



Quality Improvement *NEWS*



American College of Physicians

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Welcome to *QI NEWS*

Welcome to QI News, a quarterly update of all the exciting quality improvement programs available to you at ACP. At ACP we're committed to providing the physician practice team—the physician, nurse, allied health professionals, and office administrators—with the tools it needs to continually improve the delivery of care to patients. Our programs cover a wide variety of clinical areas important to internists and other primary care physicians, and are based on nationally recognized performance measures.

Please read on to learn more about how you can participate in our innovative quality improvement programs.

www.acponline.org/ACPQI

Benefits of Participation in ACP Quality Improvement Programs:

- Free participation. No tuition or registration fees
- Traditional and Practice Improvement CME credit
- Access to educational materials, chart tools, patient tools, data abstraction forms, and support materials
- Data reports on your practice measurements
- Access to ACP's most eminent faculty, who will give you hands-on advice and coaching throughout the program
- Assistance with IRB approval—ACP Quality Improvement programs are IRB-approved, and we can provide you with any IRB-approved materials to assist with IRB approval at your institution

Most programs accepted by the ABIM for Part IV Maintenance of Certification (MOC) credit

QI NEWS quote



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Making Time for Quality

by Joseph W. Stubbs, MD, FACP

How often do you take time to sit down with your staff to discuss office issues or strategic planning? Almost never in my office. How about talking about quality and practice improvement?

Addressing processes of care and improving quality is daunting. In my training, we worked very hard improving our knowledge about the diagnosis and treatment of diseases, but hardly touched the subject of evaluating processes of care and working as a team. Too often, getting things done involved a team of only one—me.

Today, however, I work in a group practice with eight other physicians, and our team consists of front office people, lab technicians, nurses, diabetic educators, an IT engineer, mid-level providers, and business office personnel. When it came to clinical processes, my nurse would put patients in the room, check the vitals, and review the medications. I would essentially do the rest.

It was my responsibility not only to answer all the patients' immediate concerns and questions, but also be sure they were up to date on all their preventive studies and all recommended processes of care. My overall batting average was about .237—hardly a All-Star performance. I simply did not have the time to do them all.

To figure out a better approach, I signed up for the ACPNet COPD project. This project, along with all ACP quality improvement projects, are a free benefit of membership. These programs are useful for internists regardless of their level of expertise or type of practice environment.

The most eye opening part of the whole project was the initial assessment of my practice. Just because I was aware of best practices did not mean I implemented them. I did pretty well in offering smoking cessation, but was atrocious in monitoring pulse oximetry and spirometry. The program forced me to develop a team approach to quality improvement. Further, it forced me to take

“baby steps,” deciding on short, precise goals on which to proceed with clear, achievable metrics and benchmarks.

My team decided to tackle our low utilization of pulse oximetry and office spirometry. We developed a standing order that anyone with the diagnosis of COPD who had not had a spirometry or pulse oximetry test in the past year or was having problems breathing would have these two tests. The standing order gave the nurse more flexibility and more often than not, the results are now available before seeing the patient.

Soon after, a patient with COPD came for a follow-up visit and was feeling his usual tired self with no new complaints. The nurse checked his pulse oximetry, and we were surprised to discover that it was 86% on room air. Little else in the examination would have indicated that his oxygenation had deteriorated to this level. His energy got better with a little home oxygen. Talk about low-hanging fruit!

Next, we identified all the COPD patients seen that week, and then determined the number who had spirometry or a pulse oximetry in the past year. By measuring and charting the results, I realized that I was improving, but my mid-level providers needed more education.

It only took a brief educational intervention before everyone was appropriately getting spirometries and pulse oximetries on all my COPD patients. Our results are now consistently at goal. Next agenda item, develop an education plan for using the various inhalers.

We have no shortage of areas upon which we could improve. But ACPNet has given us the tools to begin effectively addressing those issues without totally disrupting the practice.

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Current QI Programs

Closing the Gap: This 12-month project is a team-oriented, practice-based, online educational intervention. The program helps physicians and their staff develop and implement strategies for creating systems change in their practices to improve the care they provide to their patients. The program incorporates the Chronic Care Model and the Plan-Do-Study-Act (PDSA) cycle for improvement. This program offers 38 CME credits and credit toward ABIM Part 4 MOC. Closing the Gap offers modules in the following clinical areas:

- Cardiovascular Risk
- Diabetes Care

ACPNet Immunization: A team-based quality improvement program aimed at identifying and

addressing gaps in immunization knowledge and practice among physicians and their staff members to ultimately improve adult immunization rates. ACPNet includes the following core elements: 1) a pre- and postintervention survey, 2) a Web-based educational program, 3) development of tools to assist with implementation of team-based quality improvement plans, and 4) collection of baseline and follow-up immunization outcomes data.

Physician participants in this program will qualify for an estimated 27 Continuing Medical Education credits as well as receive credit for Maintenance of Certification (Part 4) with the American Board of Internal Medicine.

If you are interested in participating in any of these programs, please contact Cara Reynolds, MHS, at creynolds@acponline.org or Meghan Gannon MSPH, at mgannon@acponline.org.