

The Introduction of an Electronic Workflow Document in the Primary Care Setting to Increase Staff Participation and Accountability in the Attainment of Value Based Care Measures

Clinical Problem

- Healthcare is undergoing a fundamental shift from Volume Based to Value Based care
- The transition to Value Based Care in the primary setting will require re-alignment of staff roles for success
- This transition will require a team based approach that will present significant challenges to practices accustomed to provider driven styles
- The accountability of staff and providers together will be essential for success

Purpose

To develop and implement an electronic workflow document independent of the electronic medical record (EMR) to define pertinent Value Based care measures and the staff responsible for noting their presence in the EMR. This will allow for gaps in care to be clearly revealed to provider and addressed with patients

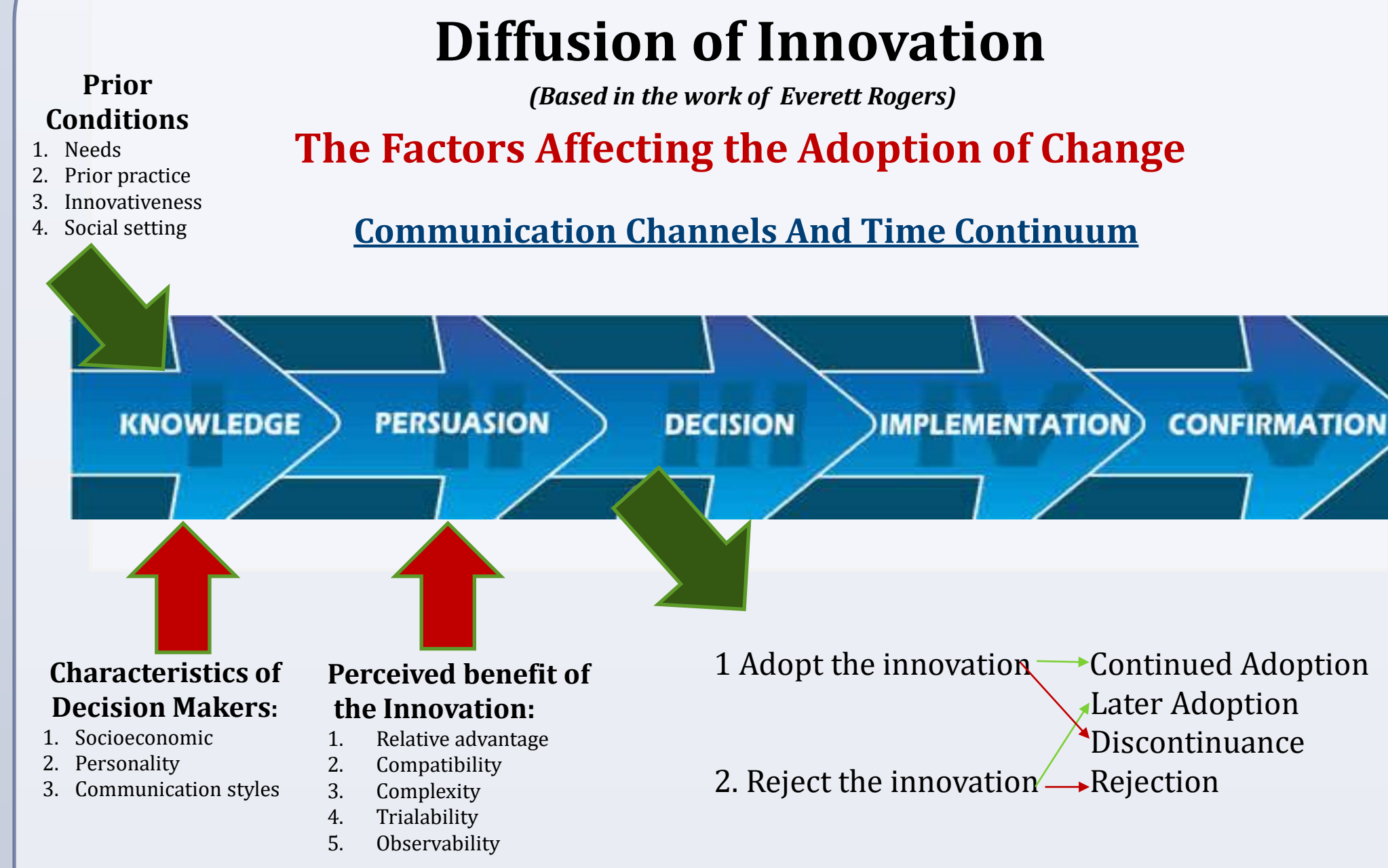
Objectives

- Design an electronic checklist by which staff roles and workflow are defined for tracking of VBC measures
- Educate staff on the VBC measures and their roles
- Implement electronic workflow document
- Evaluate staff accountability in their defined roles

Literature Review

Van Gompel et al. (2016)	This study reported that exposure to patient-centered, comprehensive care driven from within the practice setting resulted in increased adherence to health screenings
Reiss-Brennan et al. (2016)	Those practices engaged in a team based approach revealed increased quality and reduced costs to the healthcare system through less utilization
Feder et al.(2011)	A risk adjusted capitated approach resulted not only in increased health screenings, but more appropriate use of antibiotics, increased payment to providers decreased cost to the health system and increased provider satisfaction
Berenson et al. (2016)	Reviews the benefits of motivation for quality outside of financial gain. Notes the value of communication and coordination are essential for staff to achieve quality.
Turusbekova, et al.(2007)	Defines accountability in terms of: 1. Clarity of expectations 2. Social support 3. Individual responsibility in relation to that of others. Offers that quality management relies on formalized procedures

Theory



Measures

- Quality process improvement project
- Primary Measure - Staff accountability measured by a comparative ratio of measures attained to measures assigned
- Secondary Measures- comparison of the number of Value Based Care measures attained pre and post study

Intervention

- All applicable Value Based Care Measures were compiled as provided by insurers, HEDIS measures, PCMH standards, and ACO requirements
- Electronic workflow document was created aligning staff roles to measures
- Staff was educated on purpose and use of the document

Procedure

- The document is opened one week in advance of well and follow up visits
- Front office staff address measures assigned: currency of mammograms, colorectal screens, depression and falls risk screening measures etc.
- Nursing address: medication management, evidenced based components of chronic disease states i.e. DM, CAD, COPD, Depression and asthma
- Provider accesses document and views gaps in care now clearly illuminated. Provider addresses these in EMR and provides appropriate health coaching and captures these in accurate coding

Findings

Figure 1. Analysis of Team Accountability

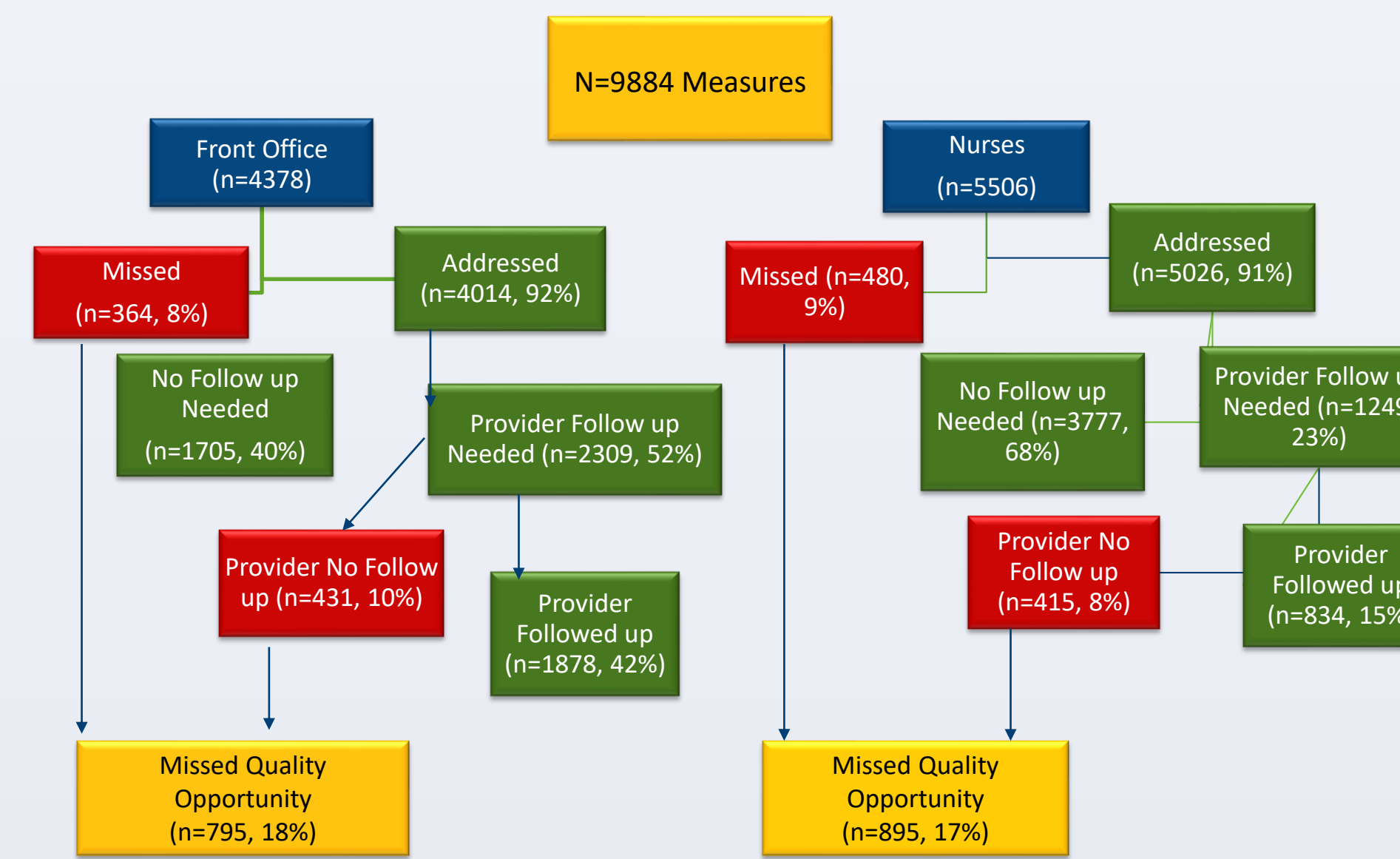


Figure 2. Cumulative Staff Accountability

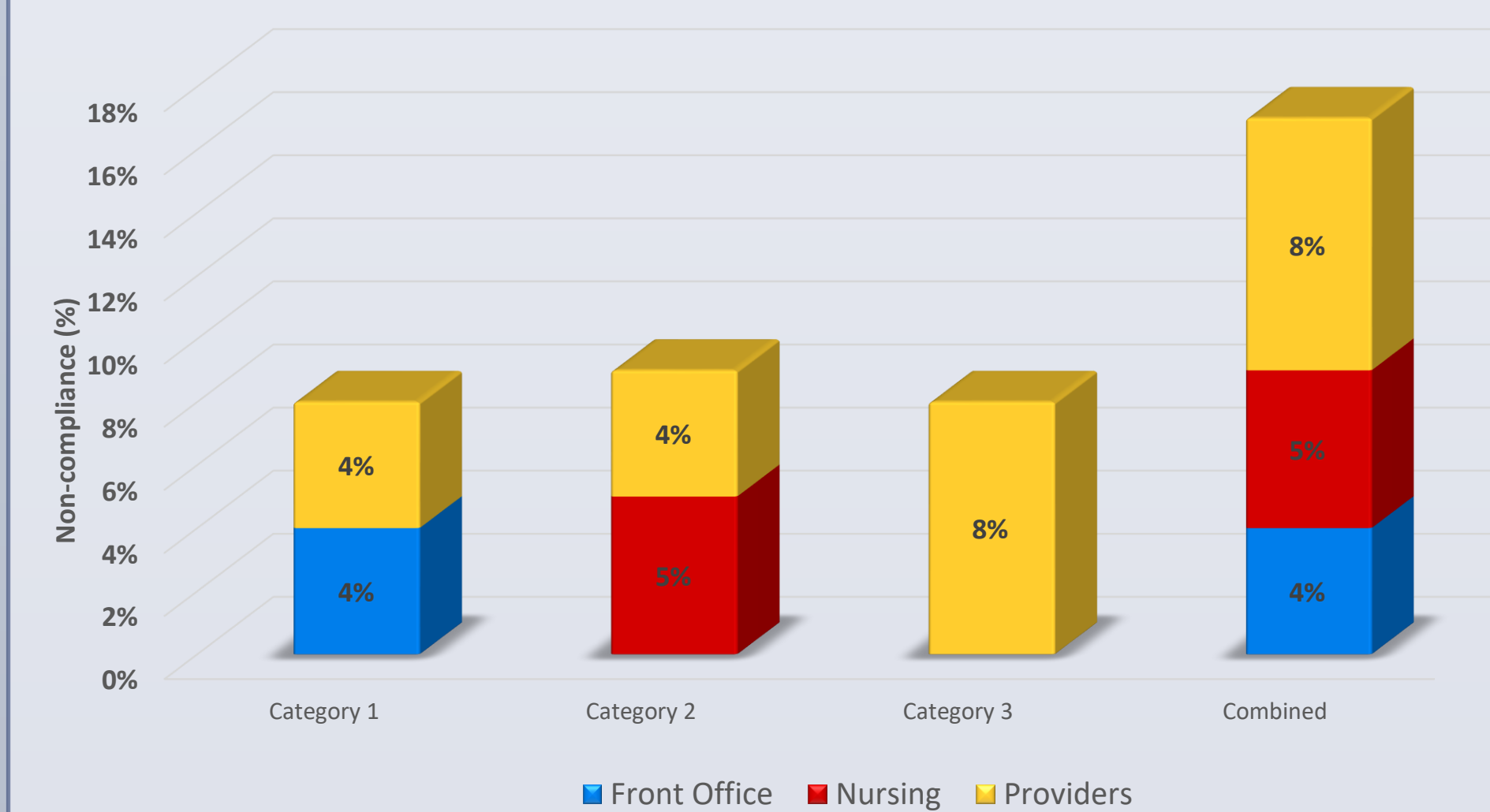
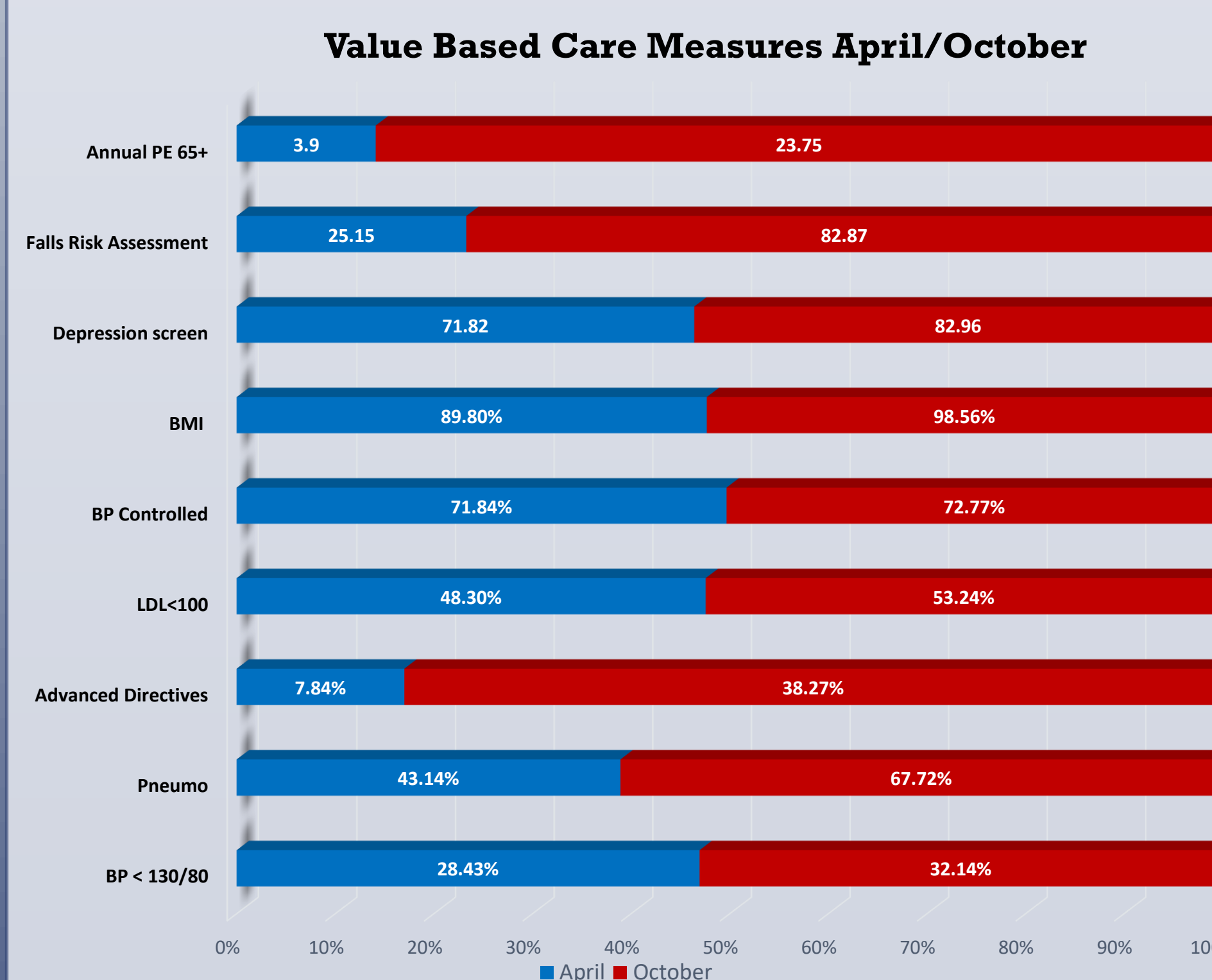


Figure 3. Pre and Post Value Based Care Measures



Discussion

The Workflow Document:

- Provided clarity of staff roles and expectations for pre-visit planning
- Effectuated a successful transition to a team based approach
- Provided effective measure of staff accountability
- Clearly defined staff roles and workflow processes. This, combined with the ability to measure staff accountability, drove significant improvement in quality measures in the transition to Value Based Care.

Significance to Nursing Practice

- Both team based models of care and measurements of individual accountability will be essential in the transition to value based care and the attainment of its Triple Aim objectives
- Pre-visit planning and workflow processes that clearly define staff roles in an organized systematic approach are a strategy that can aid in the successful transition to value based models

Conclusion and Future Considerations

- The use of electronic data to track and analyze workflow processes can lead to improved, evidence-based strategies that may result in better patient outcomes
- Strategies and methodologies such as the workflow document that facilitate ongoing analysis of accountability and quality data are well suited to implement quality improvement initiatives

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References available upon request