Changing Times: Strategies for Implementing the QFP

Erin N Saleeby, MD, MPH, FACOG

Medical Director
California Family Health Council





Objectives

- Demonstrate use of a process map for studying implementation
- Identify areas of improvement for your clinical workflow



Quality Family Planning (QFP)





QFP





Main areas of QFP

All about healthy reproduction!!

- Reproductive Life Plan (RLP)
- Tiered-effectiveness counseling
- Fertility protection:
 - Preconception health (well woman care)
 - STI screening and treatment
 - Infertility services (basic)



"One Key Question"

Home

Ask Yourself

Clinicians *

Public Health Advocates

Donate

Take Action

Events

Why?

About OFRH

One Key Question®

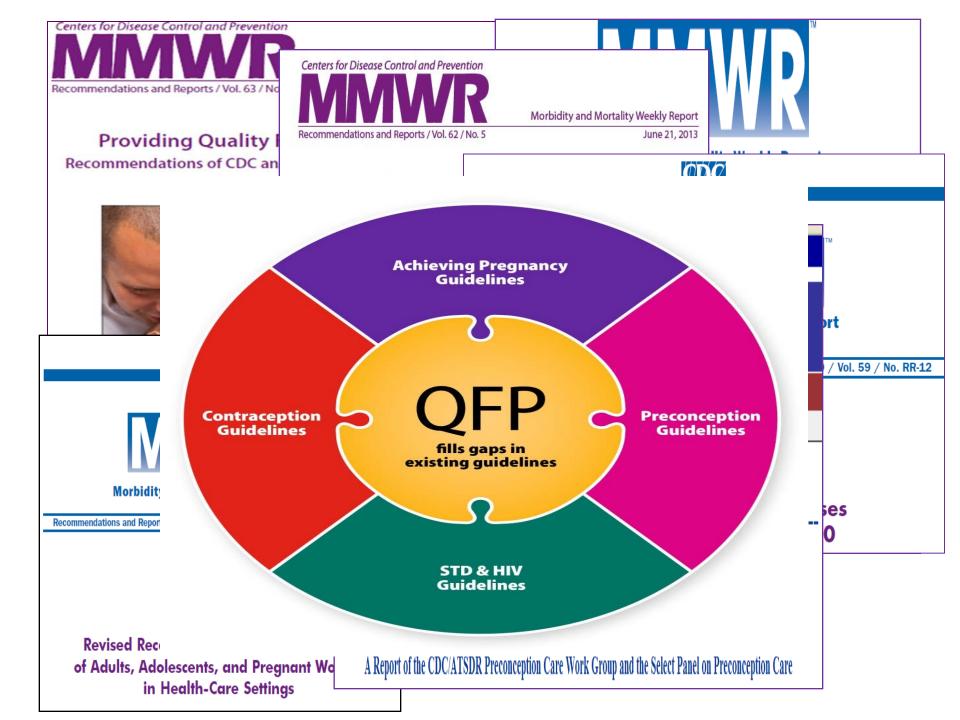
Would You Like to Become Pregnant in the Next Year?

Do I want to become pregnant in the next year?



www.onekeyquestion.org





Integration & operational efficiency





Process Mapping

- What is it?
 - A "walk through" of your current steps in a process
- Make a map of the smallest part of the process first
- Build a bigger map as you add layers of the process

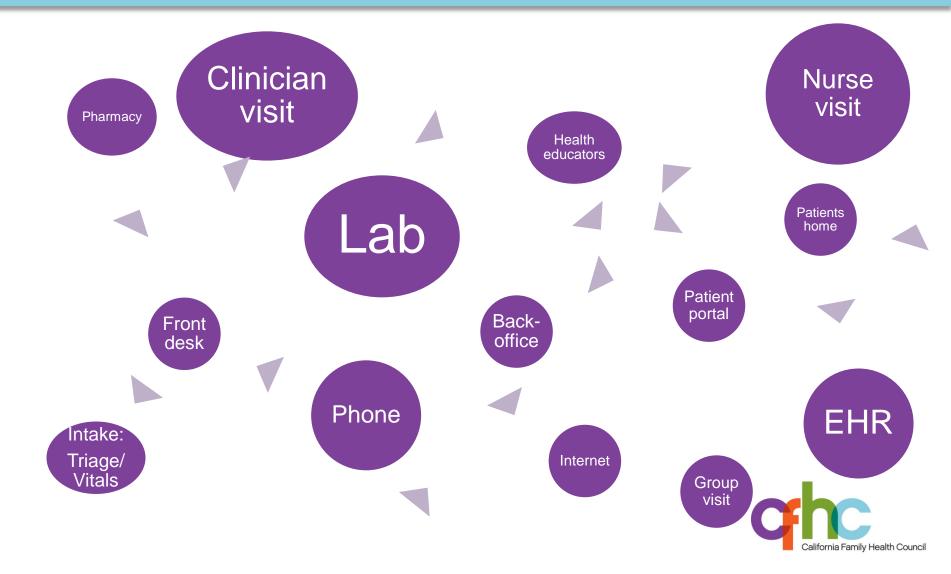


Consider the following services

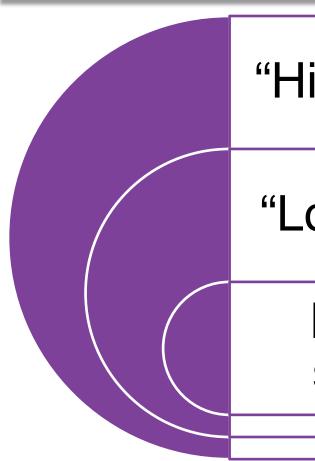
- Eligibility
- Registration
- Reproductive Life Planning
- Contraceptive Counseling
- Chlamydia Screening
- Pap Smears



Where are your "points of care"?



Where is the focus of your practice?



"High-touch"

- Clinician visit
- Nurse visit
- Front desk
- Coding/billing

"Low-touch"

- Group visits
- Health Educator programs
- POCT
- Triage/vitals
- EHR

Indirect service

- Internet
- Patient Portal
- Phone
- Pharmacy
- Lab
- Self collect/submit tests



Standard Care Process

Front Desk:

- Eligibility
- Registration

Intake:

- Vitals
- Chief Complaint
- LMP

Clinician:

- HPI
- Exam
- STI Screening
- Pap
- RLP
- BCM counseling
- Rx

Discharge:

- Sends labs
- Schedules follow-up tests
- Provides meds

Back-office:

- Coding
- Billing
- Quality reporting

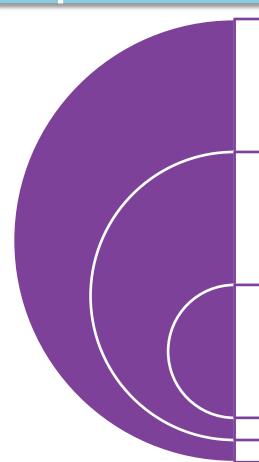


Operational efficiency

- Use the most "low-touch" methods to accomplish a task
- Task-shifting should improve performance and control costs
- The path of "least resistance" is the one that will be followed



Where is the focus of your practice?



Indirect service

- Internet
- Patient Portal
- Phone
- Pharmacy
- Lab
- Self collect/submit tests

"Low-touch"

- Group visits
- Health Educator programs
- Standing orders
- EHR decision tools and work flows

"High-touch"

- Clinician visit
- Nurse visit
- Front desk
- Coding/billing



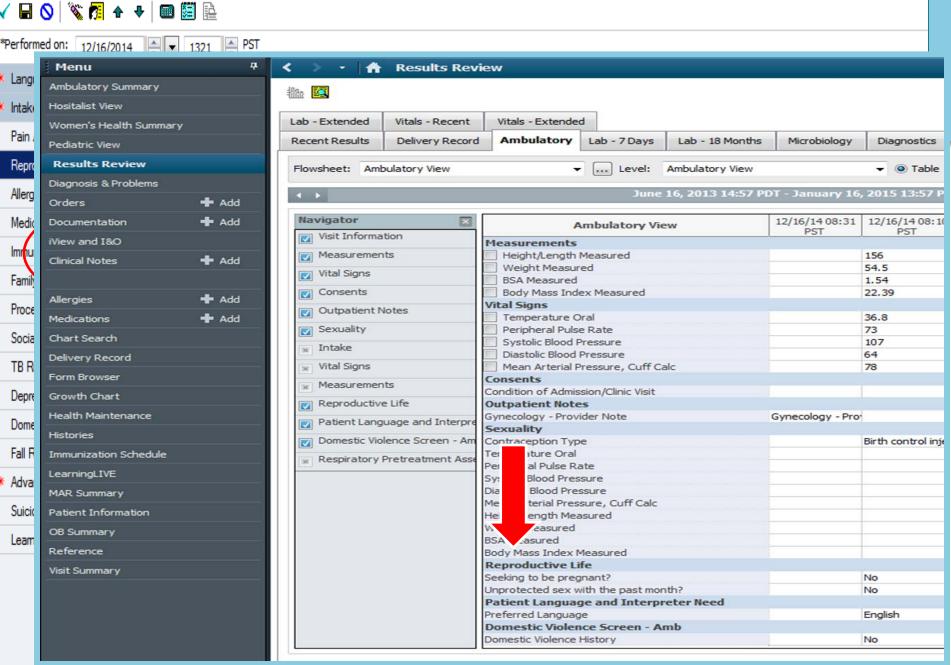
"High-touch"











Indirect services

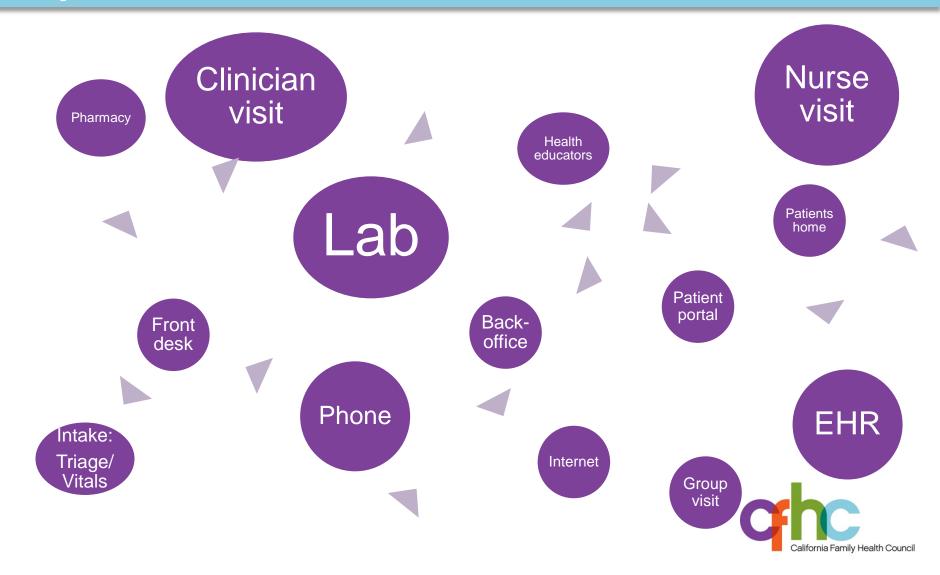




pdpt distribution program



Re-imagine the tasks at your "points of care"?



Task-Shifted Process

Home:

- Eligibility
- •RLP Decision tools
- •BCM counseling
- •STI Screening

Front Desk:

Registration

Intake:

- Vitals
- Chief Complaint
- •LMP
- •RLP

Clinician:

- •HPI
- Exam
- Pap
- •Rx

EHR:

- Coding
- •Billing
- Quality reporting

Discharge:

- •Sends labs
- Provides meds

Back-office:

•Schedules follow-up tests



How to track improvement

- Know your baseline metrics
- Set SMART goals
- Do PDSA cycles
- Change one little thing at a time and study it... then change the next



Questions?



