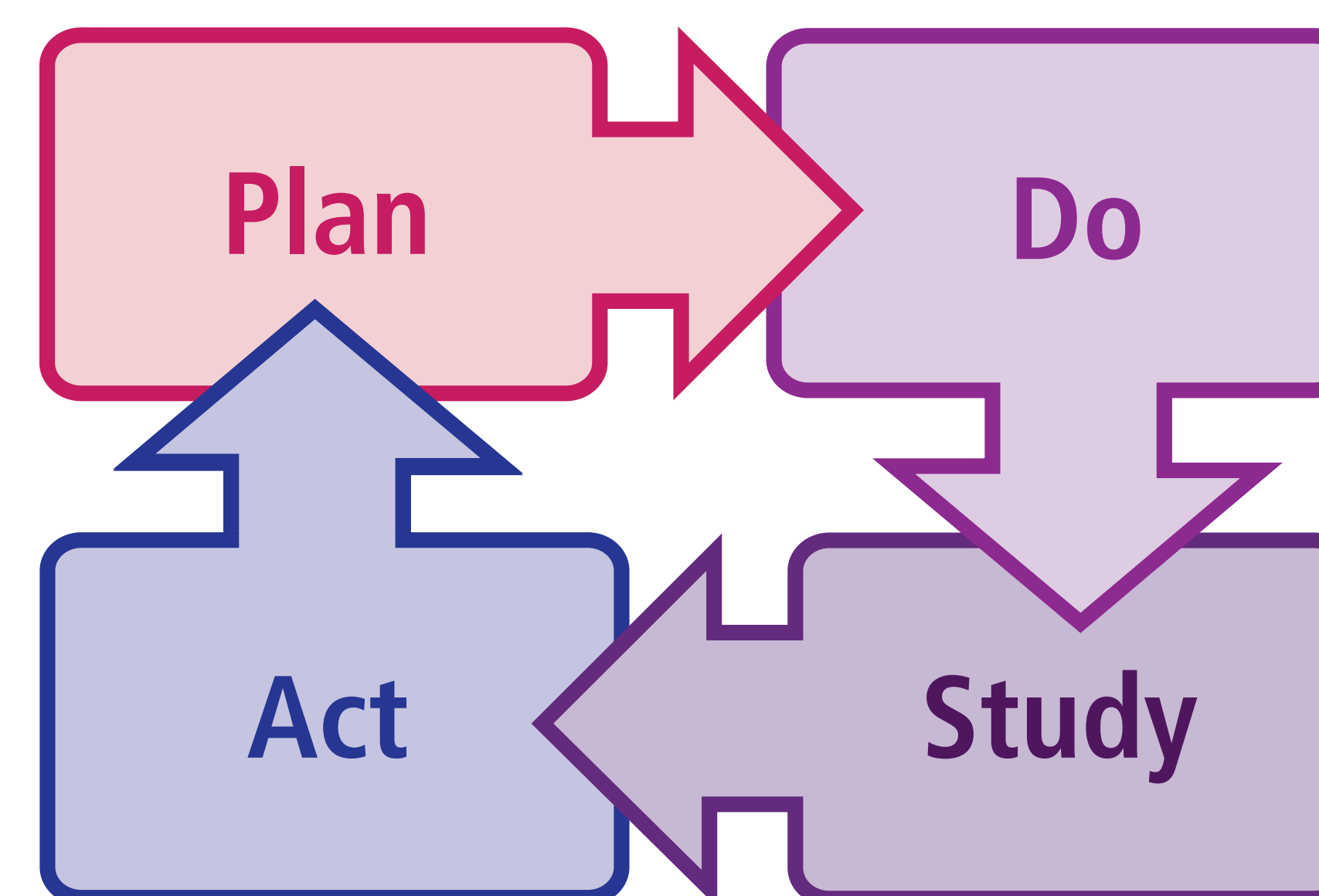
Point of Care Collection

- Cervical cancer screening
- Relationship between appointment date and no shows

Rapid Tests of Change

Electronic

- EMR template development
- Registry functionality



Plan: Increase percent of patients having up-to-date cervical screenings

Current State

Collect and analyze current state data

Q: How many are being completed for eligible patients at Duffy now?

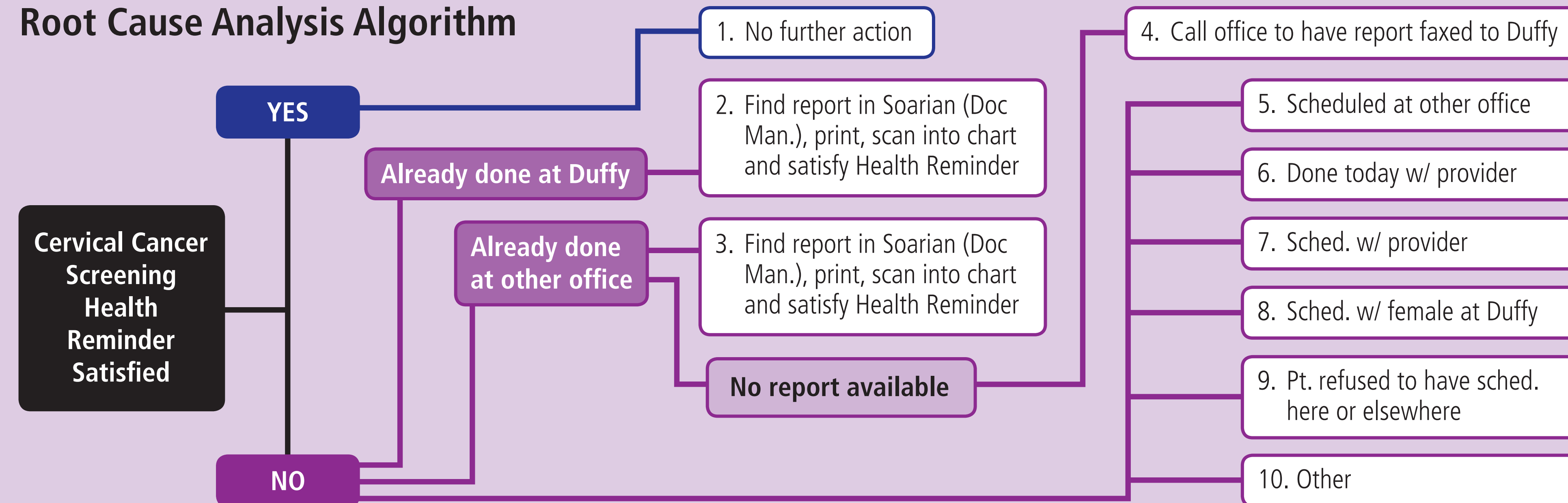
A: Only 25% of patients who need cervical screening have this done at Duffy

Impact of Current State

- Missed opportunities to receive whole person, evidence-based care
- Staff time to review existing patient medical records to identify care gaps in EMR is a cost for Duffy
- Missed opportunities to enhance revenue from value-based payments for cervical cancer screening

Do: Dr. K developed a paper root-cause analysis form that underwent several revisions based on user feedback

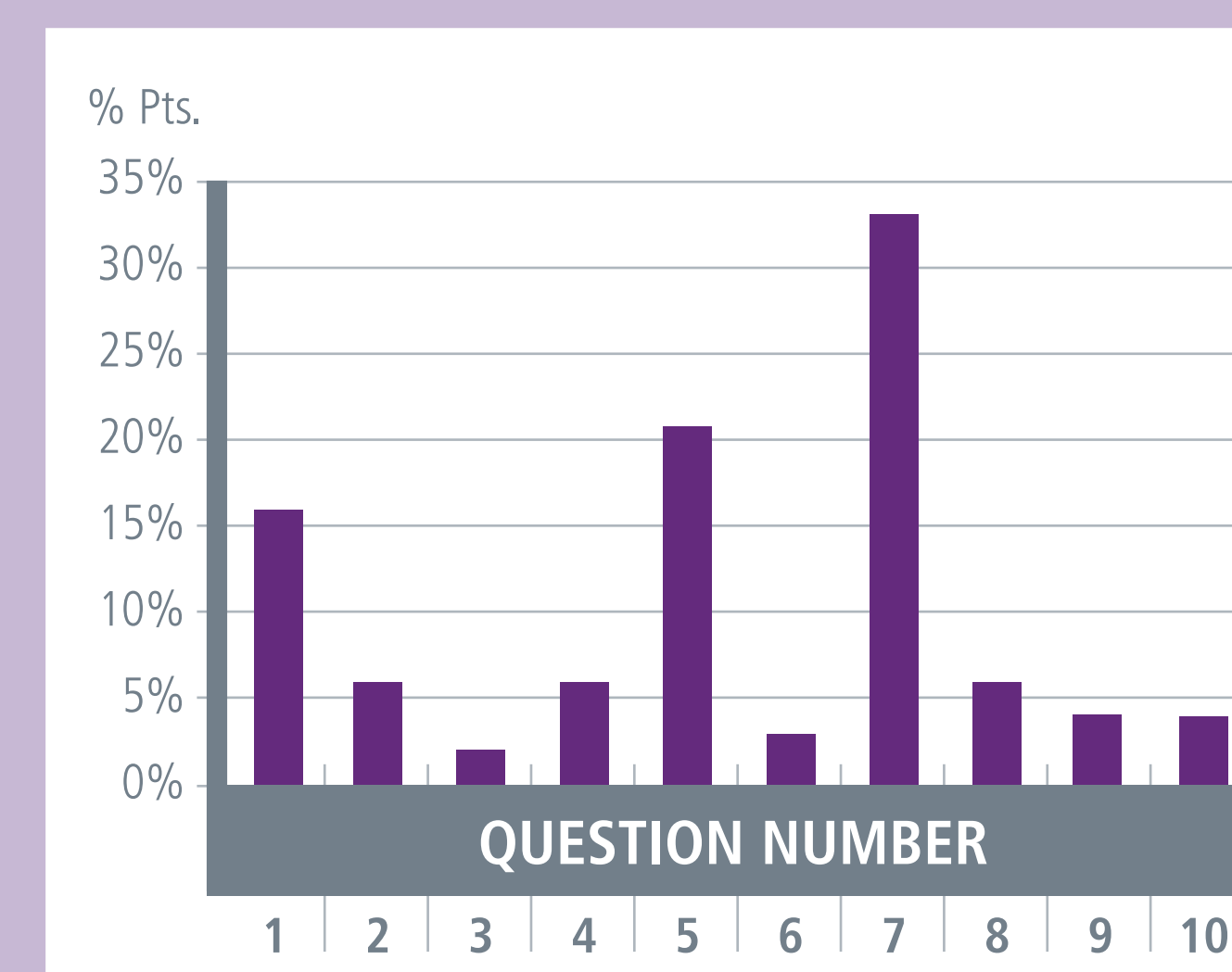
Root Cause Analysis Algorithm



Study: Cervical Cancer Algorithm Results – Raw Data

Raw Results

Question	# Pts	% Pts
1. No further action	20	16%
2. Already done Duffy	7	6%
3. Already done other office	3	2%
4. Already done other office no report	7	6%
5. Scheduled w/ other office	26	21%
6. Done today w/ provider	4	3%
7. Sched. w/ PCP	41	33%
8. Sched. w/ female provider	7	6%
9. Refused	5	4%
10. Other	5	4%
Total	125	Points



Rank-ordered Results

Question	% Pts
Scheduled with PCP	33%
Scheduled with other office	21%
Health Reminder satisfied	16%
Scheduled with Duffy female provider	6%
Total	76%

Act: Going Forward

- **MA to continue to use form**
 - Just doing questions 2 – 4 can improve screening rates w/o any provider time
 - Noted that patients may have co-existing BH needs
- **Address provider attitudes regarding PAPs**
 - Comfort level w/ procedure
 - How can the more skilled/comfortable providers be utilized?
 - Groupers vs Splitter?
 - Recently assigned NP to be woman's health champion and address Duffy's self-identified needs

