Final Report:

Engaging the Entire Care Team

to Facilitate a Comprehensive Pain Management Program

in the Primary Care Setting

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Abstract

Purpose: The primary objective of this initiative is to increase primary care physicians and team members' knowledge, expertise and confidence in utilizing health information technology to implement a population health management program that utilizes evidence-based (EB) guidelines to appropriately and cost-effectively treat new and existing patients who present with pain.

Scope: Physicians and care teams from 10 nationally recognized patient-centered medical home (PCMH) practices in New Jersey were included in this study. Primary audiences for intervention included primary care physicians and providers (advanced practice nurses and physician assistants) and care teams (nurses, care coordinators, medical assistants, office managers and staff).

Methods: An education and quality improvement initiative was designed to focus primary care practices teams on implementing a QI Plan to target three domains: 1) clinical outcomes measures; 2) process measures; and 3) patient satisfaction. Specifically, the following measures were selected: 1) documentation of a care plan; 2) pain assessment; 3) referral to physical therapy or behavioral counseling; 4) reassessment of pain at follow up visit; 5) chemical dependency screening; and 6) opioid contracts.

Results: Practices conducted chart review or generated reports for the practice's EHR system for baseline and remeasurement. All practices chose to conduct a chart review for this project. A randomized sampling methodology was developed and provided to practices to identify patients for chart review. Practices achieved significant improvement for all measures associated with this project, from a 7% improvement to as high as a 47% improvement over a one-year period.

Key Words: Quality Improvement; Patient-Centered Medical Home; Chronic Pain

Purpose

The purpose of this program was to develop and implement an educational and QI program for primary care multi-disciplinary teams to foster enhanced ability and confidence to appropriately treat and manage patients who present with pain based on current evidence-based (EB) guidelines. The key objectives were determined based on opportunities for improvement that exist in primary care practices targeted for participation in this initiative, and the abilities of these practices to reduce or close identified gaps. Key objectives included:

1. Increase widespread use of chronic pain evidence-based guidelines and assessment tools in primary care practices, using health technology for documentation and population health management;
2. Establishment of a primary care practice environment that fosters coordination and communication among providers and community partners/resources to support effective non-pharmacological/pharmacological approaches to pain management;
3. Increase patient satisfaction and quality of life for those with pain; and
4. Reduction in healthcare costs associated with avoidable emergency department/hospital admissions,inappropriate referrals and need for additional inpatient/outpatient services.

Scope

Background

Based on data from the National Center for Health Statistics, it is estimated that more than 800,000 New Jersey residents may suffer from chronic pain[1]. In 2010, there were 7,238 admissions to NJ State-licensed or certified substance abuse treatment programs as a result of prescription painkiller abuse; an increase of nearly 2,000 from the previous year & an increase of >5,000 from 2005[2]. In 2011 & 2012, prescription drugs were a factor in the deaths of >700 NJ residents[3].

Inadequate and sometimes inappropriate pain treatment is significant in primary care. In a survey of patients with chronic pain, almost half changed physicians three or more times because they felt their physician did not know a lot about pain treatment (31%), did not take their pain seriously enough (29%), were unwilling to treat their pain aggressively (27%), or did not listen to them (22%)[4].

A survey revealed that more than 50% of primary care physicians felt they should serve as principle physician in the management of their patients' pain, yet only 34% said they felt comfortable doing so[5]. Many clinicians are simply not well versed in pain and its many forms or in pain management[6]. One study found that 76% of physicians admitted there were gaps in their knowledge about the treatment of pain which affected their ability to manage their patient's pain[7]. Another study found physicians were better at treating acute pain and were consistent in under-treatment of chronic pain[8].

Settings

NJAFP's extensive PCMH experiences revealed that close to 90% of practices that have worked on, or are currently in process of working on NCQA PCMH recognition, have needed assistance and education on completing Standard 6 pertaining to QI activities within the practice. This includes assistance with identification and selection of measures, measuring intervals, tracking and reporting data, and providing feedback to the practice team. NJ practices would greatly benefit from participation in this project.

Primary audiences for intervention include primary care physicians/providers (advanced practice nurses and physician assistants), care teams (nurses, care coordinators, medical assistants, office staff), patients, health plans, community partners, specialists, and the healthcare system. Physicians and teams will benefit from enhanced knowledge, expertise and confidence in treating patients with pain; patients will experience greater satisfaction in care and enhanced quality of life; health plans, specialists and community partners will benefit through enriched communication and collaboration in working with primary care practices to treat and manage patients with pain; while the health system will benefit from cost reduction related to decreased use of services (e.g., avoidable emergency room visits, specialty care).

Physicians and care teams from 10 nationally recognized patient-centered medical home (PCMH) practices in New Jersey were included in this study. Primary audiences for intervention included primary care physicians and providers (advanced practice nurses and physician assistants) and care teams (nurses, care coordinators, medical assistants, office managers and staff).

Participants

NJAFP received Letters of Participation from more than 20 PCMH primary care practices and federally qualified health centers (FQHCs) indicating an interest and desire to be selected to participate in this project. Furthermore, these practices were additionally vetted to ensure all practices are utilizing a CCHIT-Certified electronic health record (EHR) system – and were doing so for more than 24 months. This fostered the likeliness of project success, as all practices selected for participation would have a comprehensive understanding regarding the complexities and use of an EHR system to support process and clinical measures.

Table 1 details the participants in this study. Practices were geographically distributed throughout the state and included practices in urban, suburban and rural areas of the state. Practice demographics also included private/independently owned practices, health system/employed practices, and well as practices participating in an organized independent practice association (IPA). Practices were family medicine or internal medicine practices, and had at least two providers.

Table 1: Participating Practices

Practice	# Providers	Specialty	Region	Setting Type	Ownership
1	2	Family Medicine	West	Rural	Private/IPA
2	5	Internal Medicine	South	Suburban	Hospital-Owned
3	2	Family Medicine	South	Suburban	Hospital-Owned
4	3	Family Medicine	South	Suburban	Hospital-Owned
5	5	Family Medicine	Central	Rural	Private
6	2	Family Medicine	Central	Suburban	Private
7	2	Family Medicine	West	Rural	Private/IPA
8	2	Internal Medicine	North	Urban	Private
9	2	Family Medicine	East	Suburban	Private
10	2	Family Medicine	East	Suburban	Private

Methods

Study Design

The design for this project was an education and quality improvement (QI) initiative designed to focus primary care practices teams on implementing a QI Plan to target improving chronic pain measures in three domains: 1) clinical outcomes measures; 2) process measures; and 3) patient satisfaction.

NJAFP developed a comprehensive educational and QI program for participating PCMH practice teams. Project component consisted of three intervention components, a learning session, virtual assistance and on-site facilitation. Primary care practice teams engaged in education that focused on rapid cycle changes within the practice setting. This project provides opportunities for practice teams to learn together on how to make identified improvements in practice from topic experts in specific fields, while learning from each other, resulting in project outcomes that close the gap between what is done and what is known. The project model with used a short-term learning time frame, approximately six months, during which time all practice teams came together for a learning session, followed by hands-on, face-to-face assistance provided by an NJAFP QI Facilitator every three months and check-in calls/virtual assistance monthly.

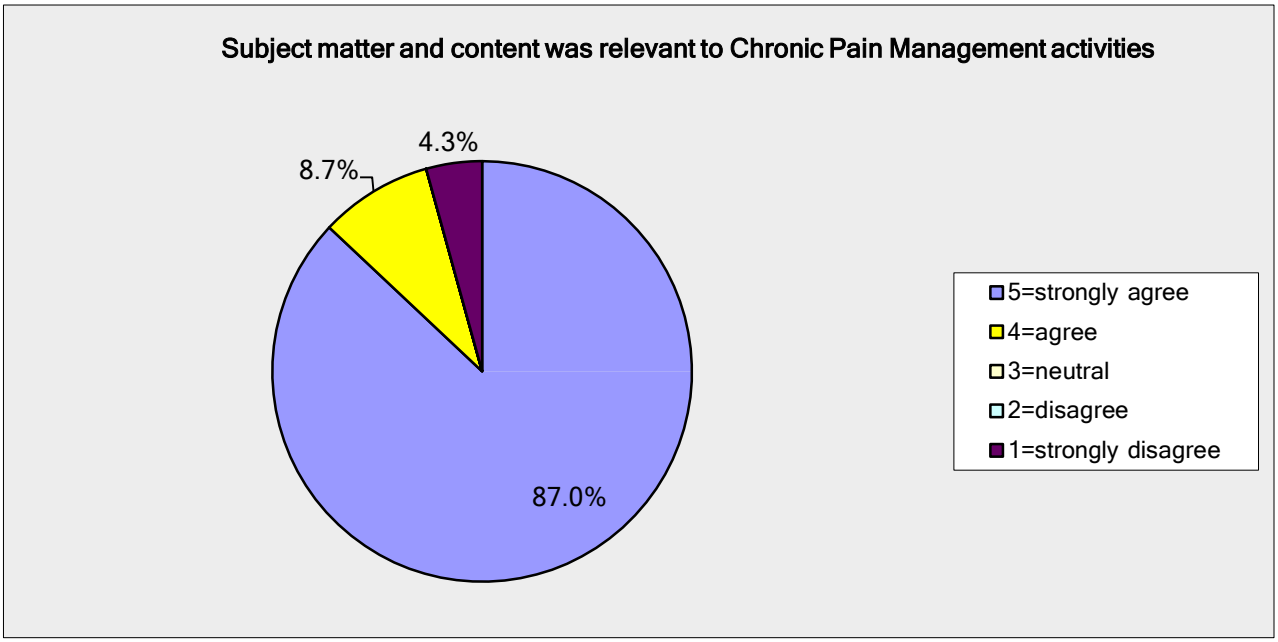
Learning Session. Team members from the primary care practice formed a multi-disciplinary learning team and attended the learning session, which was held on May 6, 2014. These team members went back to the practice, and during the action period (action period is the six months after the learning session) worked with the entire staff to introduce the intended changes through rapid PDSA cycles, to foster the intended outcomes. Content for the learning session will be provided by the Principal Investigator, NJAFP staff and external topic experts.

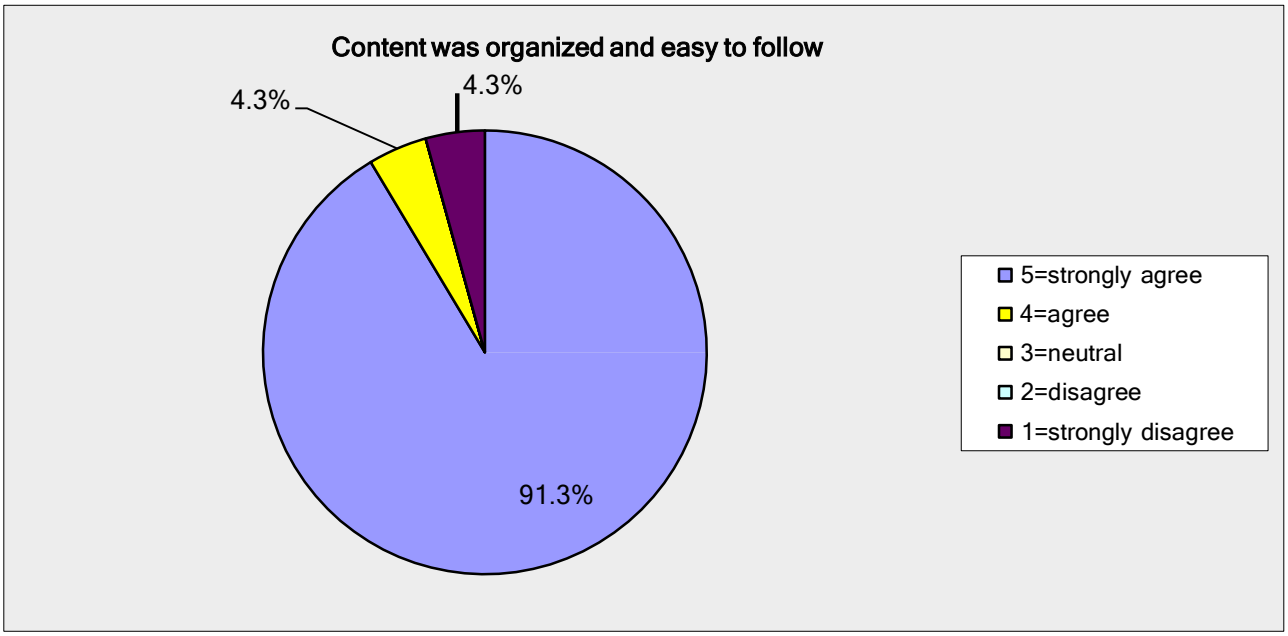
The learning session educational program highlighted key learnings important to all members of the multi-disciplinary team regarding chronic pain management in the primary care setting. The clinical education included system-based practice engagement (selecting, using, and documenting EB guidelines in EHR systems, coordination with pain professionals, selection and assessment of pain assessment tools i.e., Wong-Baker Scale, Pain Quality Assessment Scale); and medical knowledge enhancement (effectiveness and adverse effects of therapy; dosing protocols, treating co- morbidities; and population health management/care management and care plan development). In addition, teams received education on the PDSA Cycle and reviewed NJAFP-developed change packets to foster interventions to enhance performance improvement. An educational focus also included training in communications, highlighting opportunities to enhance team-based communications with patients who experience pain.

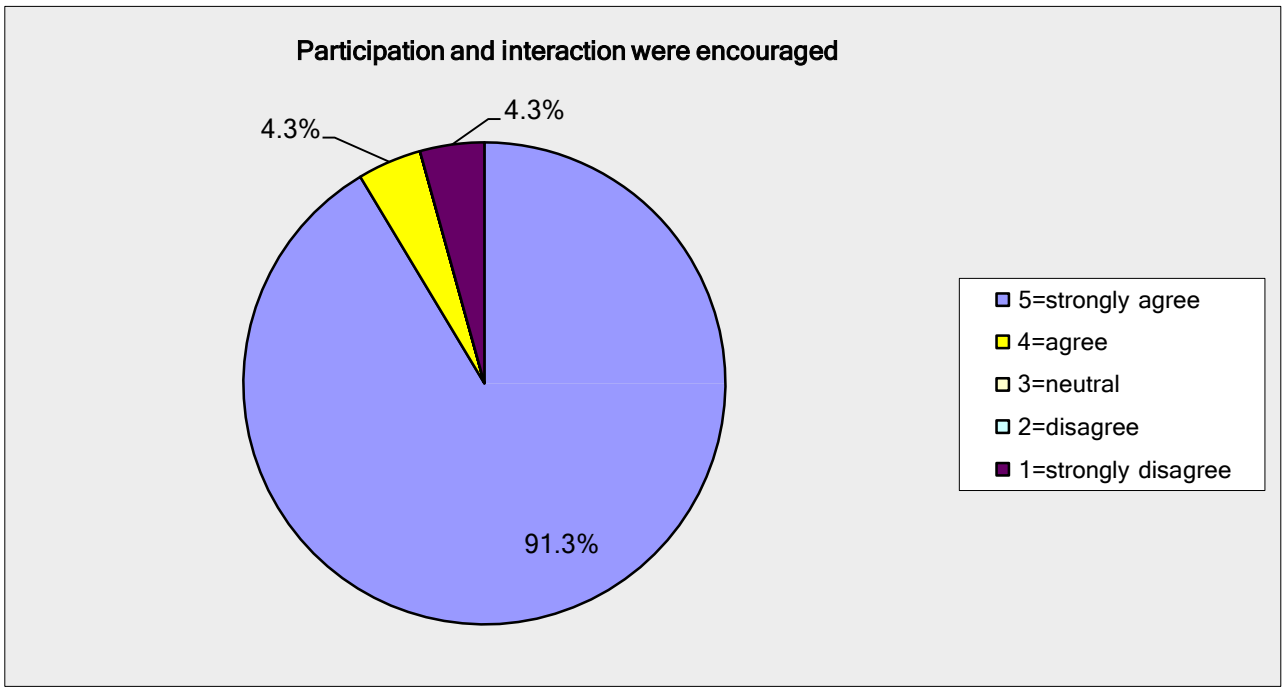
During the learning session, practice teams received change packets (a change packet outlines best practice interventions that can be implemented to initiate desired outcomes. The packet provides access to EB knowledge of proven tactics and methods to drive change) and, began to develop an improvement plan to take back to the practice for implementation. To assist with development and initiation of the improvement plan, practices received education regarding the PDSA cycle for change.

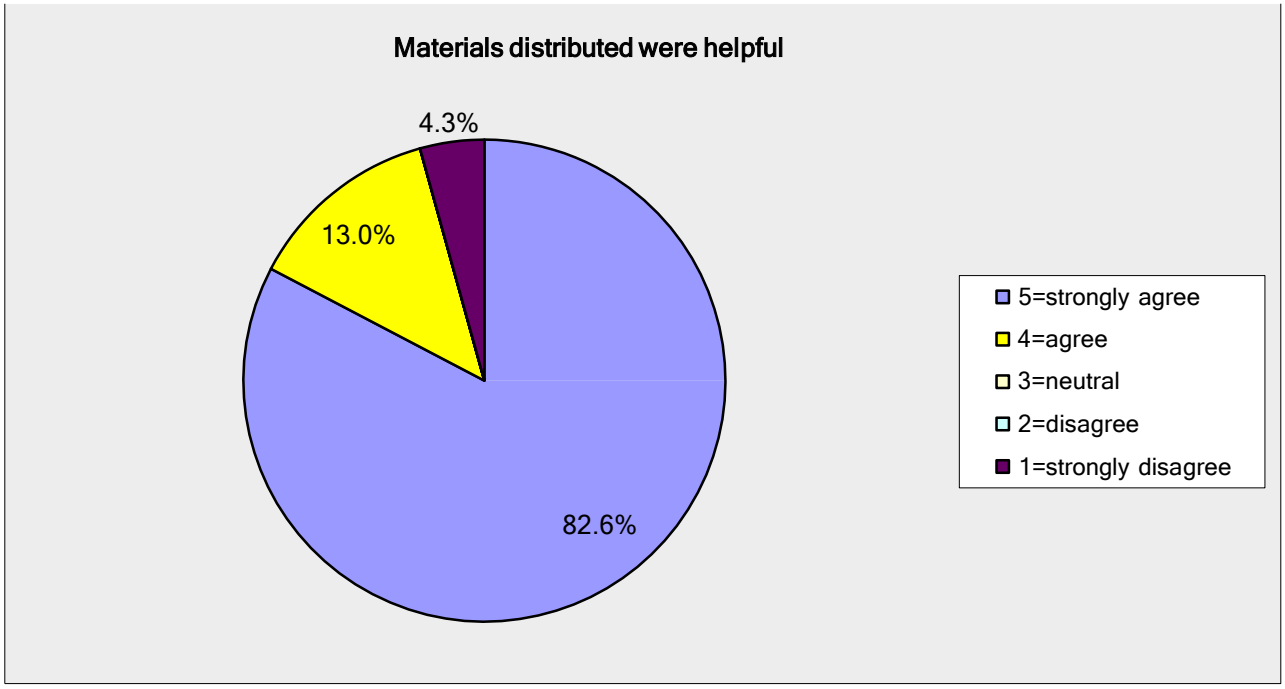
All 10 practices had representatives attend the meeting; in total 23 team members attended the learning session. Below are the evaluation results from the 23 attendees:

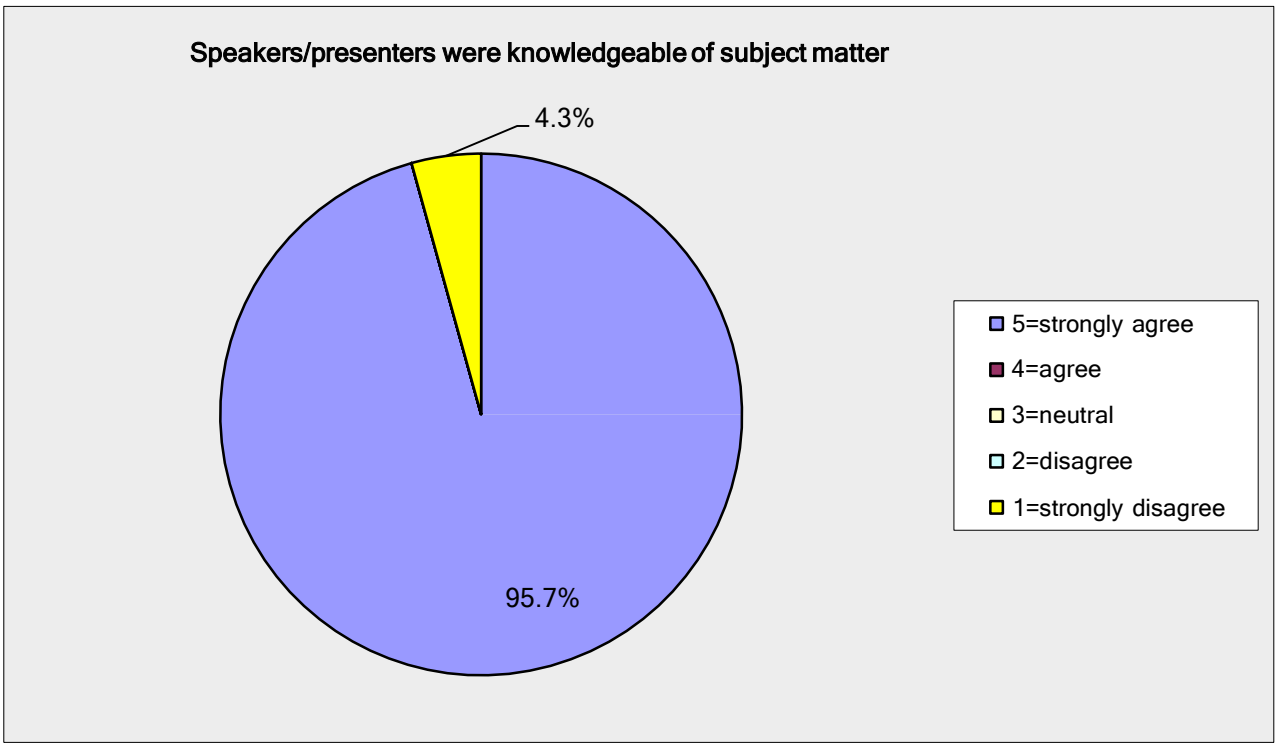
Learning Session Feedback

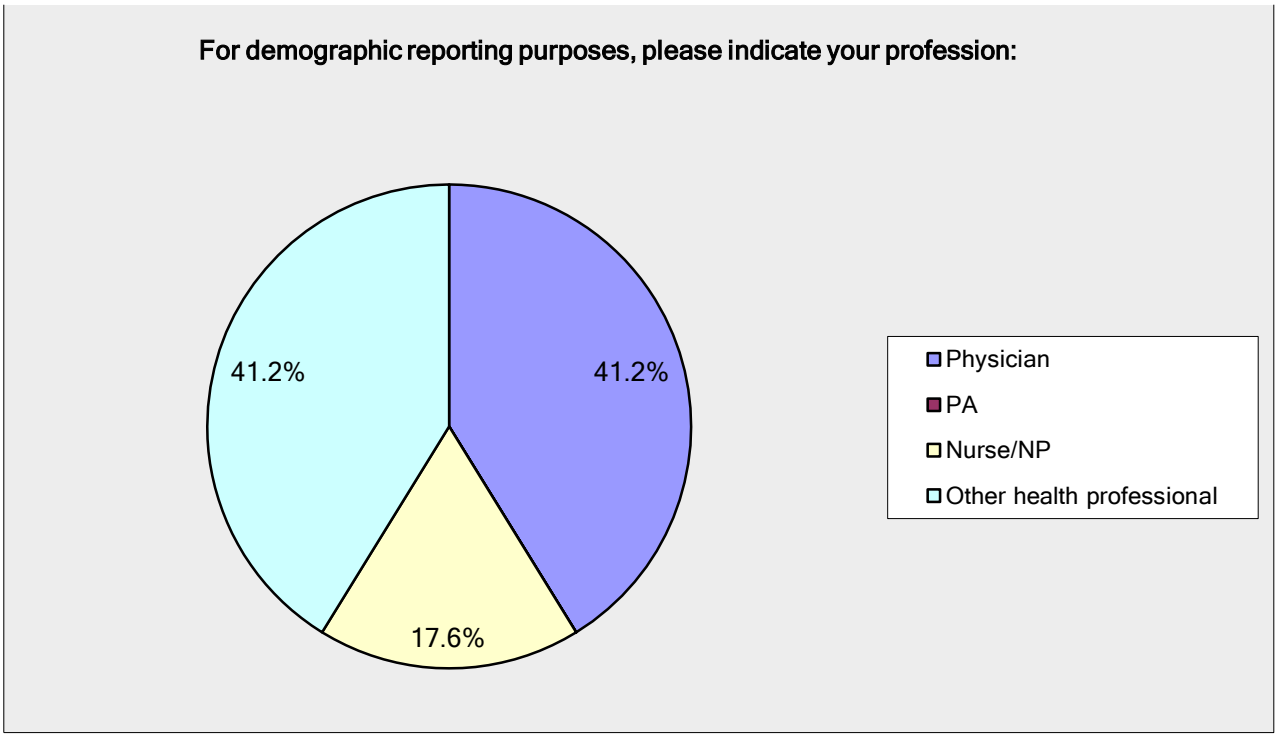





Participation and interaction were encouraged
4.3%
4.3%
91.3%
5=strongly agree
4=agree
3=neutral
2=disagree
1=strongly disagree


Materials distributed were helpful
4.3%
13.0%
82.6%
5=strongly agree
4=agree
3=neutral
2=disagree
1=strongly disagree


Speakers/presenters were knowledgeable of subject matter
4.3%
95.7%
5=strongly agree
4=agree
3=neutral
2=disagree
1=strongly disagree


For demographic reporting purposes, please indicate your profession:
41.2%
41.2%
17.6%
Physician
PA
Nurse/NP
Other health professional

On-site and Virtual Facilitation. The physicians and practice staff worked as a team in collaboration with NJAFP QI Facilitators to develop a QI Plan. NJAFP provided on-site and virtual support to the practices to facilitate and assist the practice team in implementing their QI Plan. NJAFP on-site facilitation visits occurred two times during project implementation to ensure a QI plan is put into action. During these on-site visits NJAFP assisted the practice in implementing and monitoring interventions to address measures and worked with the team on assessing, barriers and challenges encountered, successes and lessons learned to date. NJAFP Facilitators reviewed the practice's baseline data at the site visit, and also provided blinded baseline data for all participating practices, so that the practice had additional data by which to assess their performance to date, as well as use to set targets for improvement.

In addition, NJAFP Facilitators conducted conference calls with the practice to provide on-going support and assistance. Calls provided the practice teams with the opportunity to ask questions, receive support and share lessons learned and best practices. In addition, NJAFP QI Facilitators were able to identify common barriers and challenges experienced by the participating practice, and share methods used by other practices to overcome these barriers and challenges. NJAFP used quantitative and qualitative assessment tools at each practice visit to assess progress. This assessment was used as proxy measures for interim data, to help ensure the practice was on track for meeting goals, or if not, alerted NJAFP staff that additional facilitation intervention maybe needed to assist the practice achieve practice and project goals. NJAFP Project Facilitators conducted the first site round of site visits July 2014 through September 2014. Below are the results of the assessments conducted during this time period regarding practice activities, progress and engagement.

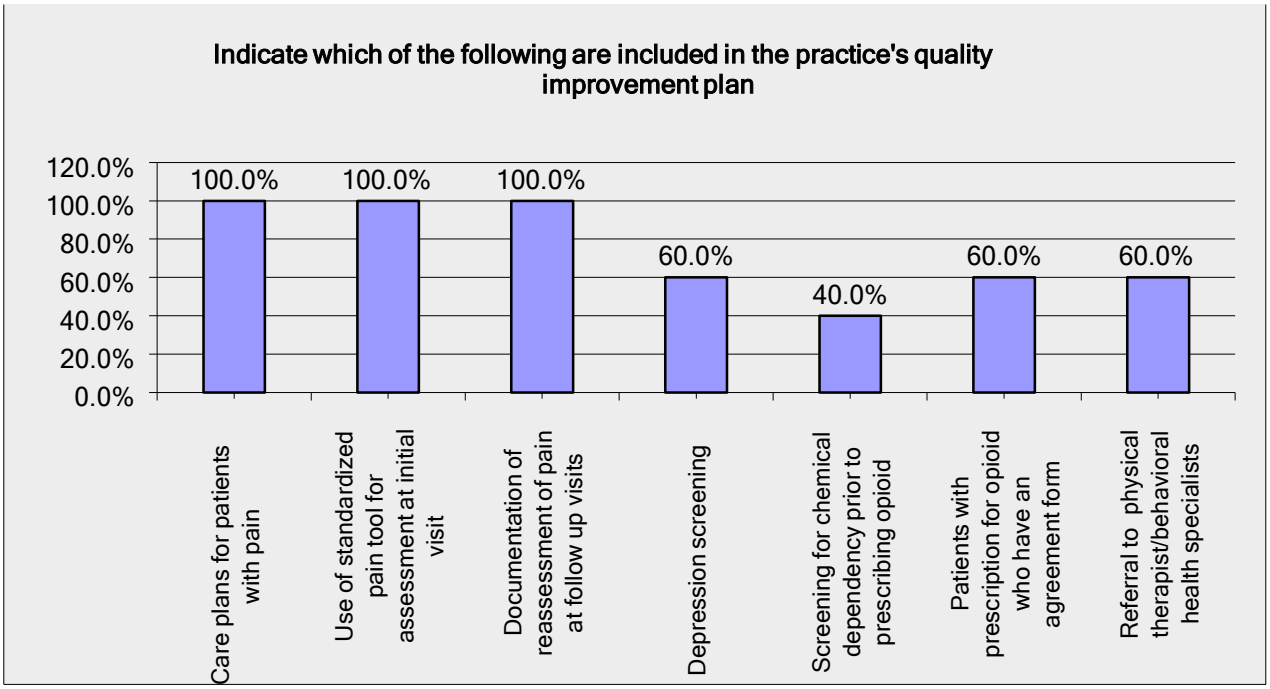
NJAFP Facilitator Site Visit Results (July 2014 - September 2014)

What pain screening tool is your practice currently using?		
Answer Options	Response Percent	Response Count
Wang, Baker (faces)	40.0%	4
Brief Pain Inventory (short form)	30.0%	3
0 -10 Numerical Pain Rating Scale	30.0%	3
Did the practice conduct training to staff?		
Answer Options	Response Percent	Response Count
Yes	60.0%	6
No	40.0%	4
Please indicate the staff that attended training:		
Answer Options	Response Percent	Response Count
Medical Assistants	100.0%	9
Nurses	88.9%	8
Physicians	100.0%	9
Front desk staff	100.0%	9
Care managers	55.6%	5
Other		6

Is practice on track for meeting project objectives?		
Answer Options	Response Percent	Response Count
Unsure at this time, conversation does not confirm or refute ability to meet project objectives	30.0%	3
Practice appears to be on track for many objectives, but not confident they will meet all objectives	10.0%	1
Practice presented solid plans, seems to be engaged and moving forward, expected to meet all objectives at this time	60.0%	6

NJAFP Project Facilitators conducted a second series of site visits to assess progress and quality improvement plan implementation, review documentation and explain the data remeasurement process with practices from November 2014 through December 2014. Below are the results of the assessments conducted during this time period.

NJAFP Facilitator Site Visit Results (November 2014 - December 2014)



Please select the best description for the practice's Quality Improvement Plan:		
Answer Options	Response Percent	Response Count
The practice has not completed a Quality Improvement Plan	0.0%	0
The practice is beginning to implement a Quality Improvement Plan	20.0%	2
The practice has fully implemented a Quality Improvement Plan, and it was available for viewing during site visit	80.0%	8

Did the practice conduct additional training to staff hold staff meetings to discuss project (since first visit)?		
Answer Options	Response Percent	Response Count
Yes	100.0%	10
No	0.0%	0
Please indicate the staff that attended training and/or staff meetings to discuss project (since first visit):		
Answer Options	Response Percent	Response Count
Medical Assistants	100.0%	10
Nurses	100.0%	10
Physicians	100.0%	10
Front desk staff	90.0%	9
Care managers	80.0%	8

Is practice on track for meeting project objectives?		
Answer Options	Response Percent	Response Count
Practice appears to be on track for many objectives, but not confident they will meet all objectives	30.0%	3
Practice presented solid plans, seems to be engaged and moving forward, expected to meet all objectives at this time	70.0%	7

Performance Improvement Methodology

Practices were introduced to the performance improvement activities for the project during the learning session. Performance improvement activities focused on the following areas: measure use of evidence-based guidelines in practice, use of standardized systems for treatment of patients presenting with chronic back or knee pain and enhancing satisfaction for patient with pain.

Practices received education on rapid cycle quality improvement process, practice requirements for baseline (pre-intervention data collection) measurement, re-measurement (post-intervention data collection), evidence-based guidelines, quality improvement metrics, quality improvement plan development, patient satisfaction measures, team-based care components and more.

Practice Performance Impact. NJAFP assessed impact of the program on practice performance through the use of an NJAFP-developed standardized data collection tool. Practices received the data collection tool and were provided with instruction on data collection and the need to generate reports from the practice EHR system or conduct patient chart review for specific measures identified for the project. The standardized data collection tool required practices to generate reports for specific measures that include numerator (all patients eligible for the measure), denominator (all patients that received/had compliance to the measure) and the percentage of compliance for the measure (using the numerator and denominator), i.e. percentage of patients in the specified population with a documented care plan for pain, percentage of patients with a completed and documented pain assessment. Based on the results of each practice's data, NJAFP facilitators worked with each practice to identify appropriate improvement goals, which were incorporated into the practice-specific QI plan. At the conclusion of intervention activities, NJAFP again, provide the standardized data collection tool to practices, for practices to generate re- measurement data results (post-intervention measurements) for each individual practice and aggregate the data to create a final post-intervention measurement for the entire project.

NJAFP used the Institute for Clinical Systems Improvement EB Guideline on Assessment and Management of Chronic Pain to identify the evidence-based guidelines selected for use in this project. Specifically, seven measures were selected from the guidelines for this project. For quality improvement activities, practices conducted baseline measurements for all seven measures, and then worked with NJAFP Facilitators to select at least three of the following measures for targeting improvement activities (based on baseline measurement):

1. **Numerator**: Number of patients who have documentation of a care plan that addresses personal goals, sleep, physical activities, stress management and pain reduction in the medical record and identifies potential barriers to patient
   Denominator: All patients with chronic pain diagnosis for back and knee
2. **Numerator**: Number of patients with pain assessment completed at the initial visit using standardized tool that addresses pain intensity, location, mechanism, current functional status and follow up plan
   Denominator: All patients with chronic pain diagnosis for back and knee
3. **Numerator**: Number of patients with referrals to physical rehab and or behavioral management therapy
   Denominator: All patients with chronic pain diagnosis for back and knee
4. **Numerator**: Number of patients with documentation of reassessment of pain at follow up visits using a standardized tool
   Denominator: All patients with chronic pain diagnosis for back and knee
5. **Numerator**: Number of patients with documentation of reassessment of pain at follow up visits using a standardized tool who had a reduction in pain severity
   Denominator: Number of patients with documentation of reassessment of pain at follow up visits using a standardized tool
6. **Numerator**: Number of patients diagnosed with chronic pain who are screened for chemical dependency before being prescribe opioid medications
   Denominator: Number of patients with a chronic pain diagnosis and prescribed opioids
7. **Numerator**: Number of patients who are prescribed an opioid who have opioid agreement form and urine toxicology in medical record
   Denominator: Number of patients with a chronic pain diagnosis and prescribed opioids

System Changes, Use of EB Guidelines. At project initiation and completion, each practice also provided data for a quantitative assessment of the number of practices using an EHR with pain EB guidelines embedded in the system for use at point of patient care.

Patient Satisfaction. In addition, NJAFP worked with practices to collect baseline (pre-intervention) data for patient-satisfaction measurements. Practices provided patients who presented with chronic pain patient satisfaction surveys (no patient identification information will be collected) pre- and post-intervention. Patients were identified through a chart review process. NJAFP worked with practices to develop a letter introducing the project and the survey tool for patients. NJAFP made copies of the letter onto practice letter head, copied the patient satisfaction survey, put the survey into pre-stamped practice envelopes and provided this complete package to each practice to be able to complete the patient satisfaction survey component of the project. The initial plan included activities that would have NJAFP working with each practice to identify appropriate patient satisfaction improvement goals, which would have been incorporated into aim statements for the practice-specific improvement plan, however, survey results indicated there was not significant opportunities for improvement, as a significant majority of the patients were highly satisfied with each practice. All data was furnished on an aggregate level to maintain confidentiality of the healthcare professionals and practices participating in the project.

Expected Change. Since project implementation was short in duration, NJAFP worked with practices to target a 10% increase change from baseline to re-measurement for all practices and quality metrics for this project. For patient satisfaction measures using a Likert scale measurement, NJAFP targeted a one point score increase for expected change in outcomes. Results are described in the ***Progress/Outcomes Section*** of this report.

Results

Practices conducted chart review or generated reports for the practice's EHR system for baseline and remeasurment. All practices chose to conduct a chart review for this project. A randomized sampling methodology was developed and provided to practices to identify patients for chart review. The methodology is outlined below for the baseline and remeasurement data collection.

Quality Measures

Baseline Data. For the baseline measurement, practices conducted chart review on 20 patients who presented with a complaint of chronic back or knee pain October 1, 2013 through December 31, 2013. Practices were instructed to begin with patients seen on December 31, 2013 and work backwards in time until 20 patients were identified

Remeasurement Data. For the remeasurement data, practices conducted chart review on 20 patients who presented with a complaint of chronic back or knee pain October 1, 2014 through December 31, 2014. Practices were instructed to begin with patients seen on December 31, 2014 and work backwards in time until 20 patients were identified.

The tables below provide quality measure data results for the project.

Chronic Pain Management Medical Record Review:
Baseline (Q4 2013) vs. Remeasurement (Q4 2014)

	Patients who have documentation of care plan addressing goals, sleep, physical activities, stress management and pain reduction in medical record and identifies potential patient barriers		Patients with pain assessment completed at initial visit using standardized tool addressing pain intensity, location, mechanism, current functional status and follow up plan		Patients with referrals to physical rehab and or behavioral management therapy	
Practice	**Q4 2013**	**Q42014**	**Q4 2013**	**Q4 2014**	**Q4 2013**	**Q42014**
A	3	9	0	20	4	11
B	16	10	14	12	12	11
c	9	14	8	13	3	12
D	11	20	1	13	7	10
E	4	14	1	18	5	4
F	0	19	0	3	8	14
G	12	5	20	20	3	8
H	7	20	8	15	11	16
I	17	20	4	10	20	14
J	16	20	1	20	9	16
Total Patients	190	194	190	194	190	194
Response	95	151	57	144	82	116
Total Percent Compliance	**50%**	**78%**	**30%**	**74%**	**43%**	**60%**

Chronic Pain Management Medical Record Review:
Baseline (Q4 2013) vs. Remeasurement (Q4 2014)

	Patients with documentation of reassessment of pain at follow up visits using standardized tool		Patients with documentation of reassessment of pain at follow up visits using standardized tool who had reduction in pain severity		Patients diagnosed with chronic pain are screened for chemical dependency before being prescribe opioid medications		Patients prescribed opioid who have opioid agreement form and urine toxicology in medical record	
Practice	**Q42013**	**Q42014**	**Q4 2013**	**Q4 2014**	**Q4 2013**	**Q4 2014**	**Q4 2013**	**Q4 2014**
A	0	12	0	8	0	0	0	1
B	10	17	6	12	0	0	0	3
c	7	14	3	10	3	4	2	3
O	4	14	2	14	2	7	3	5
E		19	1	13	6	0	5	12
F	0	0	0	0	0	0	0	0
G	20	20	8	8	3	3	2	6
H	4	15	7	1<11	0	19	0	13
I	0	16	0	16	11	5	2	6
J	10	20	5	16	0	0	0	0
Total Patients	190	194	148	165	117	137	129	134
Response	56	148	32	111	25	38	14	49
Total Percent Compliance	29%	76%	22%	67%	21%	28%	11%	37%

System Changes

In addition to chart review, NJAFP also evaluated practices' abilities to implement system changes to enhance diagnosis, treatment and follow-up for patients presenting with chronic pain.

Chronic Pain Management Practice Systems Assessment: Baseline (Q4 2013) vs. Remeasurement (Q4 2014)

	Q4 2013				Q4 2014				
System Assessment Question	**Yes**	**No**	**Den.**	**% Yes**	**Yes**	**No**	**Den.**	**% Yes**	**% Change**
1. Is practice currently using EB guidelines for management and treatment of back or knee pain?	6	4	10	**60%**	9	1	10	**90%**	30%
2. Are guidelines embedded into your EHR?	0	10	10	**0%**	3	7	10	**30%**	30%
3. Is practice currently using a pain standardized screening tool i.e. Wong- Baker FACES Pain Rating Scale, Brief Pain Inventory Short Form, Numerical Pain Rating Scale, etc.?	8	2	10	**80%**	10	0	10	**100%**	20%
4. Is your pain screening tool embedded in your EHR?	6	4	10	**60%**	8	2	10	**80%**	20%
5. Does practice have process for documenting pain assessments into patient record for each visit (i.e. who is responsible, how often assessment is done, where to document, who follows up if positive screening)?	5	5	10	**50%**	10	0	10	**100%**	50%
6. Is practice currently using formal (standardized) written patient contract/ agreement/checklist for patients who are prescribed opioids?	5	5	10	**50%**	9	1	10	**90%**	40%
7. Does practice use informal communications process to discuss expectations for patients who are prescribed opioids?	8	2	10	**80%**	7	3	10	**70%**	-10%

Patient Satisfaction

Questions for this survey were taken from the AHRQ CAHPS survey. While the hypothesis was that communications could be improved between the practice and patients who present with a complaint of paint, baseline data indicated patient satisfaction was extremely high among patients who were seen and surveyed in 2013. For the most part, there was no to very little improvement demonstrated in the remeasurement data for patients seen in 2014.

Due to a low number of patients surveyed, a negative comment from only one or two patients affected the overall data outcomes for measures included on the survey tool. Additionally, it was reported through conversations at site visits, practice improvements in getting patient contracts, urine specimens for toxicology reports and focusing more on appropriateness of providing pain

medications, as well as offering alternative therapies to medication, may have had negative effects on one or two patient's perceptions of satisfaction with the practice and/or physicians and providers. One patient satisfaction survey, as noted in the remeasurement data, scored the practice in the lowest strata (responding never for each question) throughout the entire survey and submitted lengthy comments regarding his experience within the practice related to his presenting with the complaint of chronic pain and the physician/provider making it difficult to receive the medications. Below are the results of the baseline and remeasurement patient satisfaction surveys conducted.

Pain Project Patient Satisfaction Survey
Baseline Oct. – Dec. 2013

During your office visit in October-December 2013 how often did your physician or provider explain things in a way that was easy to understand?

Answer Options	Response Percent	Response Count
Always	94.8%	91
Usually	4.2%	4
Sometimes	1.0%	1
Never	0.0%	0

During your office visit in October - December 2013, how often did your physician or provider listen carefully to you?

Answer Options	Response Percent	Response Count
Always	93.8%	90
Usually	4.2%	4
Sometimes	2.1%	2
Never	0.0%	0

During your office visit in October-December 2013, how often did your physician or provider give you easy to understand information about your questions or concerns?

Answer Options	Response Percent	Response Count
Always	92.7%	89
Usually	6.3%	6
Sometimes	1.0%	1
Never	0.0%	0

During your office visit in October-December 2013, how often did your physician or provider know important information about your medical history?

Answer Options	Response Percent	Response Count
Always	93.8%	90
Usually	5.2%	5
Sometimes	1.0%	1
Never	0.0%	0

Pain Project Patient Satisfaction Survey
Remeasurement Oct. – Dec. 2014

During your office visit in October-December 2014 how often did your physician or provider explain things in a way that was easy to understand?

Answer Options	Response Percent	Response Count
Always	89.5%	77
Usually	9.3%	8
Sometimes	0.0%	0
Never	1.2%	1

During your office visit in October - December 2014, how often did your physician or provider listen carefully to you?

Answer Options	Response Percent	Response Count
Always	89.4%	76
Usually	5.9%	5
Sometimes	3.5%	3
Never	1.2%	1

During your office visit in October-December 2014, how often did your physician or provider give you easy to understand information about your questions or concerns?

Answer Options	Response Percent	Response Count
Always	90.7%	78
Usually	7.0%	6
Sometimes	1.2%	1
Never	1.2%	1

During your office visit in October-December 2014, how often did your physician or provider know important information about your medical history?

Answer Options	Response Percent	Response Count
Always	88.2%	75
Usually	9.4%	8
Sometimes	1.2%	1
Never	1.2%	1

During your office visit in October-December 2013, how often did your physician or provider show respect for what you had to say?

Answer Options	Response Percent	Response Count
Always	96.9%	93
Usually	3.1%	3
Sometimes	0.0%	0
Never	0.0%	0

During your office visit in October-December 2014, how often did your physician or provider show respect for what you had to say?

Answer Options	Response Percent	Response Count
Always	94.1%	80
Usually	4.7%	4
Sometimes	0.0%	0
Never	1.2%	1

During your office visit in October-December 2013, how often did your physician or provider spend enough time with you?

Answer Options	Response Percent	Response Count
Always	85.4%	82
Usually	12.5%	12
Sometimes	1.0%	1
Never	1.0%	1

During your office visit in October-December 2014, how often did your physician or provider spend enough time with you?

Answer Options	Response Percent	Response Count
Always	90.6%	77
Usually	5.9%	5
Sometimes	2.4%	2
Never	1.2%	1

During your office visit in October-December 2013, how often were receptionists and staff as helpful as you thought they should be?

Answer Options	Response Percent	Response Count
Always	87.4%	83
Usually	11.6%	11
Sometimes	1.1%	1
Never	0.0%	0

During your office visit in October-December 2014, how often were receptionists and staff as helpful as you thought they should be?

Answer Options	Response Percent	Response Count
Always	88.0%	73
Usually	7.2%	6
Sometimes	3.6%	3
Never	1.2%	1

During your office visit in October-December 2013, how often did the receptionists and staff at this office treat you with courtesy and respect?

Answer Options	Response Percent	Response Count
Always	89.6%	86
Usually	9.4%	9
Sometimes	1.0%	1
Never	0.0%	0

During your office visit in October-December 2014, how often did the receptionists and staff at this office treat you with courtesy and respect?

Answer Options	Response Percent	Response Count
Always	87.2%	75
Usually	8.1%	7
Sometimes	3.5%	3
Never	1.2%	1

Overall, how would you rate your satisfaction with your communications with this practice?

Answer Options	Response Percent	Response Count
Very Good	93.7%	89
Good	6.3%	6
Fair	0.0%	0
Poor	0.0%	0

Overall, how would you rate your satisfaction with your communications with this practice?

Answer Options	Response Percent	Response Count
Very Good	89.5%	77
Good	7.0%	6
Fair	1.2%	1
Poor	2.3%	2

Overall, how would you rate your satisfaction with the care you received at this practice?		
Answer Options	Response Percent	Response Count
Very Good	94.7%	89
Good	5.3%	5
Fair	0.0%	0
Poor	0.0%	0

Overall, how would you rate your satisfaction with the care you received at this practice?		
Answer Options	Response Percent	Response Count
Very Good	91.8%	78
Good	7.1%	6
Fair	0.0%	0
Poor	1.2%	1

Conclusion and Limitations

Overall, the project far exceeded estimate target improvements.

Data measurement is critical for practices. Upon completion of the baseline measurement, the majority of practices indicated to NJAFP that they were extremely surprised by the practice's results, and did not realize "how bad we were," or "how much improvement we need." One practice submitted the data to NJAFP and said, "oops, looks like we have much work that needs to get done." Because many opportunities presented after conducting the baseline data measurement, the majority of practices worked on all seven measures for improvement, rather than focusing on just three or four as originally intended. We do not believe this negatively impacted project results, since great improvements were experienced in all project quality measures.

Electronic health record systems are still not capable of generating information on many of the quality measures for pain, and therefore practices conducted chart review for this project. None of the practices participating in the project were able to generate reports for the quality measures from their system due to lack of the information being available in searchable, and therefore reportable, data fields.

The patient satisfaction survey provided lessons to be learned. While patient satisfaction is a critical component of patient care, NJAFP would change the strategy for assessing patient satisfaction and patient experience surveys. The low number of responses could have been caused by over surveying the patients, in that patients may have also received a general patient satisfaction survey from the practice at the same time.

NJAFP and several of the practices participating in this project shared our experiences at a Comprehensive Primary Care (CPC) Initiative Learning Session for the New Jersey Meeting. The CPC Initiative is a national Centers for Medicare & Medicaid (CMS) multi-payer demonstration project. At this meeting, which was held in April 2015, NJAFP presented results of the project to approximately 200 primary care practice physicians and team members and participating practices presented their project experiences, quality improvement plans, interventions, successes and lessons learned.

In June 2015, NJAFP hosted an Annual Scientific Assembly for continuing medical education for approximately 250 family physicians. A one-hour CME accredited session was held with NJAFP presenting results of the project and several participating physicians presented their project experiences, quality improvement plans, interventions, successes and lessons learned.

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