

Developing a Primary Care Practice Dashboard for Tracking Clinical Process Metrics

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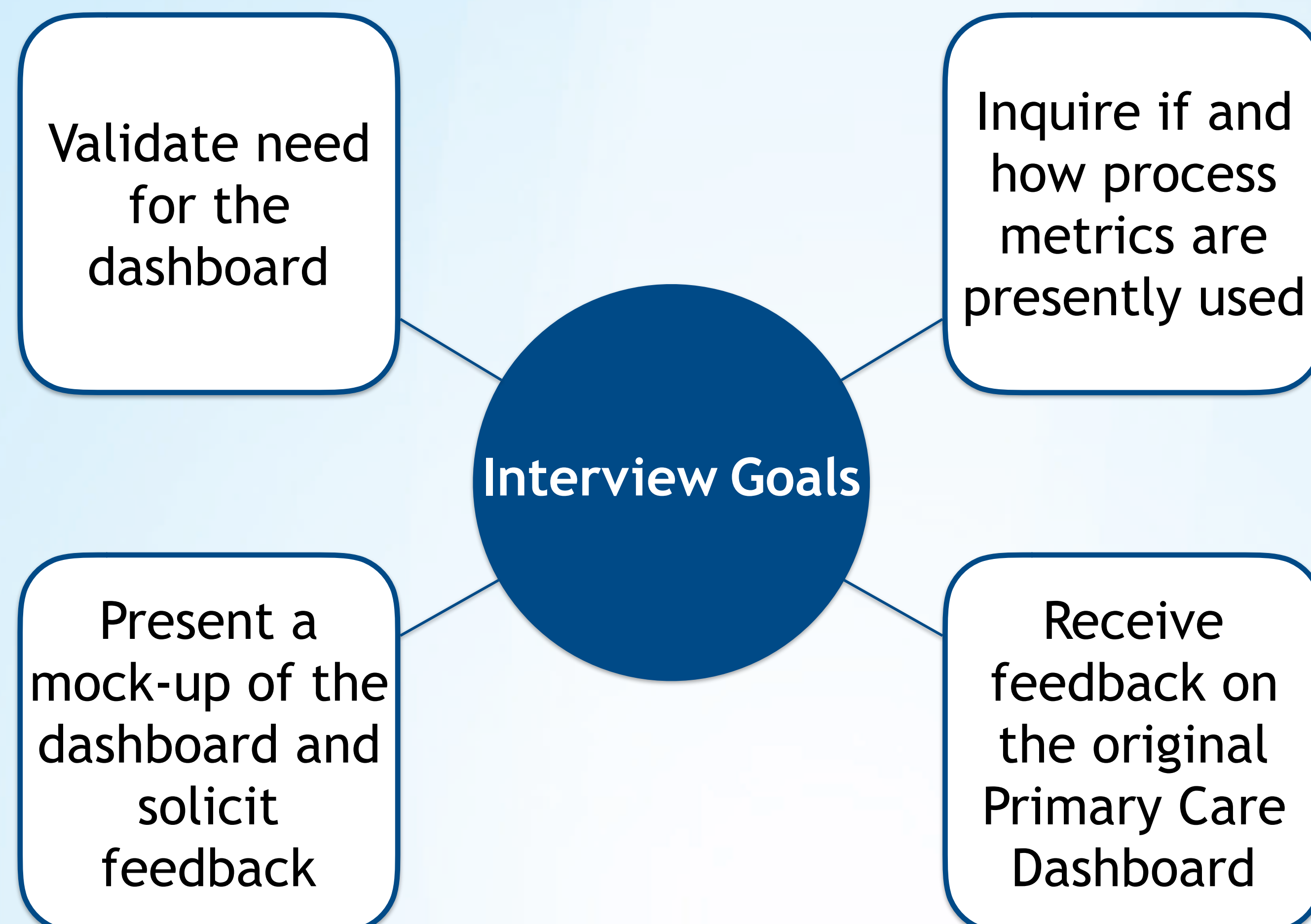
Introduction

- Primary care practices are responsible for improving clinical quality metrics
- Current reports focus on **Downstream Metrics**—traditional quality metrics that measure the final result of some clinical workflow
- Need for a tool able to identify missed opportunities, provide feedback, and develop practice and provider-specific workflow optimizations
- Potential to assist in the LVHN’s initiatives to address the Quadruple Aim

Objective: Design an electronic dashboard to display real-time performance feedback on the process of completing in-office quality opportunities for all LVHN primary care practices

Methods

- Conducted 3 interviews with practice managers and clinical coordinators at LVHN primary care locations at Cedar Crest, Hamburg, and Nazareth Road



Results

- Based on the feedback from the interviews, the following design features for the dashboard were identified as relevant and advantageous to the final product

Design Features	Analysis
1. Focus on Breast Cancer Screening, Colorectal Screening, and A1c Testing	High priority within the network and have more involved clinical workflows
2. Process steps to focus on are placing orders and scheduling appointments	Represent in-office opportunities that clinicians and medical staff have control of completing while the patient is in the office
3. Metrics broken down by provider	Increases accountability and encourages self improvement
4. Metrics updated and displayed by work week	Fits well with existing week by week workflow. Smaller and more frequent data sets are easier to comprehend
5. Reports look forward one to two weeks for future care opportunities	Allows the tool to be used as a pre-visit tool to identify and prepare for upcoming in-office opportunities
6. Reports look retrospectively to assess performance and progress	Incentivizes improvement and increases visibility of the practice’s quality of care trends
7. Shows patient level progress in meeting endpoint metrics	Associating opportunities to specific patients helps to make sure that opportunities are met when that patient visits the office

The table above shows the list of design features devised after the interviews and an explanation of their significance

References

1. The IHI Triple Aim. (n.d.). Retrieved from <http://www.ihio.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
2. What is top-of-license nursing practice? (n.d.). Retrieved from <https://www.advisory.com/research/nursing-executive-center/multimedia/video/2014/defining-top-of-license-practice>

Conclusion

- **Quadruple Aim**—four objectives for healthcare optimization: improving quality of care, improving patient experience, reducing costs, and improving provider and staff wellbeing¹

Improve Quality of Care	Improve Patient Experience	Reduce Costs	Improve Provider and Staff Wellbeing
1. Improve awareness of in-office quality metric performance	1. Reduce missed opportunities for patients to receive best-practice care	1. Reduce the need for unnecessary visits	1. Improve clarity around roles and responsibilities
2. Identify variability in addressing quality metrics during office visits	2. Increase access by negating the need for unnecessary visits	2. Reduce costs secondary to delayed care	2. Allow all team members to operate at “top-of license” ²
3. Provide a framework for managers to reinforce standard work performance where opportunities exist	3. Increase efficiency and quality of appointments with better pre-visit preparation	3. Decrease time spent on generating not-met and other reports that the dashboard can do automatically	3. Reduce provider burden for addressing missed standard work

The table above outlines how the dashboard benefits LVHN in all aspects of the Quadruple Aim

Future Recommendations

1. Begin software development and implementation in Tableau
2. Conduct more stakeholder interviews on process metrics to collect, analyze, and report
3. Pilot the first iteration of the dashboard to select practices and collect feedback with a follow-up survey
4. Release final dashboard to all primary care practices