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Top Story

Minding the Gap: How One Small Practice Achieved All ACO Quality Goals

When Dr. Rob Merrill visited London not long ago, he noted all the "Mind the Gap" signs in the subway system reminding riders to look out for the space between the train and the platform. When he returned to his family medicine practice at PenBay, he noted a similar message delivered through monthly quality reports from the MaineHealth ACO: pay attention to your quality gaps, the space between your current performance on quality measures and the measure goal.

"When we decided to challenge ourselves to achieve the goals on 10 out of 10 measures, 'Mind the Gap' seemed like the right thing to call it," said Dr. Merrill. "The office staff thought it was funny so the name stuck."

After a year of steady effort, the Mind the Gap campaign paid off. Dr. Merrill's small family medicine practice achieved the goals on all 10 of the ACO's quality metrics for 2018.

"Before, we were kind of stuck in the 6 out of 10 range and we couldn't seem to make any headway," said Dr. Merrill. "Mind the Gap made a game out of it. It made it fun to try to hit these targets."

Dr. Merrill gives much of the credit for the campaign's success to the practice's two medical assistants, Lindsay Burns and Heather Willis. "They're really energetic, real fireballs, plus they are very good with Epic so they could run a gap report on, say, mammography and just hit those gaps."

Lindsay and Heather weren't expected to do all the work by themselves, however. Donna Ames, RN, the office nurse care manager, also contributed as did the two providers, Jenny Barrett-Hibl, NP, and Dr. Merrill. "One thing that worked well is that we all pitched in. Even though we are part of the larger PBPA (Penobscot Bay Physicians and Associates) practice, we work as a small practice that's used to working closely as a team," said Dr. Merrill. Office Manager Holly Anderson, RN, also helped with data support and reports.

Motivated staff, shared effort and making the challenge fun certainly played a major role in Mind the Gap's success. Other factors contributed as well. The practice was able to use grant funds from the Maine Cancer Foundation to support data mining and patient outreach to improve colorectal screening rates. And it obtained a point-of-care HbA1c testing machine that led to more consistent readings and follow up of patients with elevated values.

The team also increased communication, built robust workflows and leveraged data. "We really pushed to get diabetic eye exam reports from private eye doctors, because that's always been a challenge," said Dr. Merrill. "We restructured pre-visit planning to make sure we did diabetic foot exams and urine microalbumin testing when the patient was available." Responding to the ACO's recommendation, the team followed up on patients who had a high blood pressure reading at specialty provider offices. "We can get them in here where they're more comfortable and many times we found that we obtained better results" said Dr. Merrill. And, in addition to reports generated in-house, the team used ACO and PBPA reports to stay focused and on track.

The overall impact of the project on provider time was minimal, reported Dr. Merrill. "It doesn't take much time once you get it into the workflow. It's not a huge burden. The back office work running lists, gap reports and generating letters does take real time, but it doesn't take much provider time." he said.



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Of course, system support could enhance the process. "I think the system needs to support someone such as clinical staff to concentrate a few hours a week or a day a month to do this kind of work. It could have a pretty big impact on outcomes," said Dr. Merrill.

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