

## MCHC Health Pre-Visit Planning Checklist

**Aim:** By 9/21/22, MCHC will complete the pre-visit planning checklist for at least 25 patients.

### Plan

#### Measures:

##### Outcome Measures:

- % of care gaps closed

##### Process Measures:

- # of pre-visit planning checklists completed
- # of care gaps identified
- # of minutes to complete the pre-visit planning checklist

#### Prediction:

- MCHC predicted that the pre-visit planning checklist would help to analyze how care gaps could be identified as part of a “scrubbing” process for future appointments. Once care gaps were identified, then we wanted to know the likelihood that the care gap would be closed.

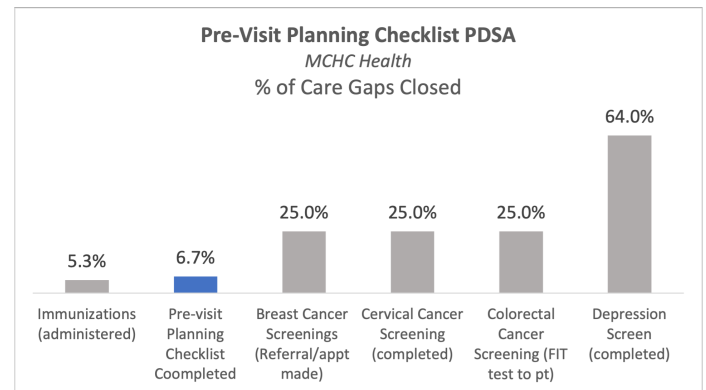
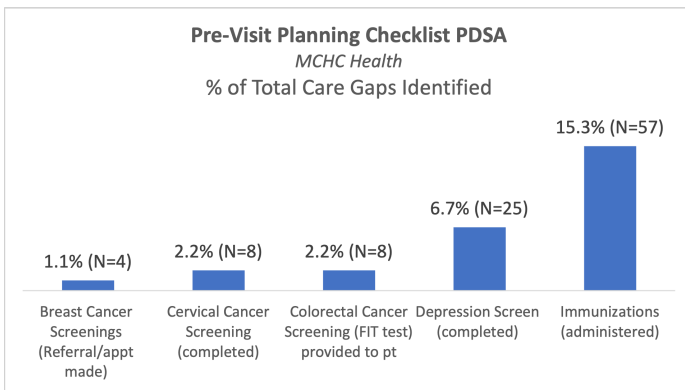
#### Changes Being Tested:

- MCHC tested a new workflow where a pre-visit planning template was introduced following implementation of the OCHIN EPIC system at MCHC. With the EHR transition there was no pre-visit planning tool or process currently in place.
- The target population identified for this PDSA was established, adult patients with a scheduled visit with one of two selected primary care providers.
- MCHC planned to work with OCHIN to modify the pre-visit planning checklist to align with MCHC internal practices.
- The checklist would be used on the day of the appointment, prior to the clinic session by the primary care provider (PCP) and the medical assistant.
- Once the checklist was completed the number of care gaps and types of care gaps were recorded in the project log.
- Care gaps were attempted to be closed the same day at time of clinic visit.
- A care gap was marked as “closed” for the purpose of this PDSA with a referral, screening, or appropriate diagnostic test ordered at time of appointment. In reality a care gap is not closed until the results are in.

### Do

**Results:**

- MCHC tested this pre-visit planning checklist with two PCPs, each using the tool over a one-week period.
- A total of 25 pre-visit planning checklists were completed for scheduled patients. Through use of this tool a total of 372 care gaps were identified (average of 15 per PVP checklist completed).
- Immunizations were the care gap most often identified among the types recorded in the project (57 immunization care gaps).
- Overall, 6.7% of care gaps identified were addressed and completed. About 64% (16) of the depression screening care gaps were completed, the highest among all care gap types.
- It took the PCP an average of 3 minutes and 49 seconds to complete the PVP checklist.



**Future Plans:**

- MCHC is planning to gather broader input on the workflow. This pilot test of PVP was done from the orientation of the provider. MCHC is interested to see how it might change if designed from the perspective of the medical assistant.
- The PVP workflow will need to be integrated into the care team huddle.
- MCHC has identified and plans to test some changes to the PVP template for efficiency and ease of use.
- An additional test MCHC is considering is to use sticky notes in the OCHIN EPIC system to identify what screenings are due.
- MCHC believes the reason why depression screenings were so easily closed is that the medical assistant was able to complete that care gap closure autonomously.
- MCHC seeks to add the use of medical assistant standing orders as a guide for pending orders to elevate a medical assistant to a level of working autonomously on addressing population health care gaps.
- One potential example MCHC may explore is when breast cancer screening care gap is identified, following a standing order allows the medical assistant to order mammogram and see it through to completion with the patient.