A Change Management Approach to Closing Care Gaps:
A Rural Kentucky FQHC Case Study

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Agenda

• Closing Care Gaps
• ACCESS Project
  o Proactive Office Encounter (POE) Implementation
• Focus on “How”
• Change Management
  o Kotter’s 8-steps of Change

Care Gaps

Evidence-based Prevention and Screening Strategies

THE GAP

Individuals completing recommended Prevention and Screening Strategies
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 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...”

<table>
<thead>
<tr>
<th>Pre-Encounter</th>
<th>During Encounter</th>
<th>Post Encounter</th>
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<tbody>
<tr>
<td>Cancer Screening</td>
<td>$72,452</td>
<td><strong>$90,070</strong></td>
</tr>
<tr>
<td>Early Detection</td>
<td>$12,345</td>
<td>$15,000</td>
</tr>
<tr>
<td>Method for needed screenings reminders</td>
<td>$2,345</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patients</th>
<th>Providers/Staff</th>
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<tbody>
<tr>
<td>Decreases need for separate appointments</td>
<td>Ensures that WHC receives screening results</td>
</tr>
<tr>
<td>Early detection; peace of mind</td>
<td>Patient information received in the morning for a “snapshot” of the day</td>
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<tr>
<td>Method for needed screenings reminders</td>
<td>Ensures providers/staff support each other in the organizational shift</td>
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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

A 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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