WE DECIDED TO WORK ON MEASURE X FROM OUR PPRNET REPORT… NOW WHAT?
GOALS OF WEBINAR SERIES

1. Introduce new and potential members to PPRNet

2. Share “best practices” learned from PPRNet research

3. Update members on new PPRNet tools

INTRODUCTIONS

• Participants
  – What would you like to get out of today’s webinar?
SELECTING OPPORTUNITIES FOR QI

- Start with ~3 measures that:
  - Matter to you
    • Clinically important
    • Relevant to your practice
  - Have “real” opportunities for improvement
    • NOT above benchmark
    • Low performance not explained by data issues
    • Enough eligible patients
    • Potentially feasible improvement strategies

USING DATA TO GENERATE IMPROVEMENTS

1. Understand your practice performance
   - Compared to PPRNet benchmarks or national averages?
   - Is it improving or worsening or stable (hint: is there a “test” for statistical significance)?
14. HTN pts 18-75 yrs with most recent BP < 140/90 in 1 year

35. Pneumococcal Immunization ever recorded in pts >= 65 years
2. Remember the types of data
   – Practice, provider and patient-level reports

“Purposeful use of EHR functionality coupled with staff education in a milieu where QI is valued and supported is associated with higher performance on CQM.”

Ornstein, Nemeth, Nietert, Jenkins, Wessell, Litvin. Learning from Primary Care Meaningful Use Exemplars. J Am Board Fam Med May-June 2015 vol. 28 no. 3 360-370
What measure(s) have you selected?

General approaches
- Health maintenance reminders = standing orders for “process” measures
  - Staff training on importance of measure and empowerment to deliver
  - Developing scripts help make it routine
IMPROVEMENT STRATEGIES THAT WORK

• General approaches
  – Reminders in note templates
  – Activate patients through quality-aligned education
  – Use PLR registries to identify patients for specific quality or safety attention

LESSONS LEARNED FROM PPRNET RESEARCH

Colorectal Cancer Screening in Primary Care: Translating Research into Practice (C-TRIP)
  – Regular practice meetings to review CRC screening performance, plan improvement approaches, and monitor impact of these approaches
  – Encouraging annual FOBT for patients that choose not to have endoscopy
  – Use single specimen immunochemical FOBT to improve adherence
  – Maintain accurate CRC screening information in the EHR HM table
  – Review CRC screening status at all visits and repeatedly reminding patients that have not been screened
  – Implement standing orders for CRC screening
  – Use PLR to reach out to patients not up to date with screening
  – Provide patient education materials to patients who do not readily accept screening (ie CDC)

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Implementing and Evaluating Electronic Standing Orders in Primary Care Practice (SO-TRIP)

– Implementing SO (using HM reminders) improved:
  • Osteoporosis screening
  • Pneumococcal vaccination
  • Tetanus vaccination
  • Zoster vaccination
  • Urinary microalbumin screening in patients with diabetes
– No significant impact on:
  • Lipid screening
  • Mammography
  • Influenza vaccination
  • A1C monitoring for patients with diabetes

Medication Safety in Primary Care Practice (MS-TRIP)

• Focused strategies to avoid prescribing and monitoring errors:
  – Enhanced medication reconciliation
  – Better use of EHR-based safety functionality
  – Use of HM reminders for medication monitoring
  – Formalized refill policies to assure adequate monitoring
  – Standing orders for laboratory monitoring
  – Use PLR to identify and provide case management for patients on inappropriate therapy or needing monitoring or other follow-up
WHAT WILL WORK BEST FOR YOUR PRACTICE?

• Start with PPRNet lessons
• Select 1-2 strategies that you (and opinion leaders) think could work in your practice
• If feasible, try a “pilot” and refine approach
• Decide on a time to implement

DISCUSSION

• What measure(s) are you working on?
WHAT NEXT?

• Share webinar recording and/or your take home points with your team
• Use content for your next staff meeting
• Ask new hires to review as part of orientation
• Encourage providers to use “Performance in Practice” for CME credit
• Evaluate your progress (submit data to PPRNet and receive reports the following Monday!)

FUTURE “PRACTICE TRANSFORMATION” WEBINARS

• **Part 3**: Accelerating Improvement through Team Care
• **Part 4**: Using Patient Registries for Advanced Population Management
• **Part 5**: Extending Gains to A Broader Set of Clinical Quality Measures
• **Part 6**: Getting to Benchmark Status
Surviving and Thriving at Our 20th Anniversary: PPRNet and Its Member Practices

August 27-29, 2015
Charleston, SC

Early registration discounts until June 12th!

PPRNet Continuing Education Cruise

August 22-27, 2015
From Charleston, SC to the Bahamas

Cruise attendees can attend Charleston meeting for $100!