Abstract

Healthcare within the United States is notoriously fragmented and inefficient. Contemporary innovations for policy, reimbursement, and care delivery are consistently directed towards the promotion of value based care (Bates, 2010). These initiatives routinely coalesce around the promising potential of a robust primary care system. The Patient-Centered Medical Home (PCMH) model is increasingly becoming the standard of quality care and use of this model by healthcare providers is poised to bring about a paradigm shift towards value-based care (Henderson, Princell & Martin, 2012).

This scholarly project incorporated an evidence based approach to establishing continuous quality improvement in a primary care office pursuing PCMH recognition. Application of The Donabedian Model (Donabedian, 1998) and PARiHS framework (Kitson, Harvey, & McCormack, 1998) provided a strategic approach to developing and successfully adopting the foundation for continuous quality improvement. This project demonstrated how addressing the fundamental need for supportive structure and process improvements, based upon evidence and the context of an organization, can facilitate the successful adoption of continuous quality improvement (QI) in a Midwest primary care clinic. Systematic efforts to address issues of structure, process, and outcomes for a nurse-managed health center translated to improvement in quality performance scores for cervical cancer screening, breast cancer screening, and tobacco cessation counseling rates. Staff perceptions of organizational QI strategy also improved following implementation. Alternative revenue through incentivized reimbursements went unchanged, but an extended implementation period would likely foster an increase in the relative fiscal benefits of continuous quality improvement. Additionally, several unplanned benefits, including increased number of new patients establishing care at the practice, were actualized.
through organizational engagement in quality improvement work. Ultimately, this project demonstrated how addressing the fundamental need for supportive structure and process improvements, based upon evidence and the context of an organization, can impact outcomes and facilitate the successful adoption of continuous quality improvement in a nurse-managed primary care clinic.