



# *PEA to the Rescue: Improving Clinical Practice*

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# *What is a PEA*

- A clinical assistant who develops a relationship with a group of practices over a period of time
- Credentials
  - Bachelors degree in health-care related field
  - HIPPA and human subjects training
  - research or technical skills



# *Background*

- Practice Enhancement Assistants (PEAs) have played a key role within the primary care setting for improvement initiatives since the 1980's.
- Originally used in the United Kingdom and modified by the Oklahoma Physicians Resource/Research Network (OKPRN)
- PEAs are now being used across the US conducting research within Practice Based Research Networks (PBRNs)



# *A PEA's Purpose*

- To improve:
  - preventive services
  - chronic disease management
  - communication
  - to catalyze change and practice re-design
  - to help translation of research into practice



# *Responsibilities of a PEA*

- Develop a relationship with the practice
- Screen patients for a given criteria
- Create patient registry for a particular chronic disease (e.g. DM)
- Provide patient education (potentially)
- Prompt the physicians as to the status of the patient
- Prompt physicians on guidelines through flagging charts and providing notes
- Obtain feedback from physicians, staff, and patients : how are we doing?



# *Tasks*

- The PEAs facilitate:
  - the research process itself
  - practice enhancements (implementation)
  - communication



# *PEA Training*

- **Goals and Objectives:**
  - Understand PEA concept and function
  - Develop core skill set
  - Practice/Fieldwork



# *Cultural and Linguistic Competency*

- Important features of a PEA:
  - cultural competence and sensitivity
  - ability to establish rapport with the providers, staff, community, and patient population





## *Ideal PEA*

- Personable, friendly, and outgoing
- Good communication skills
- Multi-lingual (depending on area)
- Community oriented
- Efficient
- Background in research (quantitative and qualitative)



# *On Site*

- PEA is on site once a week
  - To help improve quality of care
  - To know how things are going: what is working and what is difficult
  - To share “best practices” from other clinics



# *Quality Improvement*

- A PEA is an “insider” and an “outsider”
- Main points are practice change and patient outcomes
- QI evaluates effectiveness in the office
- Any other areas seen needed for practice change by staff or visible to PEA



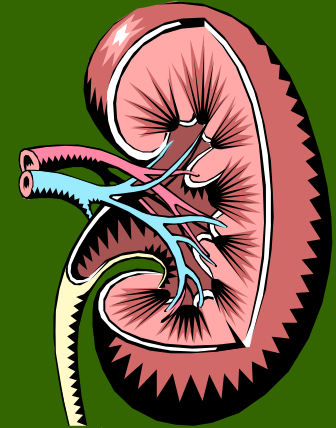
# *PEA Projects within UNYNET*

- Cross-Sectional Study of Asthma Medication Adherence (PI: Angela Wisnewski)
- Improving Geriatric Drug Safety in Underserved Practices (PI: Dr. G. Singh)
- Making Chronic Kidney Disease Guidelines Work in Underserved Practices (PI: Dr. Chet Fox)
- Improving Diabetes Care for Individuals with Mental Illness and/or Substance Abuse (Gold Choice PI: Dr. Linda Kahn)

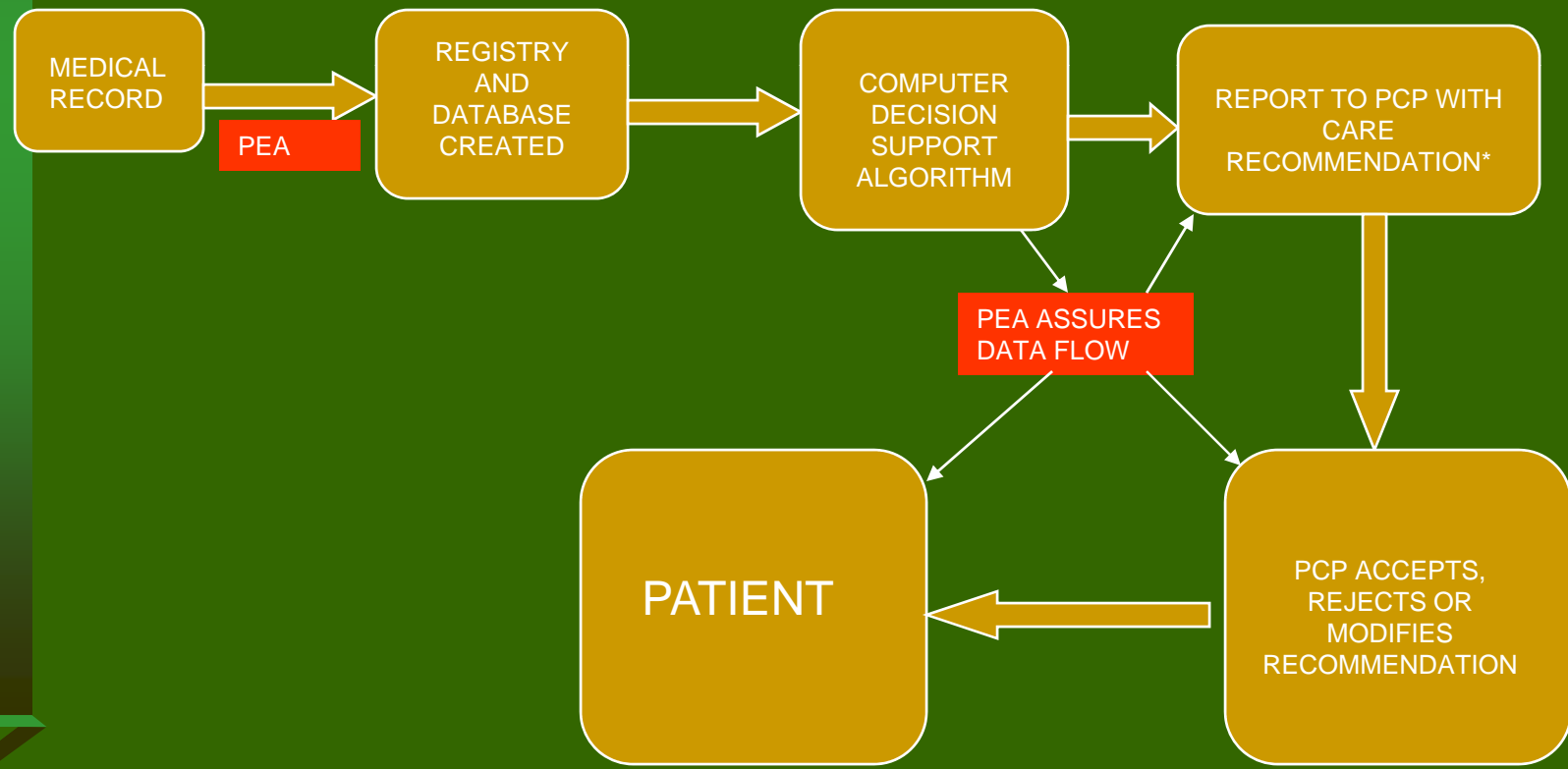


# *Making CKD Guidelines Work in Underserved Practices*

- CKD Outcome measures
  - Dx of CKD (GFR < 60)
  - Dx of anemia
  - Metabolic control (BP, lipids and glucose)
  - Recognition and treatment of anemia
  - Dx disorders of bone metabolism
  - Starting helpful meds (ACE/ARB and ASA)
  - Stopping harmful meds
    - Metformin, NSAIDS



# Care Management Plan



\*CONTAINS LAB RESULTS; OTHER DATA; AND RESPONSE REQUEST

PCP OFFICE

# PEA WORK TOOL

## PEA Work tool II

PTID: 6541684 PCP: Dr. \*\*\* \*\*\*\*\*

First Name \*\*\*\*\* Last Name \*\*\*\*

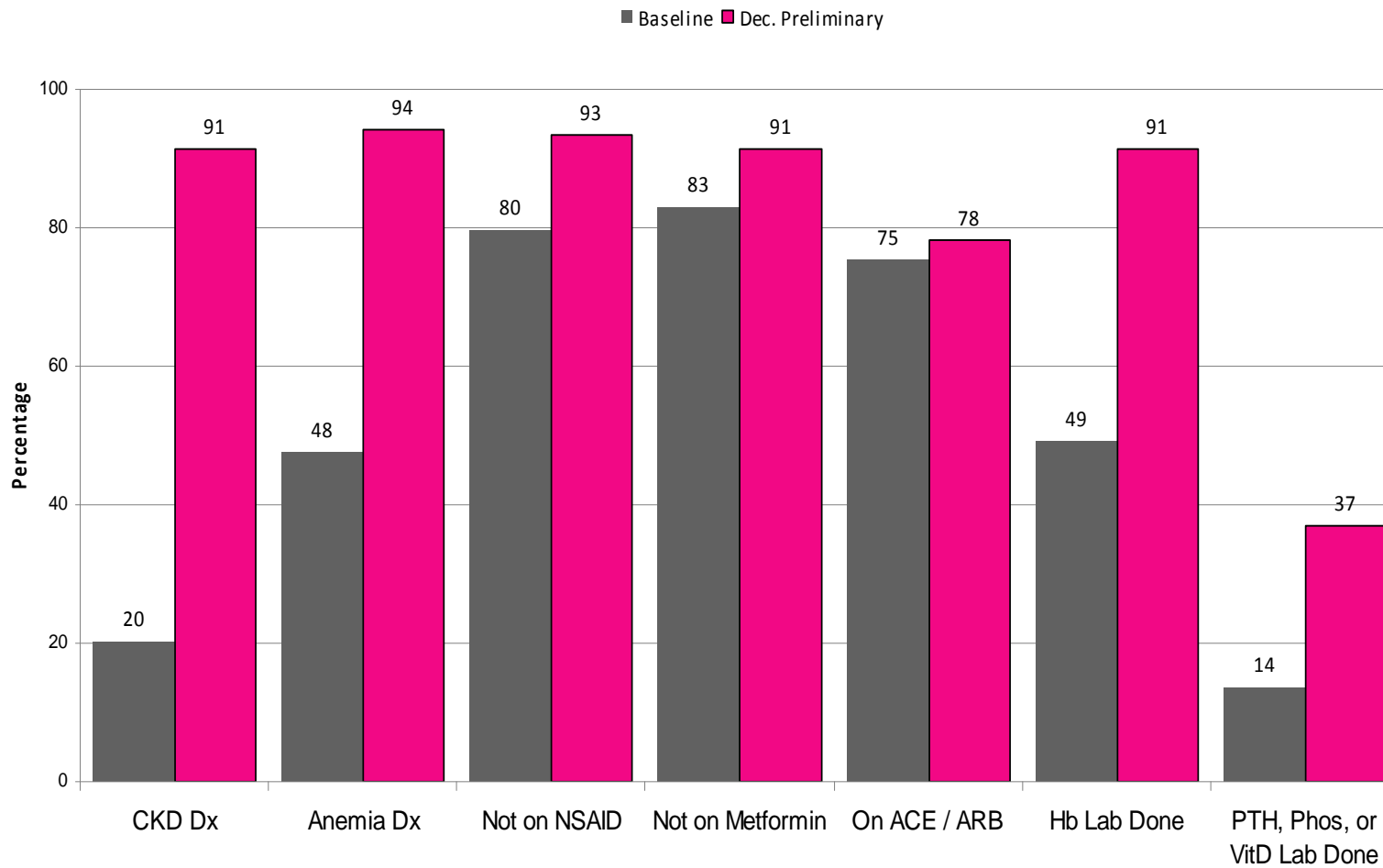
	Recommendation	Accept	Reject	Date Completed
	GFR: 52	<input type="checkbox"/>	<input type="checkbox"/>	
Proteinuria	Urine Micro Urine Micro/Creatinine Ratio test recommended	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	Hgb: 10 See Quick Reference Guide	<input type="checkbox"/>	<input type="checkbox"/>	
	Date of CBC 11/21/2007	<input type="checkbox"/>	<input type="checkbox"/>	
Bone Labs	PTH PTH Bone Lab Test recommended	<input type="checkbox"/>	<input type="checkbox"/>	
	Phos Phos Bone Lab Test recommended	<input type="checkbox"/>	<input type="checkbox"/>	
	VitD Vitamin D Bone Lab Test recommended	<input type="checkbox"/>	<input type="checkbox"/>	
Lipids	HDL 43	<input type="checkbox"/>	<input type="checkbox"/>	
	LDL 103 Start Statin	<input type="checkbox"/>	<input type="checkbox"/>	
	Trig 121	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	HbA1c 6.8	<input type="checkbox"/>	<input type="checkbox"/>	
	Aspirin <input type="checkbox"/> Start ASA 81 mg unless contraindicated.	<input type="checkbox"/>	<input type="checkbox"/>	
Modifications				
Comments				
Signature:		Date:		

Thursday, January 31, 2008

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# QI Example Report - CKD

Jericho Phase I Results





# CKD Results

	<u>Baseline (N/%)</u>	<u>Post- Intervention (N/%)</u>	<u>Significance</u>
CKD Diagnosis	30/21%	114/79%	P<.001
Anemia Diagnosis	26/33%	53/67%	P<.001
Aspirin Use	41/30%	48/35%	P=.233
Metformin Use	17/12%	8/6%	P<.001
NSAID Use	23/17%	14/10%	P<.001
ACE/ARB Use	84/62%	79/58%	P=.31
Mean EGFR	45.75	47.34	P<.001



# *Additional QI Materials*

- CKD Study
  - Provider Guide and CKD Patient Guide (pamphlet in English and Spanish)
- Geriatric Study
  - Lab monitoring posters for physicians and residents.
  - Exam room checklist
  - Prescription Drug Patient Assistant Program reference forms



# Prescription Drug Patient Assistant Program Reference Form

Pharmaceutical Company Name	PAP Name	PAP Website or Phone number	Medications Covered Under Patient Assistance Program (PAP)
+*GlaxoSmithKline <a href="http://www.gsk.com">www.gsk.com</a>	Bridges to Access Patient Assistance Program	<a href="http://bridgestoaccess.gsk.com/">http://bridgestoaccess.gsk.com/</a> 1-866-PATIENT (1-866-728-4368)	Advair Diskus 100/50, 250/50, 500/50, Avandia, Avodart, Coreg, Daraprim, Dyazide, Flonase, Flovent 44, 110, and 220 mcg, Imitrex injection, Imitrex nasal spray, Imitrex tablets, Lamictal, Lanoxin Elixir, Lanoxin Tablets, Paxil, Serevent Diskus, Valtrex, VESicare, Wellbutrin, Wellbutrin SR, Wellbutrin LX, Zantac Premixed, Zantac Syrup, Zantac 150, and 300 Tablets, Ziagen Tablets, Ziagen Oral Solution, Zinacef, Zofran Tablets, Zofran ODT, Zovirax Capsules, Zovirax Tablets, Zovirax Suspension, Zyban
+*Bristol Myers Squibb <a href="http://www.bms.com">www.bms.com</a>	Bristol-Myers Squibb Patient Assistance Foundation	<a href="http://www.needymeds.com/programs/42.shtml">http://www.needymeds.com/programs/42.shtml</a> 1-800-736-0003 ext 2	Avalide, Avapro, BuSpar Dividose, Coumadin, Desyrel Dividose, Glucophage, Glucophage XR, Glucovance, K-Lyte Tablets-Effervescent, K-Lyte CL Tablets-Effervescent, K-Lyte DS Tablets-Effervescent, Klotrix SA, Metaglip, Monopril, Plavix, Pravachol, Prolixin Elixer, Prolixin Oral Concentrate, Prolixin Tablets, Sinemet Tablets

\*\*\*Used with the permission of the P.I. of the Geriatric Study Dr. G. Singh\*\*\*

# Attention Doctors



If your patient is taking the following medications...



You should consider ordering the following lab(s)...

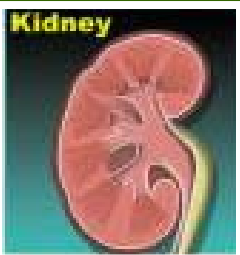
## ACE Inhibitors

Accupril/quinapril, Vasotec/Enalapril, Lotensin/Lotrel, Captopril, Fosinopril, Lisinopril/Zestril, Ramipril (altace)



SMA-7 (Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, TCO<sub>2</sub>, BUN, creatinine, blood sugar) when med is prescribed  
Then after 1-2 weeks  
Then SMA-7 every 12 months †

Kidney



## Diuretics

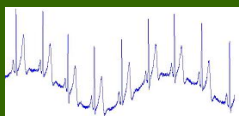
Furosemide, Lasix/Hydrochlorthiazide/HCTZ, Diuril, Hydrodiuril, Enduron

SMA-7 (Na<sup>+</sup>, K<sup>+</sup>, Cl<sup>-</sup>, TCO<sub>2</sub>, BUN, creatinine, blood sugar) at the time med is prescribed  
Then after 1-2 weeks  
Then every 12 months †



## Cardiac Medications

Digoxin, Lanoxin



Digoxin level one week after starting  
Then every 12 months †

## Cholesterol Medications

Lipitor, Crestor, Mevacor, Pravachol, Zocor, Crestor



LFTs and CPK 3-4 weeks after starting  
Then LFT every 12 months †



## Seizure Medications

Dilantin, Tegretol, Depakote

Drug level 1 week after starting  
Then every 12 months †

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† indicates HEDIS guideline

# *Exam room checklist*

## MILLARD FILLMORE GATES Geriatrics

### CHECKLIST FOR EXAM ROOM SUPPLIES

- GLOVES
- GOWNS
- TABLE PAPER
- LINEN
- TONGUE BLADES
- ALCOHOL SWABS
- K-Y JELLY
- EAR CURETTES
- STOOL CARDS
- STOOL STICKS

### CHECKLIST FOR EXAM ROOM PAPERWORK

- MEDICATION LISTS
- PROGRESS SHEETS
- Dr. Garbarino's PROGRESS SHEETS
- X-RAY FORMS
- LAB SLIPS
- COUMADIN FORMS

# *PEA to the Rescue: Improving Clinical Practice*

- Evaluation of site
  - One of our current sites needed a fax machine
  - Another needed a spirometer.
- Additional findings:
  - Inform the PCP if the patient did not understand how to take medication
  - Patients not understanding how to use glucometer
  - Alert PCP about patients with a pre-diabetes



# Challenges

- Differences in practices
  - EMR vs Paper Charts
  - Urban vs Rural
  - Private clinics vs hospital clinics
- Establishing rapport and communicating with staff
- Implementing practice change and phasing out as a PEA

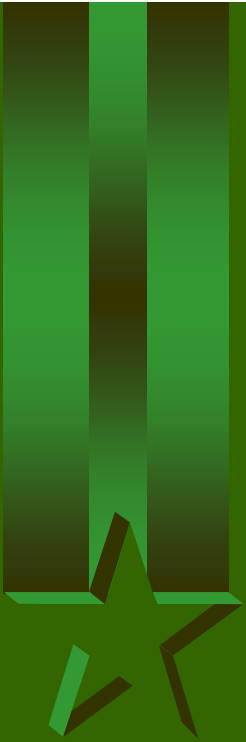


# *Coming Attractions*

- Improving Diabetes Care for Individuals in Rural Practices (P<sup>2</sup> Collaborative of Western New York and UNYNET)
  - 2 Rural Health Networks
    - one PEA per network
      - 6 practices per network
  - PEAs working with CEAs (Consumer Engagement Associates) to improve health care on multiple levels







*Questions?*