Successful QI Strategies for Integrating Genetics into a Pediatric Primary Care Practice

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WHY & HOW? GENETICS IN PRIMARY CARE

A 2012 Survey of American Academy of Pediatrics Quality Improvement Innovation Networks (QuINs) revealed that:

• Less than half of pediatricians reported feeling competent providing services related to genetics and genomics.
• 65% did not have adequate resources or information to determine which genetic tests to order.
• Lack of knowledge on existing resources (e.g., NBS ACT sheets)
• 102% of pediatricians agreed strongly that having a FH is important for assessment of predisposition to disease.
• 75% lack functionality for recording FH information
• Less than 1/3 gather comprehensive FH from their patients

How to better integrate challenging topics and content into practices

throughout QuIN

This Genetics in Primary Care Institute (GPCI) partnered with the outpatient members of Practice Improvement Network (PIN), a network QuIN to enroll interdisciplinary care improvement teams into the GPCI Quality Improvement Project. The project addressed important genetics-related issues encountered by PCPs: family history and medical home services for children with genetic condition.

PROJECT OBJECTIVE AND AIDS

Objective:
The aim of the project was to improve the collection of family history in pediatric primary care

Specific Project Aims:
Collect, document, and discuss family history information as part of the health supervision visit for all patients aged 0-21; for 90% of patients
• Family histories are created or updated/implemented at health supervision visits, using the family history components defined by the project
• Current family histories are discussed with patients/families
• Practitioners have a common understanding of the key content of a genetic condition-specific condition
• Practitioner teams for and accommodate patients’ special needs at office visits
• Practitioners have a systematic method for documenting patient data for preventive services
• Practitioners have a comprehensive protocol for use of a standardized family history tool

METHODS

PARTICIPATING QuIN PRACTICES

GPCI QIP 13 Teams in 11 States

QUALITY IMPROVEMENT TOOLS & STRATEGIES

- A Toolkit to Improve Care for Pediatric Patients with Genetic Conditions
- Measurement tools and resources that apply to integrating genetics into primary care and taking a meaningful family history.

PROJECT OBJECTIVE AND AIDS

Measurement

Measurements of the primary care practitioner care processes, using patient chart review and a practice-based registry of patients with diagnosed genetic conditions, was conducted at baseline and over a time period of 6 months, to track changes in performance of implementing FH in practice. Each practice used monthly audits of 10 charts (at baseline) to assess genetic FH collection. Monthly progress reports assessed the type of FH tool being used, challenges and potential strategies, and the efficiency and usability of the tool for patients and providers.

EXTENSIVE CHANGE PACKAGE

• Practitioners were given a list of required components to be included in the FH, as well as narrative FH tool hints that could be used as a tool.
• Practitioner teams were encouraged to make small tests of change when selecting a FH tool and testing it with a subset of patients, providers, and making appropriate adjustments to the format or process as needed.
• Practitioner teams utilized a diverse range of tool types, including electronic patient portal, paper-based, and EMR-based tools.
• Change package of resources, tools, and information to assist in them in meeting the project goals.

RESULTS & CONCLUSIONS

Six months after the 6-month action period, the majority of practices submitted sustainability data. The aggregate registry data showed:

• 56% use of health supervision guidelines for children with genetic conditions with charts reviewed (goal: 90%)

Use of FH information can identify children at-risk for genetic conditions.

Four of five teams had significant increases in the registry data from 25% to 60% (goal: 80%)

At the end of the six month action period

• About one third of the practices had the FH tool documented as a written policy.

Appropriate use of FH information can identify children at-risk for genetic conditions.

Implementing FH is best accomplished in making small tests of change and obtaining staff and patient feedback.

PCP FH tools are not the one-size-fits-all approach.

Electronic patient portal, paper-based, or EMR tools can be implemented.

Family history should be taken for all patients, beginning with newborns and new visits, and continually updated over time.

Engaging with Health Information Technology staff and vendors can improve EMR FH recording capabilities.

Through education and mentorship, practices learned their knowledge of genetic risk assessment.

Improved relationships between PCP and genetic professionals.

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Best Practices for Implementing FH into Pediatric Primary Care Using a QI Approach – Lessons Learned from PCPs

• Obtain buy-in from all clinic staff and providers
• Conduct a needs assessment and process map to identify strategies to improve efficiency and implement strategies
• Anticipate barriers and strategize to overcome challenges
• Start with small process and make adjustments as needed
• If using an EMR – make changes to the EMR once a data collection form has been vetted and agreed upon
• Obtain patient feedback regarding the process
• Develop a written process or policy for collecting FH
• Develop action plans for documenting positives

Timelines

NextSteps/Plan of Action

• Pre-post survey on behaviors, knowledge, and barriers.

• Ad hoc communication with project staff, faculty, and each other as needed.

• Full participation in monthly clinical team calls for QI coaching and sharing strategies.

• Mentorship and Education

- Attendance of two (2) face-to-face, 1.5-day learning sessions.
- Monthly clinical team calls for FH coaching and sharing strategies.
- Monthly meetings (via phone, email, or in-person) with a genetic professional.
- Ad hoc communication with project staff, faculty, and each other as needed.

- Evaluation

- Analysis of baseline and monthly chart and registry reviews and report data.
- Analysis of transcript and notes of monthly conference calls.
- Pre/post survey on behaviors, knowledge, and barriers.
- Post-project qualitative interviews.

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The creation of a family history tool was a critical component of improving genetic assessment and referrals.

The revised tool and resources were developed in collaboration with primary care providers and genetics professionals.

New technologies and standardized electronic tools and resources were developed and tested.

The tool was updated and refined based on feedback and usage.

• A toolkit to improve care for pediatric patients with genetic conditions

A Toolkit to Improve Care for Pediatric Patients with Genetic Conditions

http://www.geneticsinprimarycare.org/YourPractice/Pages/Toolkit.aspx

http://www.geneticsinprimarycare.org/YourPractice/Pages/Results.aspx

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