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

Assessing Menstrual Status as a Vital Sign

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: November 8, 2018

2. Title of QI effort/project: Assessing Menstrual Status as a Vital Sign

3. Time frame

a. MOC participation beginning date – date that health care providers seeking MOC began participating in the documented QI project: 2/5/2018

b. MOC participation end date – date that health care providers seeking MOC completed participating in the documented QI project: 11/01/2018

4. Key individuals

a. QI project leader *[also responsible for confirming individual's participation in the project]*
Name: Terrill Bravender MD MPH
Title: Rosen Collegiate Professor of Adolescent Medicine
Organizational unit: Pediatrics
Phone number: 734-936-9777
Email address: tdbrave@umich.edu
Mailing address: 1500 E. Medical Center Drive, D2215

b. Clinical leader who oversees project leader regarding the project *[responsible for overseeing/"sponsoring" the project within the specific clinical setting]*
Name: Terrill Bravender MD MPH
Title: Rosen Collegiate Professor of Adolescent Medicine
Organizational unit: Pediatrics
Phone number: 734-936-9777
Email address: tdbrave@umich.edu
Mailing address: 1500 E. Medical Center Drive, D2215

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	Peds Med/Peds		6 5
Residents/Fellows			0
Physicians' Assistants	(N/A)	(N/A)	0

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)***:**

Female outpatients ages 13 and up seen in the following University of Michigan outpatient clinics: pediatric primary care, internal medicine/pediatrics primary care, Pediatric Cardiology, and the C.S. Mott Pediatric Specialty Clinic.

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)?

In 2006, the American College of Obstetrics and Gynecology stated that "clinicians should ask at every preventive care of comprehensive visit for the patient's first day of her last menstrual period and the pattern of menses." This position statement was revised and reaffirmed in 2015 (see ACOG. Committee opinion no. 651: Menstruation in girls and adolescents: using menstrual cycle as a vital sign. Obstet Gynecol. 2015; 126:e143-6). Menstrual status assessment and documentation is also important when adolescent girls and young women seek specialty care. Menstrual abnormalities, including primary and secondary amenorrhea, oligomenorrhea, and menorrhagia may be associated with a variety of chronic illnesses seen in pediatrics. These include significant weight loss and malnutrition, uncontrolled diabetes, thyroid disorders, bleeding disorders, cancer and sequelae from cancer treatments, genetic disorders, and many others. Obtaining a menstrual history may also alert clinicians to the possibility of early unplanned pregnancies in their adolescent patients.

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

Currently, menstrual status is not consistently assessed and documented in the medical record. This may result in a missed diagnosis. For example, a patient seen in adolescent medicine clinic with a chronic rheumatologic diagnosis and primary amenorrhea at age 18 that was not previously addressed. Her lack of menstrual period led to the diagnosis of anorexia nervosa.

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.)*

Improve documentation of last menstrual period in the medical record.

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 of females ages 13 and up with a last menstrual period documented in the medical record.
- **Measure components** – *describe the:*

Denominator *(e.g., for percent, often the number of patients eligible for the measure)*:
Females ages 13 and up seen by each participant

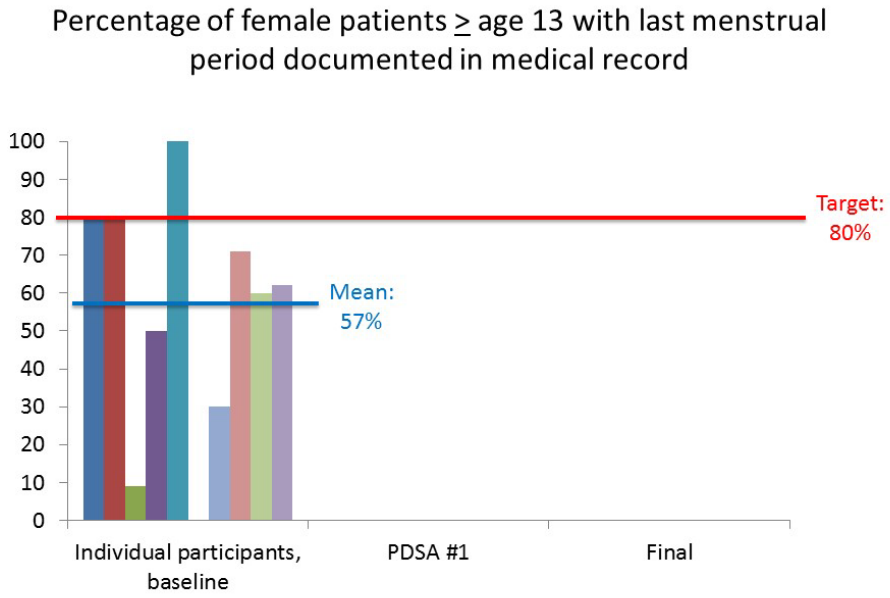
Numerator *(e.g., for percent, often the number of those in the denominator who also meet the performance expectation)*:
Number of females ages 13 and up seen by each participant with a documented last menstrual period

- **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 <u>baseline</u> data on the measure(s)?
March 18 – May 24, 2018

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.*



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

a. What is the specific aim of the QI effort?

Increase the rate of documentation of last menstrual period in females greater than or equal to 13 years of age being seen in subspecialty and primary care clinics at the University of Michigan from 57% to greater than 80% by October 31, 2018.

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

Local benchmarks from the Adolescent Medicine clinic.

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)*
Project lead
Other adolescent Medicine faculty members
Other participating faculty
ACU medical assistants

b. How? *(e.g., in a meeting of clinic staff)*
Specific project meeting in the ACU and via email updates

c. **When?** *(e.g., date(s) when baseline data were reviewed and discussed)*
May 23, 2018

13. What were the primary underlying/root causes for the <u>problem(s) at 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 not aware of the importance	Distributed ACOG statement	Project lead, physicians participants, ACU medical assistants
Last menstrual period not part of the medical record	Sharing of "dot phrase" that imports last menstrual period into clinic notes	Project lead, physician participants, ACU medical assistants

C. Do

16. By what date was (were) the intervention(s) initiated? *(If multiple interventions, date by when all were initiate*d.)
June 30, 2018

D. Check

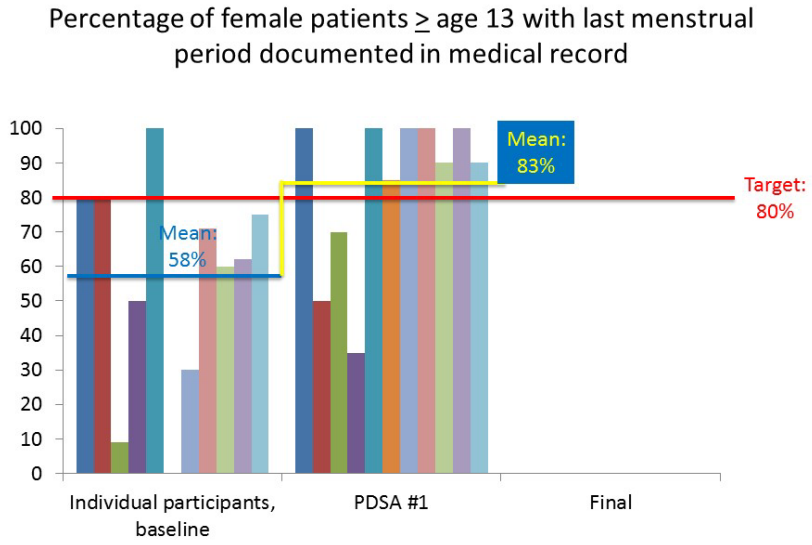
17. Post-intervention performance measurement. Are the population and measures the same as those for the collection of baseline data (see item 9)?

☒ 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 <u>post-intervention</u> data on the measure(s)?
July 1 – August 1, 2018

b. What was (were) the overall performance level(s) post-intervention?.



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

E. Adjust – Replan

19. Post-intervention data review and further planning. Who was involved in reviewing the post-intervention 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)*
August 23, 2018

20. What were the primary underlying/root causes for the <u>problem(s)</u> <u>following the intervention(s)</u> that the project can address?	**21. What adjustments/second intervention(s) addressed this cause?**	**22. Who was involved in carrying out each adjustment/second intervention?** *(List the professions/roles involved.)*
Lack of review of last menstrual period during vital sign documentation	Medical Assistants ask about last menstrual period when reviewing current medications at appointment intake	Project lead Medical Assistants ACU supervisor Physician participants

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?
August 24, 2018

G. Recheck

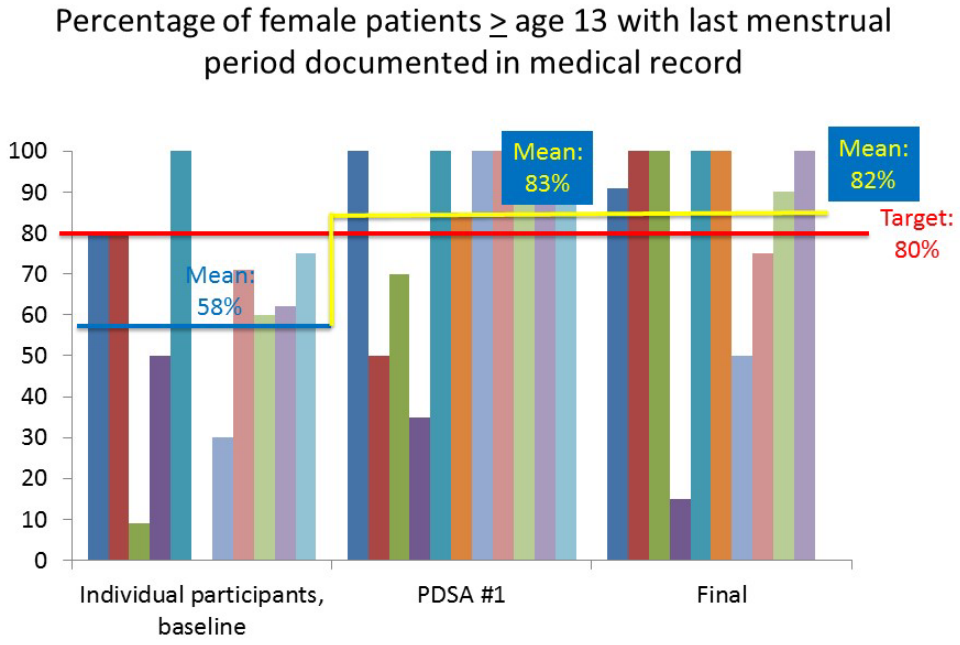
24. Post-adjustment performance measurement. Are the population and measures the same as indicated for the collection of post-intervention data (item #19)?

☒ 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)?
September 14 – October 15, 2018

b. What was (were) the overall performance level(s) post-adjustment?



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

H. Readjust

26. Post-adjustment data review and further planning. Who was involved in reviewing the post-adjustment 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)*
October 27, 2018
These were the final results and no additional interventions were identified.

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):*