

## Introduction

With Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), health systems have an expedited need to deliver healthcare based on **quality** versus volume.

- Patient-centered care focus
- Quality indicator measured by Clinical Group Consumer Assessment of Healthcare Provider and System (CG CAHPS) patient satisfaction survey
  - Distributed to patients via email approximately one week after visit

This project: quality improvement interventions to **improve patient-centeredness** in one Family Medicine outpatient module (had lower scores overall than a comparable module)

## Aim Statement

Improve the CG CAHPS score “Follow-up on Test Results” in the Family Medicine gold module (~4500 patients enrolled) by 1.1% (from 63.0% to 64.1%) by March 2017.

## Acknowledgements

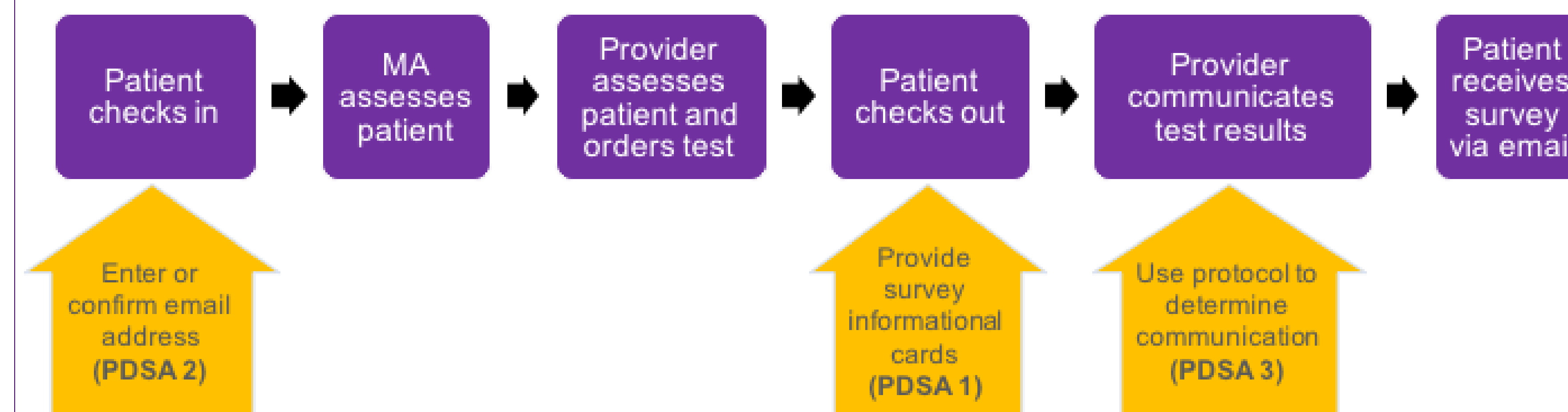
The Teachers of Quality Academy program was developed with financial support from the American Medical Association as part of the Accelerating Change in Medical Education Initiative.

This poster was prepared with financial support from the American Medical Association.

## Methods

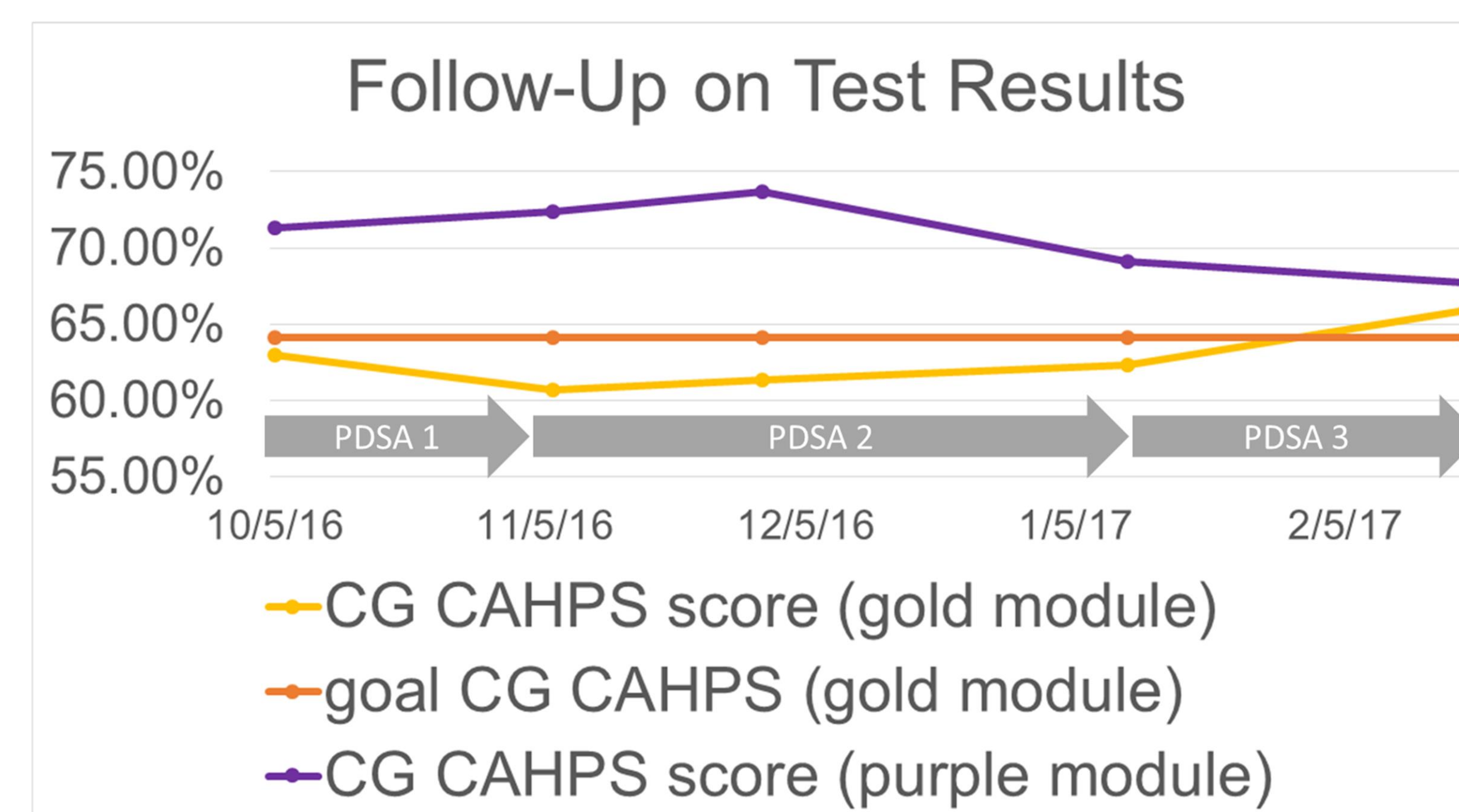
Dartmouth Microsystems Framework utilizing three PDSA (plan-do-study-act) cycles over five months in a Family Medicine outpatient clinic within an academic medical group

Gold Module Process Diagram showing where PDSA cycles were implemented



## Results

The CG CAHPS score “Follow-Up on Test Results” (the outcome measure) changed from 63.0% at baseline to 60.7%, 61.3%, and 65.9% after PDSA cycles 1, 2, and 3 respectively.



The number of completed surveys (a process measure) **increased from 54 to 91 over the study period**, however the number of invalid email addresses (another process measure) also increased from 651 to 706 (after PDSA cycle 2).

## Lessons Learned

Three PDSA cycle interventions:

- > **patient awareness**: cards at check-out
- > **patient access** to the survey with correct patient email addresses at check-in
- > **patient communication with provider** by creating a clear protocol for providers
- Successful: reached goal of patient satisfaction with test follow-up, our proxy for patient-centeredness

Barriers:

- Staff buy-in: overburdened, understaffed; reluctant to participate
- Resident buy-in: no problem with patient communication of test results or don't know how to improve upon their communication and reporting

Next steps:

- Education and individual-level feedback for the senior residents of the gold module
- EMR processes
- Chart review
- Education and schedule changes to benefit all Family Medicine residents
- Relevance of QI
- Time for module meetings

## Conclusion

While we were able to objectively increase patient satisfaction regarding test follow-up within one Family Medicine module, ongoing efforts to improve patient-centeredness and other quality indicators are needed both within this module, as well as within all of the Family Medicine outpatient clinic.