# TRACTION MONTHLY WEBINAR A

November 11, 2020

# AGENDA

- Thank you for your participation!

- Updates to the Chart Review Form (both Google Form and Word versions)

  - Questions about the chart review?

- PDSA Discussion

- Review of the Monthly Data

- Next Steps

# UPDATES TO THE CHART REVIEW TOOL

## QUESTIONS ABOUT THE CHART REVIEW TOOL?

# PDSA DISCUSSION

- Questions about PDSAs?

- How are the teams forming and carrying on?

- Have you submitted a PDSA?

- Overview of submitted PDSAs

# ARA GLENDALE PDSA
## TITLE: TRACKING PATIENTS RA TREATMENT GOALS

## PLAN

**What is the objective for this cycle?**

To assess each RA patients' goal of treatment and document it in the chart.

**What do you predict will happen?**

There was likely going to be a small percentage from the first month that had the goal documented, as this intervention was implemented towards the end of the first month.

**What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)?**

To ask the patient what their goal of RA treatment is and then to document it in the impression of the chart. Then monthly, to choose 12 charts each to review to assess if this process was carried out.

## DO

**Carry out the cycle. What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan.**

It was observed that the time used to ask the goal and to document it in the impression was quite quick. Numerous patients needed coaching/examples of goals given in order to provide a more concise answer.

## STUDY

**Summarize and analyze the observed results. What did you learn from this cycle?**

25% of the chart from the first cycle had the goal documented. The process was quite easy to implement and did not take much time.

**Do the results agree with the predictions you listed in the "Plan" phase? (circle one)**

Yes            No

## ACT

**What action are you going to take as a result of this cycle? (circle one)**

Expand the Test            Adapt the Test            Abandon the Test

**Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes?**

To continue this effort to get a higher percentage of adherence. Will then revaluate at the end of cycle 2.

# UNIVERSITY OF IOWA PDSA
## TITLE: IMPLEMENT AN EPIC SMARTPHRASE FOR DOCUMENTING DAM, T2T GOAL AND SDM

## PLAN

**What is the objective for this cycle?**

To create and implement a SmartPhrase in Epic for documenting key components of the TRACTION LC: 1) disease activity measure (DAM) used by provider, 2) T2T goal for patient, 3) shared-decision making statement pertaining to treatment change to achieve T2T.

**What do you predict will happen?**

This will allow each provider participating in the TRACTION LC to standardize their documentation to help implement T2T during their clinic visit with the patient. Additionally, this will optimize chart reviews.

**What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)?**

A member of our team (PL) will design a SmartPhrase and feedback will be given by the other team members (providers) so that we reach a consensus smart-phrase to be used in the future for all RA patient notes by the TRACTION LC providers.

## DO

**Carry out the cycle. What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan.**

We came up with a preliminary SmartPhrase which contained the essential parts of T2T. Our team discussed whether to use full sentences or medical abbreviations, which other providers and/or the billing/coding department might not be familiar with, as well as patients who have access to their notes and who might not understand the documentation.

## STUDY

**Summarize and analyze the observed results. What did you learn from this cycle?**

Documentation of the key components of T2T is essential to help guide discussion with the patient, but there are several ways of documenting which need to be optimized for streamlined use in our notes.

**Do the results agree with the predictions you listed in the "Plan" phase? (circle one)**

Yes                No

## ACT

**What action are you going to take as a result of this cycle? (circle one)**

Expand the Test          Adapt the Test          Abandon the Test

**Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes?**

We will plan to adapt and modify our SmartPhrase such that we spell out some of the medical abbreviations (T2T, LDA, etc.). We will also add elements which should be documented in the shared decision making section (such as discussing risk, benefits, and side effects of medications).

# UNIVERSITY OF ROCHESTER PDSA
## TITLE: IMPLEMENTING RA DISEASE ACTIVITY ASSESSMENT

## PLAN

**What is the objective for this cycle?**

Create a team based model to implement RA disease activity assessment in the rheumatology clinics

**What do you predict will happen?**

This will help increase frequency of assessment of RA disease activity

**What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)?**

Form team, delegate activities and meet on Friday afternoons at the clinic

## DO

**Carry out the cycle. What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan.**

Team formed – including administraive assistant in addtion to QI participants. Plan to include RA nurse. Will use CDAI as measure

## STUDY

**Summarize and analyze the observed results. What did you learn from this cycle?**

Successfully completed first meeting and agreed to use team model. Agreed as a team to use CDAI as assessment tool.

**Do the results agree with the predictions you listed in the "Plan" phase? (circle one)**

Yes          No

## ACT

**What action are you going to take as a result of this cycle? (circle one)**

Expand the Test          Adapt the Test          Abandon the Test

**Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes?**

Include others in the team who are yet to complete "training" from the TRACTION program

## GUNDERSEN HEALTH SYSTEM PDSA
### TITLE: HOW TO DISTRIBUTE THE R3 – TAKE 2.

### PLAN

**What is the objective for this cycle?**

Determine how to best get the R3 to our RA patients.

**What do you predict will happen?**

As a group we will find a new strategy. It will probably more realistic this time, because we have already learned from our first round. The new strategy will be a less cumbersome process for everyone. We won't have to rely on an archaic system (snail mail). Having the patient complete the R3 right at the time of visit will be most up to date – and will provide a visual to remind the provider to address the R3.

**What is the plan for the cycle? What are the steps to execute the cycle, including data collection (who, what, where, when)?**

R3's will be given to the patients by the MA's when patients arrive at the clinic. Randi and LeeAnne will mail out R3's to phone call and skype visits. Providers will score it when they get in the exam room.

MA's will have to determine which patients need the RA – this should only require a quick chart review when prepping for that day's patients. Randi agreed to educate remaining MA's about the process and get them on board.

### DO

**Carry out the cycle. What did you observe? Include descriptions of successful encounters, problems, and other special circumstances that may or may not have been part of the plan.**

All group members liked the new process – at least in theory. Thought it would be more efficient and would also allow for more consistent distribution to all RA patients.

### STUDY

**Summarize and analyze the observed results. What did you learn from this cycle?**

**Do the results agree with the predictions you listed in the "Plan" phase? (circle one)**

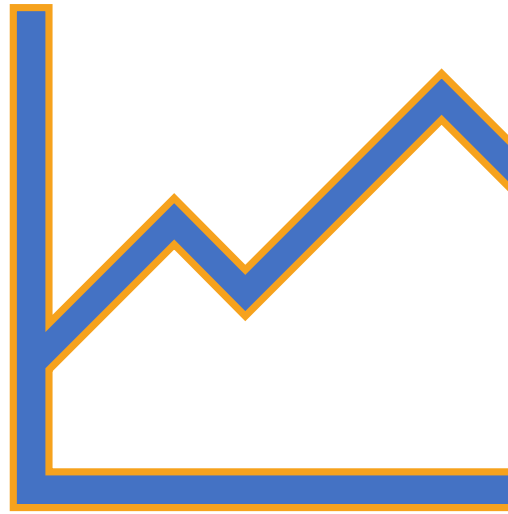No                    Yes

### ACT

**What action are you going to take as a result of this cycle? (circle one)**

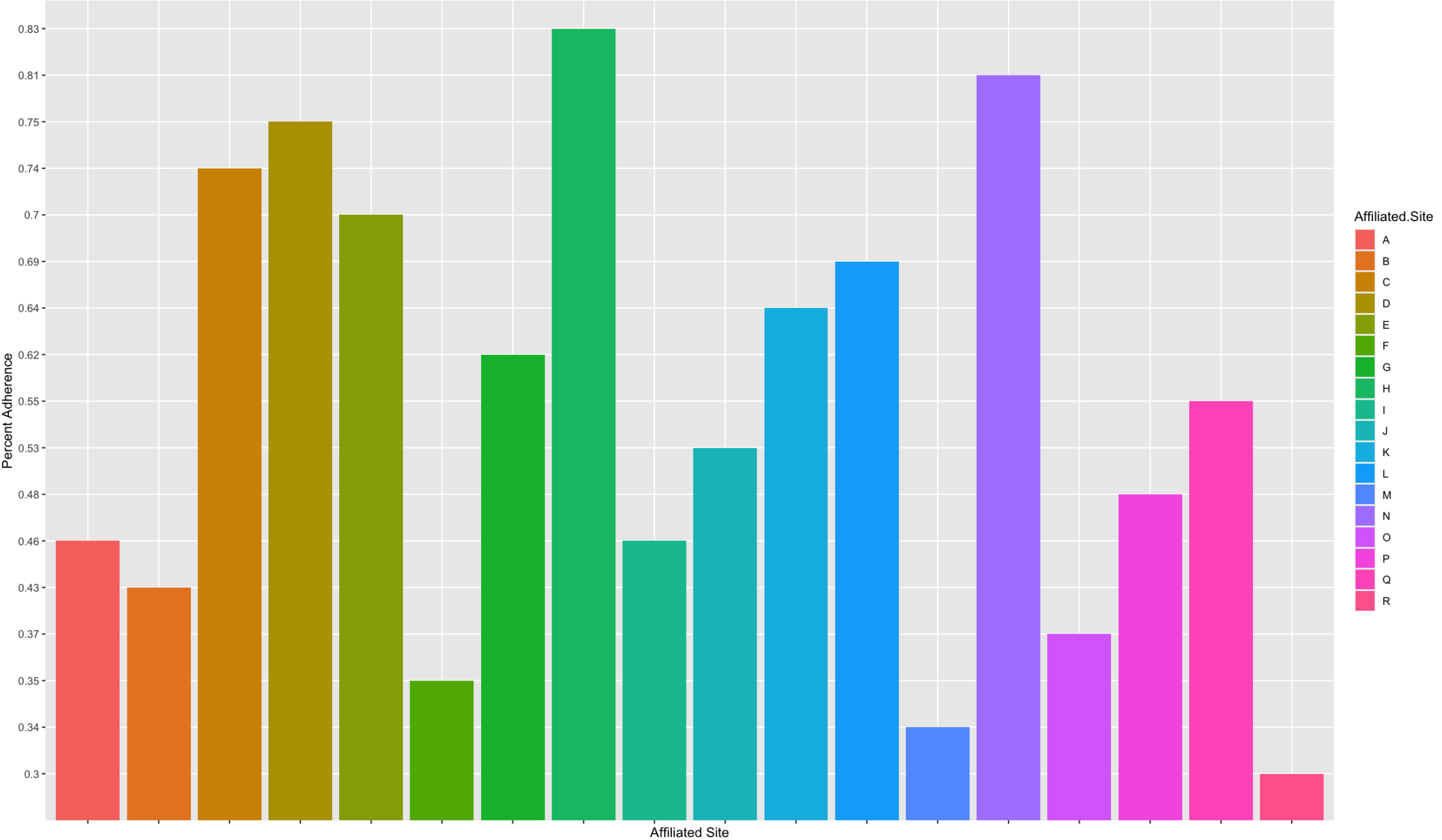Expand the Test          Adapt the Test          Abandon the Test

**Plan for the next cycle. What changes are needed? If expanding or adapting, what will you do to continue your learning while beginning to spread the successes?**
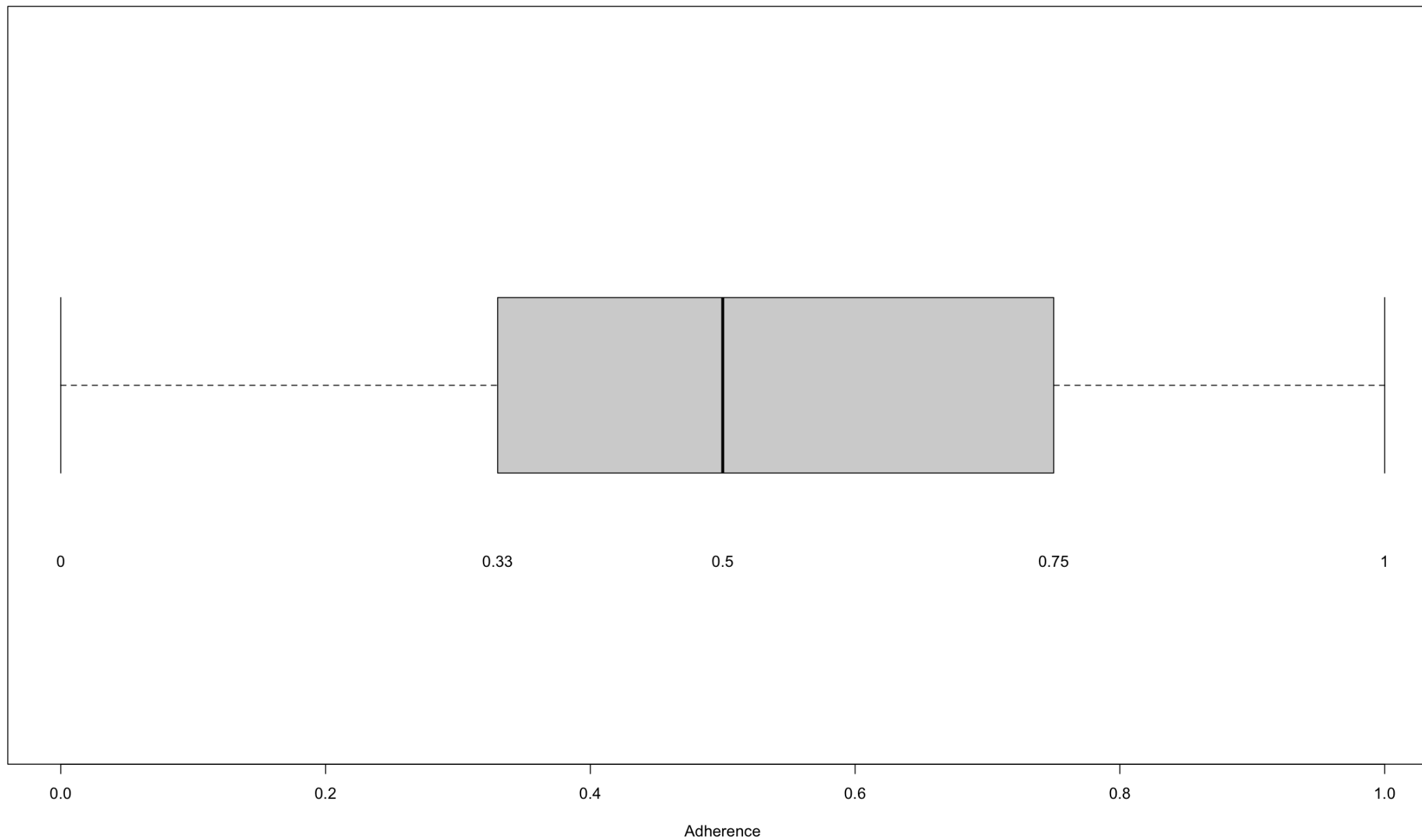
# TRACTION DATA VISUALIZATION

November Monthly Webinar

% Adherence by Site for November Webinar

Adherence Across All Sites (Median and IQR)

# ACTIVITY MEASURES AND TARGETS

## Does the note mention a disease activity?
330 responses



- None
- CDAI
- DAS28
- MDHAQ
- RAPID3
- SDAI
- JDAS

27.6%
23%
44.5%
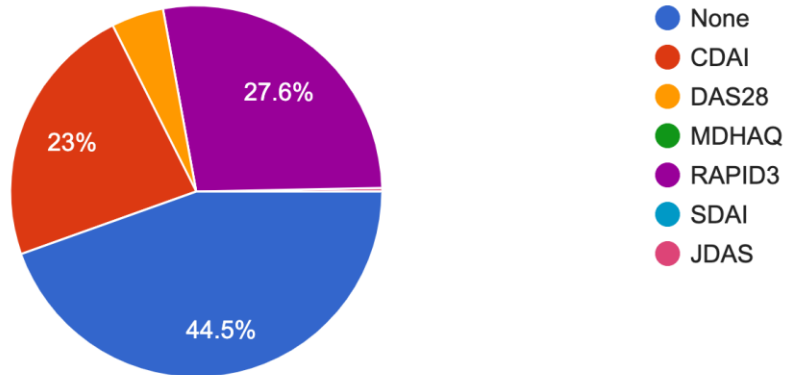
## Is there a treatment "target" noted?
330 responses



- None
- Remission
- Low disease activity
- Moderate disease activity
- High disease activity

16.7%
16.4%
64.2%
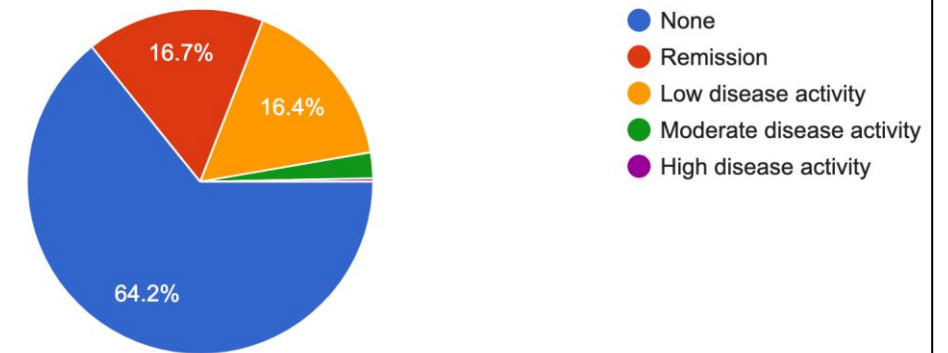
% of Charts Noting 'Yes' to Activity Target Present
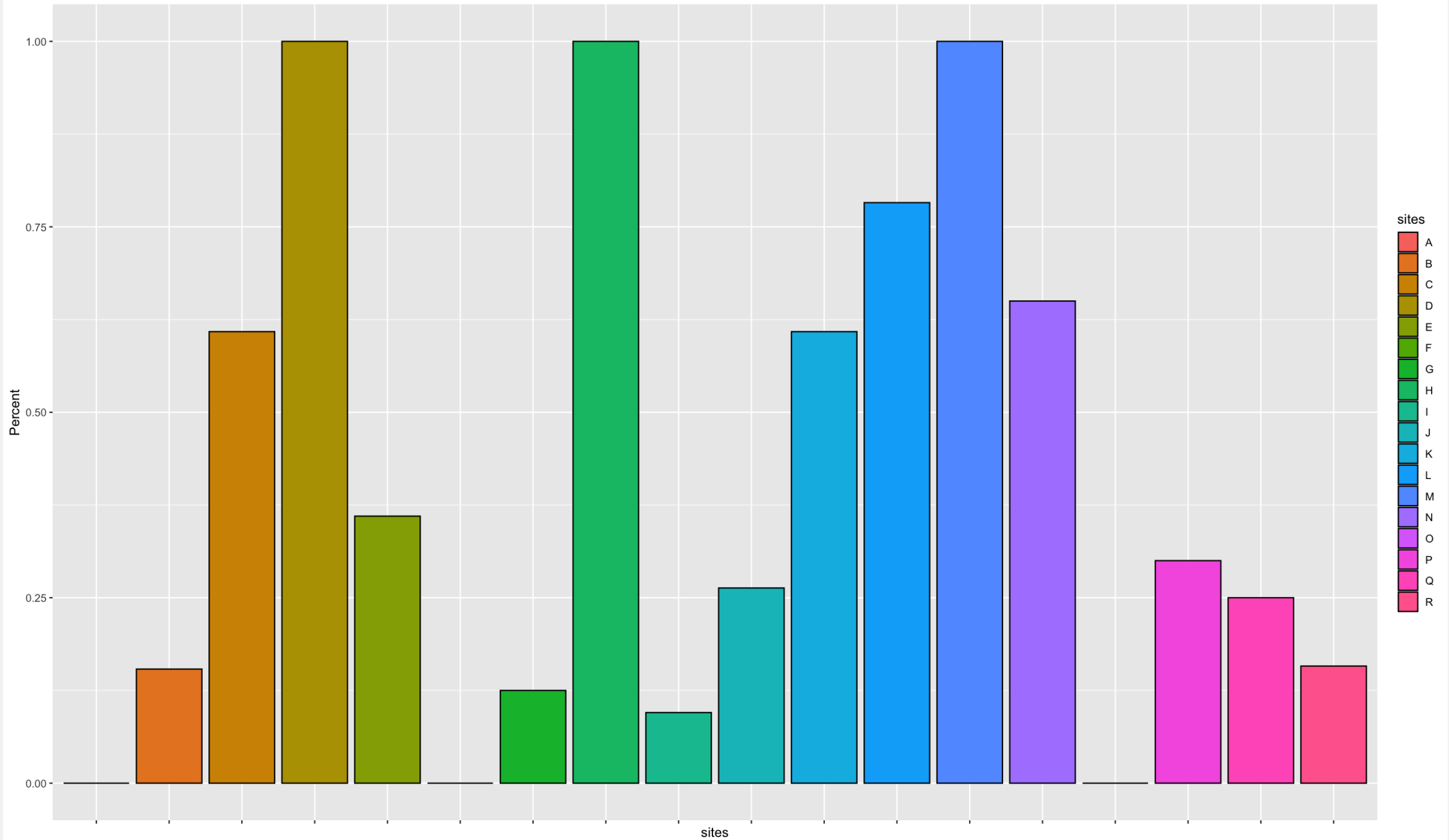
# RESPONSE TO TARGET

Is the patient "at target" (see table below for information about disease activity levels)?

331 responses

- Yes
- No

59.2%

40.8%

If the patient is not at target, was there a change in treatment?

198 responses

- Yes
- No

46.5%

53.5%
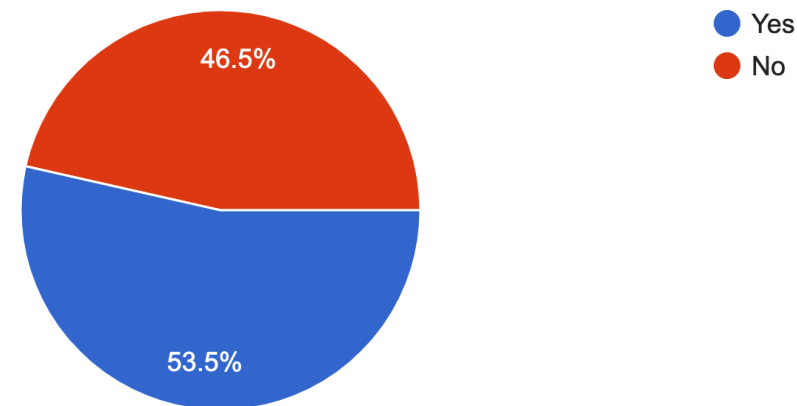
% of Patients At Target

TREATMENT CHANGES

If there was a treatment change noted, please select all that apply.

126 responses

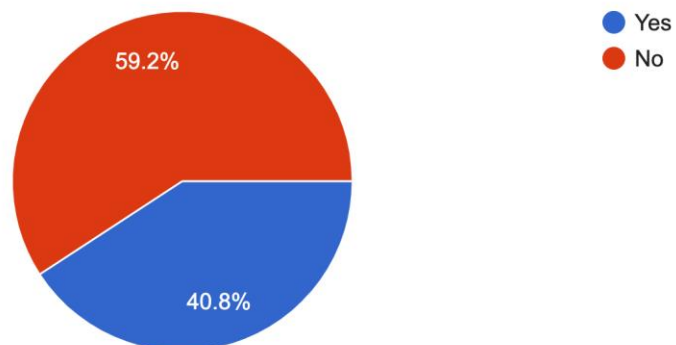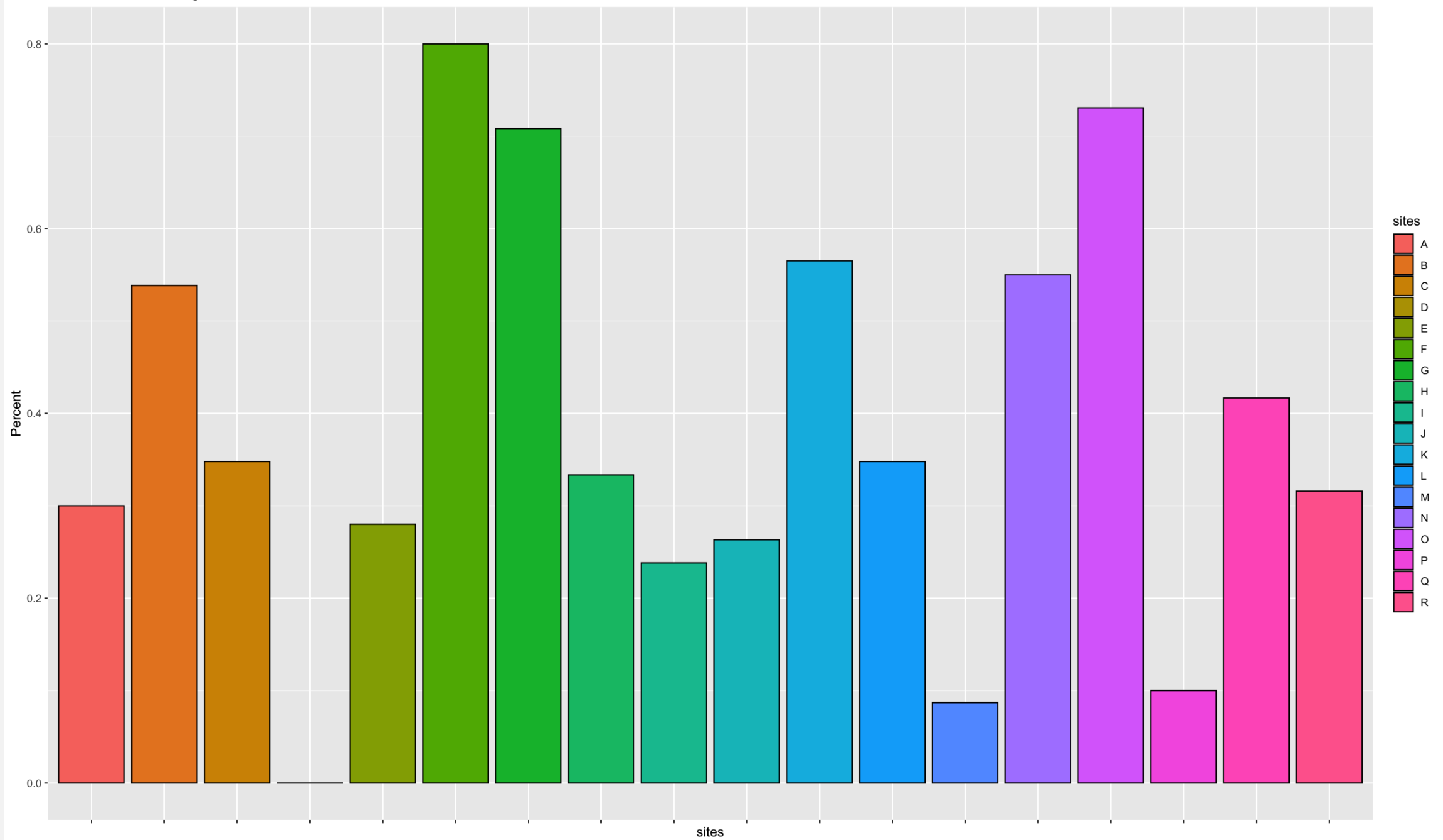| Category | Count |
|---|---|
| New medication prescribed | 66 (52.4%) |
| Intensifying medication (dose increase) | 21 (16.7%) |
| | 31 (24.6%) |
| | 2 (1.6%) |
| Started Physical Therapy | 1 (0.8%) |
| considering new medication | 1 (0.8%) |
| stopped MTX due to cellulitis | 1 (0.8%) |
| advised to start | 1 (0.8%) |
| sulfasalazine, medrol … | 1 (0.8%) |
| Obtain preapproval to | 1 (0.8%) |
| continue Humira. … | 1 (0.8%) |
| New medication advised to | 1 (0.8%) |
| be started bu… | 1 (0.8%) |
| Prednisone burst/taper | 1 (0.8%) |
| | 1 (0.8%) |
| continuing medication from | 1 (0.8%) |
| prior as she… | 1 (0.8%) |
| Restarted DMARD | 1 (0.8%) |
| (Leflunomide) therapy | 1 (0.8%) |
| adding additional DMARD | 1 (0.8%) |
| once Covid situ… | 1 (0.8%) |
| Working him up for gout in | 1 (0.8%) |
| addition as … | 1 (0.8%) |
| Discontinued MTX and | 1 (0.8%) |
| started on Lefluna… | 1 (0.8%) |
| | 1 (0.8%) |
| WE DISCUSSED TAPER | 1 (0.8%) |
| | 1 (0.8%) |
| steroid taper | 1 (0.8%) |
| | 1 (0.8%) |
| Physical therapy outpatient | 1 (0.8%) |
| referral | 1 (0.8%) |
| | 1 (0.8%) |

0    20    40    60    80

REASONS FOR NO TREATMENT CHANGE

If NOT at target and NO treatment change was recorded, is there a reason noted for this?

95 responses

- None — 10 (10.5%)
- Patient preference — 31 (32.6%)
- Clinical preference — 24 (25.3%)
- Clinician mentioned that pain was not f… — 14 (14.7%)
- — 11 (11.6%)
- prolonging treatment and monitoring — 1 (1.1%)
- Pt not able to tolerate MTX in the past… — 1 (1.1%)
- High RAPID3 scores were interpreted as … — 1 (1.1%)
- Patient is elderly, frail and has had s… — 1 (1.1%)
- Patient also has fibromyalgia and osteo… — 1 (1.1%)
- he may have surgery soon and thus wante… — 1 (1.1%)
- no synovitis on exam and we continued t… — 1 (1.1%)
- Driven by global, pt has form of FM — 1 (1.1%)
- TREATMENT WAS INTENSIFIED — 1 (1.1%)
- NEW CONSULTATION AND NEW MEDICATIONS OF… — 1 (1.1%)
- no tender or swollen jts, elevated ESR/… — 1 (1.1%)
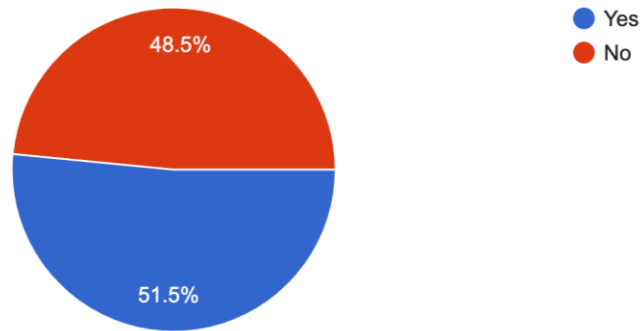
# SHARED DECISION MAKING

If a decision about treatment or treatment target was made, is there evidence of Shared Decision Making?

260 responses

- Yes
- No

48.5%

51.5%

- Common Phrases
  - " Discussed treatment options"
  - "Discussed options of switching vs escalating
  - "Patient prefers to continue on current medications"
  - "Side effects, risks and benefits reviewed with patient, patient agrees"
  - "Patient prefers not to escalate"
  - "Because patient is not at goal, we discussed options to include…"

% Shared Decision Making