

Improving Primary Care Pre-Visit Planning

Brandy Moser

Johnny Stoeckle MD

Kyle Shaak MPH

Follow this and additional works at: <https://scholarlyworks.lvhn.org/research-scholars-posters>



Part of the [Family Medicine Commons](#), and the [Primary Care Commons](#)

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Improving Primary Care Pre-Visit Planning

Brandy Moser, Kyle Shaak MPH, John Stoeckle MD

Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- Pre-visit planning implementation can improve the quality of primary care
 - Reductions in time needed for administrative tasks¹
 - Maximization of time spent face-to-face between the provider and patient^{1,2}
 - Reducing care gaps and increasing compliance with preventative care practices²
- Within the Lehigh Valley Health Network to achieve greater quality of care there is a need to streamline, standardize, and monitor the pre-visit planning workflow process
- Through multiple stakeholder interviews, we identified priorities for improving the pre-visit planning process and made recommendations for their implementation

Methods

- Literature review
- Stakeholder interviews
 - 6 interview conducted
 - 4 weeks (June-July 2020)
- The qualitative interviews were monitored for common themes
- Identified areas of improvement for Primary Care pre-visit planning

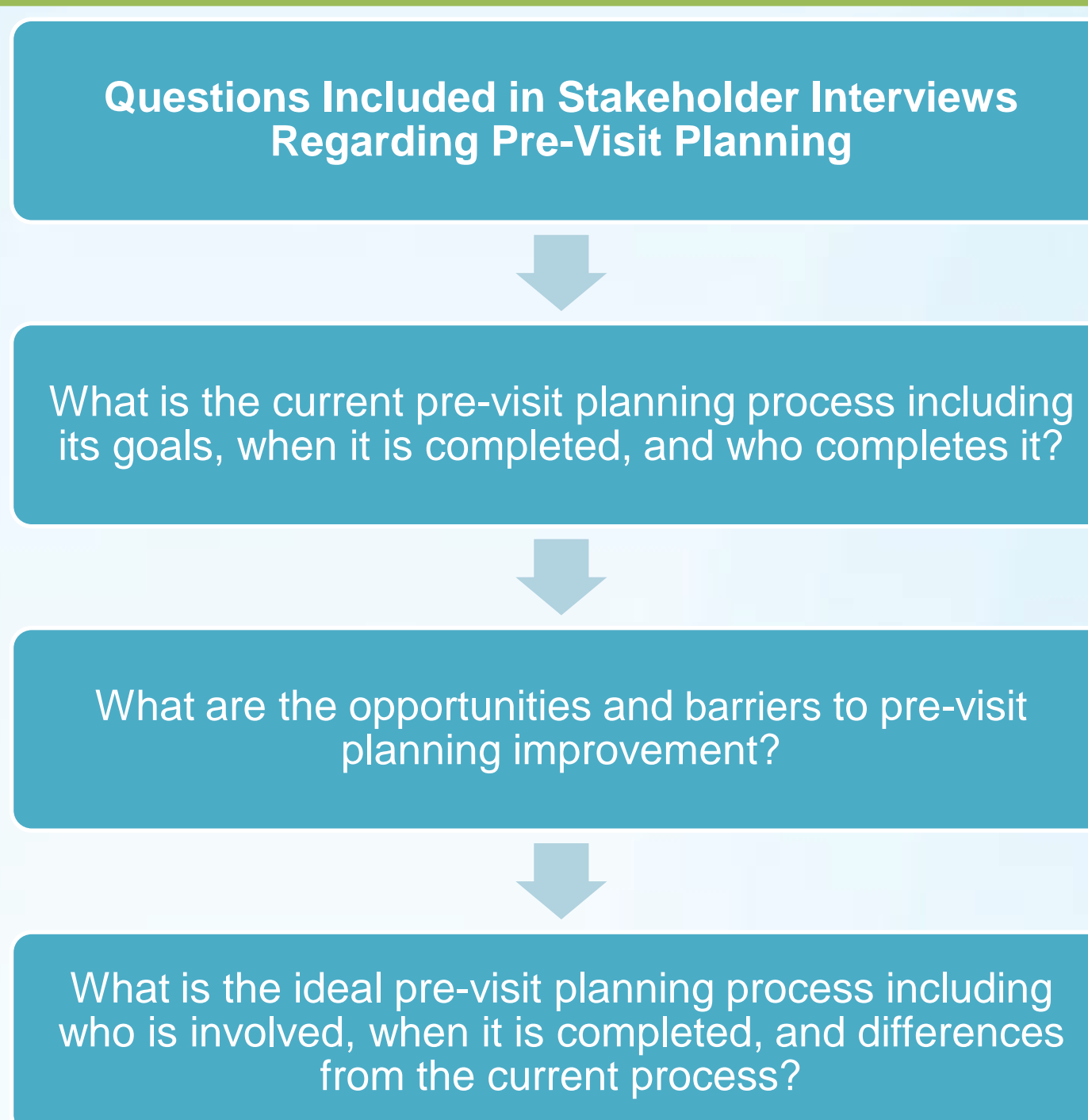


Table 1. Roles of Key Personnel Included in Stakeholder Interviews

Title	Description	Interviewees
Regional Practice Lead	Clinician leader who oversees several practices, provides leadership and accountability in performance	2
Clinical Quality Educator	Responsible for clinical staff education and standardization of work flows. Monitors quality metrics and serves as a liaison between staff and leadership	2
Clinical Coordinator	Develops care plans for patients and holds administrative responsibilities within the practice	2
Medical Assistant	Assists provider and nurses in providing patient care and aids in clerical tasks to support care delivery	1

Results

Table 2. Interview Summary and Identified Themes

Identified Theme	Summary of Stakeholder Interviews
Current State of PVP	<ul style="list-style-type: none"> MA was not exclusively responsible for pre-visit planning network wide. Current process includes reviewing health maintenance needs, ordering labs, identifying care gaps, and leaving notes for the provider. Method and timing of patient contact varied drastically. Staff's ability to place orders varies.
EMR Enhancements	<ul style="list-style-type: none"> Health Maintenance and tools in Epic identified as lacking visibility and emphasis. Process to access all necessary information was identified as lengthy. Quality Metric dashboard and Health Maintenance do not fully align. Identified discrepancies between the quality metric goals of the network and health maintenance needs in Epic. Interviewees found inaccuracies of information within the Epic platform and reports.
Ensuring Staffing	<ul style="list-style-type: none"> Nearly all interviewees identified staffing as a significant barrier to standardizing PVP workflow. Smaller practices have greater staffing burdens. Clinical quality educators and a clinical manager identified a need to engage clinical staff and provide motivation for effective PVP compliance.
Accountability and Tracking PVP Performance	<ul style="list-style-type: none"> Current PVP tracking in Epic is vague. Identified a dashboard as a data source for auditing to be beneficial Recognized tracking quality metrics in conjunction with PVP implementation and monitoring is useful to see the impact of PVP and justify its importance. Key personnel from a large group practice shared their PVP successes <ul style="list-style-type: none"> Structured PVP workflow with delegation and evaluation Individual staff engagement and accountability Spoke very highly of the PVP process and optimistic about its beneficial impact on the practice's quality metrics

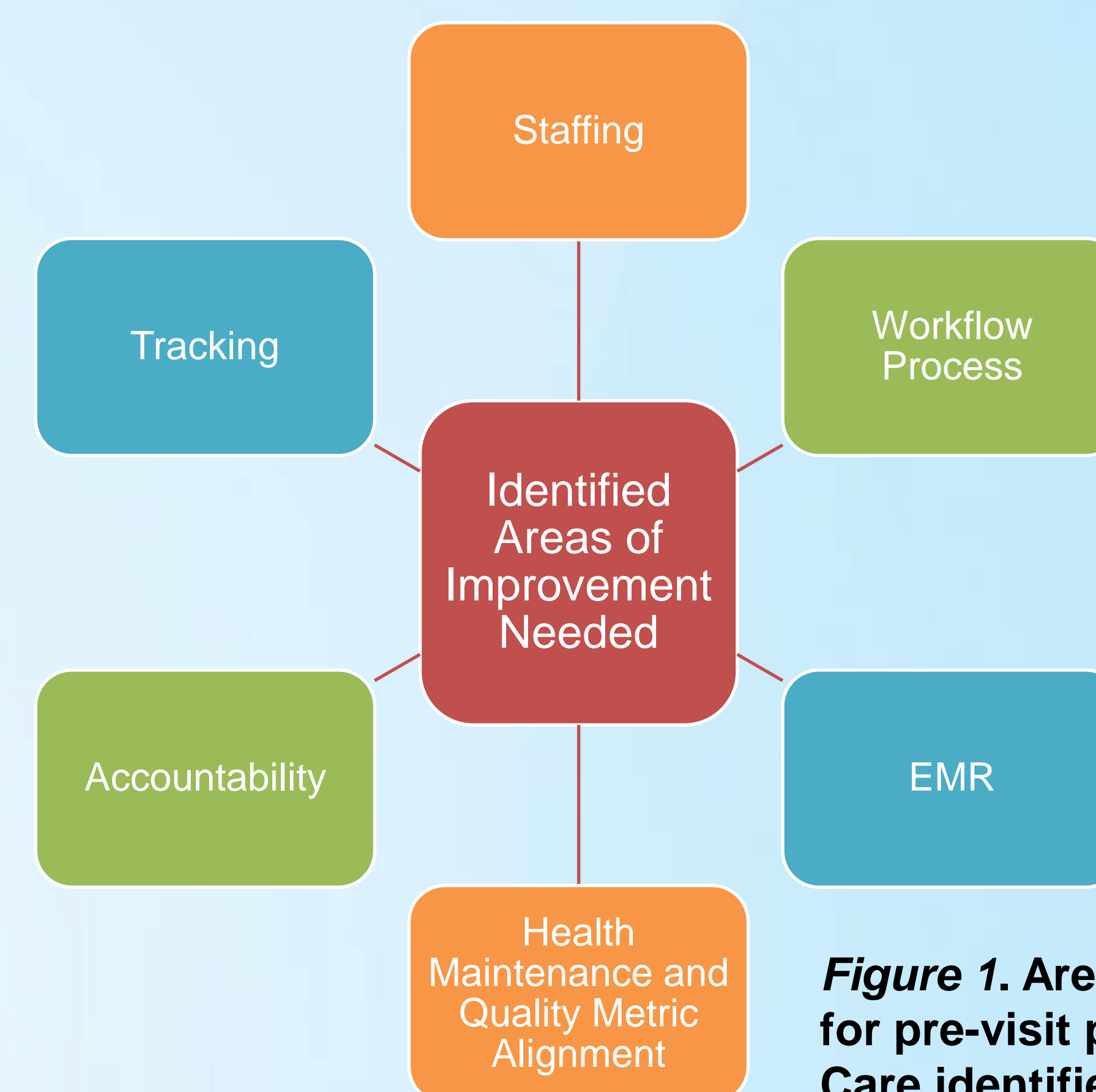


Figure 1. Areas for improvement for pre-visit planning in Primary Care identified during stakeholder interviews.

Future Directions

- Through EMR Enhancements, LVHN can continue to examine how to streamline and simplify the pre-visit planning process and potentially reach a one-screen workflow
- Address the barrier of staffing to pre-visit planning success and consider creative centralized support or flexing of staff to meet unexpected or low-staffed practices
- Increase the accountability and tracking of pre-visit planning by creating more transparency for leaders and frontline staff on performance

Conclusions

- While a standard pre-visit planning protocol currently exists, there is significant variation among pre-visit planning implementation across the Lehigh Valley Health Network Primary Care practices
- Interviewees identified the importance and benefits of pre-visit planning, but agree there is a need to improve and track the process
- Future implementations of additional tracking tools could increase the value and institute accountability among those involved in the pre-visit planning process to ultimately improve the quality of care

References

- Sinsky, C.A., Pre-Visit Planning. American Medical Association.
- Twohig, P.A., Rivington, J.R., Gunzler, D. et al. Clinician dashboard views and improvement in preventative health outcome measures: a retrospective analysis. *BMC Health Serv Res* 19, 475 (2019). <https://doi.org/10.1186/s12913-019-4327-3>
- Hunt, V.L., Chaudhry, R., Stroebel, R.J. et al. Does pre-ordering tests enhance the value of the periodic examination? Study Design - Process implementation with retrospective chart review. *BMC Health Serv Res* 11, 216 (2011). <https://doi.org/10.1186/1472-6963-11-216>
- Grant, R.W, et al. Visit Planning Using a Waiting Room Health IT Tool: The Aligning Patients and Providers Randomized Controlled Trial. *Annals of Family Medicine*, American Academy of Family Physicians, Mar. (2019). www.ncbi.nlm.nih.gov/pubmed/30858257.
- Rivo, J., et al. The Impact of Comprehensive Pre-Visit Preparation on Patient Engagement and Quality of Care in a Population of Underserved Patients with Diabetes: Evidence from the Care Management Medical Home Center Model. *Population Health Management*, 19, 3, (2016). doi:10.1089/pop.2015.0063.