Proactive **R**eduction in **O**utpatient **M**alpractice:
Improving **S**afety and **E**fficiency and **S**atisfaction (PROMISES)

Case Study
Family Doctors

Improving Communication of Test Results

"It may be a little optimistic to have test results before the blood sample is taken. But you set your target high and see what you can do." –Peter Barker, MD

This case study is part of the PROMISES Malpractice Reform Project—a project to proactively reduce outpatient malpractice that was funded by the Agency for Healthcare Research and Quality. Both interventional practices and control practices were enrolled in a randomized controlled trial (NCT01758315). PROMISES assembled a high-level Massachusetts consortium to test the impact of powerful quality improvement techniques to accomplish innovations and improvements in high-risk ambulatory malpractice areas. PROMISES sought to investigate and identify improvement in three key areas (test result management, referral management, and medication management) and a "plus one" area (overarching communication issues). Interventional practices received intervention and advice; control practices did not. Family Doctors was one of the interventional practices.

LEARNING OBJECTIVES

After reading this case study, you will be able to:

- Use your measurement to tell when a test works, and when it doesn't
- Discern when to give up on a non-working change
- Describe the value of working together as a team

INTRODUCTION

Family Doctors is an outpatient practice with 7.37 full time equivalent physicians with a panel size of 9500, Family Doctors agreed to work with the PROMISES project and identified an area for potential improvement: communicating more timely lab results to patients.

Traditionally, patients had lab tests completed after meeting with their provider—and then, many days (or weeks) later, those results were communicated to the patient. This was done by email, letter, or patient portal, but there was no way for the practice to know if the information was being received or understood. Physicians were spending many hours in the evening at the office or at home trying to contact patients.

USING THE MODEL FOR IMPROVEMENT (MFI)

AIM: What are we trying to accomplish?

To reduce the amount of time it takes to communicate lab results to patients.

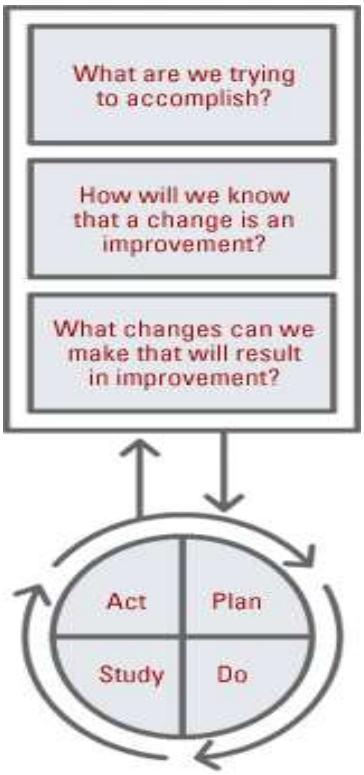
MEASUREMENT: How will we know that change is an improvement?

The amount of time from when a lab test is complete and the results communicated to the patient.

CHANGE: What change can we make that will result in improvement?

The team came up with a few different ideas to try to improve the communication of test results. They decided to test the following changes:

1. Separate the test results into "normal" which could be communicated by anyone in the office and "abnormal" which required discussion with the physicians.
2. Have patients come in a few days before the appointment to have their test(s) done with results available at the appointment.



Developed by:
Associates in Process Improvement

3. Create “point of care” testing for specific conditions—the patient arrives 30 minutes early for their appointment and results become available during the visit.

Having answered the first three questions in the model of improvement—aim, measurement, and change—they were ready to run their first Plan-Do-Study-Act cycle.

PLAN-DO-STUDY-ACT (PDSA) CYCLES

The first idea that the practice tested was having the two different types of test results handled by different staff. A patient was only contacted by a physician when there was an abnormal lab result. All other test results could be communicated by a medical assistant (MA).

PLAN

The plan was that patients whose tests results were normal were contacted by MAs or other staff. All abnormal or concerning results were handled by the physicians.

DO

The staff called patients, but because many patients were not available, a series of “phone tag” calls actually increased the number of phone calls coming into the office. The two MAs making phone calls were not always available when the patient called back. Additionally, the MAs struggled to leave messages that did not violate HIPPA[1] requirements but also did not scare the patients.

STUDY

While some patients did receive results faster, it only took a couple of days using the new process to realize it was too burdensome for most patients and for Family Doctors. The amount of time and the number of calls from patients increased over the short study period.

ACT

The staff realized that continuing with this new process was not going to reduce the amount of work for physicians or the time for communicating results to the patients. They needed to abandon this method of communicating test results and try some of their other ideas.

CONCLUSION

After many PDSA cycles, the practice decided that point of service testing allowed them to have test results in hand at the time of the appointment without requiring that a patient come in on an additional day. Their first point of service test was for patients with diabetes. Patients came in about 30 minutes early and had their blood drawn before they were seen by the provider. The test took about six minutes to complete so the physician was able to communicate the results during the patient appointment. This new process allowed the provider to have face to

[1] HIPPA:

face discussions about any treatment or lifestyle changes that were necessary. The need for "phone tag" had been eliminated for their diabetic patient population.

Dr. Barker and his team worked together to achieve these positive results. Every aspect of the new process was evaluated and adapted until the results were acceptable to all. Dr Barker has a reputation with his staff as a person always looking to improve; his enthusiasm is infectious and he encourages all the staff to strive for excellence. Family Doctors is currently investigating other point of care testing options.

RELATING TO YOUR PRACTICE

- Look to your patient experiences to find ways to improve. Delays in receiving test results are frustrating to both patient and provider.
- Look to all team members for ideas for improvement. Encouraging input from others widens the improvement possibilities; don't forget to include patients.
- Champion change; every practice needs someone whose enthusiasm for improvement is infectious.

ASSESSMENT QUESTIONS

In this practice, the result of their first test of change was

a) A reduction in the number of calls
b) An increase in the number of calls
c) A status quo in the number of calls
d) All of the above, depending on the type of test

In this practice, the team gave up on their first improvement when

a) The change was an improvement
b) The change was not an improvement
c) The change was tested for a few more weeks
d) None of the above

When this practice tested their various improvement ideas, they

a) Let the physician(s) choose the next test
b) Let the office manager choose the next test
c) Let the team decide together the next test
d) Let the lab manager choose the next test