

# Closing 30,334 Care Gaps:

Quality Improvement through a Centralized Outreach Model

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**Learning Objectives:**

- 1) Identify ways to close care gaps through a centralized outreach model.
- 2) Illustrate the implications of in-reach and outreach workflows.

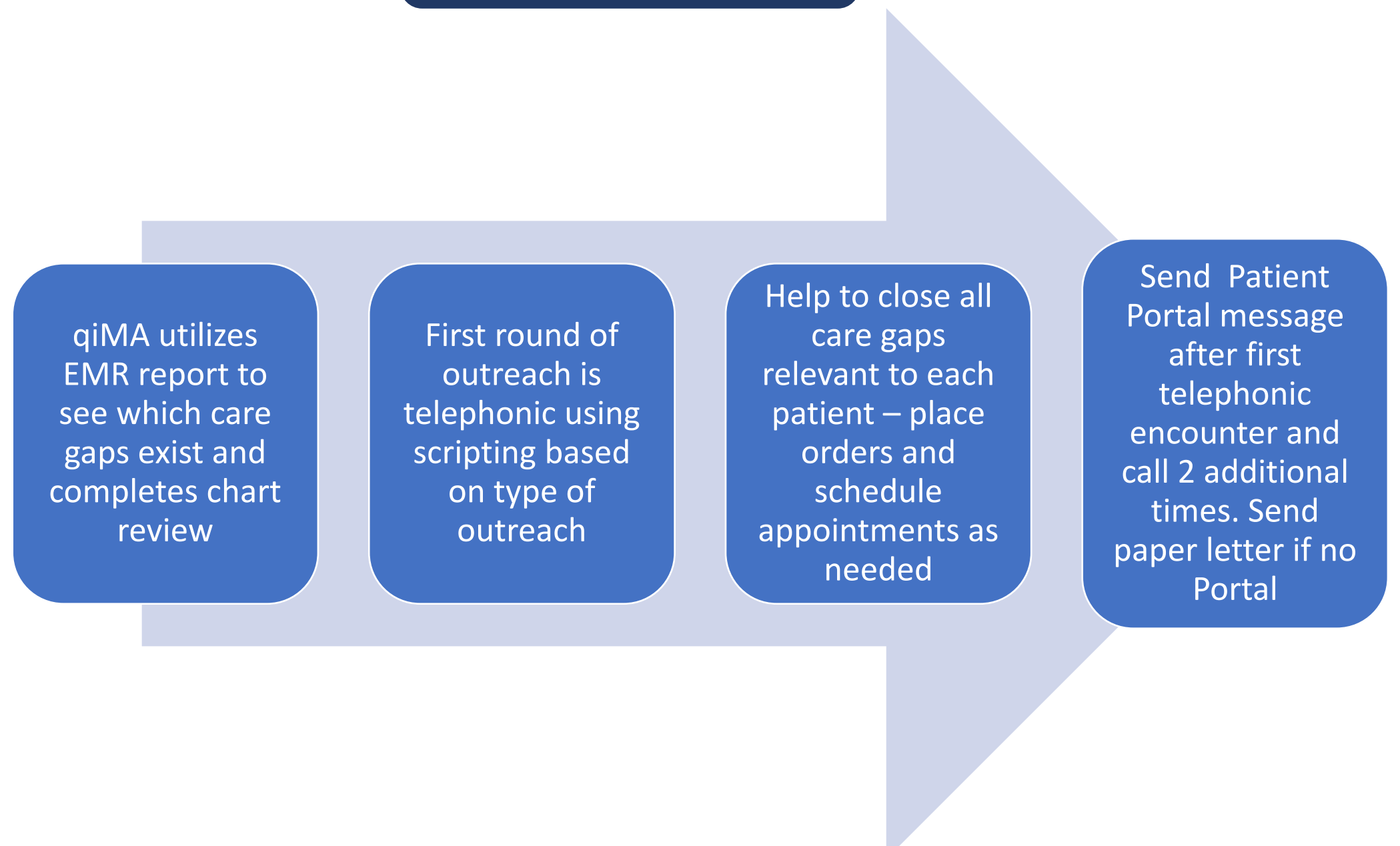
## Introduction and Background

- UC Davis Health proactively engaged patients to close quality care gaps with a centralized team in the summer of 2021
- Efforts including improving cancer screening, chronic disease management, and other preventative health services that reduce downstream illnesses
- UC Davis Health had struggled reaching patients less engaged with in-office or video visits
- UC Davis Health developed a model to integrate in-reach and out-reach through a centralized approach using Quality Improvement Medical Assistants (qiMAs) and patient registries

## Aim

- Build rapport between physicians and qiMAs to support clinics in closing quality care gaps through appropriate screening and testing
- Utilize 5 qiMAs to address 11 areas of outreach
- Integrate ad hoc workflows for payor, managed care, and end-of-year gaps as needs are identified
- Bolster outreach and engagement with patients
- Identify concerns of equity across racial, ethnic and language groups and integrate equity-conscious outreach

## Project Design



## Implementation

Colon Cancer Screening	Breast Cancer Screening	Cervical Cancer Screening
Chlamydia Screening	Depression Screening	Diabetic A1c Monitoring Labs
Diabetic Nephropathy Screening	Diabetic Retinopathy Screening	Diabetic Lipid Monitoring
Stage II Hypertension	Medicare Wellness Visits	Pediatric Wellness Visits

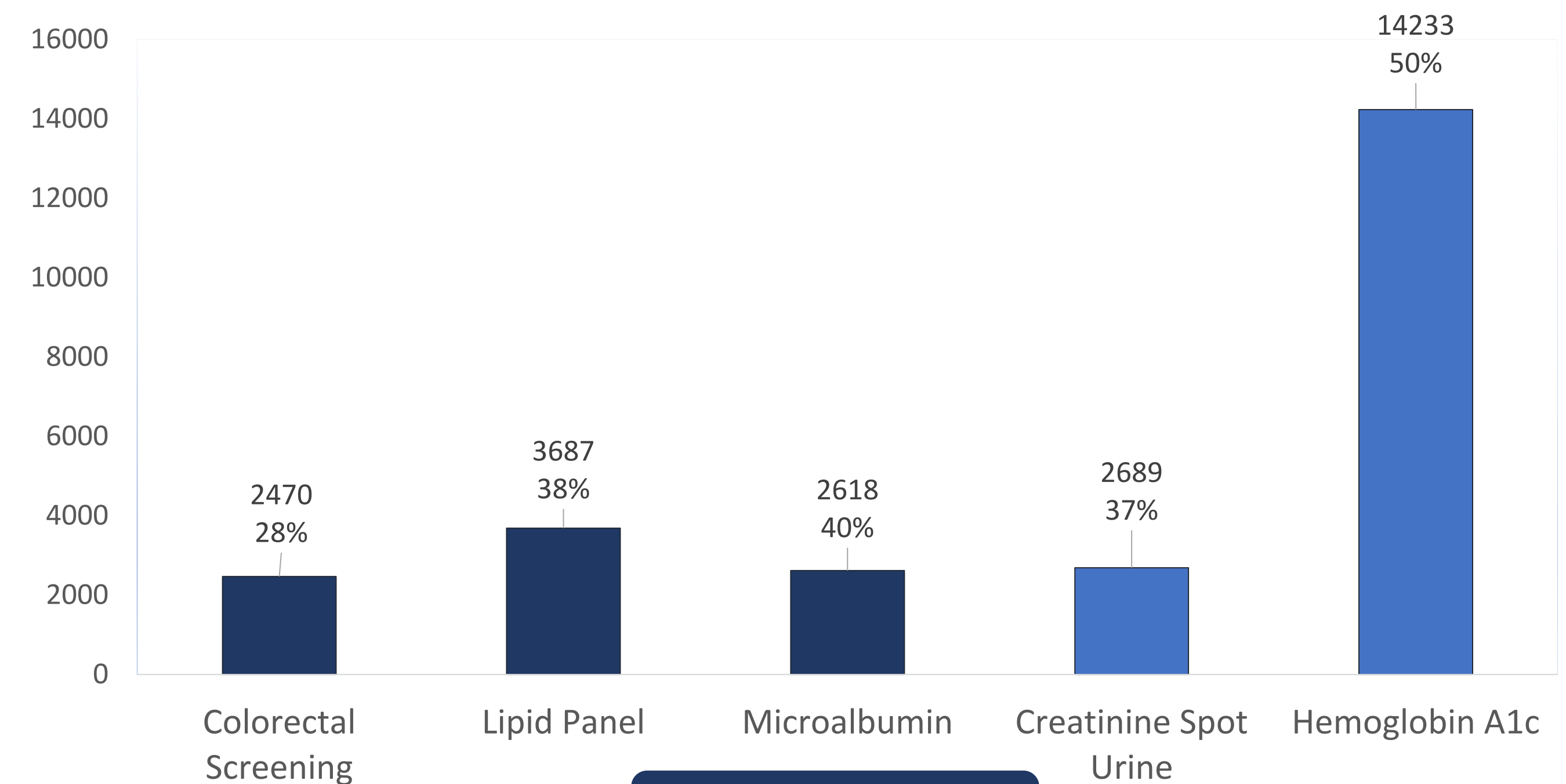
Total Telephone Encounters: 11,625  
 Total Patient Messages: 5,070  
 Total Appointments Scheduled: 5,798  
 Total Orders Placed: 45,689  
 Total Orders Completed: 25,697

**40% of orders placed were completed**

## Outcomes

### Care Gaps: Orders Closed

1/2022-1/2023



## Lessons Learned

- It is key to regularly communicate with and attend clinic meetings to improve provider buy-in
- Implementing motivational interviewing training at the start of the program can help staff engage patients
- Significantly integrating clinical subject matter experts with the operational teams doing outreach in all aspects of designing workflows, developing scripts, and FAQ efforts is vital to gaining buy-in among care teams
- Building the team and engaging people to energetically take on this work takes time

## Next Steps

- Update workflows to include digital outreach and patient scheduling to allow for expanded reach of program
- New workflows for additional care gaps for payor metrics
- Add in more disparity outreach efforts
- Hire additional staff

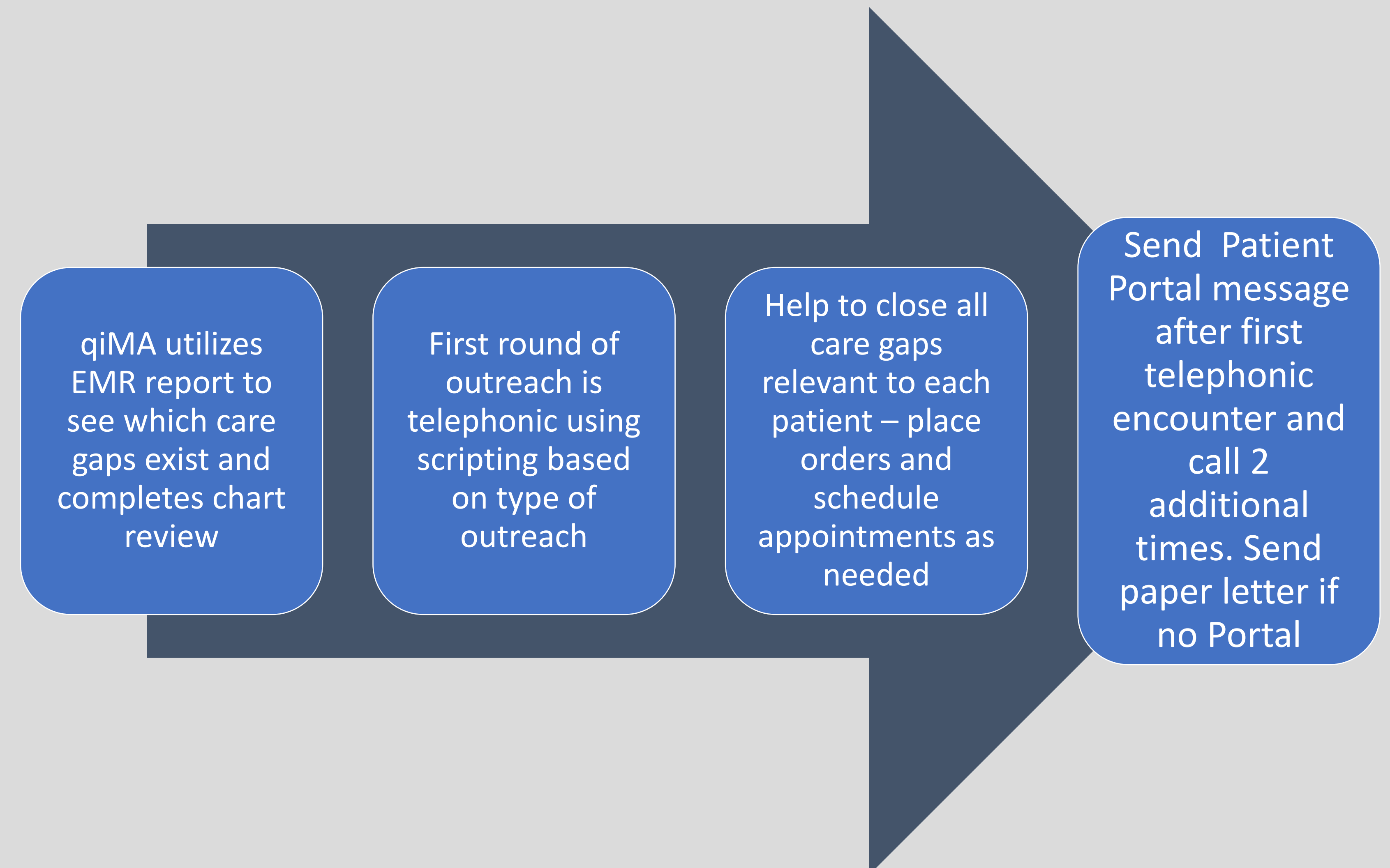
Quality Metrics Improved	January 2022 (baseline)	January 2023	Increase
Breast Cancer Screening	71%	78%	7%
Adult Depression Screening	58%	73%	15%
A1c Control	66%	70%	4%

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qiMA utilizes EMR report to see which care gaps exist and completes chart review

First round of outreach is telephonic using scripting based on type of outreach

Help to close all care gaps relevant to each patient – place orders and schedule appointments as needed

Send Patient Portal message after first telephonic encounter and call 2 additional times. Send paper letter if no Portal

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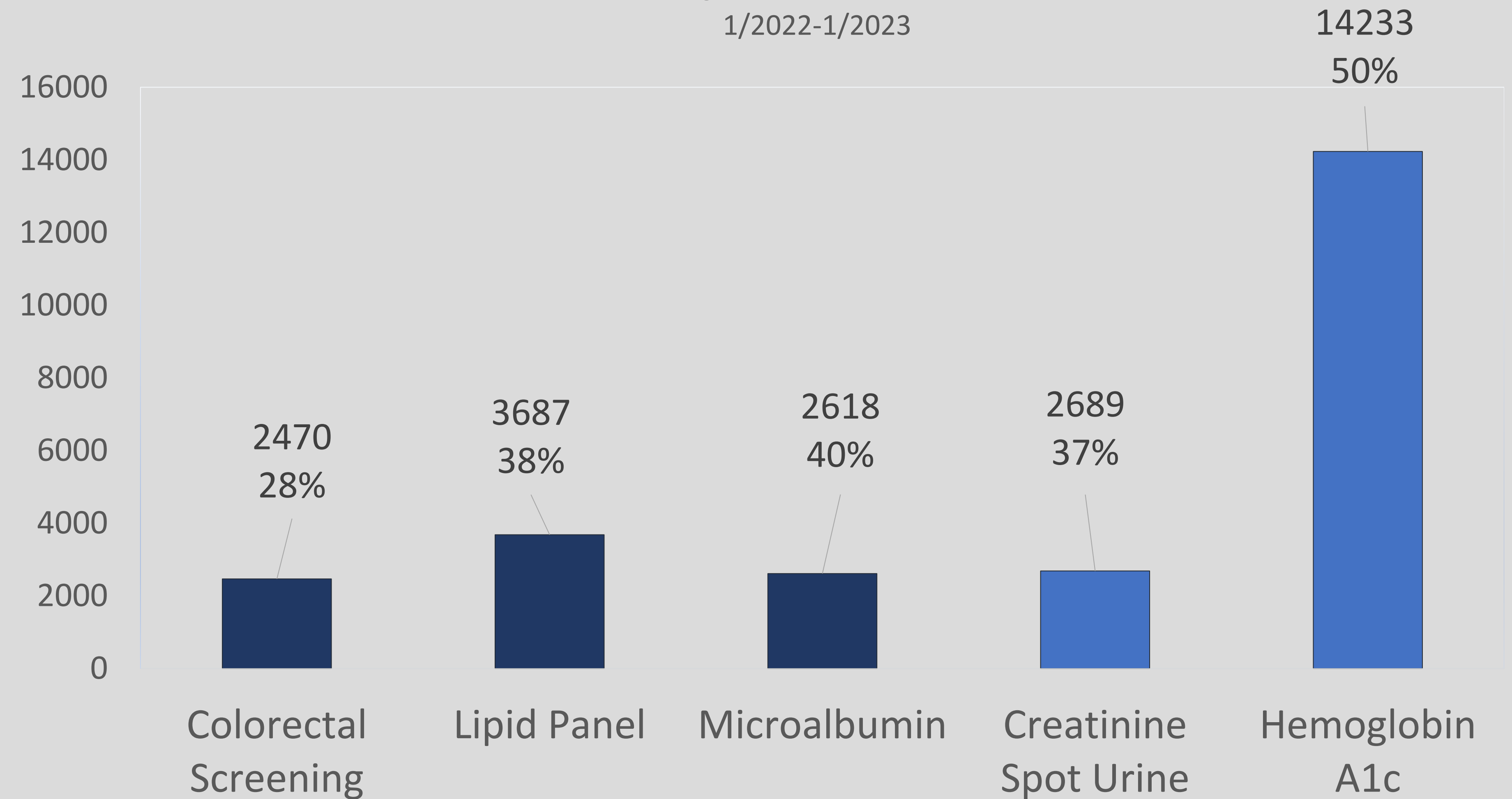
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