

CLINICIAN EVALUATORS: TAKE YOUR MARK!



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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.



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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.



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OBJECTIVES

Discuss two implementation outcomes and why they are important for clinicians to measure and report.

Name sources of data that are accessible to clinicians in healthcare settings.

Describe a range of dissemination activities that can have impact.

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BRIDGE EXERCISE

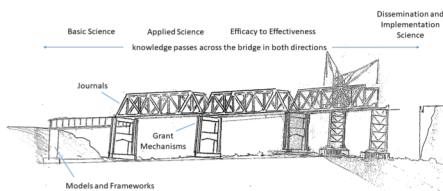


Illustration credit: Joseph A. Polaha Jr.

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EXAMPLE I

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EXAMPLE 1 ADOPTION OF PHYSICIAN REFERRAL PROCESS



Problem: Complex patients represent patient population often with the most problems, least resources and highest cost of care.

Action: Complex patient clinic developed to move towards a patient-centered approach to caring for complex patients. During implementation, various methods of enrollment in complex patient clinic utilized. Physicians have been trained on criteria that qualify a good candidate for complex patient clinic.

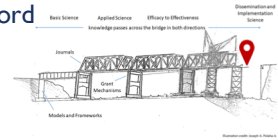
Question: Do risk assessment screening tools vs. a physician referral process result in better treatment reach?

Adopt: Do physicians adopt the referral method?

Reach: % of patients who receive low (just the assessment), medium (assessment plus some services) and high "dose" (completion/graduation) of team care intervention

Data:

- Electronic Health Record
- Physician feedback
- Appointment data
- Payer-provided information



THE BRIDGE

EXAMPLE 2

HOW FAR TO REACH: IDENTIFYING UNDERSERVED STUDENTS FOR A PCBH MASTER'S TRAINING PROGRAM

Goal

Recruit students of Color and lower income students for PCBH Master's Level Training Program (2nd Yr. MSW/MSOT)

Questions

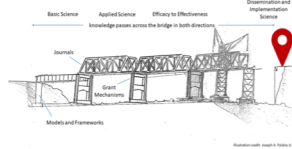
- How far to REACH?
- Do students receive information about the training program?
- What factors affect the choice of training options?
- Of those REACHED, what percentage enroll in the program?

DATA -----BRIDGE

Data Sources / Issues

~~Business Office~~
Incomplete Data

Self-Report
Issue: Response Rate



HOW FAR TO REACH: IDENTIFYING UNDERSERVED STUDENTS FOR A PCBH MASTER'S TRAINING PROGRAM

All First Year SW and OT Students

All Jnr/Snr Undergraduate SW and OT

All Current Undergraduate Students

All Potential Students in NH

All Potential Students in New England

All Students in the U.S.



Internal Department Lists
Self-Report Surveys

Internal Department Lists
Self-Report Surveys

Not Feasible

Reach AND Ongoing Evaluation

R =

Enrolled 
Received Marketing 

Value to This Approach

- Baseline enrollment data
- Can test marketing strategies by year and across programs, i.e. F2F, OL, Hybrid

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EXAMPLE 3

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TIMELINE

A shared burden: A recognized need to improve efficiency for medication refills

Patients
Medical Assistants
Residents and Faculty

Current problem:

Not patient centered
Extra burden on patient
Extra burden on providers

Phase I of solution:

Pharm.D. requested to create a protocol
Established a stakeholder committee
Physicians
Medical Assistants
Residents
Administrators

Protocol development:

A week to prepare the protocol
6-8 weeks for approval
Implement into Cerner (EHR) after that

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Data sources:

ADOPTION

Number is # of pts for whom MAs used protocol / Denominator is # pts for whom the protocol was relevant

REACH

Numerator is # of refill requests (via Cerner) / Denominator is # of total calls

OTHER

Patient satisfaction with new refill
Resident satisfaction, attending satisfaction and workload
Medical Assistant satisfaction

Implementation and scaling:

Second site added and a third site on board
Would like to assess ease of adoptability of new protocol based on clinic location and history (# of patients calling in to use the new protocol)

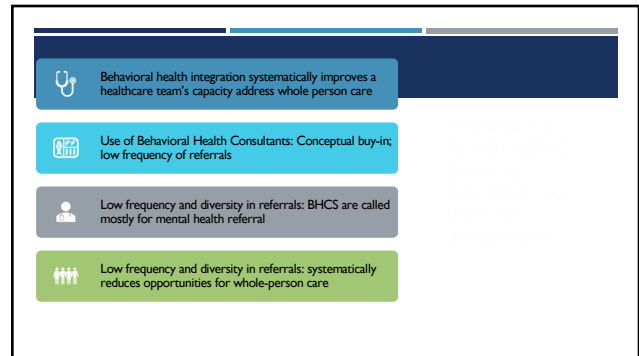
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EXAMPLE 4

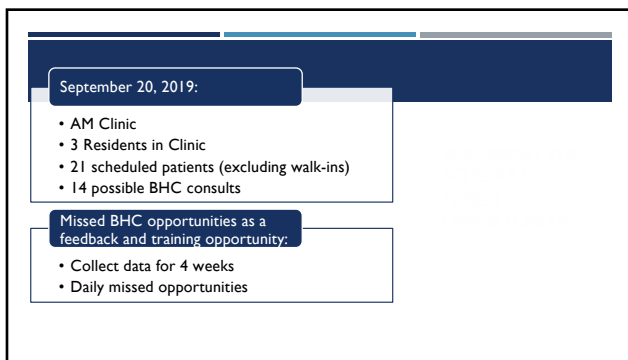
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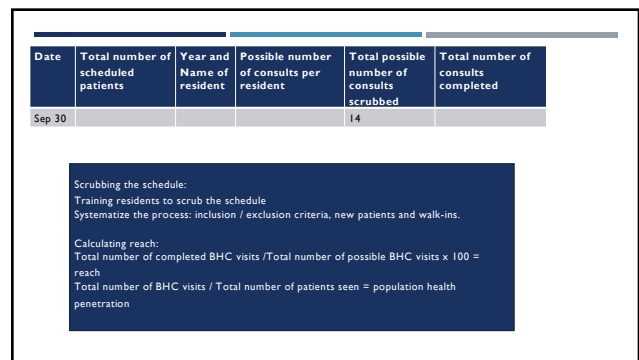
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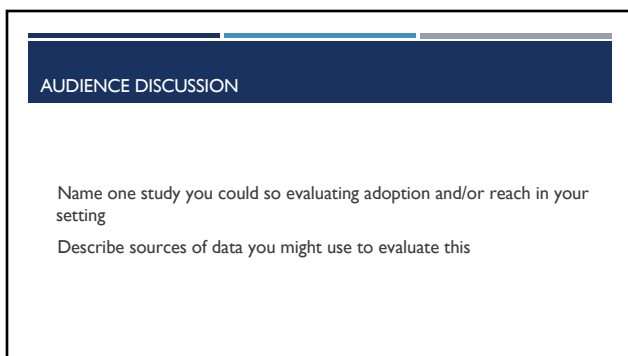
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DISSEMINATION

Goals of dissemination

Your Clinic: how are we doing? what changes do we need to make?

Clinical/Policy Community: what innovations might help us with this problem?

Scientific Community: how can we study this better?

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DISSEMINATION

Your Clinic:

Clinical/Policy Community:

Scientific Community:

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Bibliography / Reference

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2. Peek, C.J., Cohen, D.J., & DeGruy, F.J. (2014). Research and evaluation in the transformation of primary care. *American Psychological Association*, 69(4), 430 – 442
3. Polaha, J., & Sunderji, N. (2018). A vision for the future of *Families, Systems, & Health*: Focusing on science at the point of care delivery. *Families, Systems, & Health*, 36(4), 423-426.
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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.



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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.



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Join us next year in Philadelphia, Pennsylvania! Thank you!

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