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Clinical Evaluators Take Your Mark

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Clinical Evaluators Take Your Mark

CLINICIAN EVALUATORS: TAKE YOUR MARK!

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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OBJECTIVES

Discuss two implementation outcomes and why they are important for clinicians to measure and report.

Name sources of data that are accessible to clinicians in healthcare settings.

Describe a range of dissemination activities that can have impact.

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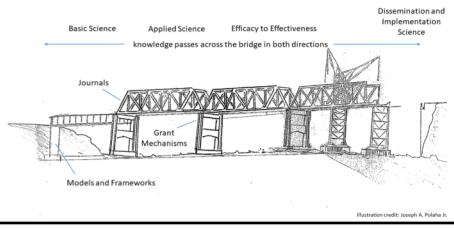
BRIDGE EXERCISE



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EXAMPLE 1

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EXAMPLE 1
ADOPTION OF PHYSICIAN REFERRAL PROCESS

Problem: Complex patients represent patient population often with the most problems, least resources and highest cost of care.

Action: Complex patient clinic developed to move towards a patient-centered approach to caring for complex patients. During implementation, various methods of enrollment in complex patient clinic utilized. Physicians have been trained on criteria that qualify a good candidate for complex patient clinic.

Question: Do risk assessment screening tools vs. a physician referral process result in better treatment reach?

Adopt: Do physicians adopt the referral method?

Reach: % of patients who receive low (just the assessment), medium (assessment plus some services) and high "dose" (completion/graduation) of team care intervention

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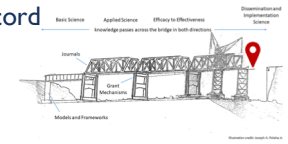
Data:

- Electronic Health Record
- Physician feedback
- Appointment data
- Payer-provided information



THE BRIDGE

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EXAMPLE 2

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HOW FAR TO REACH:
IDENTIFYING UNDERSERVED STUDENTS FOR A PCBH MASTER'S TRAINING PROGRAM

Goal

Recruit students of Color and lower income students for PCBH Master's Level Training Program (2nd Yr. MSW/MSOT)

Questions

- How far to REACH?
- Do students receive information about the training program?
- What factors affect the choice of training options?
- Of those REACHED, what percentage enroll in the program?

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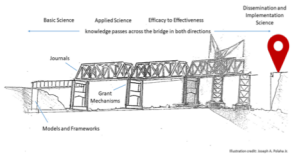
DATA ----------BRIDGE

Data Sources / Issues

~~Business Office~~
Incomplete Data

Self-Report
Issue: Response Rate



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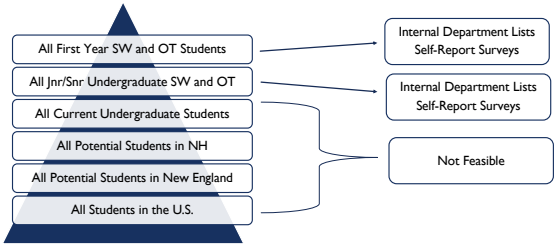
HOW FAR TO REACH:
IDENTIFYING UNDERSERVED STUDENTS FOR A PCBH MASTER'S TRAINING PROGRAM



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Reach AND Ongoing Evaluation

$$R = \frac{\text{Enrolled}}{\text{Received Marketing}}$$

Value to This Approach

- Baseline enrollment data
- Can test marketing strategies by year and across programs, i.e. F2F, OL, Hybrid

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EXAMPLE 3

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EXAMPLE 3: ADOPTION AND REACH – MEDICATION REFILL PROTOCOL

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TIMELINE

A shared burden: A recognized need to improve efficiency for medication refills
- Patients
- Medical Assistants
- Residents and Faculty

Current problem:
- Not patient centered
- Extra burden on patient
- Extra burden on providers

Phase I of solution:
- Pharm.D. requested to create a protocol
- Established a stakeholder committee
  - Physicians
  - Medical Assistants
  - Residents
  - Administrators

Protocol development:
- A week to prepare the protocol
- 6-8 weeks for approval
- Implement into Cerner (EHR) after that

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Data sources:
- ADOPTION
  - Number is # of pts for whom MAs used protocol / Denominator is # pts for whom the protocol was relevant
- REACH
  - Numerator is # of refill requests (via Cerner) / Denominator is # of total calls
- OTHER
  - Patient satisfaction with new refill
  - Resident satisfaction, attending satisfaction and workload
  - Medical Assistant satisfaction

Implementation and scaling:
- Second site added and a third site on board
- Would like to assess ease of adoptability of new protocol based on clinic location and history (# of patients calling in to use the new protocol)

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EXAMPLE 4

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INCREASING BEHAVIORAL HEALTH INTEGRATION:

CHANGING USE OF BEHAVIORAL HEALTH CONSULTANTS

MIND BODY SPIRIT COMMUNITY

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- Behavioral health integration systematically improves a healthcare team's capacity address whole person care
- Use of Behavioral Health Consultants: Conceptual buy-in; low frequency of referrals
- Low frequency and diversity in referrals: BHCS are called mostly for mental health referral
- Low frequency and diversity in referrals: systematically reduces opportunities for whole-person care

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September 20, 2019:

- AM Clinic
- 3 Residents in Clinic
- 21 scheduled patients (excluding walk-ins)
- 14 possible BHC consults

Missed BHC opportunities as a feedback and training opportunity:

- Collect data for 4 weeks
- Daily missed opportunities

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Date	Total number of scheduled patients	Year and Name of resident	Possible number of consults per resident	Total possible number of consults scrubbed	Total number of consults completed
Sep 30				14	

Scrubbing the schedule:
Training residents to scrub the schedule
Systematize the process: inclusion / exclusion criteria, new patients and walk-ins.

Calculating reach:
Total number of completed BHC visits /Total number of possible BHC visits x 100 = reach
Total number of BHC visits / Total number of patients seen = population health penetration

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AUDIENCE DISCUSSION

Name one study you could so evaluating adoption and/or reach in your setting

Describe sources of data you might use to evaluate this

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DISSEMINATION OF SCIENTIFIC FINDINGS: A TALE OF TWO WORLDS

Researchers

1. Journal articles
2. Face to face meetings
3. Media interviews
4. Press releases

Practitioners

1. Professional associations
2. Seminars/workshops
3. Email alerts
4. Journal articles

Source: R Brownson/TIDIRH

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DISSEMINATION

Goals of dissemination

Your Clinic: how are we doing? what changes do we need to make?

Clinical/Policy Community: what innovations might help us with this problem?

Scientific Community: how can we study this better?

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DISSEMINATION

Your Clinic:

Clinical/Policy Community:

Scientific Community:

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!

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