



Clinical Improvement Projects – An Update

Presented by:

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2011 Clinical Improvement Projects Summary Update

1. **Alpa Patel, MD - “Building Bridges between Psychiatry and Primary Care”**
2. **Brian C. Welsh, MD - “Transitioning Defined Population of ‘Long-Term Stable’ on Psychiatry Caseload to Primary Care for Maintenance Treatment”**
3. **Curley Bonds, MD - “Bi-Directional Integrated Physical and Behavioral Health Care”**
4. **Lawrence Adu, M.D - “Making All Our Clinics Open Access Clinics”**



2011 Clinical Improvement Projects Summary Update

5. **Marc I Kaplan D.O. - “Telepsychiatry Project with DFD Russell Medical Centers (FQHC)”**
6. **Matthew Behan, D.O. - “Crisis Services Acute Need and Diversion Program (CSAND)”**
7. **Noel Schenk MD – “Improving Access to Medical Providers via Implementation of Alternative Scheduling Strategies”**
8. **Sandy Stein, MD – “Improving Psychiatric Services Efficiency and Productivity and Decreasing No Show Rates Through Implementation of Open Access”**



Clinical Improvement Project Progress Report

Name:		Date Submitted:
Organization:		
Improvement Project Title:		
Overall Progress Rating:		
1. As of this report date, please rate (from 1 to 10) the overall level of progress you have achieved in fully implementing your CIP.	Long Way to Go = 1.....On Target = 10	
2. Rate (from 1 to 10) how additional effort it will take to implement your CIP	Very Little Effort = 1A Large Effort = 10	
Provide any comments needed to support your progress evaluation in number one and two above:		
Unanticipated Barriers/Delays Experienced During the Past 90 days:		
If the CIP Implementation is behind schedule, please confirm what you need to implement the CIP in a timely manner:		
Additional Information or Assistance Needed (If applicable):		



Name: Brian Welsh MD

Date Submitted: 7/12/11

Organization: Coleman Professional Services

Improvement Project Title:

Transitioning Defined Population of "Long-Term Stable" on Psychiatry Caseload to Primary Care for Maintenance Treatment

Overall Progress Rating:

1. As of this report date, please rate (from 1 to 10) the overall level of progress you have achieved in fully implementing your CIP.

Long Way to Go = 1.....On Target = 10
5

2. Rate (from 1 to 10) how additional effort it will take to implement your CIP

Very Little Effort = 1A Large Effort = 10
7

Provide any comments needed to support your progress evaluation in number one and two above: To date, I have reviewed my project with the administration at Coleman, including my needs for the project. This includes developing criteria for identifying stable patients to transition to primary care. Barriers to this process include resistance from psychiatrists, primary care providers, and the patients. I have been reviewing the need for this process to take place with the psychiatry staff in meetings and supervision. After giving a Grand Rounds at the community hospital in early June '11, I spoke with the Medical Education Director regarding doing a workshop or series on increasing knowledge of psychiatric practice in order to increase comfort level in treating long term, stable patients with mental illness. I have consulted with David Lloyd regarding my project, including finding tools to use to set up criteria.

Unanticipated Barriers/Delays Experienced During the Past 90 days:

Considering that actual implementation will take several months

Name: Noel Schenk MD **Date Submitted:**

Organization: Davis Behavioral Health

Improvement Project Title:

Improving access to medical providers via implementation of alternative scheduling strategies.

Overall Progress Rating:

1.As of this report date, please rate (from 1 to 10) the overall level of progress you have achieved in fully implementing your CIP.	Long Way to Go = 1.....On Target = 10 8
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2.Rate (from 1 to 10) how additional effort it will take to implement your CIP	Very Little Effort = 1A Large Effort = 10 5
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Provide any comments needed to support your progress evaluation in number one and two above: My project has been presented with thhe Executive Leadership team and I have been given approval ito implement it. It has been presented to the Prescribers at Medical Staff meeting as well. We have an anticipated start date of August 1, 2011 to start ustilizing the alternate scheduling.

Unanticipated Barriers/Delays Experienced During the Past 90 days:

The project had to be presented multiple times at Executive Leadership Team, which slowed down my planned start date.

If the CIP Implementation is behind schedule, please confirm what you need to implement the CIP in a timely manner:

I am only one month behind what I had hoped to implement my project. I believe I will still complete it in a timely manner.



Name: Sandy Stein

Date Submitted: July 11, 2011

Organization: Community Partnership of Southern Arizona

Improvement Project Title:

Improving Psychiatric Services and Productivity and Decreasing No Show Rates Through Implementation of Open Access

Overall Progress Rating:

1. As of this report date, please rate (from 1 to 10) the overall level of progress you have achieved in fully implementing your CIP.

Long Way to Go = 1.....On Target = 10
2

2. Rate (from 1 to 10) how additional effort it will take to implement your CIP

Very Little Effort = 1A Large Effort = 10
8

Provide any comments needed to support your progress evaluation in number one and two above: There is a great deal of work that needs to occur to get this off the ground but I now have the buy in and full support of a provider agency that will be working with me on implementation of a pilot.

Unanticipated Barriers/Delays Experienced During the Past 90 days:

This pilot has proven to be much more difficult to get off the ground than I would have expected. I had a provider agency that I thought would have been perfect for this project . They have our greatest number of patients, struggle with psychiatric productivity and have a CEO that is very verbal about the frustration around low psychiatric productivity. My plan was to work with them on implementing this pilot and the CEO was very supportive however in the last month all of our providers have been faced with significant budget cuts. I would have thought that this would make it perfect timing to work on a project with a goal to improve psychiatric productivity but the provider agency Medical Director who was to be the lead for the provider did not have the time to work on a new project given everything else going on related to the significant budget cuts so the pilot did not move ahead as planned. I needed to start again getting buy in to participate from another provider agency. Over the last couple of weeks I have had multiple conversations with the key staff at this agency including the CEO and Medical Director and have discussed models to implement this and have started to draft ideas. This new provider agency is engaged and excited and I hope there will be no more significant barriers.



Sandy Stein – CIP Update Continued

If the CIP Implementation is behind schedule, please confirm what you need to implement the CIP in a timely manner:

I think we will be able to move ahead well now. I have a meeting scheduled in a couple of weeks with the agency CEO, Medical Director, HR and director of scheduling. We also have one doctor that will be participating and we are working on recruiting at least one more.

Additional Information or Assistance Needed (If applicable):

I will need additional input after I have been able to develop a more comprehensive implementation plan. I should be able to complete that right after I meet with all of the key staff at the provider agency.



Questions and Feedback

- > Questions?
- > Feedback?
- > Next Steps?