

SPOTLIGHT ON IMPROVEMENT

Spotlight on Improvement tells real stories of health care providers and systems improving the quality of care they deliver. Our goal is to spark ideas that will improve health care quality in Washington state.



Pacific Medical Center

Successful population management by putting patients and quality first

BACKGROUND

Pacific Medical Centers (PacMed) has nine clinic locations with 138 primary care and specialty providers serving 80,000 patients in the Puget Sound region. PacMed has a strong history and culture of delivering high-quality care to diverse populations and being a partner to improve the health of the communities it serves.¹

PROBLEM

How do you successfully manage the health of a population? PacMed accomplishes this through creating a strong patient and service-focused team environment.

SOLUTION

PacMed has built a robust quality infrastructure that uses patient registries and reporting to facilitate proactive care, developing improvement initiatives through patient care committees and a strong emphasis on continuous improvement through internal and external benchmarking to guide target setting.

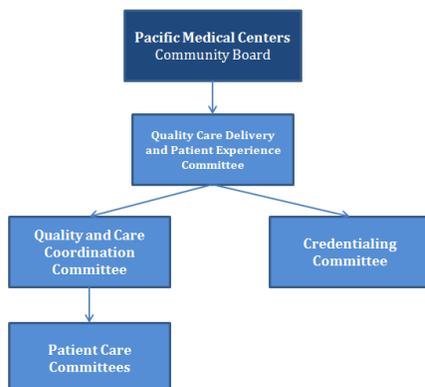
Care Management Registries

PacMed develops and maintains several patient registries within its practices, including registries for diabetes, cardiovascular disease and preventive screenings. Currently, Pac Med produces monthly reports for providers and medical assistants for all patients in each registry. The monthly reports enable the care teams to identify patients and create a follow-up loop and care-management plan for each patient.

Patient Care Committees

PacMed's organizational structure includes Patient Care Committees at each clinic site. Membership is comprised of all providers, nursing staff and clinic management. These committees provide a weekly opportunity for staff to review special cases, investigate complaints and quality concerns and discuss variation in the clinic's practice. The committee is charged with assuring that all care is provided appropriately (according to evidence-based guidelines) and on a timely basis. The chair of each committee serves on the organization-wide Quality and Care Coordination Committee, which meets monthly.

Figure 1. Pacific Medical Center organizational structure, showing the designed priority placed on quality and patient care.



Quality and Care Coordination Committee

The mission of the Quality and Care Coordination Committee is to continuously improve the quality and experience of care of patients at PacMed. It accomplishes this by reviewing data and reports, developing patient care guidelines, setting quality goals based on NCQA-HEDIS national top quartile results, monitoring utilization patterns and identifying areas in need of evaluation or education. The committee also provides guidance to staff on quality management priorities and projects, approves the quality management projects to undertake and monitors progress in meeting quality improvement goals.

- **Internal monitoring**

The committee evaluates monthly quality reports that look at the percentage of patients meeting the quality indicator targets and how this relates to the baseline measurement and the target rate goal set by the committee. The monthly reports are provided at both a clinic and provider level, which are openly shared and discussed during the monthly meetings.

- **External monitoring**

Using external benchmarks, such as the Washington Health Alliance’s Community Checkup, the committee is able to evaluate how PacMed is doing in relation to other large medical groups in the region and set organizational goals accordingly.

RESULTS

In the Alliance’s 2013 Community Checkup, PacMed is one of only a few medical groups that do not have any below regional average results, with only above average and average results.² Looking beyond quality of care measures, PacMed also scores well in patient experience, as seen in the Alliance’s 2014 Your Voice Matters report.⁴ Notably, PacMed also stays at or above the regional average and does not have any below average scores. Providing an excellent patient experience is important in achieving high-quality care given its link to improved intermediate and long-term patient outcomes.

Furthermore, when evaluating Medicaid results stratified by race, ethnicity and language, PacMed also performs well among diverse populations. As seen in the 2014 Disparities in Care report, disparities in care is a challenge facing Washington state in how care is being provided—or not provided—to minority patients.³ Quality initiatives that provide high quality care for the *entire* population is something to learn from and to celebrate.

One example of PacMed’s quality initiatives is how it raised its breast screening rates from *below average* in the first Community Checkup report in 2009 to *better than average* in the 2013 results. While breast cancer screening was already an opportunity for improvement identified by the organization at that time, the Community Checkup provided a regional context for its results and a catalyst to improve their screening rates. PacMed promptly found avenues for better documentation of screening, improved its own capacity to offer mammography, and internally monitored progress. PacMed’s hard work and focus on continuous quality improvement is clearly seen in its scores, as seen in Figure 2.

Figure 2. Pacific Medical Center’s results from the 2013 Community Checkup.²

COMMUNITY CHECKUP QUALITY MEASURE	PACIFIC MEDICAL CENTERS 2008 ALL PAYER RESULTS (Managed Medicaid and commercial) compared to Puget Sound region	PACIFIC MEDICAL CENTERS 2013 ALL PAYER RESULTS (Managed and fee-for-service Medicaid and commercial) compared to Puget Sound region
Health screenings		
Adolescent well-care visits	Better than average	Better than average
Screening for breast cancer - Ages 52–69 years	Below average	Better than average
Screening for cervical cancer	Average	Better than average
Screening for chlamydia	Average	Average

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REFERENCES

- About Pacific Medical Centers:
www.pacificmedicalcenters.org/index.php/about-us/our-history
- Compare Medical Group Community Checkup scores:
www.wacommunitycheckup.org/compare-scores/
- Disparities in Care 2014 report:
<http://wahealthalliance.org/alliance-reports-websites/alliance-reports/>
- Your Voice Matters report:
<http://wahealthalliance.org/alliance-reports-websites/your-voice-matters/>

CHALLENGES AND KEYS TO SUCCESS

- Build infrastructure that involves the patients’ voice into everyday discussion and learning. The patient and quality committees provide opportunities to talk about improving care systems as well as the needs of specific patients. This infrastructure needs to be built into the culture of the organization and supported by executive leadership.
- Build trust and transparency around your data. Enable medical staff to be part of the transparency process and believe in the legitimacy of the data. Seek collaboration and understanding rather than simply sharing results. This builds a constructive environment for quality improvement.

ABOUT THE ALLIANCE

The Washington Health Alliance brings together those who give, get and pay for health care to create a high-quality, affordable system for the people of Washington state. The Alliance is a nonprofit, nonpartisan organization that shares the most reliable data on health care quality and value in the state to help providers, patients, employers and union trusts make better decisions about health care. Through innovative strategies and initiatives, we help the entire health care system—from exam room to board room—focus on improving quality and value. We are committed to being the catalyst for change for the health care system in Washington. The Alliance is one of 16 organizations that are part of the Robert Wood Johnson Foundation’s Aligning Forces for Quality (AF4Q) initiative.

WANT TO RECOMMEND A PROGRAM FOR AN UPCOMING SPOTLIGHT?

Contact us!

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