PEA to the Rescue: Improving Clinical Practice

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UNYNET
(Upstate NY PBRN)
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 PEAs 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 II

<table>
<thead>
<tr>
<th>PTID:</th>
<th>PCP:</th>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>654164</td>
<td>Dr. *** *****</td>
<td>****</td>
<td>****</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Accept</th>
<th>Reject</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>GFR: 52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine Micro</td>
<td>Urine Micro-Creatinine Ratio test recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hgb: 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of CDC</td>
<td>11/21/2007</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PTH</td>
<td>PTH Bone Lab Test recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phos</td>
<td>Phos Bone Lab Test recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VitD</td>
<td>Vitamin D Bone Lab Test recommended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDL: 43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LDL: 103</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trig: 121</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HbA1c: 6.8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aspirin</td>
<td>Start ASA 81 mg unless contraindicated</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medication:**

**Comments:**

**Signature:**

**Date:**

Thursday, January 31, 2008
QI Example Report - CKD

Jericho Phase I Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Baseline</th>
<th>Dec. Preliminary</th>
</tr>
</thead>
<tbody>
<tr>
<td>CKD Dx</td>
<td>91</td>
<td>91</td>
</tr>
<tr>
<td>Anemia Dx</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Not on NSAID</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Not on Metformin</td>
<td>83</td>
<td>83</td>
</tr>
<tr>
<td>On ACE / ARB</td>
<td>75</td>
<td>75</td>
</tr>
<tr>
<td>Hb Lab Done</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>PTH, Phos, or VitD Lab Done</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Percentage:

- Baseline
- Dec. Preliminary

Chart shows the percentage of patients in each category.
# CKD Results

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

<table>
<thead>
<tr>
<th>Pharmaceutical Company Name</th>
<th>PAP Name</th>
<th>PAP Website or Phone number</th>
<th>Medications Covered Under Patient Assistance Program (PAP)</th>
</tr>
</thead>
</table>

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### Attention Doctors

**If your patient is taking the following medications...**

<table>
<thead>
<tr>
<th>Medications</th>
<th>Lab Tests</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ACE Inhibitors</strong>&lt;br&gt;Accupril/quinapril, Vasotec/Enalapril, Lotensin/Lotrel, Captopril, Fosinopril, Lisinopril/Zestril, Ramipril (altace)</td>
<td>SMA-7 (Na+, K+, Cl-, TCO₂, BUN, creatinine, blood sugar) when med is prescribed&lt;br&gt;Then after 1-2 weeks&lt;br&gt;Then SMA-7 every 12 months †</td>
<td></td>
</tr>
<tr>
<td><strong>Diuretics</strong>&lt;br&gt;Furosemide, Lasix/Hydrochlorothiazide/HCTZ, Diuril, Hydrodiuril, Enduron</td>
<td>SMA-7 (Na+, K+, Cl-, TCO₂, BUN, creatinine, blood sugar) at the time med is prescribed&lt;br&gt;Then after 1-2 weeks&lt;br&gt;Then every 12 months †</td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac Medications</strong>&lt;br&gt;Digoxin, Lanoxin</td>
<td>Digoxin level one week after starting&lt;br&gt;Then every 12 months †</td>
<td></td>
</tr>
<tr>
<td><strong>Cholesterol Medications</strong>&lt;br&gt;Lipitor, Crestor, Mevacor, Pravachol, Zocor, Crestor</td>
<td>LFTs and CPK 3-4 weeks after starting&lt;br&gt;Then LFT every 12 months †</td>
<td></td>
</tr>
<tr>
<td><strong>Seizure Medications</strong>&lt;br&gt;Dilantin, Tegretol, Depakote</td>
<td>Drug level 1 week after starting&lt;br&gt;Then every 12 months †</td>
<td></td>
</tr>
</tbody>
</table>

*† indicates HEDIS guideline*

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# Exam room checklist

## Checklist for Exam Room Supplies

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gloves</td>
<td></td>
</tr>
<tr>
<td>Gowns</td>
<td></td>
</tr>
<tr>
<td>Table Paper</td>
<td></td>
</tr>
<tr>
<td>Linen</td>
<td></td>
</tr>
<tr>
<td>Tongue Blades</td>
<td></td>
</tr>
<tr>
<td>Alcohol Swabs</td>
<td></td>
</tr>
<tr>
<td>K-Y Jelly</td>
<td></td>
</tr>
<tr>
<td>Ear Curettes</td>
<td></td>
</tr>
<tr>
<td>Stool Cards</td>
<td></td>
</tr>
<tr>
<td>Stool Sticks</td>
<td></td>
</tr>
</tbody>
</table>

## Checklist for Exam Room Paperwork

<table>
<thead>
<tr>
<th>Item</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Lists</td>
<td></td>
</tr>
<tr>
<td>Progress Sheets</td>
<td></td>
</tr>
<tr>
<td>Dr. Garbarino's Progress Sheets</td>
<td></td>
</tr>
<tr>
<td>X-Ray Forms</td>
<td></td>
</tr>
<tr>
<td>Lab Slips</td>
<td></td>
</tr>
<tr>
<td>Coumadin Forms</td>
<td></td>
</tr>
</tbody>
</table>

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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 (P² 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?