

# Clinical Safety & Effectiveness Cohort # 15

# Decreasing Health Disparities for Hispanic Patients with IBD



SAN ANTONIO

**Educating for Quality Improvement & Patient Safety** 

## The Team

#### Members

- Yasmin Alishahi, MD
- Joanna Linsteadt, MD
- Richard Contreras, IT Specialist
- Ellen Gu, IT Specialist
- Karen Aufdemorte, Facilitator

#### Sponsor Department:

- Glenn Gross, MD, Chair of the Department of Medicine, Chief of the Division of Gastroenterology
- Tisha Lunsford, MD, Program Director, Division of Gastroenterology

### AIM STATEMENT

 Improve the pneumococcal vaccine documentation rates in clinic notes for Hispanic population with inflammatory bowel disease seen at the RBG gastroenterology clinic from 32% to 50% by January, 2015.

## **Project Milestones**

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AIM statement created

- Weekly Team Meetings 10/3, 11/1, 1/8
- Background Data, Brainstorm Sessions,
   Workflow and Fishbone Analyses
- Interventions Implemented
- Data Analysis
- CS&E Presentation

August 2014

August 2014

9/5, 9/11, 9/29, 10/1,

9/16, 9/29, 10/1, 10/3

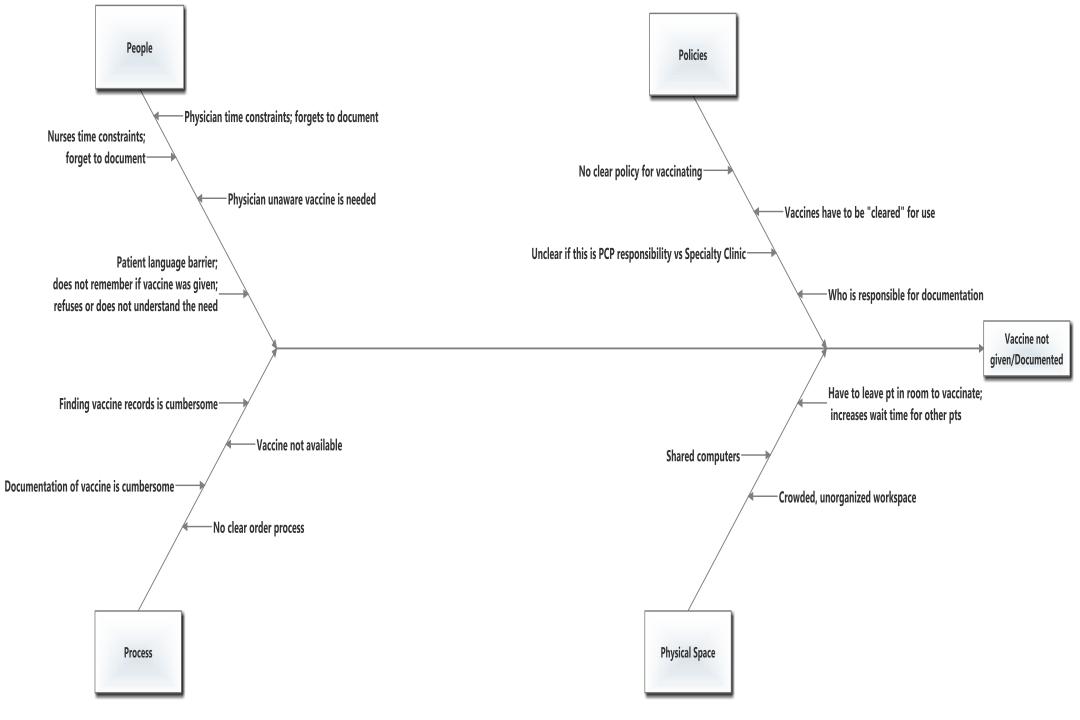
11/2014 - present

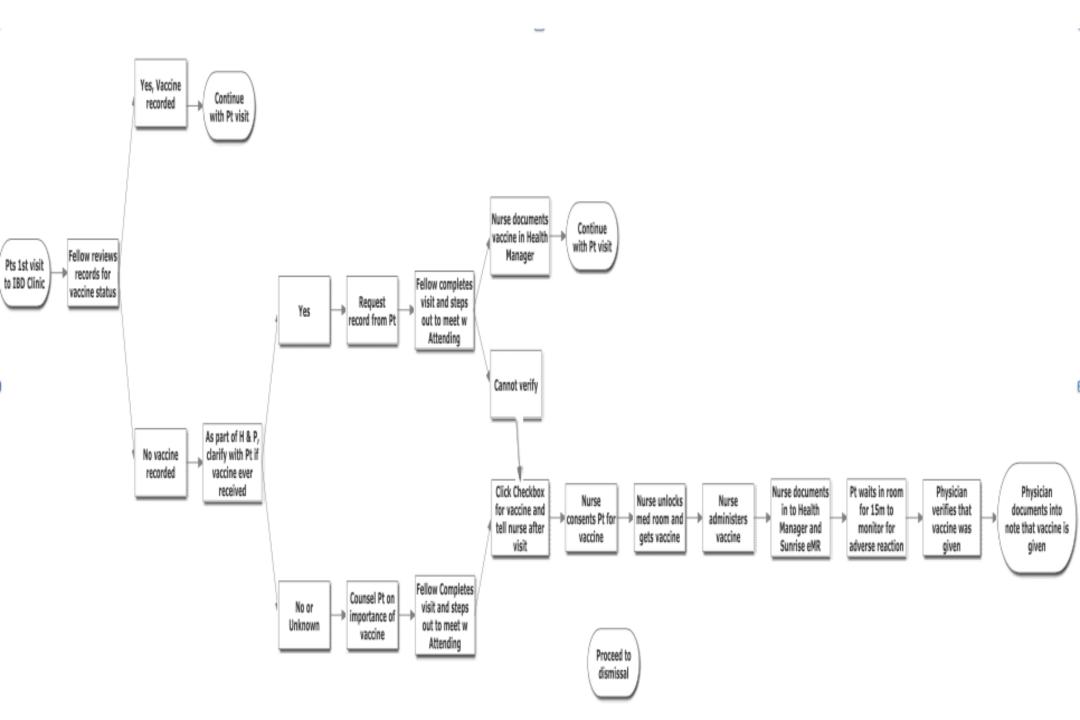
11/24/2014 – 1/14/2014

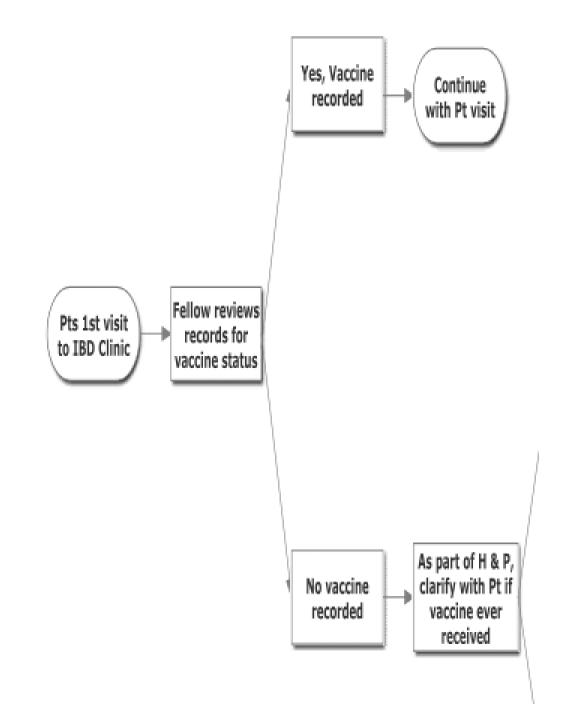
1/23/2014

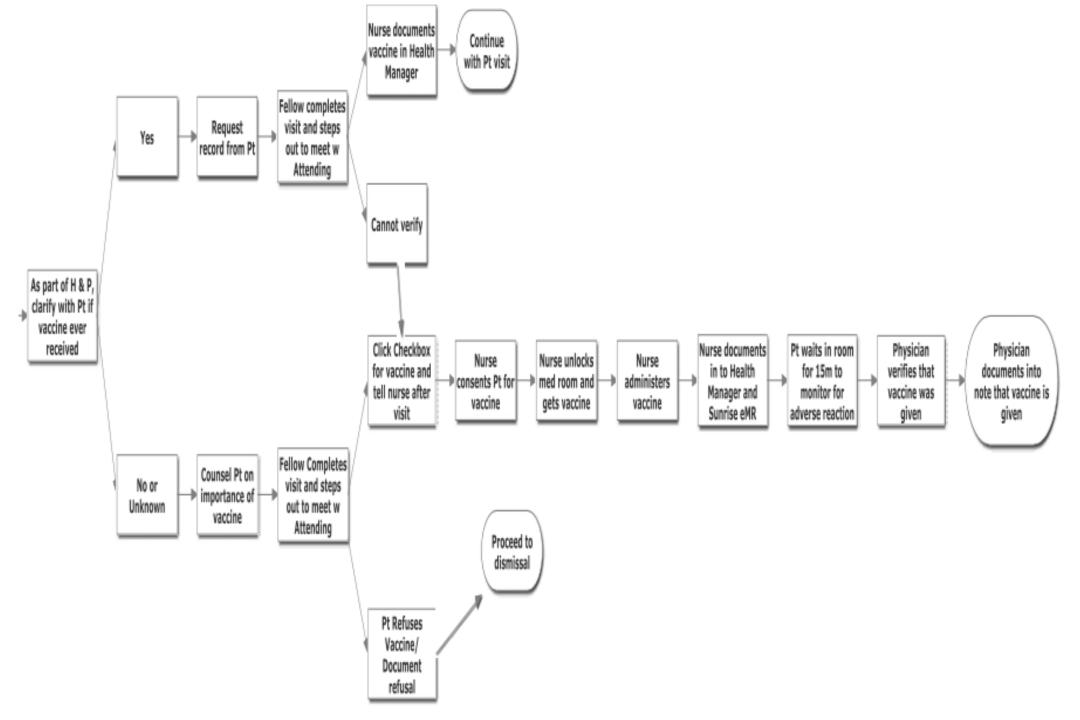
## Background

- Gastroenterology society guidelines state that ALL patients with IBD should be vaccinated with the pneumococcal vaccine
- Literature shows that vaccination rates are variable
  - No standardization of the practice
  - No policies
- Importance of vaccination
  - Patient safety: protection from preventable illness
  - Reimbursement: meeting PQRS standards may prevent deduction in payment





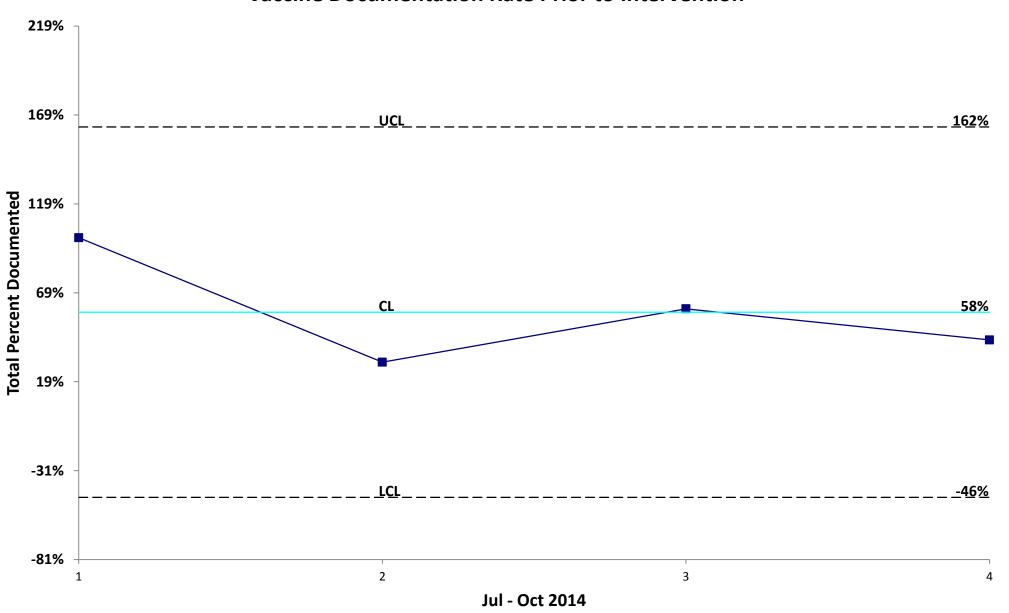




#### **Pre-intervention Data**

- Collected data through Sunrise EMR and IDX
  - Used ICD-9 codes to identify our group of patients
  - Vaccination data was collected through Immunization manager
  - Documentation data was collected by chart review
- Overall vaccination documentation rate preintervention showed an average of 32%
  - Calculations were performed using the total number of vaccines documented divided by the total number of vaccines given
  - The data points on the SPC charts represent these ratios over time

#### **Vaccine Documentation Rate Prior to Intervention**



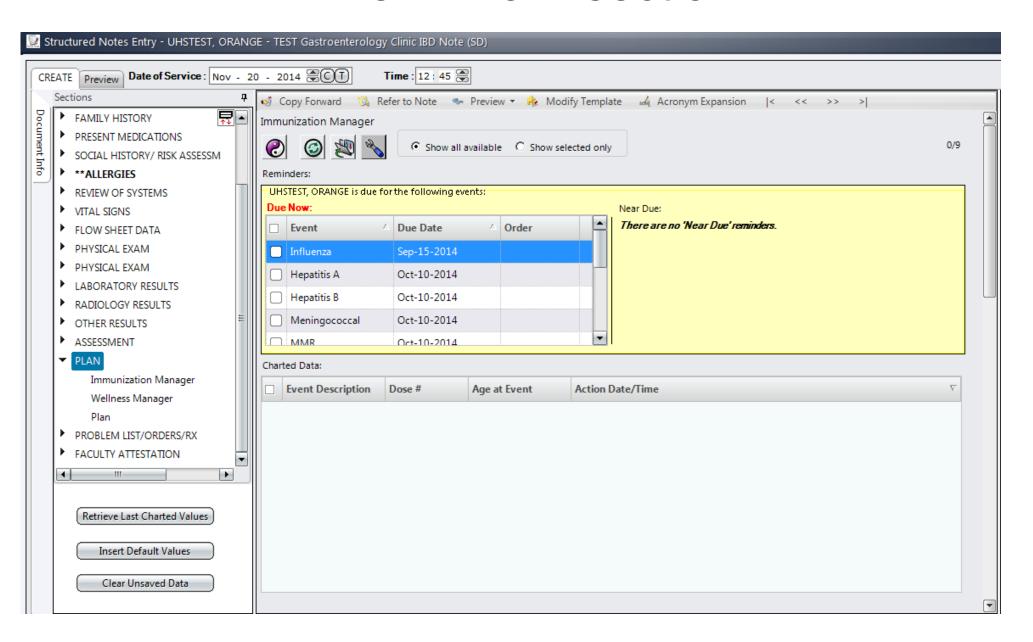
## **PLAN: Intervention**

- Problem identified: variation of the documentation of the pneumococcal vaccine in the traditional GI clinic note for IBD patients
  - Difficult to tell who has been vaccinated and who has not
  - This leads to delays in vaccination or possible inappropriate revaccination
  - Difficult to capture data on vaccine rates
- Intervention: Implementation of a standardized note template in order to make it easier to identify those in need of a vaccine
  - This is a re-design of the standardized Gastroenterology Initial
     Clinic Visit note

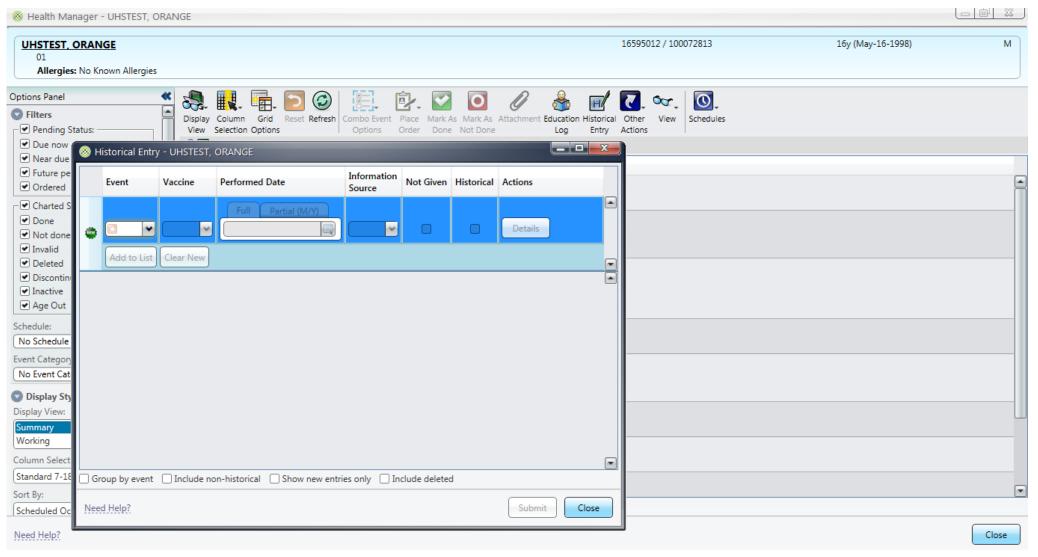
# Intervention Design

Note title: Gastroenterology Clinic IBD Note

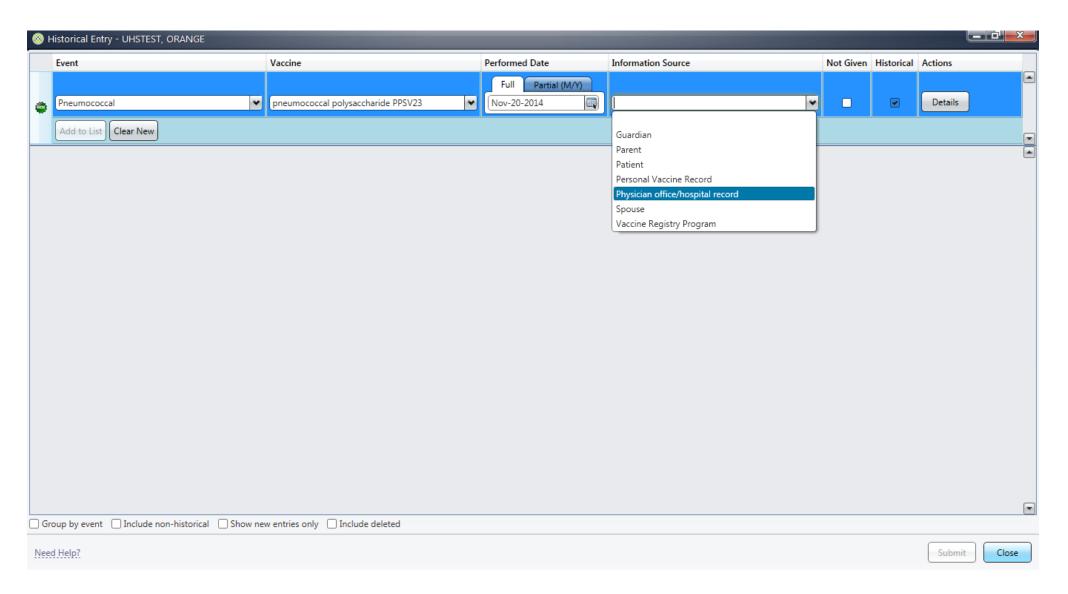
### New "Plan" section



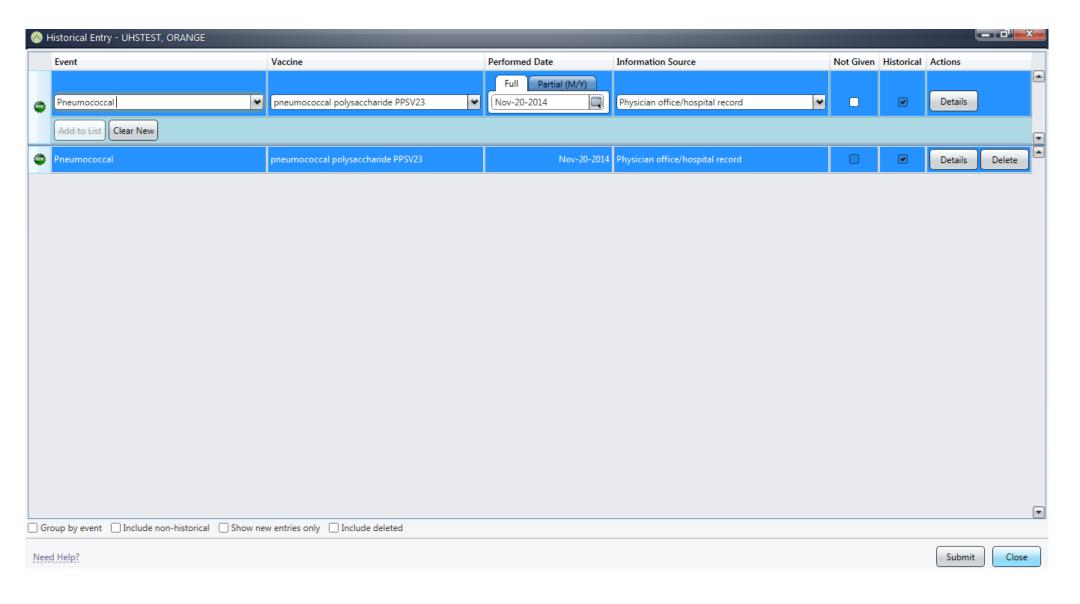
## Immunization Manager



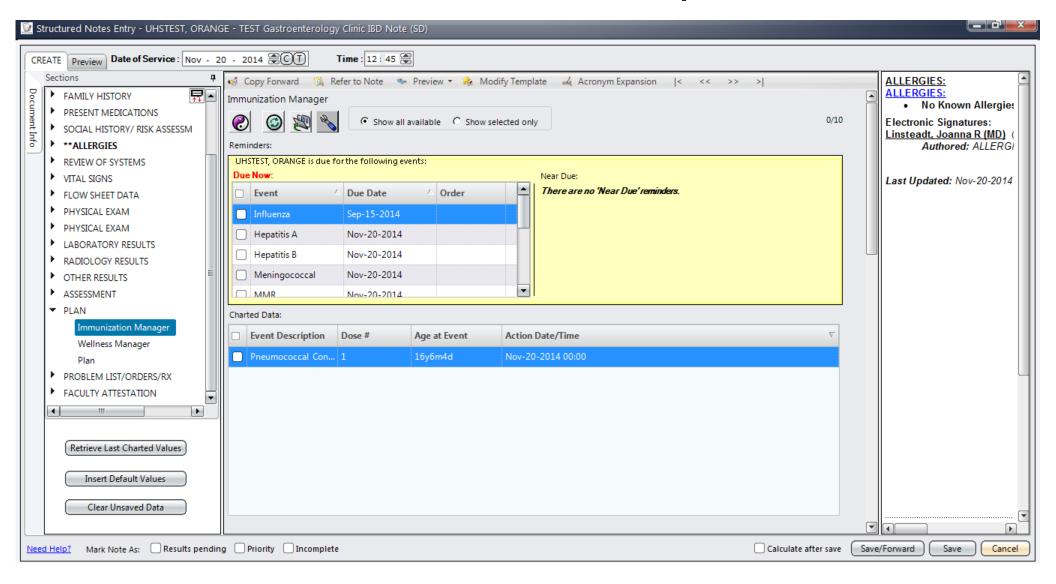
### Vaccination Documentation



### Vaccination Documentation



## Documentation complete



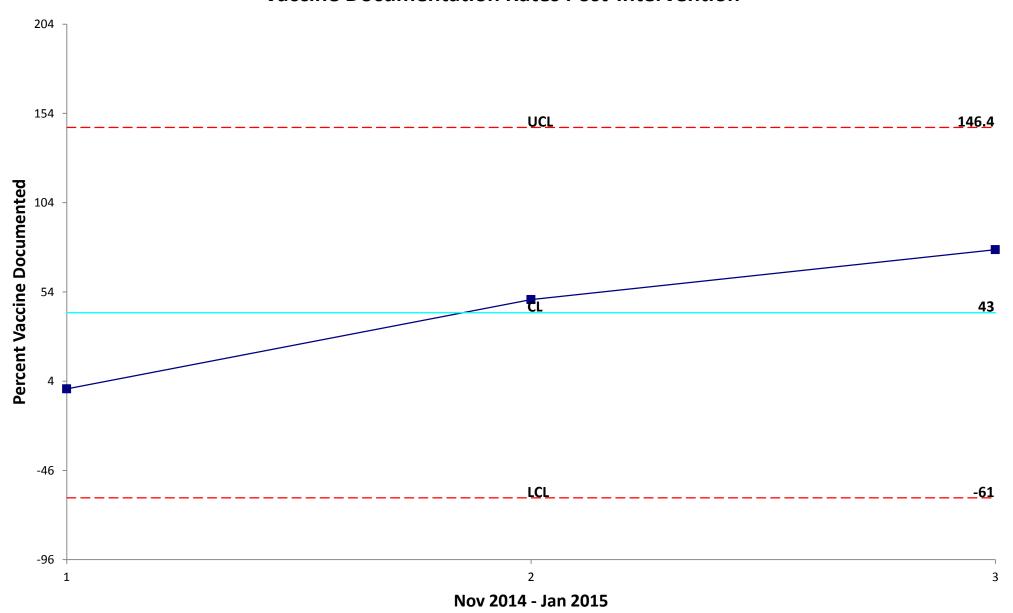
## **DO: Implementing the Change**

- Note template created and revised
- Divisional meeting informing the faculty and staff of the new standardized note and when to use it
- Email instructions were sent with step-by-step screenshot instructions of when and how to use the new note
- Live note implemented on 11/24/2014

# **CHECK:** Results/Impact

- The average rate of vaccine documentation increased to 55% overall
  - There were not enough data points to show a clear improvement but the trend was towards improvement as time progressed
  - The data points on the SPC charts represent the ratios of the vaccine documentation rate divided by the actual vaccination rate over time
  - The number of patients vaccinated (not necessarily documented) improved from 50% pre-intervention to 74%

#### **Vaccine Documentation Rates Post-Intervention**



# **ACT: Sustaining the Results**

- The biggest barrier seemed to be difficulty changing habit in the use of the old note template
  - Medical assistants usually start the note and they are not sure which patients this note can be used for
  - This caused a delay in seeing the true impact of the intervention
- We plan to have medical assistants start the patient visit with "Med Clinic Intake Note" rather than starting the actual note template
- Use of the note will become standard information in orientation of new fellows

### **Return on Investment**

#### Direct ROI:

- Cost of the pneumococcal vaccine: \$41.49
- Reimbursement for administration: \$77.85
- Increase in revenue per vaccine billed: \$31.36

#### • Indirect ROI:

- Potential penalty avoidance through CMS PQRS reporting: -2% for not reporting
  - Follow up visit: \$108.76 x 556 visits/year = \$60,035. 52
    - -2% penalty = \$1,200.71
  - New visit: \$164.96 x 108 visits/year =\$17,815.68
    - --2% penalty = \$356.31

## What's Next...

- Continue the use of the standardized note template with the goal if increasing our pneumococcal vaccination and documentation rate
  - Implement further IBD PQRS into the standardized note template for improved patient care, documentation and billing
- This type note template could possibly be used among other departments for documentation of health maintenance parameters

# Thank you!



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