A Change Management Approach to Closing Care Gaps:

A Rural Kentucky FQHC Case Study

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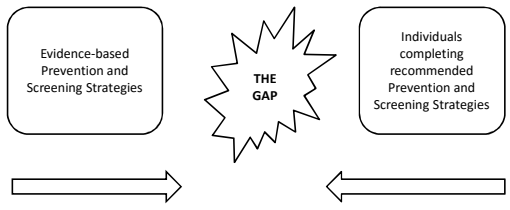
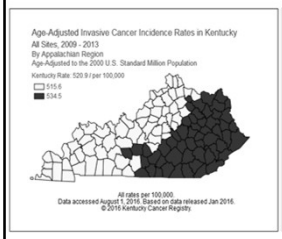
Agenda

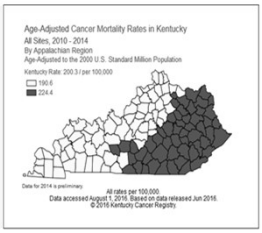
- Closing Care Gaps
- ACCESS Project
  - Proactive Office Encounter (POE) Implementation
- Focus on "How"
- Change Management
  - Kotter's 8-steps of Change

Care Gaps



KY Cancer Incidence and Mortality Rates





Access Project - Mission

ACCESS aims to **improve community-clinical linkages** and to **use existing primary care resources more efficiently** and effectively to promote cancer preventive services to achieve gains in population health.

ACCESS
Appalachian Center for Cancer Education, Screening, and Support

ACCESS Project

- Partnership between **White House Clinics,** a federally qualified health center (FQHC) with 8 sites and University of Kentucky College of Public Health
- Proactive Office Encounter (POE) intervention: breast, cervix, colorectal, lung cancers

Proactive Office Encounters

- Developed by Kaiser Permanente, implemented in their Southern California Region
- Systematic approach to ensuring that a patient's comprehensive needs are met (i.e., acute, chronic, screening/preventive, wellness)
  - Enlists the entire healthcare team [and patients] to identify and address gaps in care → cancer screening
  - Reactive → proactive
  - Uses existing PCP services more efficiently and effectively
  - Pre-encounter, During-the-Encounter, Post-Encounter
  - EHR, new workflows and staff training, CQI, strategic planning

Proactive Office Encounters

"…develop an evidence-based cancer preventive protocol for each patient…"

Pre-Encounter	During Encounter	Post-Encounter
Proactive Identification • Identify cancer prevention and screening needs via medical chart / EHR review • Remind patient of upcoming appointment and inform them of cancer screening status prior to visit • Document encounter	**Office Encounter Management** • Pre-encounter follow-up • Vital signs, history, social, demographics, medication review • Identify and flag alerts for provider for cancer screening and prevention counseling • Room and prepare patient for necessary exams	**Immediate:** • After-visit summary, after-care instructions, follow-up appointments, health education materials **Future:** • Follow-up patient contact and appointments per provider • Results tracking (patient and provider receipt) and patient navigation if needed
	Proactive Office Support Phone Calls E-mails Letters	

Figure 4. Summary of main components of the Proactive Office Encounter (adapted from Kanter et al. 2010 and 2013).

Increased cancer screening rates, increased performance on related HEDIS measures, increased patient/provider satisfaction, closure of care gaps, decreased healthcare costs, lives saved

Benefits to POE Implementation

Patients

- Decreases need for separate appointments
- Early detection; peace of mind
- Method for needed screenings reminders

Providers/Staff

- Ensures that WHC receives screening results
- Patient information received in the morning for a "snapshot" of the day
- Ensures providers/staff support each other in the organizational shift

Barriers to POE Implementation

Patients

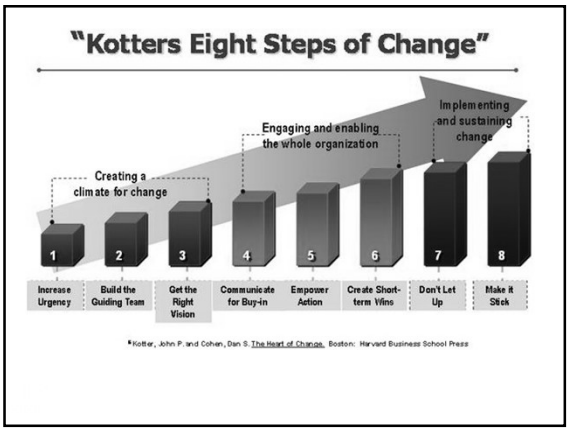
- Need to be prepared for screenings
- Insurance Payments
- Don't want to continuously discuss screening gaps
- Some may feel POE is stepping over personal boundaries
- Increased appointment times

Providers/Staff

- Patient reaction to not knowing about screenings ahead of time
- How to approach patients
  - Need for common verbiage so that patients are not confused
- **Change** in workflow (reactive to proactive)

Focus on "How"

- Implementing a process such as POE involves CHANGE
- Reaction to CHANGE?
- How to move from ***Change*** to **Regular Routine**



Creating a Climate for Change

- **Increase urgency**
  - Top priority – Firm "go live" date
- **Build the guiding team**
  - CEO, Administrative Director, Medical Director
- **Get the right vision**
  - Focused on pre-scheduled, adult patients in four clinic locations

Engaging and Enabling the Whole Organization

- **Communicate for buy-in**
  - Regular staff meetings; Input; Academic Partner involvement
- **Empower Action**
  - Training; Standing orders
- **Create Short Term Wins**
  - Scrub sheets; Team Huddles, Sharing Successes

Implementing and Sustaining Change

- **Don't let up**
  - Following Adult Launch, began work on pediatrics
  - Following first four clinic launch, four remaining clinics
- **Make it Stick**
  - Quality Improvement Techniques – Failure Modes and Effects Analysis (FMEA)
  - Policy and Procedures – staff salary scales

Lessons Learned

- In the first year of POE use, over 10,000 WHC patients have been evaluated under the model.
- Preliminary 2015 data indicate breast and colorectal cancer, HIV and HCV screenings, along with influenza, pneumonia, and shingles vaccination rates have increased among WHC patients.
- Importance of staff and provider communication particularly during initial implementation when the volume of patients with identified care gaps is greatest.

Lessons Learned

- Importance of staff relationships with providers in new workflow development
- Importance of data – challenges include project-specific data extraction from EMR
- Strong leadership, with an understanding of change management, focused on collective organizational accomplishment
- "Make it stick" – Involves careful discussion, input from involved parties and translation of ideas into policy with accountability.

"I had a patient who had a mammogram last year that was normal and was scrubbed for her [most recent] visit. Her [recent] mammogram showed stage 1 breast cancer. She won't lose her hair or her breast. I told her "someone upstairs" went through her chart to make sure she got what she needed."

----- Physician, WHC – Richmond

33 year old female in for routine hypertension f/u; Noticed she was overdue for Pap smear; she experienced lots of bleeding after Pap; referred to GYN and eventually diagnosed with Stage 3 endometrial cancer.

----- Physician, WHC – Richmond

I had a patient come in repeatedly saying, "Thank you, Dr. Dionisio" ….I had breast cancer and thank you for being so pushy." It was part of the clinical care guidelines; we're pushing patients to do something they need."

----- Physician, WHC – Berea

"I have found 2 positive Hep C's on patients this week, with no risk factors other than age. You can pass this along to the POE peeps! POE is working!"

---- APRN, WHC – Irvine

Questions

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