**Population Management – Choose your Own Population**

Facilitator Guide

* **Time:** 45-60 minutes; 15 minutes to decide on population/intervention as group, 30 minutes to do group work, 15 minutes to report out to one another
* **Audience:** R2 and R3 residents – may also involve ancillary staff (MA, LVN, RN, pharmacist) if desired
* **Objectives:** Practice principles of population management with patients in resident panels, either using existing workflows/outreach protocols or by brainstorming new ones. If session is repeated, can review data trends for previously chosen population and continue outreach or redefine workflow
* **Procedures:**

--**Choose a condition** in your residency patient population that has an evidence based intervention, for which you would like to improve care. Apply the characteristics that we discussed previously when choosing your population. Refer back to that slide if needed. Can also choose an existing patient population or registry in your department if more convenient, and out-loud define the parameters of that population as a group

--**Decide on the intervention** needed or define what intervention already exists, and what is the evidence supporting that intervention.

--**Decide on a reasonable outcome measure** to monitor (whether the presence/absence of an intervention/screening/medication, or a clinical outcome), or define what outcome measure already exists for this population. Is it patient-oriented or not?

--**Decide on a goal for outcome measure-** what will define success for this population? How often will you monitor data?

(If there is already data, bring to session so residents can review where patient population already is on outcome measure being tracked.)

--**Decide whether you will manage this population using in-reach, out-reach, or both**

--**Break into groups: Brainstorm in-reach and/or out-reach protocols for your population**; include examples of standing orders and workflows. Try to identify at least one non-physician team member that can help. If population and protocols already exist, residents can be given time to do out-reach to their populations, or you can brainstorm as a group ways to improve current work-flows

EXAMPLE: Population management - chlamydia screening (designing a new population management protocol)

What are the parameters of this population? (females age under 24, sexually active)

How are we doing now ? Any data?

What is the intervention and what is the evidence for intervening in this condition? (intervention is screening with either swab or urine test, and subsequently initiating treatment. Evidence: USPSTF Grade B recommendation, treat asymptomatic carriers to prevent spread and prevent complications of PID)

What is our outcome measure? (presence of chlamydia swab or urine test every year) Is it patient-oriented or a proxy? (patient oriented – infection with intent to treat) Do we have an eventual goal we are trying to reach? (80% screened? 90%? 100%?)

Do we do any in-reach or out-reach for this condition now? What is it?

Brainstorm how we might use in-reach or out-reach to improve our care of this population.

Break into three groups:

1. 1st group: brainstorm how provider and/or staff might help identify and apply intervention to patients when they come to clinic. Design step-by-step flow from beginning to end of clinic visit

2) 2nd group: brainstorm how providers or staff might do outreach when refilling birth-control prescriptions for relevant population. Consider standing orders. Make any relevant patient hand-outs/dot phrases that would be helpful

Consider what to say to patient, how to protect confidentiality, how test will be collected, how will pt be notified and by whom

3) 3rd group: brainstorm protocol for positive results – how will treatment be initiated, how will patient be notified, how will public health dept be notified

**Choose your own Population Exercise**

Evaluation

1) I understand key principles of population management, such as using registries, tracking preventative markers, using tools for in-reach and out-reach, and mobilizing members of my care team for complex condition management.

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| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

2) This activity enhanced my understanding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

3) The information from this activity is relevant to my practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |