The Problem

An Example From Virginia Mason:
Hi Bruce,

At BPTF today, we discussed our 2015 priorities around 6 conditions:
- OA/Joint care
- Depression/Anxiety
- Tobacco cessation
- Obesity/weight loss
- Chronic non-cancer pain
- Alcohol use disorder/delirium

We will be working in small workgroups to:
- Collaborate with specialty colleagues
- Develop care pathways/planned care in DPC
- Develop measures of success

We also want to see if we can have our providers meet MOC requirements for ABIM/ABFP as well. I think that each workgroup will be reaching out to you regarding this. Please let me know if you have any thoughts. I’ve attached today’s presentation to this email (see slides 38-40).

Norris
BPTF 2015 Work Plan

BPTF Working Groups

Collaborate with specialty colleagues
Ortho, PM&R, Pharmacy, Endocrine, Bariatric Surgery, Psychiatry, Hospital Services, YMCA

Develop Care Pathways / Planned Care
- Depression/Anxiety
  - Joint Care
  - Chronic Pain
- ETOH/Delirium
  - Smoking Cessation
  - Obesity

Meet MOC requirements
- Work w/ Bruce N.
- Recruit provider volunteers

Develop Measures of Success
- Use VMPS tools
- Align with DPC Quality Goals
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<thead>
<tr>
<th>Status</th>
<th>Event Type</th>
<th>Topic</th>
<th>Start Date</th>
<th>Finish Date</th>
<th>Sponsor</th>
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<th>Team Leader</th>
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1. Time Issues
2. Clinical Relevance
3. MOC Knowledge
4. QI Knowledge
5. “The Petition” (and the retraction)
1. Physicians simply do not have time

2. Show them the efficiencies of QI
Relevance

1. Bottom up versus Top down

2. Link to need for improvement

3. Support and encourage analysis

4. Do not dictate
MOC Knowledge

1. This is a moving target

2. This is confusing to all

3. Physicians do not know requirements
QI Knowledge

1. Many don’t understand the language

2. Many don’t know how to start

3. But...PDSA is similar to patient care

4. Simply need strong mentorship
"The Petition" (And the retraction!)

1. UGGGHHHHH!

2. Think requirements will go away

3. New board...

4. Need to overcome the negativity
1. Improving sepsis care
2. Improving Hepatitis C screening in “Boomers”
3. Adding the Pharmacist to the Primary care Team
4. Improving the Medication refill process
5. Improving the patient problem list
6. Improving Medicare Wellness exam usage
7. Improving flow in the GI endoscopy unit
8. Decreasing inappropriate use of “with and without contrast” CT scans.
9. Decreasing inappropriate antibiotics for URI’s