
CAP at WVSOM – What We Have Learned

Gary L. Knepp, DO FACOFP

Assistant Dean & Professor of Geriatrics

West Virginia School of Osteopathic
Medicine

DME, Greenbrier Valley Medical Center

Objectives – what we have learned!

- Commitment to Quality Improvement
 - Identify methodology for data abstraction and reporting
 - Analyze and report results back to physicians promptly
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Objectives – What we have learned!

- Develop effective tools
 - Define key data elements
 - Develop tools for provider prompts and data recording
 - Develop tools that enhance office productivity
 - Develop group patient education classes
 - Develop efficient data abstraction methods
 - Invest in education of physicians and staff
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Background



■ WVSOM

- Lewisburg, WV
- 800 Medical Students
- Basic Science Years in Lewisburg
- Clinical Education Center
 - Patient Simulators
 - Standardized Patients
- State Wide Campus System
- Mountain State OPTI

Background

- Robert C. Byrd Clinic
 - Lewisburg, WV
 - Clinical Practice Plan
 - 40 Physicians
 - 5 NP
 - 10 Family Medicine Residents
 - Participating yearly in AOA CAP
 - 500 Medical Students
 - EHR since 2004



Background

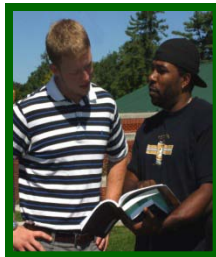
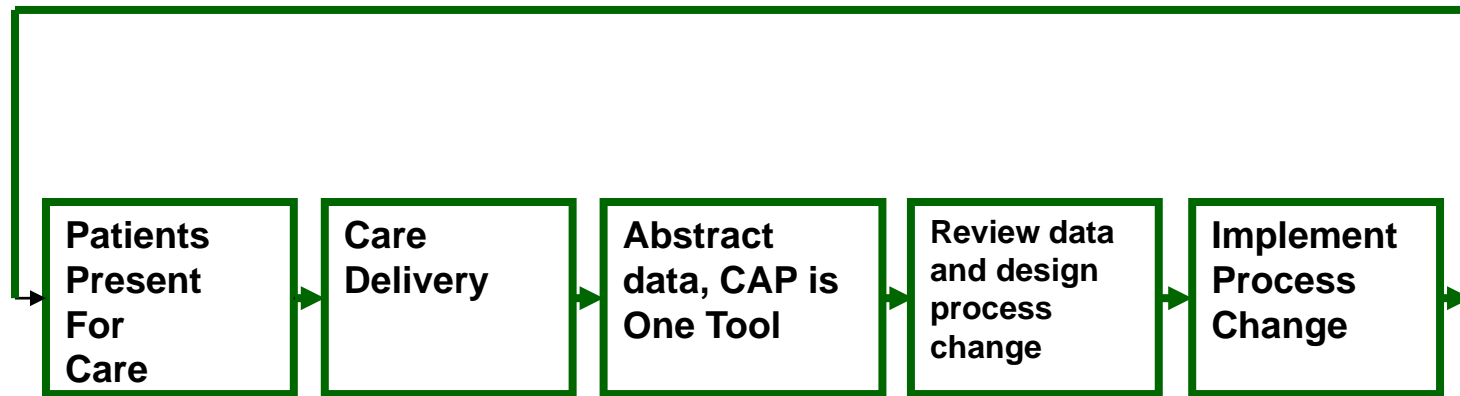


- Clinic serves as Continuity Clinic for Greenbrier Valley Medical Center Osteopathic Family Medicine Residency Program
 - Have enrolled in AOA Clinical Assessment Program for several years
 - Have used CAP results to drive process improvement in the clinic
 - Have used CAP as teaching tool
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Culture Change

- Clinic physicians and staff begin to focus on patient expectations and patient outcomes
 - Provider income and autonomy, while very critical to practice mission, become secondary to patient satisfaction
 - Clinic administration, medical staff and clinic staff begin to embrace a shared vision
 - Concept of Medical Home becomes the path to the shared vision
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Staff accept that the only method to improvement is to adopt process change!



Shared Vision



- Reviewed current status of clinic
 - Reaffirmed a patient centered value system
 - Committed to assessing patient outcomes
 - Committed to assessing patient satisfaction
 - Committed to Evidence Based Medicine
 - Committed to Medical Education
 - Committed to development of new tools embracing HIT and Meaningful Use Criteria
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Commitment to Quality Improvement

- Practice of medicine is challenged by financial pressures
 - Focus on procedures which have best reimbursement
 - Pressure to minimize capital investment if no direct economic incentives
 - Pressure to decrease ancillary staff who might help with patient education
 - Practice must adopt a patient centered CQI strategic plan to counter these tendencies
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Identify methodology for data abstraction and reporting

- Select a reporting mechanism
 - CAP
 - PQRI
 - Develop a mechanism for data abstraction
 - Staff
 - Physicians
 - Report trends back to physicians
 - Medical staff meetings
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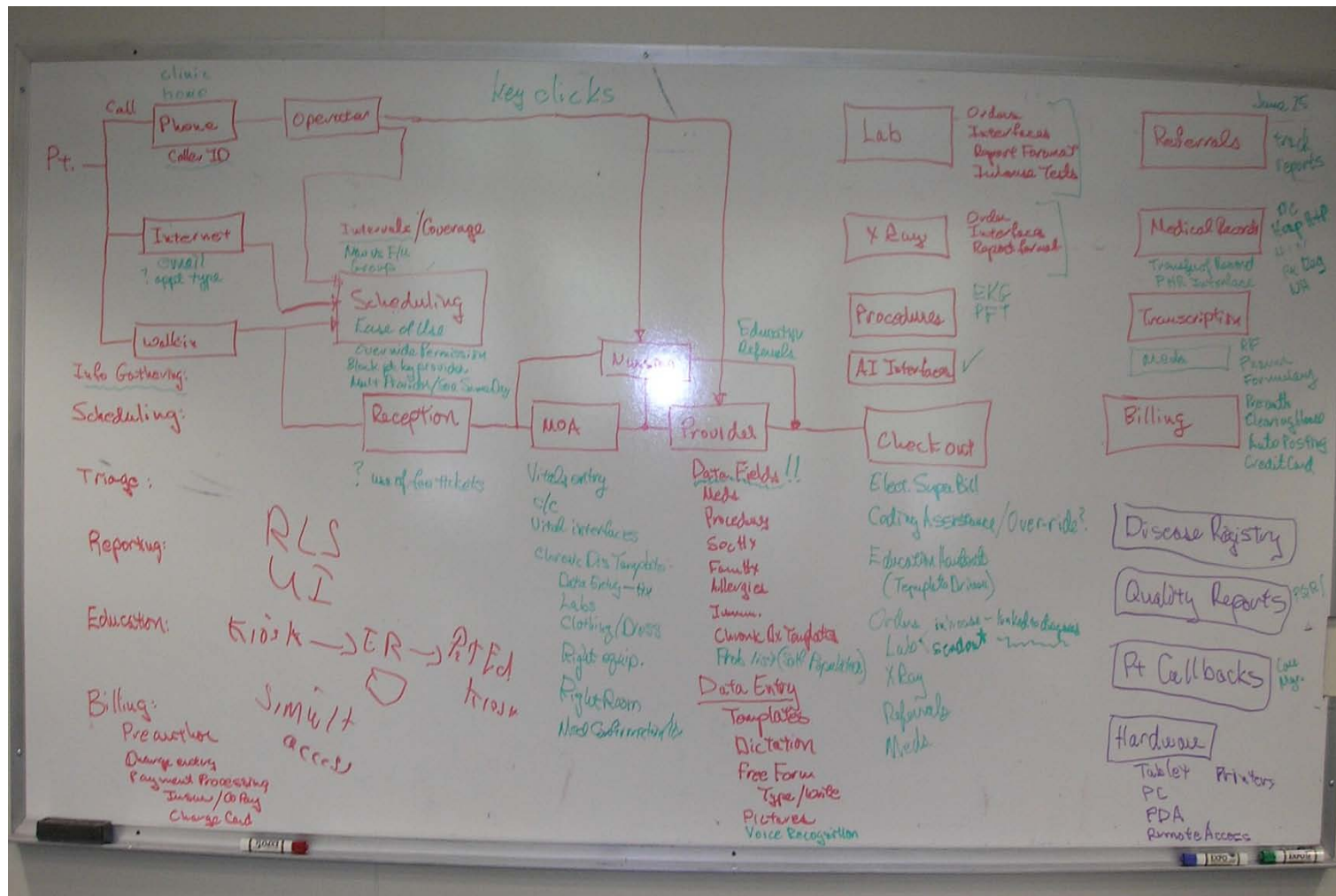
Analyze and report results back to physicians promptly

- Prompt feedback is necessary to impact physician behavior
 - Strategic starting points
 - Coding
 - Chronic disease
 - Common diagnosis
 - Preventative medicine screening
 - Immunizations
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Develop effective tools

- Procedure development
 - ❑ Have a standardized process
 - ❑ Involve key stakeholders
 - ❑ Have a clear definition of the purpose of the procedure
 - ❑ Flowchart complex processes
 - ❑ How will you educate staff on new process?
 - ❑ How will you monitor if the process is being followed?
 - ❑ Is the process achieving desired result?
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Develop effective tools



Define key data elements

- Spend significant time defining what data parameters the clinic wants to monitor
 - These data elements become defined data elements that are documented and monitored
 - May be physical findings
 - May be lab values
 - May be patient educational tasks
 - May be medications
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Develop tools for provider prompts and data recording

- Once data elements are defined, how will they be documented?
 - How will physicians be prompted to collect the data elements?
 - Will you rely totally on memory, or will the physician be assisted?
 - If you are still in transition to a full function EHR, will you develop paper interim steps?
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Develop tools that enhance office productivity

- Tools should be designed to be easy to use
 - They must be unobtrusive
 - Function best when they lead the physician to the next step of the exam
 - Can support staff help implement portions of the process?
 - Can patients be an intergral part of the data collection process?
 - Does the tool change patient behavior?
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Develop group patient education classes

- Often more efficient to provide repetitive tasks simultaneously
 - If several patients have the same issues, needs, consider implementing a group class
 - Incorporate other members of the care team to assist in delivering the class
 - Allow patients to feel ownership in the outcome of the class. Peer pressure is a strong motivator!
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Develop efficient data abstraction methods

- After data is collected, it is meaningless unless it is reviewed, analyzed and used to drive improved processes or outcomes
 - Defined data elements lead to efficient data abstract by trained staff
 - Invest in training for staff to maximize the efficiency of data abstraction
 - Ability to export to Excel© improves physician and administrators ability to track results.
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Invest in education of physicians and staff

- Use outcomes to drive improved patient outcomes.
 - Enroll in PQRI and pilot projects to demonstrate improved outcomes with lower cost
 - Advance primary care as a patient centered career
 - Begin education of HIT at medical student level
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References: All available at/or linked from www.do-online.org

Clinical Assessment Program for Residencies

Other Resources

[National Committee for Quality Assurance \(NCQA\)](#)

[Joint Commission on Accreditation of Healthcare Organizations \(JCAHO\)](#)

[Potential Barriers to Control of Blood Pressure](#) (PDF 43K/5 pgs). Appeared in The Journal of the American Osteopathic Association (JAOA) in April 2002.

[CAP Pilot Study Presentation to OPTI](#) presented by Richard Snow, DO, MPH, in May 2001.

[Quality Resources and AOA Initiatives](#)

[CAP Program Director Presentation March 2006](#) (Powerpoint Format) - To Save to your computer...Right Click >> Save Target As >> Save File
