**ABO IMPROVEMENT IN MEDICAL PRACTICE ACTIVITY**

**(NON-CLINICAL)**

**Topic**

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| **Title of Project**: | Improving Compliance with Follow-up Appointments for Patients Treated with Glaucoma Medications |

**Project Description**

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| Describe the quality gap or issued addressed by this activity. (Included in your response to this question should be a description of the resources that informed your decision to pursue this topic, a description of what the literature says about the issue you identified, and the rationale for choosing to address this clinical project | We have developed a Glaucoma Medication Refill Checklist protocol that will be completed for each refill request received for glaucoma medication. The patient's record will be reviewed, and the checklist will be used to confirm accuracy of medication requested, and to document if the patient has been maintaining appropriate follow up.   * If it is determined that the patient is not maintaining appropriate follow up, he or she will be contacted by office staff to schedule appropriate follow up, explain the importance of follow up, and inform the patient that limited refills will be authorized to maintain ongoing treatment until the follow up appointment. * We believe our practice has an opportunity to return these patients to an appropriate schedule of glaucoma follow up by implementing a newly designed Glaucoma Medication Refill Checklist protocol. |
| **Background Information**:  The month you pulled the baseline IRIS performance report and any additional information that me be pertinent: | Compliance with follow up care/office appointments in patients being treated with glaucoma medications is an ongoing challenge. Reasons for this are numerous and include insurance/cost, medication, transportation, and schedule conflict issues. Our practice works to optimize continuity of care by scheduling follow up after each visit and through a multifaceted automated reminder system which notifies patients of their appointments beginning a week in advance using a sequence of preferred contact methods (phone, text, email). Unfortunately, despite these efforts, some patients do not maintain their follow up care.  We receive pharmacy requests for medication refills through our EHR every day and have learned that some patients are requesting refills of their glaucoma medications but are not maintaining follow up care. The goal of this study is to improve compliance with follow up for this group of patients. We plan to develop a Glaucoma Medication Refill Checklist protocol to identify these patients who are requesting refills but do not keep recommended follow up appointments and return them to regular follow up care. |
| **Project Setting**: (Please select from options below):   * Group Practice * Healthcare Network * Hospital * Multi-Specialty Group * Solo Practice * Surgical Center * Other | Group Practice |
| **Study population**:  (describe the type of patient for whom the care process will be improved, e.g., all patients in your practice, patients with diabetes, patients presenting for emergency care: | Patients with the diagnosis of glaucoma or glaucoma suspect who are being treated with glaucoma medication. |
| **Quality Indicators / Performance Measures**:  It is important to carefully define outcome or performance measures that will be quantified at baseline (before the care process is changed) and at re-measurement (after you have implemented the proposed improvement) to quantify the impact of your care process change. There are two basic types of performance measures - process of care measures and outcomes of care measures.  . Process of care measures (e.g. timely treatment of diabetic retinopathy) can influence outcome measure (e.g. decreased risk of severe vision loss);  . Outcome measures can be linked to processes of care that can be improved.  Generally, performance measures are expressed as rates, often as percentage rates. For example, if the intent of a project is to improve the quality of glaucoma care in your practice, you may choose to improve your rate of establishing a goal IOP in patients with newly diagnosed glaucoma, measured over a 3-month period.  . The numerator of this process measure would be the number of newly diagnosed patients during this time who have a goal IOP recorded in the medical record.  . The denominator would be the total number of patients diagnosed during that same time period.  Continuous variables (e.g. the refracted spherical equivalent after cataract surgery) can often be simplified and transformed then into percentage rates  by setting a quality threshold (within 0.5 diopters in the intended spherical equivalent) which, if attained, would qualify the patient to be in the numerator (e.g. number of patients within 0.5 diopters / total number of patients). It can be advantageous but not mandatory to have more than one quality measure in order to gauge the impact of your process change. In the example above, an additional outcome measure might be the percentage of patients in whom the goal IOP is attained within the first 6 months after diagnosis.  If possible, measure quality indicators for at least 30 individual patients or data points during the baseline and again during the follow up period. | * **Measure Type**: Process * **Measure Nam**e: Glaucoma patients with follow up confirmed through review of medication refill requests * **Numerator Statement**: Glaucoma patients on medical therapy requesting refills with a confirmed follow up appointment * **Denominator Statement**: Glaucoma patients on medical therapy requesting medication refills |
| We realize that this may not be feasible or appropriate for all projects. Please indicate at least one measure below; either a process or outcome measure:  **Example Measure**:  . Measure Type: Process Measure  . Measure Name: Patient pain level during intravitreal injection  . Numerator Statement: Number of patients in who pain levels decreased by 2 points on a 1-10 scale  . Denominator Statement: 30 consecutive patients undergoing intravitreal injection. |  |
| **Project Interventions**:  Quality improvement requires that you analyze your care delivery processes and identify changes, which if implemented, will improve care and outcomes. Generally, educational interventions are thought to be weak and demonstrate little impact. The introduction of tools, strategies or systematic approaches to care delivery is more powerful. A tool is a thing, for example a preoperative checklist, or written standardized process or protocol. Strategies include changes in procedures or policies like the introduction of a surgical time out before surgery is initiated. Systematic approaches to care delivery involve a comprehensive analysis of care process and the introduction of a combination of tools and strategies designed as a complete process. Please describe the changes to your care processes you intend to introduce: | Glaucoma medication refill requests will be reviewed to confirm accuracy and to confirm appropriate follow up care is in place. This will be accomplished with the use of a Glaucoma Medication Refill Checklist protocol.  We will aim for 100% success in reaching out to return patients to follow up care who are requesting medication refills but are not compliant with follow up care. |
| **Project Team**:  (include roles for yourself and all members of your team):  List the individuals who will be involved in your quality improvement project (i.e., solo project, partners in practice, office staff, OR personnel, anesthesiologists) and the roles they will contribute. | **Ophthalmic Technicians** - Receive and review glaucoma medication refill requests. Complete Glaucoma Medication Refill Checklist after review of patient's record to confirm accuracy of prescription request and determine if the patient is maintaining appropriate follow up care.  **Ophthalmologist -** Review completed Glaucoma Medication Refill Checklists for patients who are not maintaining follow-up. Determine appropriate follow up interval and appointment/testing needed and authorize appropriate refill requests to continue therapy until next appointment.  **Front Desk Staff** - Personally contact patients who have been identified as non-compliant with follow up to schedule recommended appointment/testing. Explain that limited refills will be authorized to continue treatment until the patient returns for his/her newly scheduled appointment. Contact information will also be updated/confirmed, the appointment reminder messaging explained, and the importance of maintaining follow up care reviewed.  **Practice Administrator** - Monitor data collection and review, assist in preparation of results reporting. |
| Will any other ophthalmologists be requesting MOC credit for participation in this SD-PIM? | NO |

**Project Outcomes/Results**

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| **Project Summary** | In the following sections, please prepare a brief summary of the project highlighting the data collected, effectiveness of your measurement approach, interventions, and the overall impact of the project. |
| **Baseline Data**:  Quantify each of the quality indicators / performance measures described above for the baseline period (before interventions for improvement were introduced). Report the numerator, denominator and the calculated percentage rate for each measure. | Screening of glaucoma medication refills requests and scheduling appropriate follow up visits for these patients have been carried out over many years by our team of experienced ophthalmic technicians and front desk personnel who have been trained to understand the importance of regular follow up for glaucoma patients. The processes followed to carry this out have been based on verbal training in office procedures provided by our physicians to office staff. Prior to implementing the Glaucoma Medication Refill Checklist to carry out this Practice Improvement Module (PIM), data was not formally collected. We believed that we were effective in scheduling follow up for our glaucoma patients, but this PIM allowed us to measure our performance and to look for additional ways to improve. |
| **Follow-up Data**:  Quantify each of the quality indicators / performance measures described above for the re-measurement period (the period following implementation of the interventions for improvement). | Performance Measure: Glaucoma Patients with follow up confirmed through review of medication refill requests Numerator: Glaucoma patients on medical therapy requesting refills with a confirmed follow up appointment, n= Denominator: Glaucoma patients on medical therapy requesting medication refills.  Performance Rate 43/50 = 86% of patients requesting refills already had appropriate follow up scheduled. |

**Project Impact**

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| Compare the baseline data to the re-measurement / follow-up data and quantify the impact of the process of care changes (your project interventions). The project hopefully resulted in improvement; however, some projects may result in a diminution in quality. If a lack of improvement or reduction in quality occurred, suggest other strategies that might be more effective. | We were pleased to confirm that a substantial majority (86%) of our glaucoma patients requesting refills already had appropriate follow up in place, in large part due to determined efforts by our staff to schedule follow up at check out from the preceding visit.  Our data also revealed that 14% (7 of 50) patients in data collection period did not have appropriate follow up scheduled at the time of medication refill request. Our staff reached out to each of these patients and found out that two of them had traveled out of state, one has not returned. |

**Project Reflection**

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| Did you feel the project was worthwhile, effective? | YES |
| How might you have performed the project differently? | We may be able to incorporate our EHR patient portal as a means of reminding patients of the need for follow up, reaching out to those who do not respond to other attempts to contact them by phone or U.S.P.S. Mail. |
| Please offer suggestions for other ophthalmologists undertaking a similar project. | I strongly recommend implementing a protocol similar the one presented in this project.  Ophthalmologists and their staff worry about noncompliance in glaucoma patients because we know significant progression can occur without symptoms, and disability due to blindness carries a large personal and societal cost.  If there is a systematic method in use, such as this protocol, to assist in following glaucoma patients ophthalmologists and staff will be more confident that these patients will not be lost to follow up. |