

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

Improving the Quality and Timeliness of Primary Care Notes

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*): 8/4/20
2. **Title of QI effort/project** (*also insert at top of front page*): Improving the Quality and Timeliness of Primary Care Notes

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*): 12/1/19
- 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*):

7/20/20

4. Key individuals

- a. **QI project leader** [*also responsible for confirming individual's participation in the project*]
Name: Gabe Solomon
Title: MD – Primary Care Physician
Organizational unit: Primary Care (at Ann Arbor VA Health System)
Phone number: 734-678-5714
Email address: gsolomn@umich.edu
Mailing address: 2215 Fuller Road. Ann Arbor, MI 48105
- b. **Clinical leader who oversees project leader regarding the project** [*responsible for overseeing/"sponsoring" the project within the specific clinical setting*]
Name: Adam Tremblay
Title: ACOS Ambulatory Care
Organizational unit: Primary Care/Ambulatory Care
Phone number: 734-769-7100
Email address: adam.tremblay@va.gov
Mailing address: 2215 Fuller Road. Ann Arbor, MI 48105

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 | Internal Medicine | (primary care) | 30 |
| Residents/Fellows | | | |
| Physicians' Assistants | (N/A) | (N/A) | |

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): VA patients seen in primary care clinic face to face or virtual (phone. Telehealth) There were no exclusion criteria.

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)?

Primary care physicians should write complete/detailed notes that are easy to read, comprehensive and timely (signed within 5 days). This is important for communicating with colleagues who rely on these notes for medical decision making. The patient can also read these notes in the VA Portal (My Healthy Vet) and a clear note documenting the visit is important for them.

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

Primary care physicians are so busy in clinic that their notes can be of varying quality, unorganized and delayed in time to posting in the EHR (CPRS). The stress and workload of having to write so many notes are causing burnout, which can be bad for both physicians and patients.

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.)

To improve the ability of primary care physicians to write timely, high quality primary care notes in a time-efficient manner while reducing physician burnout.

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 . . .): Percentage of delinquent primary care notes.
- **Measure components** –
 - Denominator: # of total primary care notes posted
 - Numerator: # delinquent notes (i.e. not signed within 5 days)

- **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

Measure 2

- **Name of measure** (e.g., *Percent of . . . , Mean of . . . , Frequency of . . .*): Burnout score – percentage of providers indicating that they are burned out
- **Measure components** – *describe the*: Burnout survey score before and after intervention.
Denominator: # of providers answering survey
Numerator: # of providers indicating that they are burned out (i.e. respond feel burned out “a few times per week” or more)
- **The source of the measure is:**
 - An external organization/agency, which is *(name the source)*:
 - Internal to our organization and it was chosen because *(describe rationale)*:
- **This is a measure of:**
 - Process – activities of delivering health care to patients
 - Outcome – health state of a patient resulting from health care

(If more than two measures are tracked across the two cycles, copy and paste the section for a measure and describe the additional measures.)

10. Baseline performance

- a. **What were the beginning and end dates for the time period for baseline data on the measure(s)?**
Percent delinquent notes: 12/1/2019 to 1/1/2020
Burnout score: Initial survey 12/15/2019
- b. **What was (were) the performance level(s) at baseline?**

| DATE | Total Delinquent | Total Notes | % Delinquent |
|--------------------|------------------|-------------|--------------|
| 12/1/2019-1/1/2020 | 507 | 5650 | 9% |

| Question | Pre |
|---------------------------------------|--------|
| Burned out (few x per week or more) | 43.00% |
| Satisfied with job | 72% |
| Time spent on EMR (High/Excessive) | 56% |
| Sufficiency of time for documentation | 72% |
| Turbo Note improves workflow | |
| Turbo Note improves patient care | |
| Turbo Note improves documentation | |
| Estimated time saved | |
| Favor Turbo Note | |
| Favor CPRS | |

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

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

Aim 1: Delinquent notes: The aim of this project is to decrease the number of delinquent notes written by primary care physicians from 9% at 1/13/20 to 7.2% (a 20% reduction) at 7/21/20

Aim 2: Reduce burnout: We will reduce self-reported burnout (via survey) for primary care physicians from 43% at baseline (12/15/19) to 35% (a 20% reduction) by 7/21/20.

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

For delinquent notes, national benchmark. National VA requires all primary care notes to be signed and on the chart within 5 days.

For burnout score, local decision based on the expectation that making easier the completion of patient notes would reduce burnout.

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? Primary care physicians. Documentation specialist (Nichole Setla)

b. How? Staff meeting

c. When? 1/13/20

| 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.) |
|--|--|--|
| Not enough time to write notes | Introduce Turbo Note | Project leader and Primary Care Physicians (PCPs) |
| Individuals think performance ok | Feedback of Performance Data | PCPs and Nichole Setla (Clinical documentation specialist) |

| | | |
|-----------------------------------|---|------|
| Individuals vary in how work done | Standardize process by using the Turbo Note | PCPs |
|-----------------------------------|---|------|

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.) 1/15/20

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)? 1/15/20 to 2/15/20

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

Delinquent Notes

| DATE | Total Delinquent | Total Notes | % Delinquent |
|--------------------------|------------------|-------------|--------------|
| 12/1/2019-1/1/2020 | 507 | 5650 | 9% |
| DATE | Total Delinquent | Total Notes | % Delinquent |
| 01/15/2020 to 02/15/2020 | 399 | 6965 | 6% |

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

There was some initial improvement in reducing delinquent notes during the first check period. The smart goal of 20% reduction in delinquent notes was met at this check period. Early feedback is that people are getting used to the turbo note and that it can be helpful but will take some time to adopt fully. A second burnout survey was not completed at this point.

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) 2/17/20

Use the following table to outline the next plan that was developed: #20 the primary causes, #21 the adjustments/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.

| 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? | 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.) |
|---|---|--|
| Unfamiliar process and workflow | Demonstration of how to use the tool more efficiently done at meeting and answered questions/requests. Several lunch and learns scheduled | PCP group giving feedback to Dr. Solomon |
| Tool not bringing in all desired information (vital signs/future appointments/health maintenance section) | Added these features to turbo note by working with programmer | PCP group giving feedback to Dr. Solomon |

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.)

3/1/20. After approximately 2 weeks the new features were added to the tool.

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)?

Delinquent notes: 6/15/20 to 7/15/20 (delayed due to COVID)

Burnout score: post survey given 7/5/20

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.

Delinquent Notes

| DATE | Total Delinquent | Total Notes | % Delinquent |
|--------------------|------------------|-------------|--------------|
| 12/1/19 to 1/1/20 | 507 | 5650 | 9% |
| 4/15/20 to 5/15/20 | 399 | 6965 | 6% |
| 6/15/20 to 7/15/20 | 262 | 3191 | 8% |

Burnout: survey results

| Question | Pre | Post | Delta |
|---------------------------------------|--------|--------------|-------|
| Burned out (few x per week or more) | 43.00% | 33% | -10% |
| Satisfied with job | 72% | 73% | 1% |
| Time spent on EMR (High/Excessive) | 56% | 48% | -8% |
| Sufficiency of time for documentation | 72% | 52% | 20% |
| Turbo Note improves workflow | | 78% | |
| Turbo Note improves patient care | | 79% | |
| Turbo Note improves documentation | | 93% | |
| Estimated time saved | | 38 min / day | |
| Favor Turbo Note | | 69% | |
| Favor CPRS | | 11% | |

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

Yes, there were some mixed improvements in delinquent note percentage, increase in turbo note usage and improvement in post-survey results. The smart goal for time check was not met. The smart goal reduction in burnout by 20% was met. Due to COVID many notes were done at home and virtually, so the metrics are not easily compared. It is more difficult to use the Turbo Note when working from home (lack of dual monitor, slower connectivity).

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)

7/20/20 at ambulatory care meeting

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.) |
|--|--|---|
| Tool loads slowly | Adjust tool to load immediately and allow user to type while data being imported | PCPs and Dr Solomon |
| MD alone in using tool | Teach LPN and RN how to use the tool so they can help populate information (med rec, social history as examples) | PCPs, Dr Solomon, RNs and LPNs |
| Would like some pre-populated templates to be available | Added 'Dot Phrases' to HPI, Physical exam, and Plan sections | PCPs and Dr. Solomon |

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*): Primary Care

• **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 led state-wide Collaborative Quality Initiative (*specify which*):

Other (*specify*):