



DAVIES COMMUNITY HEALTH AWARD – COMMUNITY HEALTH ORGANIZATION

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- Title of Case Study: Workflow

Executive Summary

Mountain Park Health Center’s mission is to provide access to affordable healthcare within the communities we serve. We have been providing care to greater Phoenix community since 1983. Mountain Park has 5 full service Joint Commission-certified PCMH clinics, a YMCA based Pediatrics and Dental clinic, and two school based clinics. Our primary integrated care model reaches over 70,000 patients and we provide the community with over 365,000 encounters annually.

Mountain Park serves nearly 28,000 adult patients. Out of those, nearly 1/3 are eligible for colorectal cancer screening. Prior to the implementation of our Electronic Health Records (EHR) system, the efficacy of screening patients was subpar. The paper chart world did not have a way to target eligible patients for cancer screenings, let alone colon cancer specifically. Our goal to have 30% of eligible patients screened was never realized prior to EHR implantation.

Post implementation, our screening rates increased to 39% in 2014, and a marked improvement over the paper system. Mountain Park leadership was happy with the increase, but recognized there was more we could do. A review of workflow and clinical decision support allowed us to increase the screening rates to 56% in 2015, and we are on track to surpass 60% in 2016. Recognizing Mountain Park serves underserved and disenfranchised populations in MUAs (Medically Underserved Areas), combined with the colon cancer screening test requiring patients to submit stool samples and return the samples to the clinic, our percentages are worth celebrating.



Background Knowledge

Mountain Park is a federally qualified, private non-profit, community health center (FQHC). We have 8 clinic locations in metro Phoenix, serving nearly 70,000 patients and providing the community with 365,000 medical visits annually.

Mountain Park embraces a whole patient approach to healthcare. Our clinics are large enough to provide Pediatrics, Women's Health, Adult Medicine, Dental, Pharmacy, and Integrated Health Services which includes behavioral health, dietetics, and clinical pharmacists.

We have over 130 providers serving our patients daily. Together we deliver 1,830 babies annually, e-prescribe 250,000 prescriptions, immunize over 95% of our pediatric patients under 2 years old, and provide access to cancer screenings for our adult patients for three main areas: breast, cervical and colon cancers. Our cancer screening rates are phenomenal...60% of eligible patients have completed the colon cancer screen, and 81% of patients have had their mammogram completed.

This data proves our desire to use EMR technology to improve patient health has been successful. Without the ability to analyze data, identify patients eligible for screening, monitor patient adherence and provide staff with the tools to manage patient health efficiently, we were missing opportunities to care for our patients.

Intended Improvement/Outcome

In 2012, after fully implementing our EHR system, it was discovered our colon cancer screening rates were abysmal, hovering around 30%. In 2014, baseline data showed 39% of eligible patients were completing the screening test. A significant change in the workflow to identify eligible patients and monitor compliance was developed. These interventions, which would not have been possible in the paper chart world, allowed our screening rates to increase significantly. In 2015, our screening rates were 56% for eligible patients. Current data shows screening rates continue to rise, and we anticipate fiscal year 2016 will have an additional 10% increase in patient screenings. Unfortunately, random documenting in the EHR presented varied clinical results on rates of screening from site-to-site. Although care team members were documenting the needed information in the EHR, it was not being recorded as structured data or flagged for tracking.

Prior to all clinics being on the EHR, we had an inefficient paper process to track colon cancer screening. This inefficient process continued after all sites were live on the EHR.



1. The provider was completing a referral to have the referral clerks set up an appointment for the colonoscopy.
2. After the patient completed the procedure, the colonoscopy results were electronically faxed.
3. Medical records would assign the document to the provider.
4. The provider would review the results and assign the document to a folder in the EHR. Although this was happening in the EHR, there wasn't a unified approach to selecting a folder. For example, one provider may put the document in the procedure folder and another may place it in the consult notes folder.
5. This led to the need for a manual chart review to capture colon cancer screening rates for UDS.

Mountain Park realized there was an opportunity for workflow redesign. We needed to meet our goals for UDS and establish a standardized process for documentation and tracking of patient results.

Design and Implementation (Governance, Selection Process, Testing)

Mountain Park completed a workflow redesign. A crucial step in this process was getting buy-in to standardize the workflow. The EMR management team asked the Provider Champions (PCs) team to work in conjunction with the EMR Training Specialists to develop a smart optimized workflow. The following goals were set:

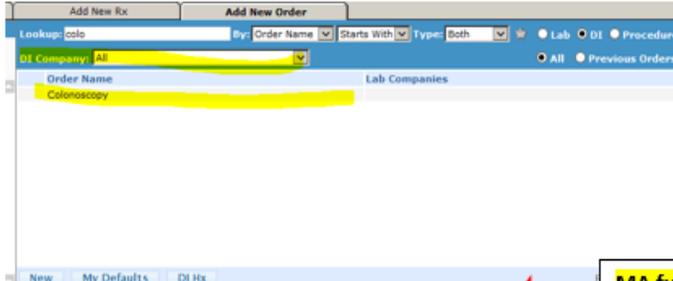
- Review current processes and pick a best practice, PCs then test the workflow
- Design a reporting/tracking mechanism to measure success of the newly implemented workflow.
- Communicate and rollout the redesigned process.
 - The champion user group and the provider champions attended staff meetings to communicate changes after piloting was completed.
 - They worked with staff during the roll-out phase to ensure the process was followed.
 - Provided a feedback mechanism for issues and troubleshooting, if needed.
- Staff continue to follow the patient through the process, providing reminders as needed through the EMR by utilizing the Clinical Decision Support System and action reminders for follow up.



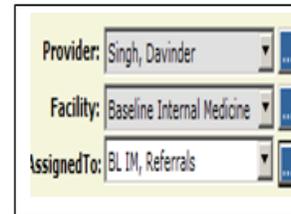
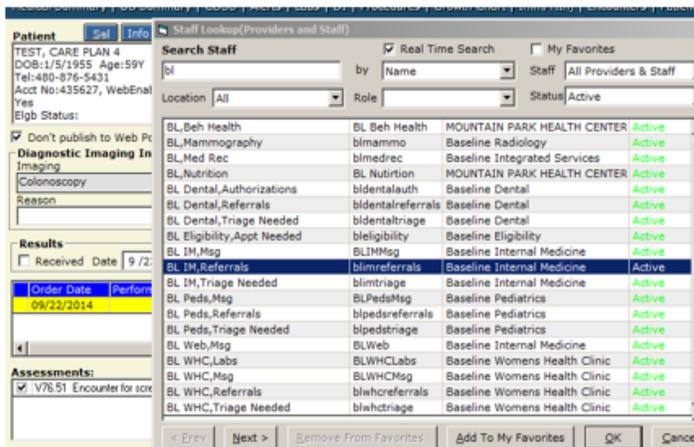
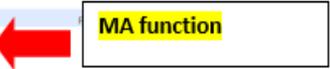
How Was Health IT Utilized?

Once the teams began working together, the workflow standards were able to fall into place. The teams relied on the UDS process developed by the vendor to capture the results for colon cancer screening.

1. Provider will create the order in the treatment window under DI and choose the appropriate assessment-V76.51



2. The DI will be assigned to the referrals bucket.



1. Search for "Colonoscopy"

		Show CC List		Show Cancelled Orders		New Delete Cumulative Report					
HM	S	O	W	Order Dt	Coll Dt	Result Dt	Imaging	Reason	Result	Received	Reviewed
✓		V		09/04/2014	09/04/2014	09/04/2014	Colonoscopy			Yes	No
		V		03/24/2014		07/18/2014	Ultrasound : Abdomen	Fetal Growth	Normal	Yes	Yes
		V		03/24/2014		03/24/2014	X-Ray FINGER(S)	joint pain		Yes	No
		V		03/24/2014		03/24/2014	X-Ray CHEST 2 VIEWS	screening		Yes	No

Don't publish to Web Portal

Diagnostic Imaging Information

Imaging: Order Date: Performed Date:

Reason: Body Site:

Results

Received Date: Result:

Order Date	Performed Date						
09/04/2014	09/04/2014						

Value Derived

The value added outcomes of the workflow standardization project have been many. All team members at Mountain Park are currently on the same page for on-line data entry in the EHR and have reached consensus on the most optimal and streamlined methods to use the medical and dental systems. The benefits of the combined efforts include its ability to:

- Expand the knowledge base of all team members.
- Gain workflow efficiencies in how team members are using the EHR.
- Avoid duplication of effort.
- Reduce risk and eliminate errors.

The ability to target patients eligible for colon cancer screening has been transformational for our population. This has been magnified by the ability to monitor patient compliance real time. A UDS measures training packet has been created and a provider checklist was developed (**Figure 1**). Individual provider score cards help the clinical leadership work with each provider at an individual level (**Figure 2**)



Figure 1

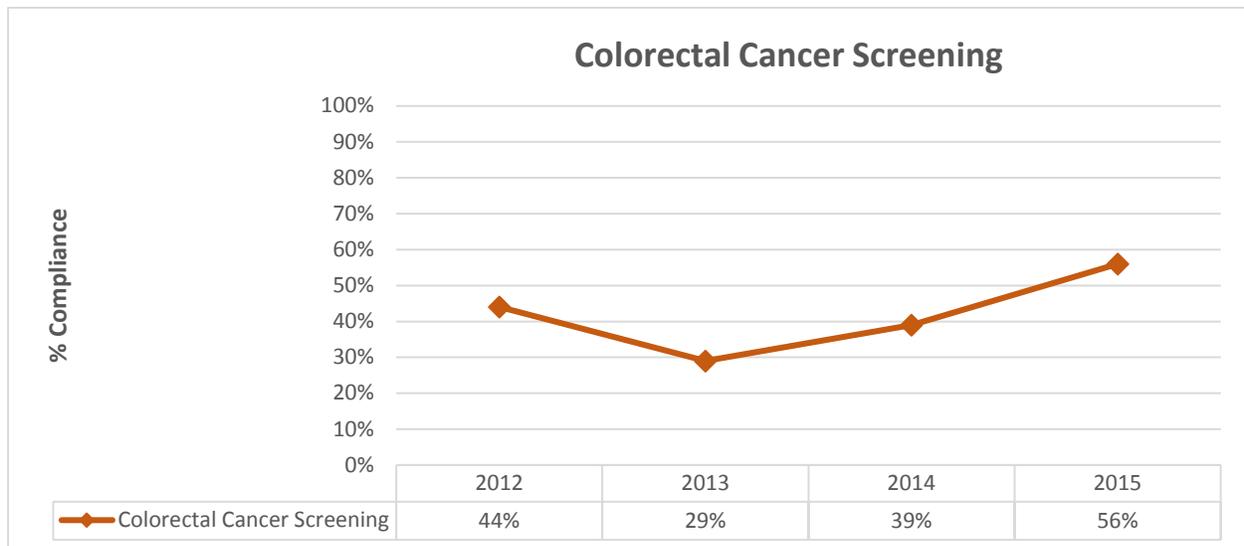
- ADULT/WHC:** Cervical cancer screening-
 - i. If pap not ordered by us- get results by fax, create order, marking the three (Rs)
- ADULT:** Colorectal screening
 - i. Creating the new order under DI, Attach the results, marking the three (Rs)

Figure 2

	A	B	C	D	E	F	G
1	UDS Clinical Measures Scorecard for Willis, Sam						
2							
3	Measure Name	My Denominator	Goal	My Rate	Site Rate	Dept Rate	Meeting
9	Colorectal	505	33%	71%	58%	56%	Yes

MPHC has improved significantly its colon cancer screening rates as demonstrated in the graph below.

Figure 3



There was a small dip in the percentage of patients screened from 2012 to 2013. This was expected as we moved from a paper system to a fully electronic system. Our first reporting period where we utilized our EHR to fully capture data was 2014.



Lessons Learned/Change Management

In order to insure screening rates remain consistent across all clinics, clinical leadership tracks data on a monthly basis by reviewing individual provider scorecards. The Clinical Informatics team is responsible for pulling and generating the information.

Providers that are not meeting established goals are identified, and additional coaching and/or training is immediately provided as needed.

Financial Considerations- Cost of Implementation and ROI

Capital funds were not required for this initiative. The design and development needed to complete the changes were completed by the internal Mountain Park team. Although Mountain Park does not currently have any quality based contracts or pay for performance agreements, we are in conversations with health plan leadership to discuss the quality breakthroughs we are currently experiencing.