Evaluating the Clinic Optimization Process

CDP
Center for Deployment Psychology

Disclaimer

The views expressed are those of the presenter and do not necessarily reflect the opinions of the Uniformed Services University of the Health Sciences, the Department of Defense, or the U.S. Government.

CDP
Uniformed Services University

Clinic Optimization Toolkit

Modules

- Clinic Gap Analysis
- Patient Management
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- **Evaluation**

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

CDP

Uniformed Services University

Learning Objectives

- Differentiate between process improvement, program evaluation, and formal research
- Describe the process improvement method and useful tools
- Discuss examples of potential process improvement projects for your clinic

CDP
Uniformed Services University

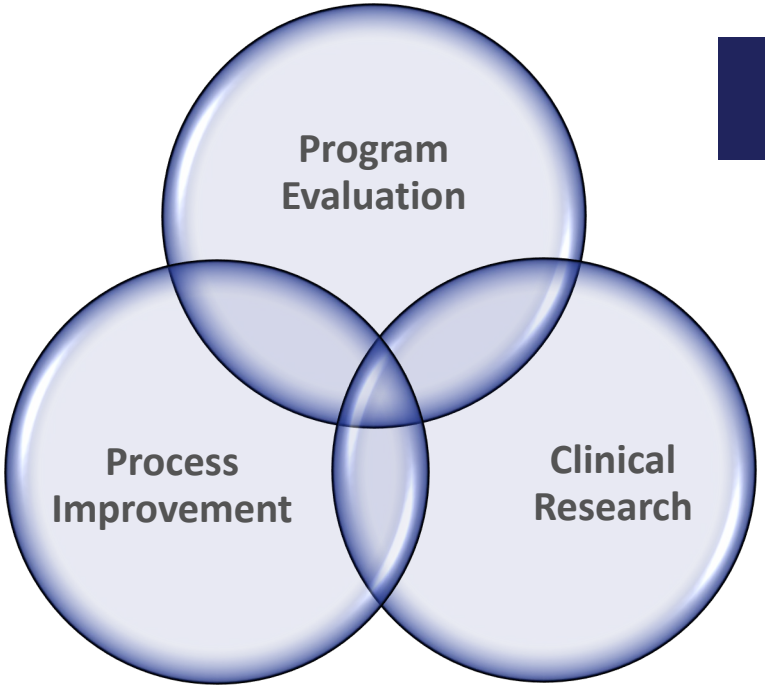
Levels of Evaluation

- Process Improvement
- Program Evaluation
- Clinical Research

CDP

Uniformed Services University

Differences Between Levels



Significant overlap

Key differences

CDP

Uniformed Services University

Process Improvement

Systematic framework to improve clinic functioning

Identify, analyze, & improve practices

Results kept internally

CDP

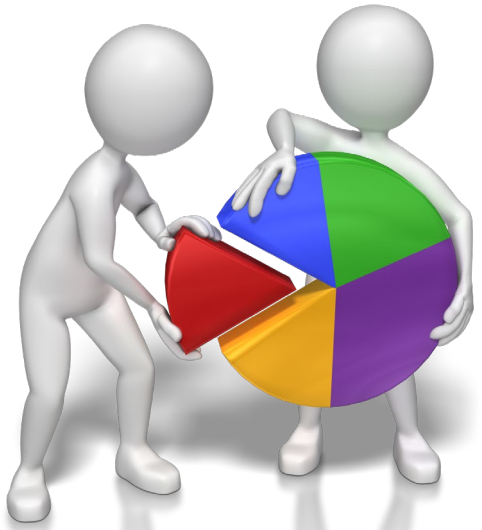
Uniformed Services University

Program Evaluation

"Individual system studies conducted periodically or on an ad hoc basis to assess how well a program is working"

Whole program

Results kept internally



CDP

Uniformed Services University

Program Evaluation

CDP

Uniformed Services University

Clinical Research

Academic or research studies

Informs the larger scientific community

IRB oversight

CDP

Uniformed Services University

Additional Guidance

Questions to help distinguish between process improvement, program evaluation and research projects.

Question	Process Improvement	Program Evaluation	Clinical Research
What is the intent of the project?	To improve something. Process improvement aims to improve some internal process or practice.	To determine if something works. Program evaluation seeks to inform decisions and provide information about the effectiveness of a program.	To prove something. Research seeks to generate new knowledge, testing a hypothesis using scientific methods.
Who is the primary audience for the results?	Audience is internal to the current organization, such as the clinic leadership team. Local MTF leadership may also have an interest, but they are not the primary audience.	Audience is usually the organization itself, which could be the clinic, MTF or even Service Branch.	Audience is the wider scientific and clinical community. Results aim to inform an audience well beyond the site where the research takes place.
How generalizable will the results be?	Results are usually not intended to be generalizable beyond the project site.	Results are usually not intended to be generalizable beyond the study site. Results may inform organizational decisions regarding whether the program might be adapted to other settings.	Research is intended to generate results that can be generalized to other individuals with similar characteristics as those in the study.
Is the primary purpose of the project to produce a research article or poster?	No. Process improvement findings are used at a local level to inform decisions regarding how some aspect or care or service delivery works and determine whether a change in that care actually results in an improvement. Publication is not the goal of PI.	No. Program evaluation results are meant to help evaluate or improve the services of a program. These results guide decisions about expanding or eliminating programs. Publication of results is not usually the goal of PE.	Yes. Research is conducted in order to inform the larger scientific community. If the aim is to produce results that can be published in journals, the project is likely research.
How rigid will the project design be regarding change?	Changes to a process improvement project is permissible and expected. This allows for quick identification of the best process for achieving the goal of the project.	Program evaluations typical use a tightly controlled design, which does not allow changes to the program based on feedback obtained while the evaluation is in progress.	Research designs are very controlled, and are not usually adjusted during the experiment. The highly rigid design helps eliminate effects of confounding variables.
Is there an assumption of benefit to patients?	Yes. Within process improvement frameworks, interventions or services provided are assumed to be effective and part of the usual standard of care.	Yes. Within program evaluation frameworks, interventions or services provided are assumed to be effective and part of the usual standard of care.	No direct assumption of benefit is present, as research aims to prove or disprove whether an intervention works (includes new or experimental therapies).

Process Improvement

Implementing multiple changes

One aspect of clinic

Less time & resources

CDP

Uniformed Services University

Process Improvement

Process Improvement

- Required periodically
- Target processes with data
- Increase data available
- Highlights improvements

CDP

Uniformed Services University

Common Process Improvement Tools

Flowcharts for mapping processes

Tools for Conducting Root Cause Analysis:

Fishbone Diagram

Affinity Diagram

5 Why's

Charts for Displaying Data:

Bar

Line

Pareto

Control

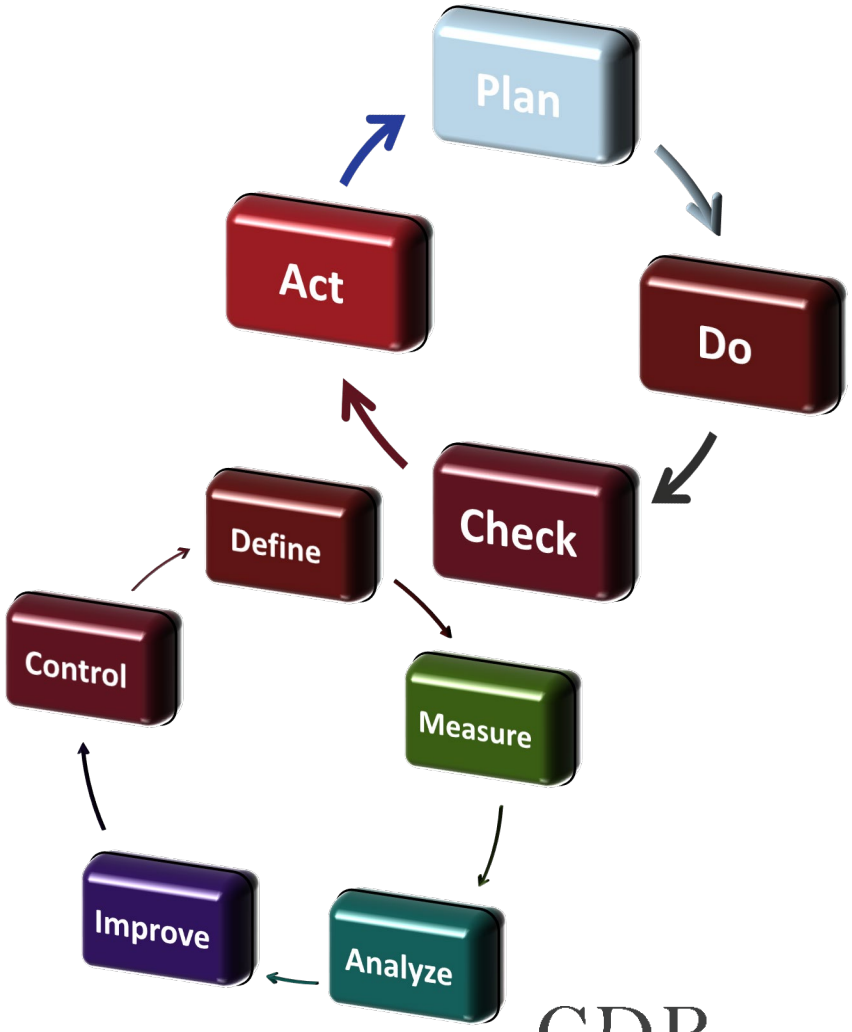
CDP

Uniformed Services University

Models for Process Improvement

FOCUS-PDCA

LEAN Six Sigma



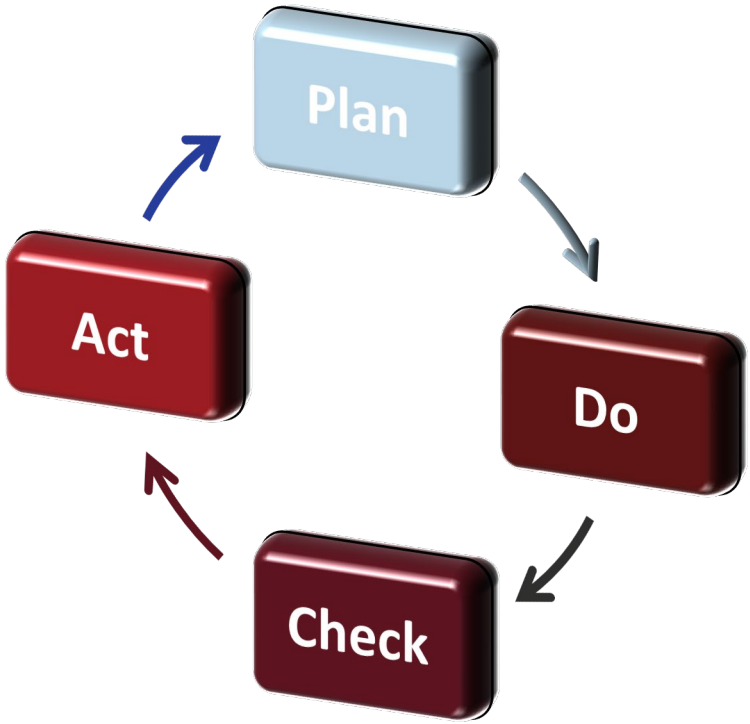
CDP

Uniformed Services University

FOCUS-PDCA

- Find a process to improve
- Organize a team
- Clarify the current process
- Uncover the root causes
- Select the improvement

- Plan
- Do
- Check
- Act



CDP

Uniformed Services University

LEAN Six Sigma

- Define
- Measure
- Analyze
- Improve
- Control

CDP

Uniformed Services University

Potential Clinic PI Projects

- Gap analysis
- Expand group therapy
- Expand EBP use
- Streamline referrals
- Outcome Measures
- New clinic measures
- Decrease wait times
- Utilize techs

CDP
Uniformed Services University

Sources of Data for PI: Clinic Appointment Data

- Total volume of patient care
- # group therapy appointments
- No show rates/cancellations
- High utilizer cases

CDP
Uniformed Services University

Sources of Data for PI: Disposition Tracking Tool

- Number patients undergoing MEBs
- Number patients receiving ADMIN SEPs
- Return to duty rate
- Snapshots of changes over time

CDP

Uniformed Services University

Data Sources for PI: EBP Training & Utilization Tool

Training history in EBPs

EBP usage by providers

Track changes in data over time

CDP

Uniformed Services University

Ft. Somewhere, SD

CDP
Uniformed Services University

Ft. Somewhere, SD

Find a process to improve

Organize a team

CDP

Uniformed Services University

Long Wait Times for Follow-Up Appts

Clarify the current process

Using Metrics Data, the team found:

- New intakes have been steady with trend up
- High number of patients in therapy for more than 20 sessions
- High number of provider caseloads closed to new intakes

CDP

Uniformed Services University

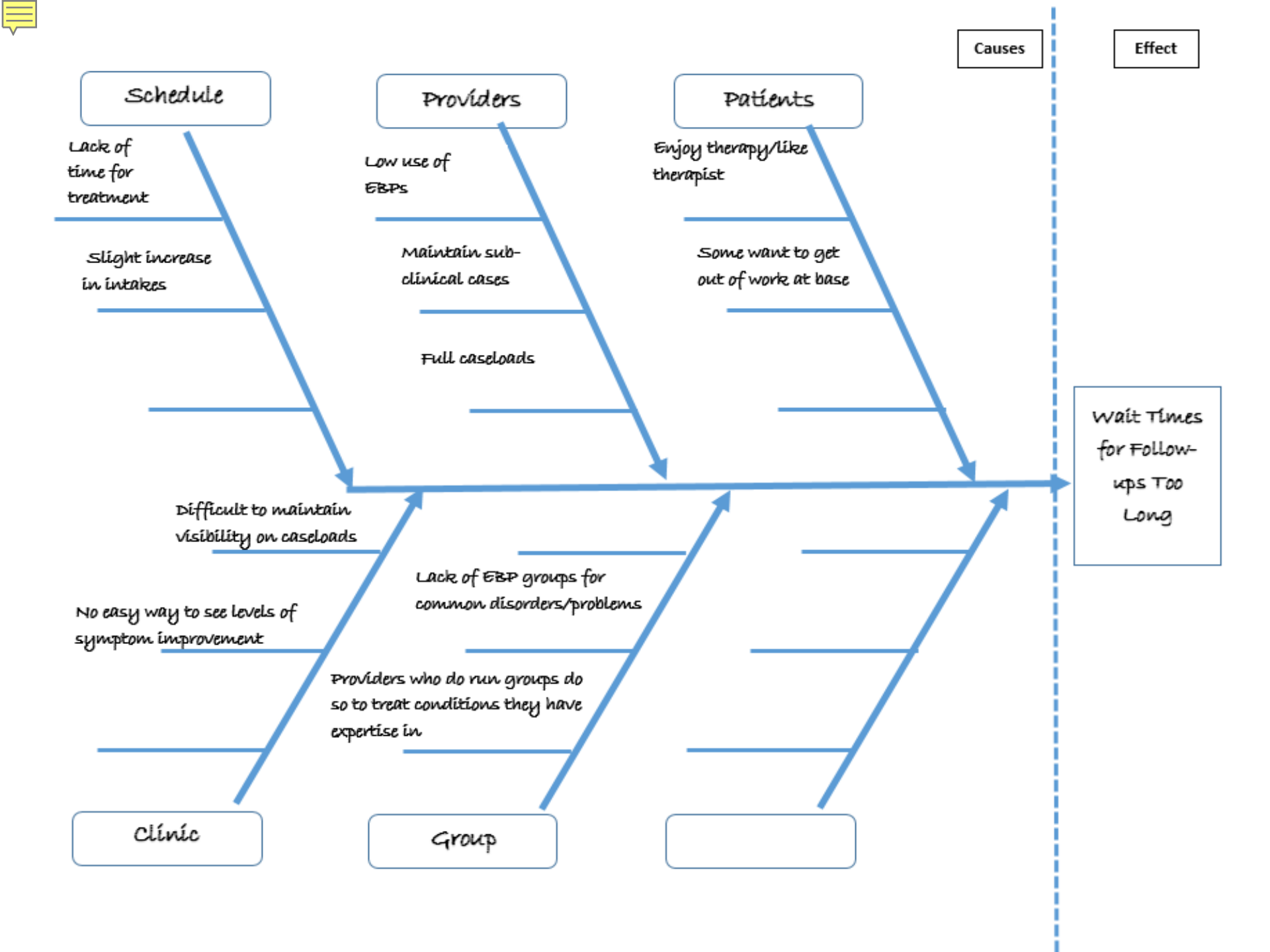
Long Wait Times for Follow-Up Appts

Uncover the root causes:

- Discussions with providers
- Brainstorming session

CDP

Uniformed Services University


Causes
Effect
Schedule
Providers
Patients
Lack of time for treatment
Slight increase in intakes
Low use of EBPs
Maintain sub-clinical cases
Full caseloads
Enjoy therapy/like therapist
Some want to get out of work at base
Wait Times for Follow-ups Too Long
Difficult to maintain visibility on caseloads
No easy way to see levels of symptom improvement
Lack of EBP groups for common disorders/problems
Providers who do run groups do so to treat conditions they have expertise in
Clinic
Group

Long Wait Times for Follow-up Appts

Uncover the root causes

A. Low visibility on symptom levels

B. Providers continue therapy after it's no longer needed

C. Providers keep easy cases to avoid new cases

D. No EBP groups for PTSD or depression

E. Low levels of individual therapy EBP

CDP

Uniformed Services University

Long Wait Times for Follow-up Appts

Select the improvement:

Reduce the wait times for FTR appointments within the clinic

CDP

Uniformed Services University

Long Wait Times for Follow-up Appts

Plan the improvements

Outline of improvements

Data collection plan

CDP

Uniformed Services University

Long Wait Times for Follow-up Appts

Do:
- Monthly treatment team meetings
- New groups

Check:
- # patients reviewed in team meeting
- # group therapy appts

Act:
- Interventions effective

CDP
Uniformed Services University

Group Psychotherapy

Find a process to improve

Organize a team

CDP

Uniformed Services University

Low Use of Group Psychotherapy

Clarify the current process:

Team discussion on contributing factors

Review data on use of group

CDP

Uniformed Services University

Low Use of Group Psychotherapy

Uncover the root causes:

Informal discussions with providers

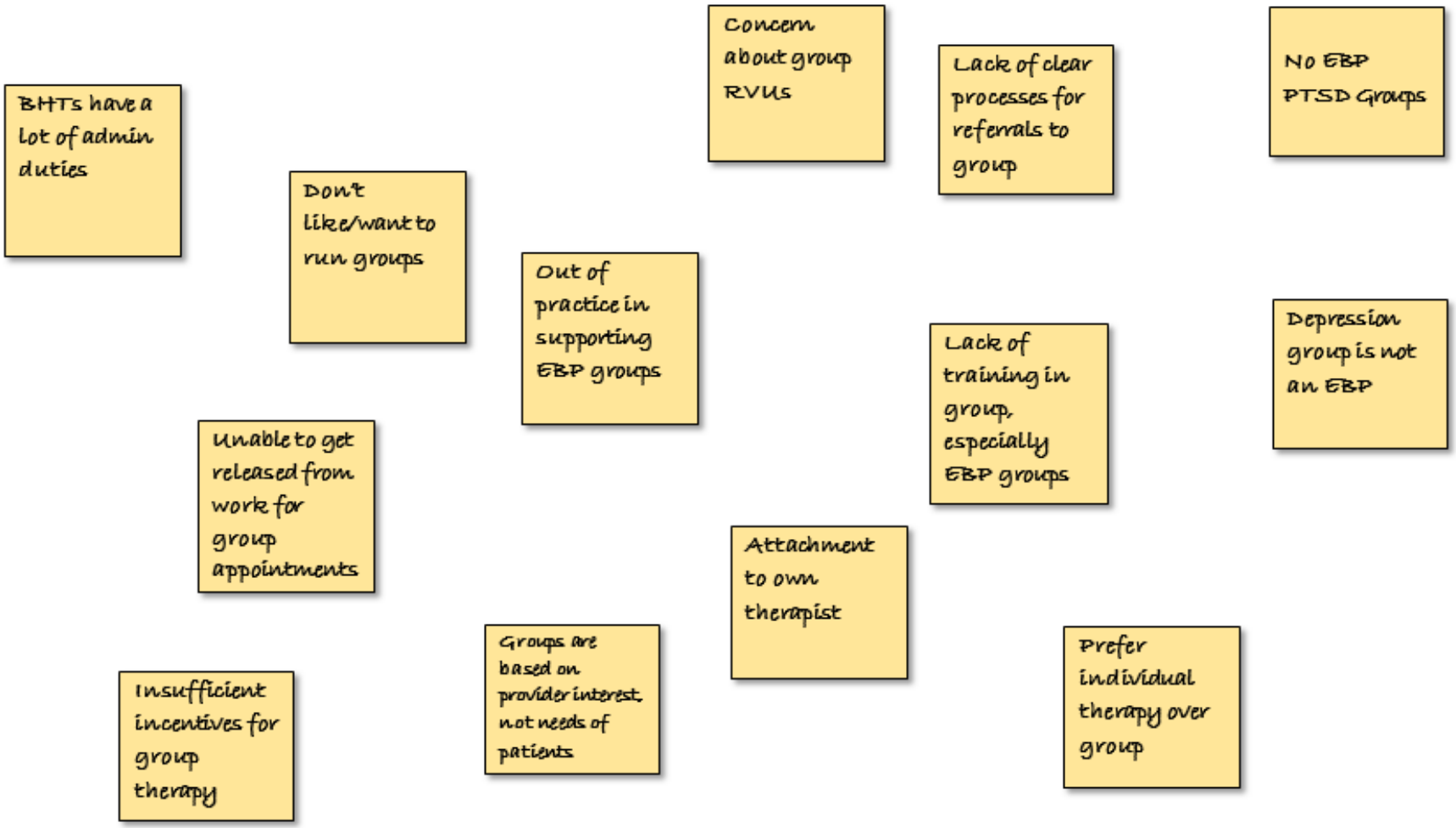
Team generated reasons for low usage

CDP
Uniformed Services University

Example Affinity Diagraming Process

Problem-Low Use of Group Psychotherapy

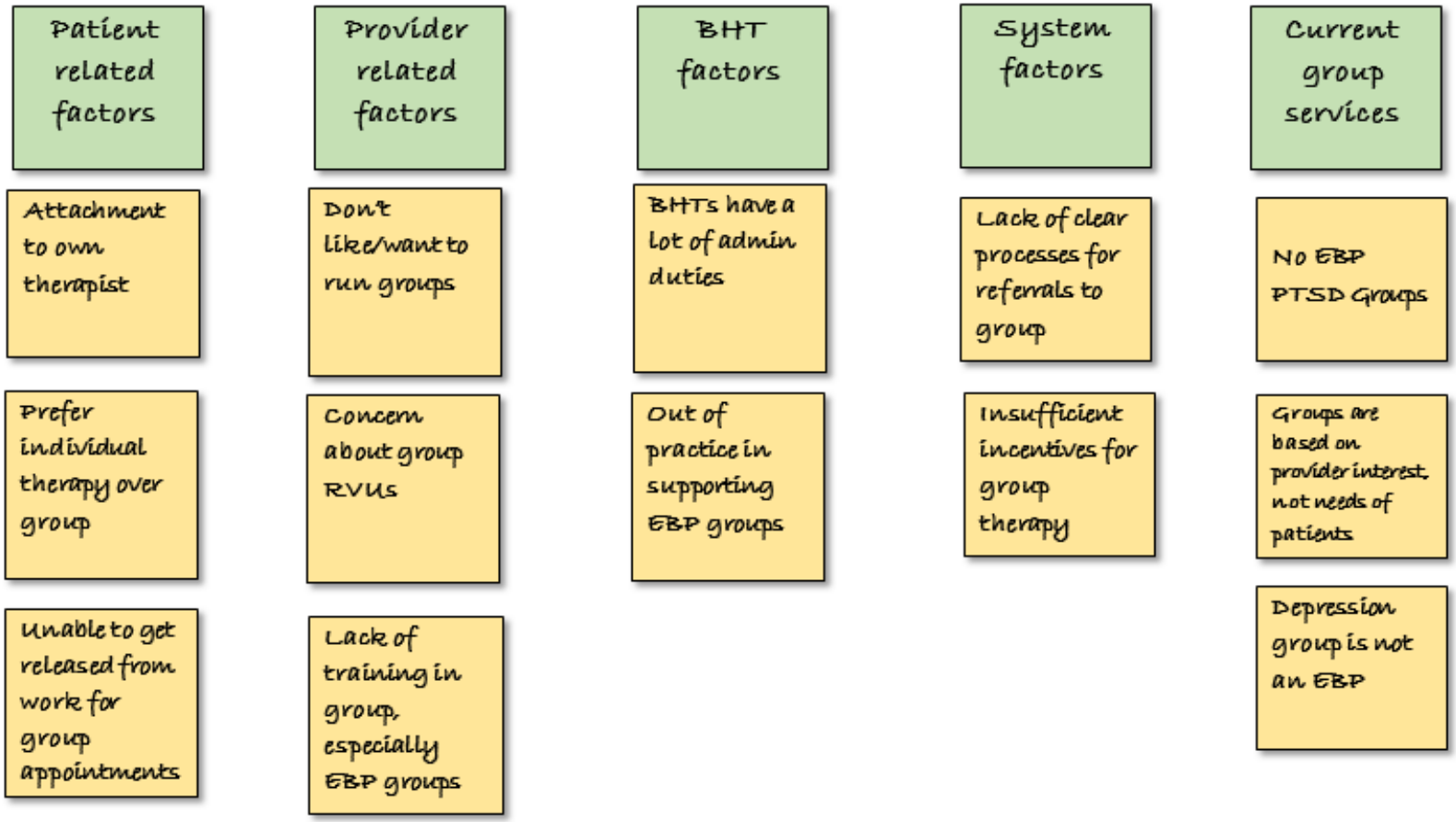
Step 1: Generate ideas regarding the factors that contribute to the problem.



Example Affinity Diagraming Process

Problem-Low Use of Group Psychotherapy

Step 2: Group the various factors under headings that the group generates.



Low Use of Group Psychotherapy

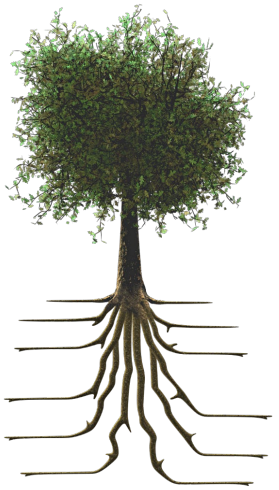
Uncover the root causes:

A. Different referral process for various groups

B. Poor fit between groups being offered and needs of patients

C. Providers feel the RVU "payoff" for groups is low

D. Providers noted that patients do not want to attend a group



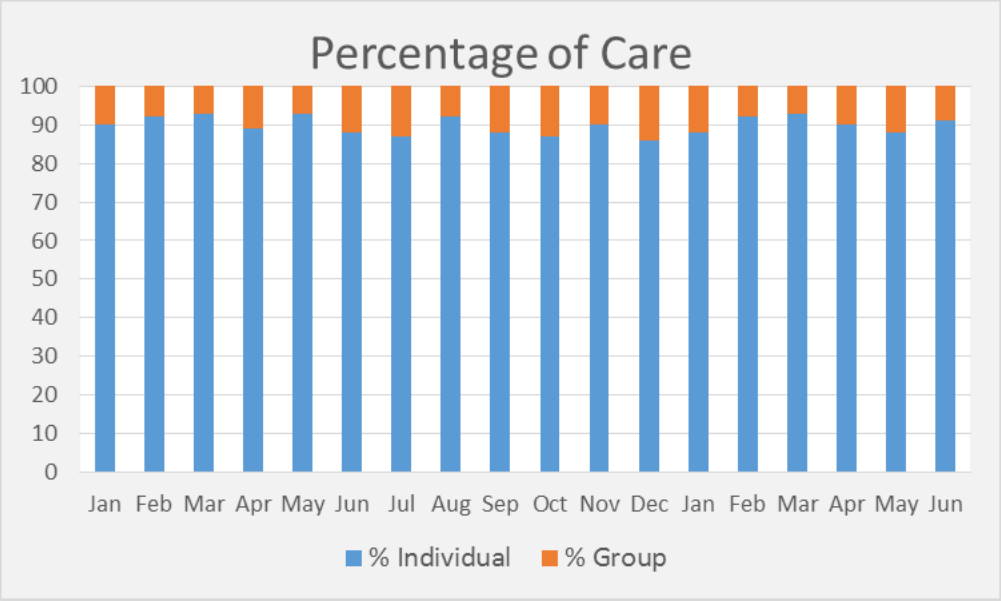
CDP

Uniformed Services University

Low Use of Group Psychotherapy

Select the improvement:

Increase the amount of group therapy available and group therapy utilization within the clinic



CDP

Uniformed Services University

Low Use of Group Psychotherapy

Plan the improvements

Outline of improvements

Data collection plans

CDP

Uniformed Services University

Low Use of Group Psychotherapy

Do:
- New group referral processes
- New groups

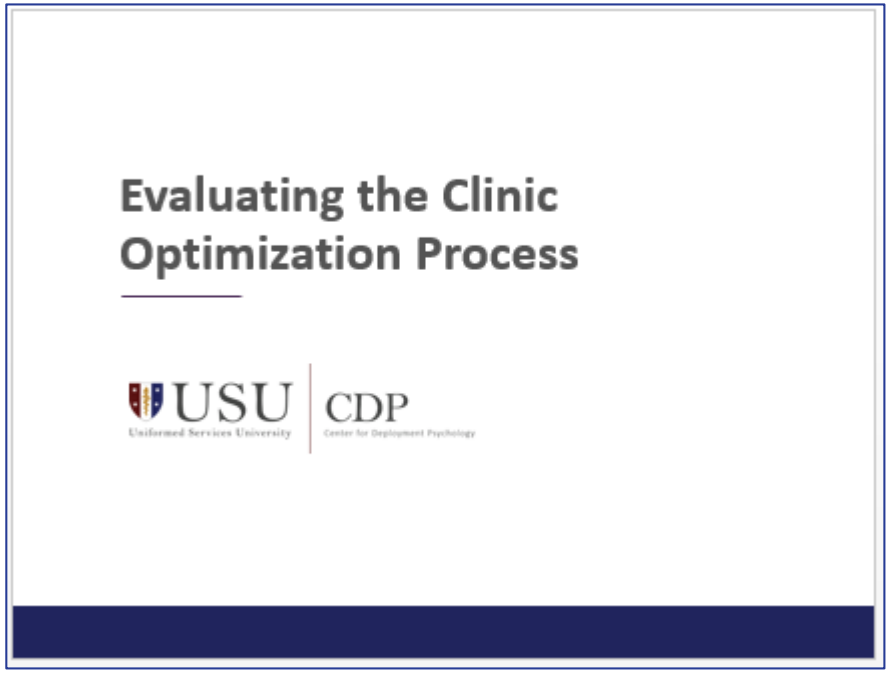
Check:
- # patients signed up to groups with new referral system
- # group therapy appts

Act:
- Interventions successful

CDP
Uniformed Services University

Toolkit Resources: Evaluation

- ***Training Deck***
- *Process Improvement Templates*
- *Handouts*



CDP
Uniformed Services University

Toolkit Resources: Evaluation

- Training Deck
- **Process Improvement Templates**
- Handouts

USU Uniformed Services University | CDP Center for Deployment Psychology

Example Process Improvement Projects

Decreasing Wait Times for Follow-Up Appointments

Find a process to improve:
A clinic notices that they have had progressively longer wait times for follow-up appointments in their schedules, which is generating patient complaints. This situation is also a source of low morale within the clinic as providers want to be able to see patients within a reasonable timeframe for follow-up.

Organize a Team that knows the process:
The following clinic personnel were recruited to serve on this Process Improvement (PI) project team:

- Clinic manager
- Departmental PI coordinator
- Several clinic providers
- Front desk staff (booking)

Clarify the current process:
The team examined potential reasons for longer wait times for follow-up appointments using guidance on how to create clinic level reports in excel based on data from the EMR, as well as discussions with clinic providers and appointment booking staff. This revealed that:

- New intakes have been fairly steady with a slight trend up over the past several months. However, this slight uptick in intakes was not deemed to be a key cause of the increased wait times.
- EBPs for key conditions such as PTSD and depression are not often used and there are no EBP groups being offered. This was thought to lead to a larger overall number of sessions being needed to treat these common conditions.
- The clinic has a very high number of patients who have been in therapy for more than 20 sessions.
  - The diagnoses in this high utilizer group varied; however, the majority had either PTSD, depression, or some vague diagnosis (other unspecified conditions). A small percentage of these cases had some type of severe or persistent condition such as bipolar disorder.
  - While all providers have at least a few such cases, most of these cases are concentrated within a fairly small number of clinic providers. Discussion with the appointment booking staff revealed that a good portion of the clinic's providers were closed to new intakes due to having full patient caseloads.

Uncover the root causes/Understand the issue:
The PI team employed several methods to understand the reason for long between-session wait times. Each method is described below:

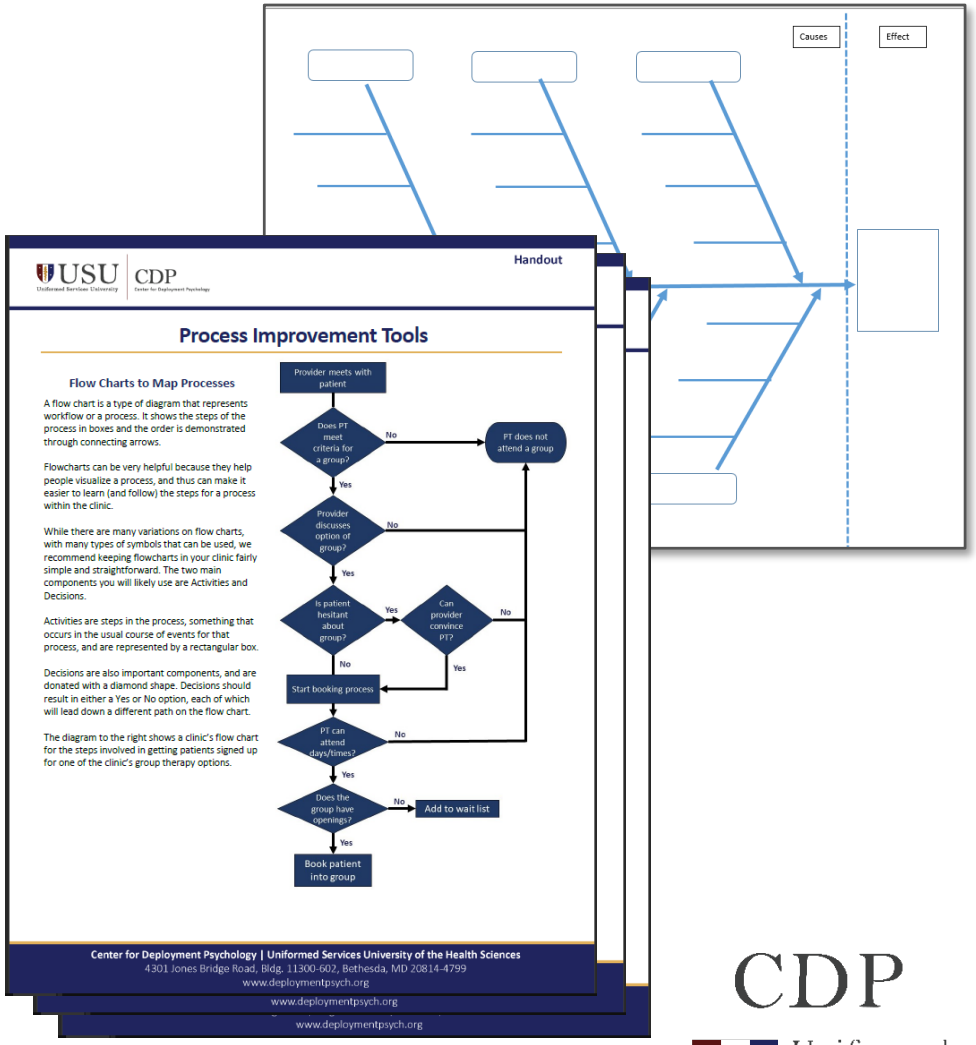
- Discussions with providers, especially those who carry large numbers of long-term therapy cases: This was done in an informal manner with team members approaching providers to ask about caseloads, barriers to termination with patients, etc.
- Brainstorming session: The team white boarded potential contributing factors to the low use of EBPs and large numbers of long-term therapy cases. The team used the Fishbone Diagram form. This allowed the team to group the various factors from the brainstorming session into a cause-and-effect sequence.

Center for Deployment Psychology | Uniformed Services University of the Health Sciences
4301 Jones Bridge Road, Bethesda, MD 20814-4799
www.deploymentpsych.org

CDP
Uniformed Services University

Toolkit Resources: Evaluation

- *Training Deck*
- *Process Improvement Templates*
- ***Handouts***



CDP
Uniformed Services University

Summary

- Differentiate between process improvement, program evaluation, and formal research
- Describe the process improvement method and useful tools
- Discuss examples of potential process improvement projects for your clinic

CDP
Uniformed Services University

Clinic Optimization Toolkit

Modules

- Clinic Gap Analysis
- Patient Management
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- Evaluation

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

CDP

Uniformed Services University

Center for Deployment Psychology

Department of Medical & Clinical Psychology
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799

Contact Us

Email: ClinicOptimization@DeploymentPsych.org
Website: DeploymentPsych.org
Facebook: http://www.facebook.com/DeploymentPsych
Twitter: @DeploymentPsych

CDP
Uniformed Services University