The Whole Package?

The San Xavier Experience
“If I have seen further it is by standing on the shoulders of giants”

Dr. Albert Adler and San Xavier Clinic
Disclosure

I have no relevant financial relationships with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity. I do not intend to discuss an unapproved/investigative use of a commercial product/device in their presentation.
Bright Futures needs good foundations:

- An implemented EHR
- Preexisting templates
- Preexisting programs
- Electronic referral and consult system
The importance of an EHR

- Paper EPSDT forms too crowded to adequately document information
- Beginning EHR 3 years ago meant having some familiarity with the system
- Starting a unified database 4 months before the project started helped – no searching through 3 different databases for information.
- Ease of data tracking – no chart pulls
The Beauty of preexisting templates

- With the EHR came templates that did not match our needs.
- Marisa Werner, MD, the other general pediatrician, had worked extensively with our IT department to build out well child templates.
- Already had check boxes for oral health/fluoride varnish and Peds/MCHAT referrals
The Pleasure of having preexisting projects

- Oral health CATCH grant and subsequent fluoride varnish trainings.
- Creating an alliance with dental for early childhood focus and a consult form
- Choosing Pedstest as our developmental screening form and obtaining online access.
- Fully implementing MCHAT and having referral resources available
The Joy of electronic referral

- Have electronic referrals for Early Intervention through EHR – allows for tracking referrals
- Dental consult form entered electronically
- Check boxes on visit form to indicate referral done
A note on Maternal Depression Screening

• Had been lax about assessing this issue until 2 years ago: noted mother not bonding with infant in exam room at 2 week visit. Admitted to depression – referred for services.
• MCH committee had developed a screening form and implemented it within the year.
• Doesn’t always prevent tragedy – same mother had twins a year later. One died at home, sleeping in parents’ bed.
Bright Futures Takes a Village – even a tiny one

- Improving our performance required both larger and smaller changes to daily routine:
  - Small group focus on picking target objectives and problem solve barriers to implementation
  - IT participation in key areas
  - Getting full staff participation and buy in
  - Getting the MD engaged in full documentation
Improving our performance

- Looking at data and giving up on the unfixable
- We aren’t going to get height for weight for the foreseeable future – national design issue
- Picking lowest hanging fruit – doing an adequate risk assessment
- Using the tools at hand – Getting the Bright Futures toolkit loaded onto EHR
Key decisions

- Simple questionnaires for feedback – limiting to a few questions
- Getting feedback from staff as well as patients/families
- Settling quickly on what seems to work – complicated forms are too complicated.
- Implementing Bright Futures for all well child visits
- Monthly goal setting and review of data.
- Expanding the team meeting to include all team staff
Having a genius on the team

**Problem:** documenting work done was crucial

**Problem:** limited access to IT because of staff shortages, continued expansion of EHR implementation

**Solution:** Diana figured out how to create our own templates! Brilliant!

**Solution:** now could add boxes as needed to simplify documentation – added at the top of the page

**Benefit:** noted problem with forms early, freed up clinic time to focus on family strengths, building connections.
Having a genius at the care manager level was crucial

- Problem: Getting forms filled out and ready for review in a timely fashion
- Solution: Diana put together packets for visits by age
- Engaged front office staff in reminding them to have them delivered at the beginning of the visit
- Kept track of visits by target populations
- Killer at data entry
Having a great case manager was crucial

- **Problem:** complex patients/families often meant focusing on medical issues instead of preventive care

- **Solution:** Linda, case manager, tracked most complicated patients allowed me to focus on immediate care.

- Always willing to help – sent letters and called

- Kept us focused on medical home and strengthening community connections
Are we committed to Bright Futures?

- Having staff consistency and commitment to a public health system of care made this possible. Advances in medical home ongoing.

- Changes at both the national and local level have provided the basis for creating a format in which to capture and track data.

- Connections made with patients and the community over many years does matter. BF adds to that.
The Future of Bright Futures in San Xavier

- Spreading the concept – other providers and other office staff.
- Improving medical home implementation – having all nursing staff be able to impanel patients.
- Creating a resource directory for parents – collaboration ongoing
- Preventing burn out and encouraging improvement as an ongoing commitment to our patients.