

Report on a QI Project Eligible for MOC – ABMS Part IV and NCCPA PI-CME

Improving the rate of providers intervening to reduce falls in elderly patients in Family Medicine: Addressing process and individual barriers

Instructions

Determine eligibility. Before starting to complete this report, go to the Michigan Medicine MOC website [<http://www.med.umich.edu/moc-qi/index.html>], click on “Part IV Credit Designation,” and review sections 1 and 2. Complete and submit a “QI Project Preliminary Worksheet for Part IV Eligibility.” Staff from the Michigan Medicine Part IV MOC Program will review the worksheet with you to explain any adjustments needed to be eligible. (The approved Worksheet provides an outline to complete this report.)

Completing the report. The report documents completion of each phase of the QI project. (See section 3 of the website.) Final confirmation of Part IV MOC for a project occurs when the full report is submitted and approved.

An option for preliminary review (strongly recommended) is to complete a description of activities through the intervention phase and submit the partially completed report. (Complete at least items 1-18.) Staff from the Michigan Medicine Part IV MOC Program will provide a preliminary review, checking that the information is sufficiently clear, but not overly detailed. This simplifies completion and review of descriptions of remaining activities.

Questions are in bold font. Answers should be in regular font (generally immediately below or beside the questions). To check boxes, hover pointer over the box and click (usual “left” click).

For further information and to submit completed applications, contact either:

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Report Outline

Section	Items
A. Introduction	1-6. Current date, title, time frame, key individuals, participants, funding
B. Plan	7-8. Patient population, general goal 9-11. Measures, baseline performance, specific aims 12-15. Baseline data review, underlying (root) causes, interventions, who will implement
C. Do	16. Intervention implementation date
D. Check	17-18. Post-intervention performance
E. Adjust – Replan	19-22. Post-intervention data review, underlying causes, adjustments, who will implement
F. Redo	23. Adjustment implementation date
G. Recheck	24-26. Post-adjustment performance, summary of individual performance
H. Readjust plan	27-30. Post-adjustment data review, underlying causes, further adjustments, who will implement
I. Participation for MOC	31-33. Participation in key activities, other options, other requirements
J. Sharing results	34. Plans for report, presentation, publication

- K. **Organization affiliation** 35. Part of UMHS, AAVA, other affiliation with UMHS
QI Project Report for Part IV MOC Eligibility

A. Introduction

1. **Date** (*this version of the-report*): 11/4/19
2. **Title of QI effort/project** (*also insert at top of front page*): Improving the rate of providers intervening to reduce falls in elderly patients in Family Medicine: Addressing process and individual barriers
3. **Time frame**
 - a. **MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project** (*e.g. date of general review of baseline data, item #12c*): 5/22/2019
 - b. **MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project** (*e.g., date of general review of post-adjustment data, item #27c*): 10/30/2019
4. **Key individuals**
 - a. **QI project leader** [*also responsible for confirming individual's participation in the project*]
Name: Ghazwan Toma, M.D.
Title: Assistant professor
Organizational unit: Family Medicine
Phone number: 734-475-1321
Email address: gtoma@umich.edu
Mailing address: 300 North Ingalls St., Ann Arbor MI 48109-5435
 - b. **Clinical leader who oversees project leader regarding the project** [*responsible for overseeing/"sponsoring" the project within the specific clinical setting*]

Name: Kathryn M Harmes, MD, MHSA
Title: Assistant Professor, Associate Chair of Population Medicine
Organizational unit: Department of Family Medicine, University of Michigan
Phone number: 734-232-6222
Email address: jordankm@med.umich.edu
Mailing address: 300 North Ingalls St., Ann Arbor MI 48109-5435
5. **Participants. Approximately how many physicians (by specialty/subspecialty and by training level) and physicians' assistants participated for MOC?**

Participating for MOC	Primary Specialty	Subspecialty, if any	Number
Practicing physicians	Family Medicine	(N/A)	90
Residents/Fellows	Family Medicine	(N/A)	42
Physicians' Assistants	Family Medicine	(N/A)	5

6. How was the QI effort funded? (Check all that apply.)

- Internal institutional funds (e.g., regular pay/work, specially allocated)
- Grant/gift from pharmaceutical or medical device manufacturer
- Grant/gift from other source (e.g., government, insurance company)
- Subscription payments by participants
- Other source (*describe*):

The Multi-Specialty Part IV MOC Program requires that QI efforts include at least two linked cycles of data-guided improvement. Some projects may have only two cycles while others may have additional cycles – particularly those involving rapid cycle improvement. The items below provide some flexibility in describing project methods and activities. If the items do not allow you to reasonably describe the steps of your specific project, please contact the UMHS Part IV MOC Program Office.

B. Plan**7. Patient population. What patient population does this project address (e.g., age, medical condition, where seen/treated):**

Patients 65 years and older whose PCP is a family medicine provider at Michigan Medicine and who are seen at least once at the office January through October 16, 2019.

8. General purpose.**a. Problem with patient care (“gap” between desired state and current state)****(1) What should be occurring and why should it occur (benefits of doing this)?**

Falls are a huge problem among elderly individuals and can have serious outcomes. According to the US Preventive Services Task Force (USPSTF), falls are the leading cause of injury-related morbidity and mortality among older adults in the United States. In 2014, 28.7% of community dwelling adults (65 years or older) reported falling. This resulted in 29 million falls (37.5% of which needed medical treatment or restricted activity for a day or longer) and an estimated 33,000 deaths in 2015.

For individual 65 and older at increased risk of falling, the USPSTF recommends preventives exercises (Grade B) as well as multifactorial intervention (Grade C).

(2) What is occurring now and why is this a concern (costs/harms)?

In our Family Medicine clinics, fall risk screening is carried out by MAs during office visits. Whenever there is a positive screen, an electronic BPA (best practice advisory) will show up to providers during the same office visit. The BPA includes four elements: diagnosis, therapy referral, handout instruction, and/or brief note.

Family Medicine screening rate of fall risk for patients 65 years and over is 79% in 2018, but the provider interventions to prevent fall using the best practice advisory is only 17% (based on January through February 2019 data). The low rate of provider intervention will do little to decrease the occurrence of falls and their injury-related morbidity and mortality.

b. Project goal. What general outcome regarding the problem should result from this project?
(State general goal here. Specific aims/performance targets are addressed in #11.)

Our general goal is to prevent falls and associated injuries, by identifying and intervening on elderly patients at increased risk of falling.

9. Describe the measure(s) of performance: *(QI efforts must have at least one measure that is tracked across the two cycles for the three measurement periods: baseline, post-intervention, and post-adjustment. If more than two measures are tracked, copy and paste the section for a measure and describe the additional measures.)*

Measure 1

- **Name of measure** *(e.g., Percent of . . . , Mean of . . . , Frequency of . . .):*

Percent utilization of the fall-risk intervention BPA. (Use of the fall-risk intervention BPA which appears when patients have screened positive).

- **Measure components – describe the:**

Denominator *(e.g., for percent, often the number of patients eligible for the measure):* The number of patients who are 65 years old and over who screened positive for high fall risk during their visit in Family Medicine clinics during the study period.

Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation):*

For these patients, the number of BPA utilizations (interventions for high fall risk patients using the BPA) by Family Medicine providers during the study period.

- **The source of the measure is:**

- An external organization/agency, which is *(name the source, e.g., HEDIS):* Internal to our organization

- **This is a measure of:**

- Process – activities of delivering health care to patients
- Outcome – health state of a patient resulting from health care

10. Baseline performance

a. What were the beginning and end dates for the time period for baseline data on the measure(s)?

Data were collected from 1/1/2019 through 2/28/2019

b. What was (were) the performance level(s) at baseline? *Display in a data table, bar graph, or run chart (line graph). Can show baseline data only here or refer to a display of data for all time periods attached at end of report. Show baseline time period, measure names, number of observations for each measure, and performance level for each measure.*

Measure	Baseline (Jan-Feb 2019)	Post-Intervention (Jun-Jul 2019)	Post-Adjustment (Aug 16-Oct 16 2019)
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Number of patients who screened positive	283	575	569
Number of times BPA was used	48	176	189
Rate of BPA Utilization (documenting interventions)	17%	31%	33%

11. Specific performance aim(s)/objective(s)

- a. **What is the specific aim of the QI effort?** *“The Aim Statement should include: (1) a specific and measurable improvement goal, (2) a specific target population, and (3) a specific target date/time period. For example: We will [improve, increase, decrease] the [number, amount percent of [the process/outcome] from [baseline measure] to [goal measure] by [date].”*

The aim is to increase the rate of fall BPA utilization by Family Medicine providers from a baseline of 17% to 25.5% (a 50% increase) by mid-October, 2019.

- b. **How were the performance targets determined, e.g., regional or national benchmarks?**

Performance targets are internal standards set by the University of Michigan Medical Group.

12. Baseline data review and planning. Who was involved in reviewing the baseline data, identifying underlying (root) causes of problem(s) resulting in these data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

- a. **Who was involved?** (e.g., by profession or role)

Faculty and resident physicians and mid-level providers

- b. **How?** (e.g., in a meeting of clinic staff)

Faculty and resident meetings

Family Population Improvement Group – departmental committee

Site-based QI committees

Site-based staff meetings

- c. **When?** (e.g., date(s) when baseline data were reviewed and discussed)

The project and the baseline data were discussed in detail on 5/22/2019 in a meeting of faculty and residents. Emails were sent afterward.

Use the following table to outline the plan that was developed: #13 the primary causes, #14 the intervention(s) that addressed each cause, and #15 who carried out each intervention.

This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a. As background, some summary examples of common causes and interventions to address them are:

Common Causes	Common Relevant Interventions
<i>Individuals: Are not aware of, don't understand.</i>	<i>Education about evidence and importance of goal.</i>
<i>Individuals: Believe performance is OK.</i>	<i>Feedback of performance data.</i>
<i>Individuals: Cannot remember.</i>	<i>Checklists, reminders.</i>

<i>Team: Individuals vary in how work is done.</i>	<i>Develop standard work processes.</i>
<i>Workload: Not enough time.</i>	<i>Reallocate roles and work, review work priorities.</i>
<i>Suppliers: Problems with provided information/materials.</i>	<i>Work with suppliers to address problems there.</i>

13. What were the primary underlying/root causes for the <u>problem(s)</u> at <u>baseline</u> that the project can address?	14. What intervention(s) addressed this cause?	15. Who was involved in carrying out each intervention? (List the professions/roles involved.)
Individuals: providers believe problem is not important.	Provider education about evidence and impact of falls among 65 years and older.	Family Medicine providers
Individuals: providers believe performance is adequate.	Feedback of performance data and importance of goal.	Project leaders and Family Medicine providers
Individuals: provider not aware of BPA.	Provider education about where to find BPA	Family Medicine providers
Individuals: providers don't understand how to use BPA	Provider education on how to use it	Family Medicine providers
Workload: Not enough time for MAs to screen and providers to intervene.	Reallocate roles, review work priorities. Scheduling Medicare wellness visit where screening occur	MAs and Family Medicine providers

Note: If additional causes were identified that are to be addressed, insert additional rows.

C. Do

16. By what date was (were) the intervention(s) initiated? (If multiple interventions, date by when all were initiated.)

6/1/19

D. Check

17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)? Yes No – If no, describe how the population or measures differ:

18. Post-intervention performance

a. What were the beginning and end dates for the time period for post-intervention data on the measure(s)?

6/1/19 -7/31/19

b. What was (were) the overall performance level(s) post-intervention? Add post-intervention data to the data table, bar graph, or run chart (line graph) that displays baseline data. Can show baseline and post-intervention data incrementally here or refer to a display of data for all time

periods attached at end of report. Show baseline and post-intervention time periods and measure names and for each time period and measure show number of observations and performance level.

Under item 10.b, in the table of results see the data for June-July 2019.

c. Did the intervention(s) produce the expected improvement toward meeting the project’s specific aim (item 11.a)?

Yes, improvement in BPA utilization exceeded our target of 25.5%%. BPA utilization increased from 17% at baseline to 31% after intervention.

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the postintervention data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)

Same as #12? Different than #12 (describe):

b. How? (e.g., in a meeting of clinic staff)

Same as #12? Different than #12 (describe):

c. When? (e.g., date(s) when post-intervention data were reviewed and discussed)

Project and related date reviewed with faculty and residents on 8/14/19 during faculty meeting An email emphasizing/explaining the process was sent on August 16th 2019.

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments(s)/second intervention(s) that addressed each cause, and #22 who carried out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Initial intervention(s) occasionally result in performance achieving the targeted specific aims and the review of post-intervention data identifies no further causes that are feasible or cost/effective to address. If so, the plan for the second cycle should be to continue the interventions initiated in the first cycle and check that performance level(s) are stable and sustained through the next observation period.

<p>20. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>intervention(s)</u> that the project can address?</p>	<p>21. What adjustments/second intervention(s) addressed this cause?</p>	<p>22. Who was involved in carrying out each adjustment/second intervention? (List the professions/roles involved.)</p>
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Individuals: some providers still not aware of BPA,	Continued provider education about where to find BPA	Family Medicine providers
Individuals: some providers still don't understand how to use BPA	Continued provider education on how to use it	Family Medicine providers
Workload: sometimes still not enough time for MAs to screen and providers to intervene.	Continued adjusting workflow and workload: Reallocate roles, review work priorities. MA entering date prior to provider entering the room so that BPA will fire. Scheduling Medicare wellness visit where screening occur	MAs and Family Medicine providers

Note: If additional causes were identified that are to be addressed, insert additional rows.

F. Redo

23. By what date was (were) the adjustment(s)/second intervention(s) initiated? (If multiple interventions, date by when all were initiated.)

8/14/2019

G. Recheck

24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #19)? Yes No – If no, describe how the population or measures differ:

25. Post-adjustment performance

a. What were the beginning and end dates for the time period for post-adjustment data on the measure(s)?

8/16/19 - 10/16/19

b. What was (were) the overall performance level(s) post-adjustment? Add post-adjustment data to the data table, bar graph, or run chart (line graph) that displays baseline and post-intervention data. Can show here or refer to a display of data for all time periods attached at end of report. Show time periods and measure names and for each time period and measure show the number of observations and performance level.

Under item 10.b, in the table of results see the data for Aug 16 – Oct 16 2019.

c. Did the adjustment(s) produce the expected improvement toward meeting the project's specific aim (item 11.a)?

Yes, continuous improvement in BPA utilization continued to exceed our target of 25.5%. BPA utilization increased from 31% at post-intervention to 33% at post-adjustment.

H. Readjust

26. Post-adjustment data review and further planning. Who was involved in reviewing the postadjustment data, identifying underlying (root) causes of problem(s) resulting in these new data, and considering possible interventions (“countermeasures”) to address the causes? (Briefly describe the following.)

a. Who was involved? (e.g., by profession or role)

Same as #19? Different than #19 (describe):

b. How? (e.g., in a meeting of clinic staff)

Same as #19? Different than #19 (describe):

c. When? (e.g., date(s) when post-adjustment data were reviewed and discussed)

Faculty and residents meeting on October 30, 2019

Use the following table to outline the next plan that was developed: #27 the primary causes, #28 the adjustments(s)/second intervention(s) that addressed each cause, and #29 who would carry out each intervention. This is a simplified presentation of the logic diagram for structured problem solving explained at <http://ocpd.med.umich.edu/moc/process-having-part-iv-credit-designation> in section 2a.

Note: Adjustments(s) may result in performance achieving the targeted specific aims and the review of post-adjustment data identifies no further causes that are feasible or cost/effective to address. If so, the plan for a next cycle could be to continue the interventions/adjustments currently implemented and check that performance level(s) are stable and sustained through the next observation period.

27. What were the primary underlying/root causes for the <u>problem(s)</u> following the <u>adjustment(s)</u> that the project can address?	28. What further adjustments/ intervention(s) might address this cause?	29. Who would be involved in carrying out each further adjustment/intervention? (List the professions/roles involved.)
Individuals: some providers continue to believe performance is adequate.	Continue feedback of performance data and importance of goal.	Project leaders and Family Medicine providers
Individuals: some providers still don't understand how to use BPA	Continue provider education on how to use it	Family Medicine providers
Individuals: some providers intervening on fall risk appropriately, but not using BPA.	Emphasize importance of following standard workflow to document fall risk interventions.	Project leaders and Family Medicine providers.

<p>Workload: Despite efforts to adjust workflow, often time is still not adequate for MAs to screen and/or enter data prior to provider entering the room so that BPA will fire. Time for providers to intervene for patients with positive screen is also sometimes inadequate.</p>	<p>Continue adjusting workflow and workload so that MAs will be able to:</p> <ol style="list-style-type: none"> 1) enter data so BPA will fire <u>prior</u> to provider entering the room, and 2) schedule Medicare wellness visit where screening and intervention occur 	<p>MAs and Family Medicine providers</p>
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Note: If additional causes were identified that are to be addressed, insert additional rows.

30. Are additional PDCA cycles to occur for this specific performance effort?

- No further cycles will occur.
- Further cycles will occur, but will not be documented for MOC. *If checked, summarize plans:*

I. Minimum Participation for MOC

31. Participating directly in providing patient care.

a. Did any individuals seeking MOC participate directly in providing care to the patient population?

- Yes No *If "No," go to item #32.*

b. Did these individuals participate in the following five key activities over the two cycles of data-guided improvement?

- Reviewing and interpreting baseline data, considering underlying causes, and planning intervention as described in item #12.
- Implementing interventions described in item #14.
- Reviewing and interpreting post-intervention data, considering underlying causes, and planning intervention as described in item #19.
- Implementing adjustments/second interventions described in item #21.
- Reviewing and interpreting post-adjustment data, considering underlying causes, and planning intervention as described in item #26.

- Yes No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38.*

32. Not participating directly in providing patient care.

a. Did any individuals seeking MOC not participate directly in providing care to the patient population?

Yes No *If "No," go to item 33.*

b. Were the individual(s) involved in the conceptualization, design, implementation, and assessment/evaluation of the cycles of improvement? *(E.g., a supervisor or consultant who is involved in all phases, but does not provide direct care to the patient population.)*

Yes No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 38. If "No," continue to #37c.*

c. Did the individual(s) supervising residents or fellows throughout their performing the entire QI effort?

Yes No *If "Yes," individuals are eligible for MOC unless other requirements also apply and must be met – see item # 33.*

33. Did this specific QI effort have any additional participation requirement for MOC? *(E.g., participants required to collect data regarding their patients.)* Yes No *If "Yes," describe:*

Individuals who want their participation documented for MOC must additionally complete an attestation form, confirming that they met/worked with others as described in this report and reflecting on the impact of the QI initiative on their practice or organizational role. Following approval of this report, the UMHS QI MOC Program will send to participants an email message with a link to the online attestation form.

J. Sharing Results

34. Are you planning to present this QI project and its results in a:

- Yes No Formal report to clinical leaders?
- Yes No Presentation (verbal or poster) at a regional or national meeting?
- Yes No Manuscript for publication?

K. Project Organizational Role and Structure

35. UMHS QI/Part IV MOC oversight – indicate whether this project occurs within UMHS, AAVA, or an affiliated organization and provide the requested information.

- University of Michigan Health System**
- **Overseen by what UMHS Unit/Group?** *(name):*
 - **Is the activity part of a larger UMHS institutional or departmental initiative?**
- No Yes – the initiative is *(name or describe):*

Veterans Administration Ann Arbor Healthcare System

- **Overseen by what AAVA Unit/Group? (*name*):**
- **Is the activity part of a larger AAVA institutional or departmental initiative?**

No Yes – the initiative is:

An organization affiliated with UMHS to improve clinical care

• **The organization is (*name*):**

• **The type of affiliation with UMHS is:**

Accountable Care Organization (*specify which member institution*):

BCBSM funded, UMHS lead state-wide Collaborative Quality Initiative (*specify which*):

Other (*specify*):