**Aim Statement**

We aim to reduce incorrect** PCP documentation to less than 3% of patients seen at University of Missouri Healthcare on or after July 1, 2013.

**Problem Statement**

- Process for updating PCP field in patient accounts is inconsistent and appropriate PCP is not well defined (Figure 1).
- Non-primary care providers are entered as PCP.
- Issue of 7.5% of patients Blank, Self, Unknown Dr, None, and Non-PCP Credentials listed as PCP.
- Entries of Blank and Self make up about 92% of the incorrect entries (Figure 2).
- Incorrect entries lead to poor transitions in care and outpatient management.

**Initial Pilot**

- Educate staff regarding appropriate PCP definition.
- Develop tools for staff to make it easier for them to see when an update is needed.
- Pilot sites identified as Diabetes Clinic, OB/Gyn Clinic and UMHC Registration (excluding ER and Ancillaries).

**Expanded Interventions**

- Develop expanded education plan for MUHC rollout of initial pilot intervention.
- Develop methods to prevent non-PCP data entry.
- Educate providers about opportunities to establish a PCP relationship with patients.

**Plan**

<table>
<thead>
<tr>
<th>Initial Pilot</th>
<th>Do</th>
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<tbody>
<tr>
<td>Engaged supervisors regarding issue of incorrect PCPs loaded on patient accounts.</td>
<td>Educated frontline staff and asked them to update when the field is Blank, Self, None or Unknown.</td>
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<td>Put alerts in place to draw these entries to the frontline's attention.</td>
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**Specific Measures**

- Incorrect PCP entries as a percentage of patients arrived in clinics should be < 3%.
- Incorrect PCP entries as a percentage of patients departed from hospital facilities should be < 3%.
- Percentage of patients left as PCP Undesignated after departure from a clinic visit by Provider in primary care clinics should be < 5%.
- Percentage of patients with the PCP left blank should be < 1%.

**Study**

- Next Steps
  - Continue to work with locations that have high incorrect PCP entries with a focus to eliminate Blanks.
  - All providers in dictionary 8904 are being reviewed so that non-PCP types of providers can be flagged and will be marked as an Invalid PCP in the future (which will prevent them from being loaded as a PCP on the patient's account). PCP for the account will be set back to Blank so it will be updated by asking patients for a current PCP.
  - Reports for Providers in primary care areas are currently being developed to assist in identifying patients that need to establish a relationship with a MUHC PCP.
  - Continue to work on interventions that will assist in establishing PCP relationships with patients without a designated PCP.
  - Continue to link with other committees working to improve PCP accuracy.
  - Continue to refine best practices for gleaning and updating PCP information from MUHC patients.

**Act**

- Monitor visits daily and provided feedback and encouragement to direct supervisors.
- Incorrect PCPs improved from 11-12% to 1.5% for Pilot areas (Figure 3).
- PCP-Undesignated volume increased as patients, when asked, were not able to identify a current PCP.
- 66% (2,322) of the 3,511 patients with an undesignated PCP seen in January live in Boone or a contiguous county.
- 74% (1,710) of the 2,322 patients had an associated payer source presenting an opportunity for growth though establishing a relationship with a MUHC PCP (Figure 5).

**Next Steps**

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**Expanded Interventions**

- As of March, incorrect entries across UMHC have improved from 7.5% to 3.1% since October 2012 (Figure 3 Totaled).
- As of March, PCP-Undesignated entries across UMHC have grown from 6.7% to 9.4% since October 2012 (Figure 4 Totaled).
- 90% (1,220) of the 1,349 patients with incorrect entries in March had the PCP field left blank (2.8% of all 43,523 patients seen).

**End Notes**

- Incorrect Defined as Blank, Self, None, and Non-PCP Credentials.
- Percentage of patients left as PCP should be < 1%.
- Updated 3/17/2013 entry of Self will be as PCP.
- Undesignated PCPs loaded on patient accounts.
- As of March 17, the entry of Self will be modified so that staff are not able to load Self onto patient accounts.
- Develop reporting for frontline on blanks left after patients have been seen.
- Develop reporting for doctors in primary care clinics to monitor patients left as PCP undesignated or blank to have a PCP relationship established with UMHC primary care physicians.

**Graphics / Data**

- **Figure 1** Cause and Effect
- **Figure 2** Incorrect** PCP Breakdown
- **Figure 3** Patients* with Incorrect** Primary Care Provider Documentation in IDX October 2012 – March 2013
- **Figure 4** Patients* with PCP-Undesignated Documented in IDX October 2012 – March 2013
- **Figure 5** Potential Growth from Establishing a MUHC PCP Relationship with Patients without a Designated PCP.

**Table**

| Start Date: October 5, 2012 | Executive Sponsor: Kay Davis | Team Leader: Tami Clark | Team Members: Michelle Bennett, Brooke Geyer, Terrie Grimes, Deborah Harvey, Tamy Kimbrough | Advisors: Phil Vinyard, Koby Clements |