#### **AHCCCS Targeted Investments Program**

## Peds B Quality Improvement Collaborative

**Matthew Martin, PhD** 

Session #7 September 23, 2020







#### **Disclosures**

There are no disclosures for this presentation

## **Agenda**

TIME	TOPIC	PRESENTER
11:30 AM – 11:35 AM	Overview • Agenda	Kailey Love
11:35 AM – 11:55 AM	Process Mapping Overview	Matthew Martin, PhD
11:55 AM – 12:15 PM	Process Mapping Use Case	Pediatrics of Queen Creek
12:15 PM – 12:50 PM	Discussion and Q&A	All
12:50 PM – 1:00 PM	<ul><li>Next Steps</li><li>Post Event Survey</li></ul>	Kailey Love

## **Learning Objectives**

- Critically analyze a process for performance improvement
- 2. Apply process mapping technique to targeted investment program metric

### What is a Process?

- Series of steps to produce product or service
- Almost always cross functional
- Is a value chain
- Organization is only as effective as its processes
- A sequence of steps which transform some input into a final output

#### **Effectiveness of Care**

Table: Percentages of Patients Receiving Recommended Treatment

<b>Effectiveness of Care Measures</b>	2016	2017	2018
Childhood Immunization Status – VZV (Chicken Pox)	92.0	92.0	92.0
Cervical Cancer Screening	74.3	74.3	75.2
Controlling High Blood Pressure	62.4	62.2	61.3
Persistence of Beta Blocker Treatment After Heart Attack	84.4	85.4	82.1
Comprehensive Diabetes Care – Eye Exams	53.6	55.0	55.9
Colorectal Cancer Screening	62.0	63.0	64.1

## **Process Improvement**

**Process Improvement** 

- How to improve when poor performance
  - System
  - People

## **Process Improvement**

• \_\_\_\_% of problems are in the process

\_\_\_\_% of problems are the people

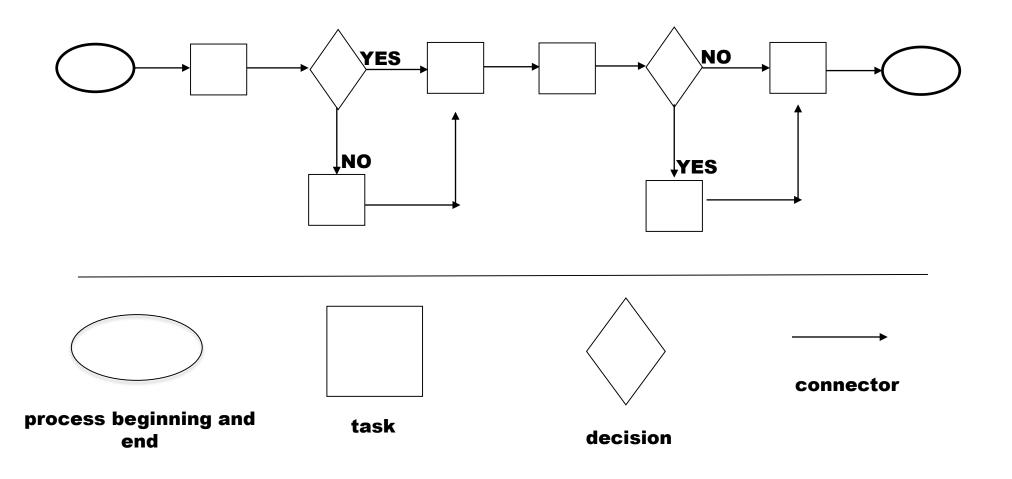
# Two Techniques to Analyze Process

- 1) Process Map
- 2) Statistical Process Control

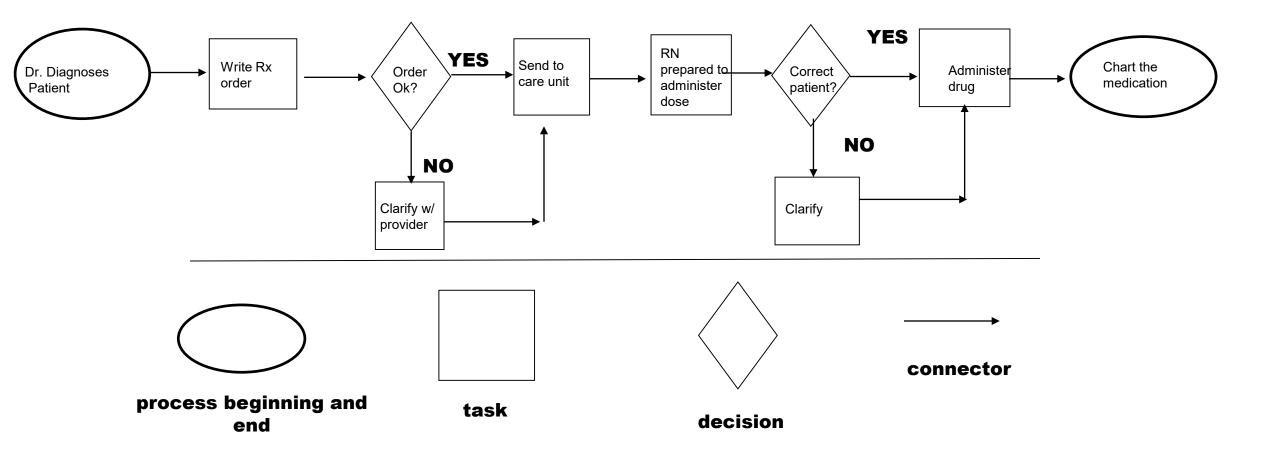
## **Process Map**

A diagram with symbols to summarize main process components

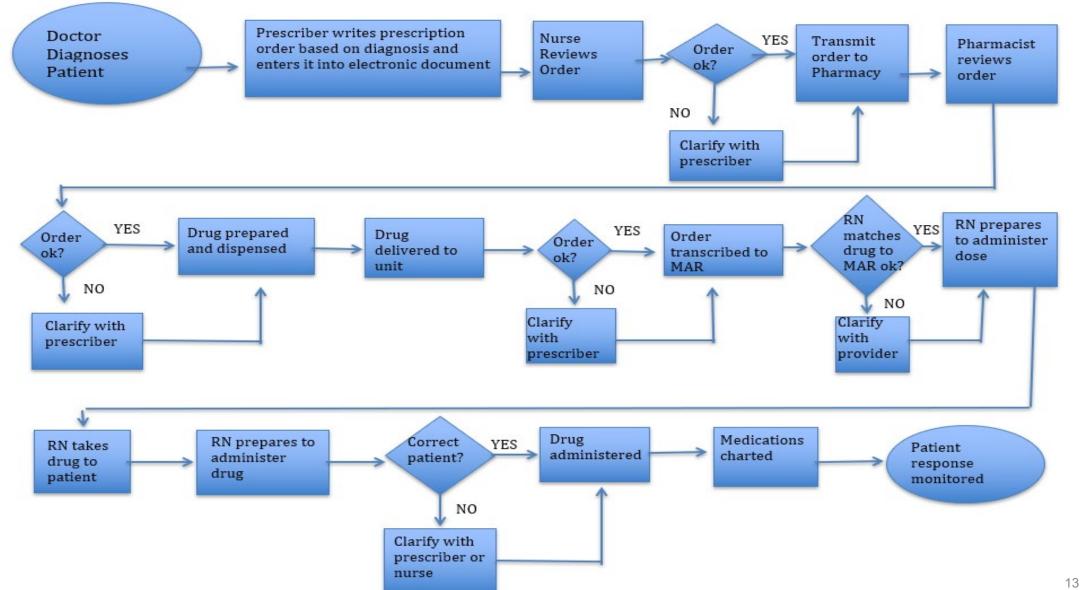
# **Basic Flow Chart Process Map Template**



## Process Map Example: Simple In-Patient Medication Administration



## Process Map Example: Expanded In-Patient Medication Administration

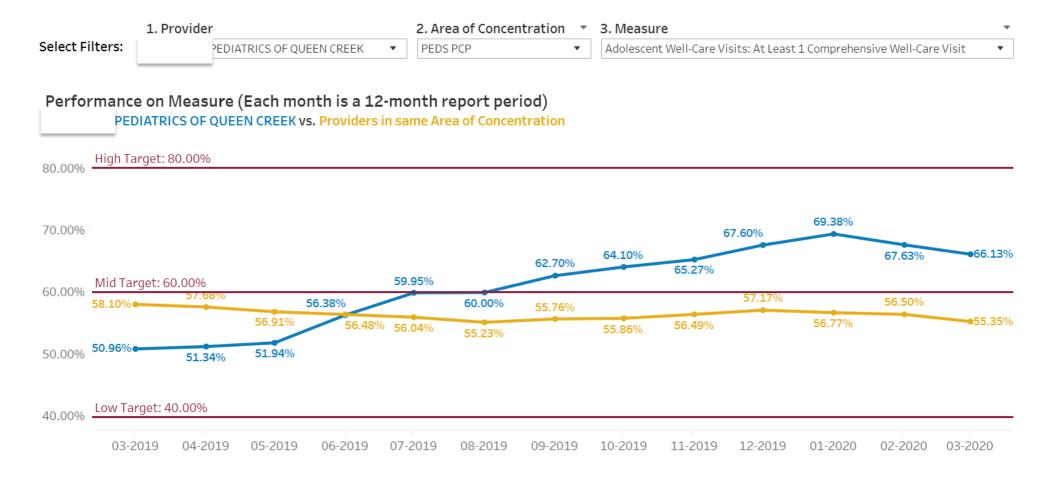


## **Problem Areas in Process Map**

- 1. Disconnects—where handoff from one group to another is poorly handled
- 2. Bottleneck—point in process where volume overwhelms capacity
- Redundancy—activity that is repeated at 2 points in process, e.g., data entry at more than 1 point
- 4. Rework—work is fixed or corrected (at another point in process or returned)
- 5. Inspection—point in the process where appraisal occurs--creates potential delay

Pediatric PCP					
Chosen Performance Measure	Measure Description				
Well child visits in third, fourth, fifth and sixth years of life	Percentage of children ages 3 to 6 who had one or more well-child visits with a primary care practitioner (PCP) during the measurement year.				
Adolescent well-care visits	Percentage of adolescents ages 12 to 21 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetric/gynecologic (OB/GYN) practitioner during the measurement year.				
Well-child visits in the first 15 months of life	Percentage of children who turned 15 months old during the measurement year and who had the following number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life: No well-child visitsFour well-child visitsFive well-child visitsTwo well-child visitsSix or more well-child visitsThree well-child visits	•••			

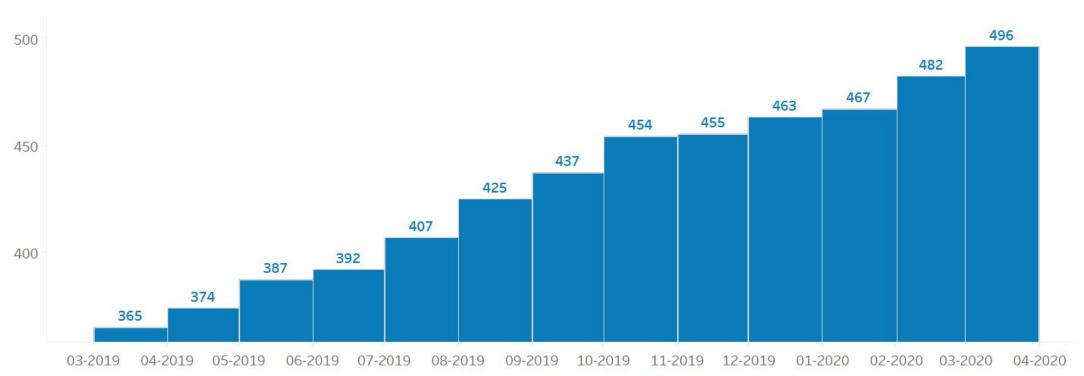
#### **Performance**



#### **Denominator**

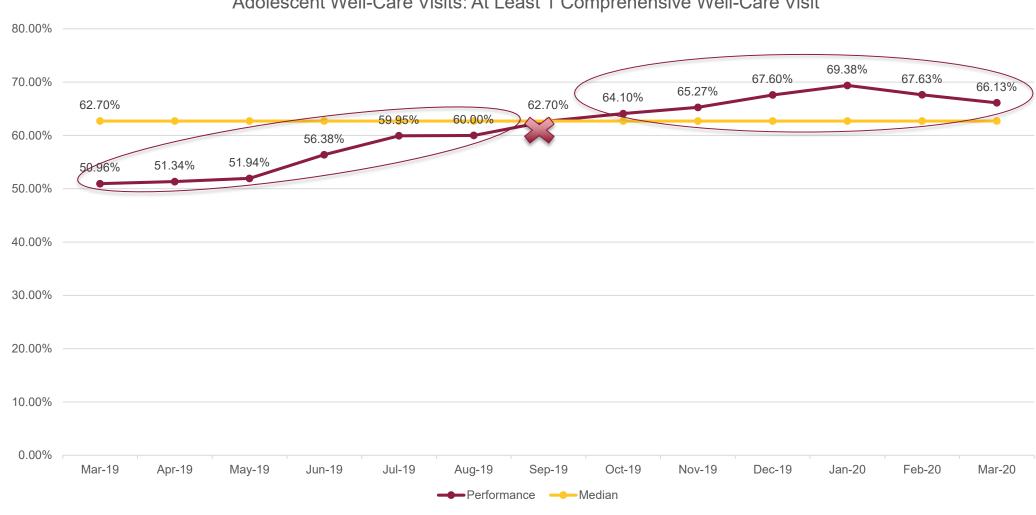
#### Denominator

BETHESDA PEDIATRICS OF QUEEN CREEK



#### **Run Chart**

Bethesda Pediatrics of Queen Creek Adolescent Well-Care Visits: At Least 1 Comprehensive Well-Care Visit

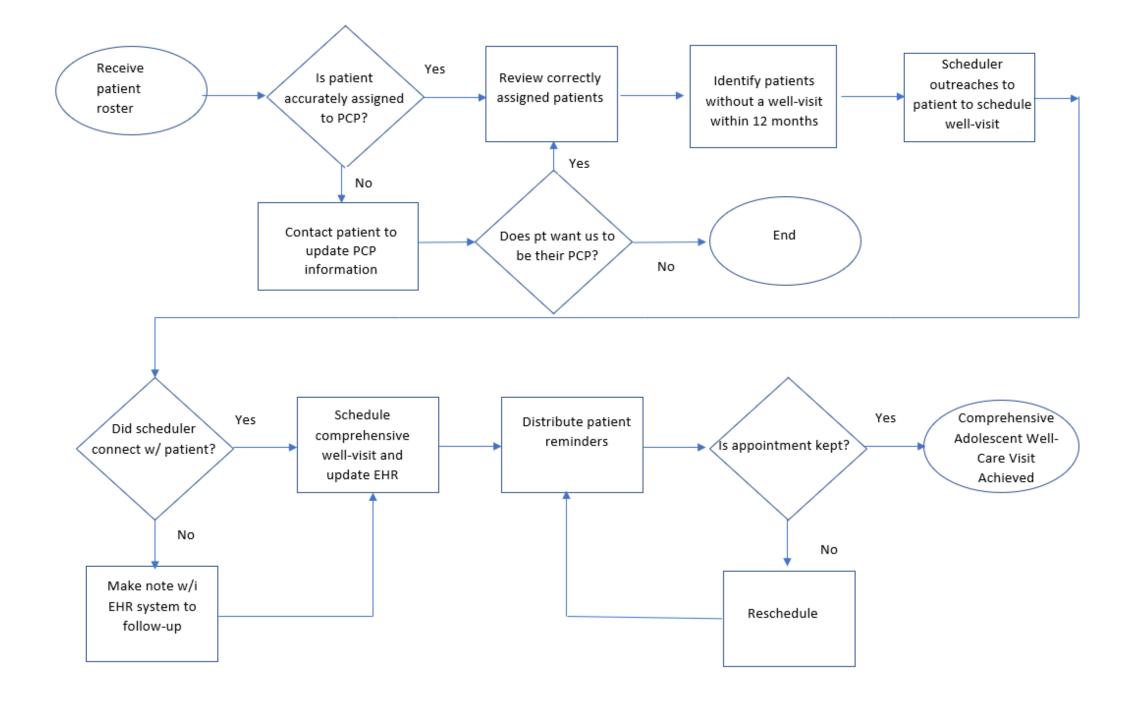


### **Pediatrics of Queen Creek**

Dr. Emilia Gomez, MD, CEO

## Overview of Pediatrics of Queen Creek

- Providers: 1 MD, 3 Nurse Practitioners
- Open:
  - Monday Friday (8 AM to 5 PM)
  - Occasionally Saturdays (8 AM to 2 PM)
- Never schedule more than 4 patient in 1 hour



#### **Discussion Questions**

- 1. Is this the performance you expected for the first three months?
  - Yes
- 2. What has led to this performance?
  - Hiring full-time schedulers
  - Created a document "scheduling pearls" with specific steps and guidelines
- 3. Did you change anything in your process January through March?
  - Learning from every phone call, continually adapting and improving
    - Example: Wording changes: "your insurance company requires an annual well-visit.
- 4. What are the pain points or problem areas in your process?
  - Roster inaccuracies
  - Patient dissatisfaction with repeated phone calls
  - Staff dissatisfaction and fatigue; frequently rotate staff
- 5. What do you want to do to improve for the rest of the year?
  - Continue working on rosters, removing patients
  - Continue to find ways to bring in new patients

## **Q&A**

Please insert any questions in the Q&A box

## **Next Steps**

- Next Steps
  - Post-Event Survey: 2 Parts
    - General Feedback Questions
    - Continuing Education Evaluation
  - Continuing Education will be awarded post all 2020 QIC sessions (November 2020)

- Questions or concerns?
  - Please contact ASU QIC team at <u>TIPQIC@asu.edu</u> if questions or concerns regarding performance data

## Thank you!

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