From Data to Better Care: Using PDSA Cycles

How small tests turn data into action

United Healthcare®

Does This Sound Familiar?

Before we talk about PDSA or core measures, let us start with your day-to day reality

You might be thinking...

"We spend a lot of time reviewing data - but it doesn't change behavior."

"Staff doesn't trust the numbers."

"We fix something… and it breaks again when people leave."

"Improvement feels like extra work, not part of the workflow."

If any of this sounds familiar, you are in the right place today.

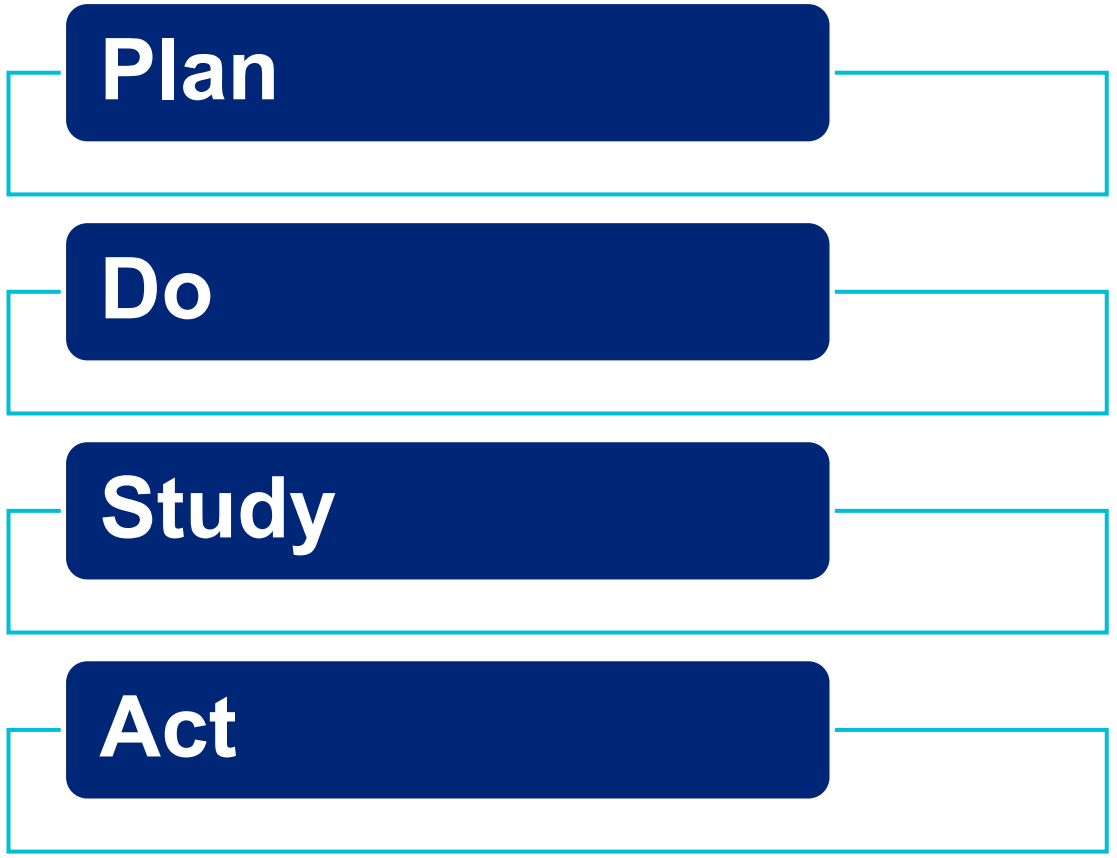
A Shared Pattern

- **These challenges show up across roles.**
- This isn’t about one person or one job.
- It lives in **how the work is set up day to day**.

That’s why testing small changes works.

What PDSA Is/Is NOT

- ☑ A way to learn quickly
- ☑ A way to test ideas without full rollout
- ☑ A way to use data without waiting months
- ✕ Not a policy change
- ✕ Not an EMR build



A structured way to test small changes that lead to learning and improvement

PDSA in Plain Language

Plan: What are we trying to improve?

Do: Try a small change

Study: Did it work?

Act: Decide whether to Adopt, Adapt, or Abandon

The 3 C's

Communication

Definition in PDSA: Sharing information clearly, consistently, and at the right time across the cycle.

Why it matters:
Poor communication leads to confusion, inconsistent testing, and unreliable results.

Collaboration

Definition in PDSA: Working together across roles and perspectives to design, test, and learn.

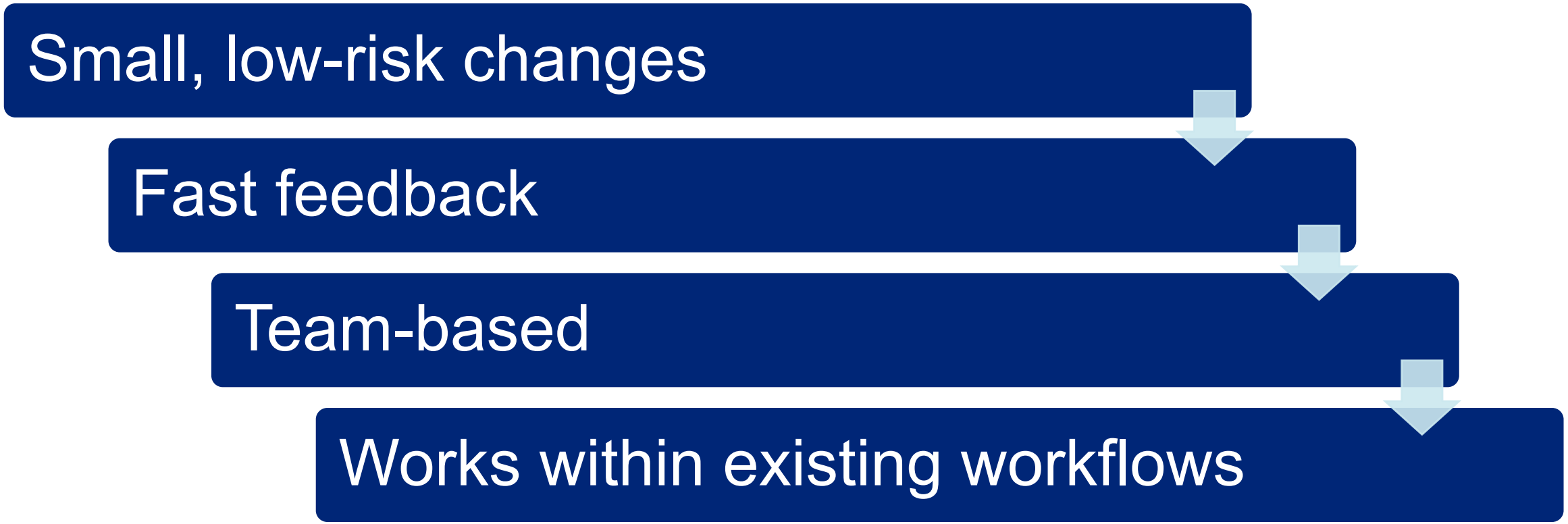
Why it matters:
Collaboration strengthens buy-in, improves solution quality, and increases sustainability.

Celebration

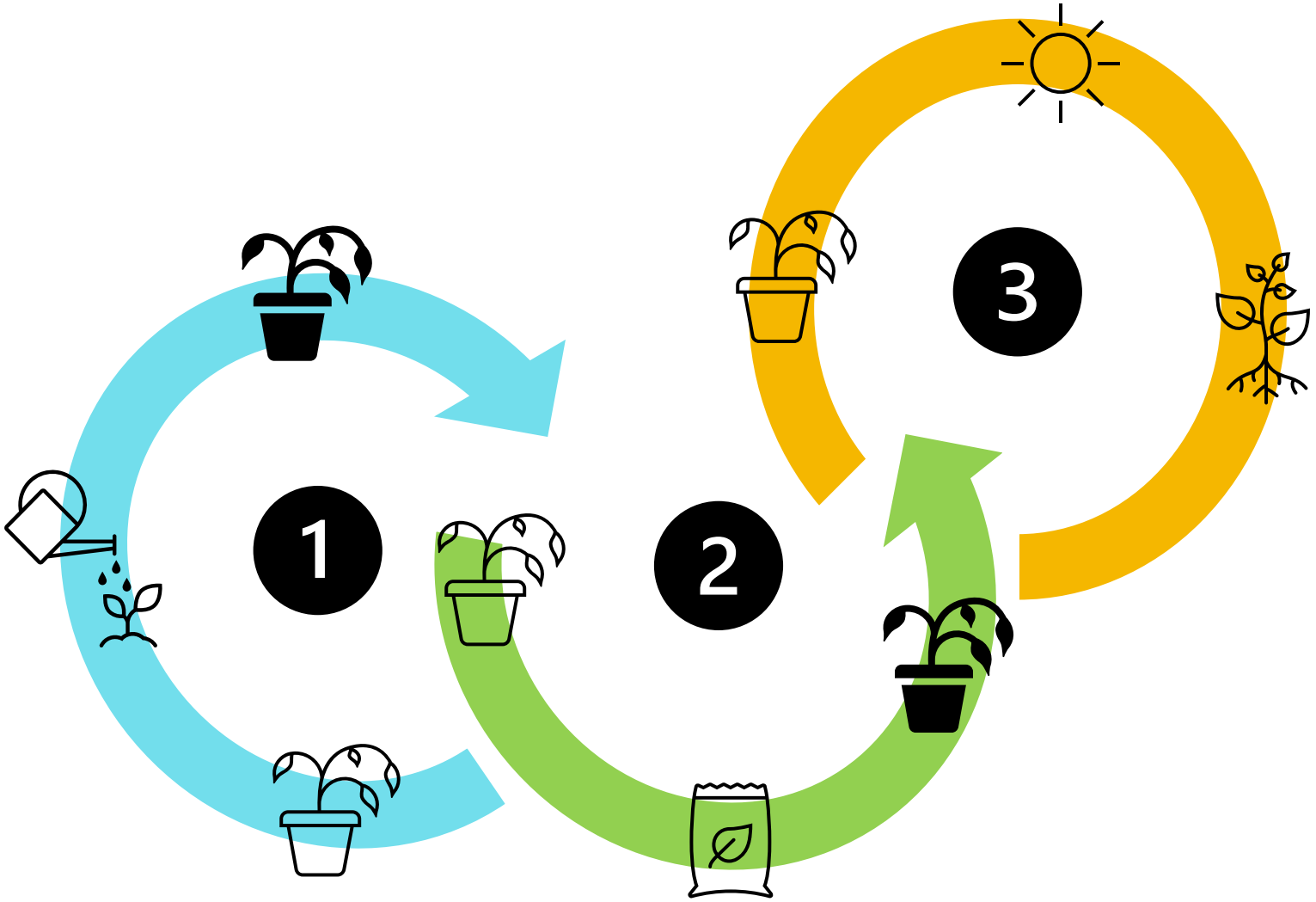
Definition in PDSA: Celebrating wins reinforces which changes led to improvement, builds team motivation and engagement.

Why it matters:
Increases the likelihood that successful changes are sustained and spread.

Why PDSA Works in Practices



PDSA in Everyday Life:



PDSA -ACC 3.0 Connections

PDSA helps practices move ACC 3.0 measures without waiting for large redesigns

Focus Areas:	Examples
• Preventative care • Chronic disease management • Screening measures	• Controlling High Blood Pressure • Glycemic Status Assessment for Patients with Diabetes • Depression Screening and Follow-up

“Without testing, improvement is just hope”

Lean/QI philosophy

Applying This Beyond One Measure

PDSA thinking can be used to:

- Improve **one step** in a complex workflow
- Test changes in **real-world conditions**
- Learn fast before going all in
- Prioritize improvements that deliver value

➢ **Measurement is the starting point, not the destination.**

PDSA Quarterly Submissions

PDSA Quarterly Submissions **must** contain the following information: Site Specific

- ❑ What are you testing?
- ❑ What do you think will happen?
- ❑ What is your plan? Include who, what **data source** and by when
- ❑ What did you do?
- ❑ What were the results of what you did. Include data to support your results.
- ❑ What is your next step based on result (Adopt, Abandon, Adapt)

Practice Scenario:

CY 2025 Q3 PCMP Quality Performance Report
Depression Screening and Follow Up

Practice Scenario: What the Data Is Telling Us

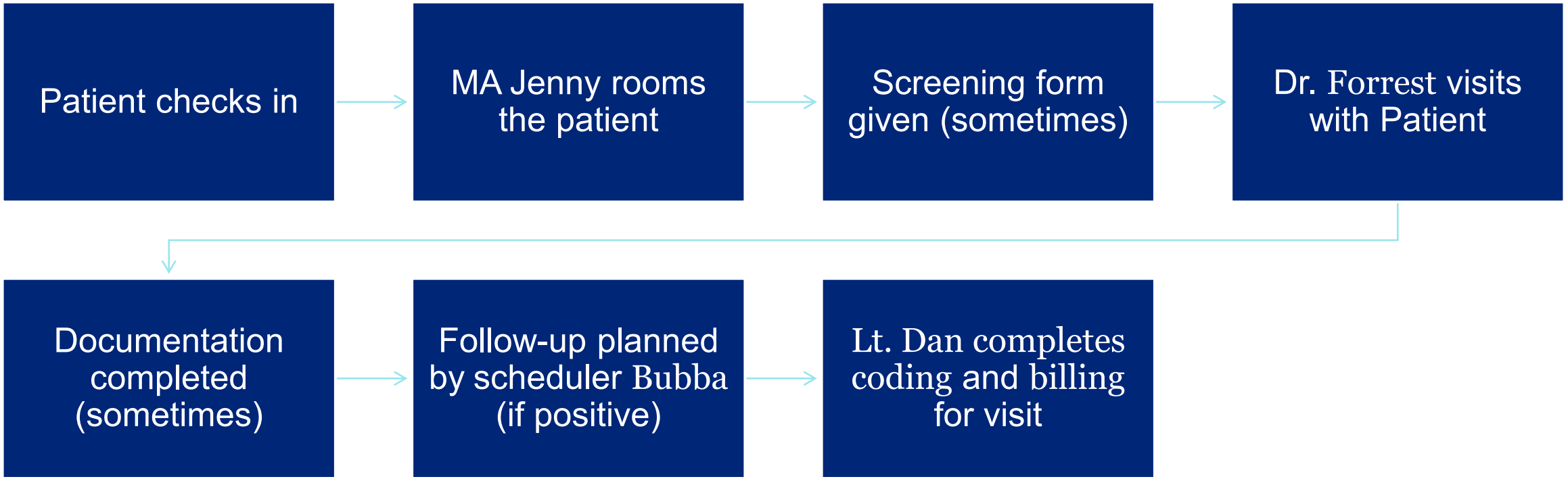
Depression Screening Performance

- Measure Rate: **15%**
- Below **minimum** performance threshold
- Most patients are **eligible** for the measure
- **Exclusions** captured
- Only a **few visits each month** are **meeting** the measure
- **Measure is "met"** for more dates of service dates in 2025 than 2024

Team Insights

- **"We give the PHQ-2"**
- **"Patients do not always finish it."**
- **"Providers follow up when they see it"**

Understanding the Workflow: Depression Screening at Shrimp Boat Clinic



Where Might Improvement Help Most?

Common challenges teams notice:

- Screening missed when visits run late
- Documentation done after the visit
- Inconsistent follow-up for positive screens
- Workflow changes when staff are out

These challenges show up across roles.

This is an opportunity to learn and improve – not a failure.

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Let's Practice Together

We’re going to look at a few improvement ideas:

- Your job is not to pick the best idea.
- Your job is to pick what is most testable right now.

No wrong answers – this is about learning, not being right

Which Would You Test First?

1

Redesign the depression screening and follow-up process for **all providers and teams**.

2

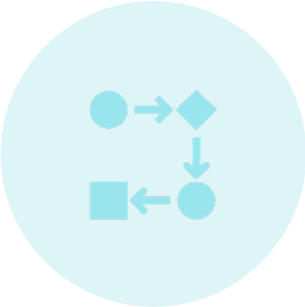
Remind staff to be more consistent with depression screening and follow-up.

3

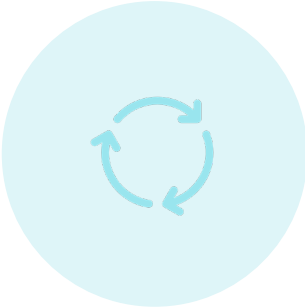
Ask one MA and one provider to test a same-day documentation reminder for one week.

Option 1: Redesign the process for all providers and teams

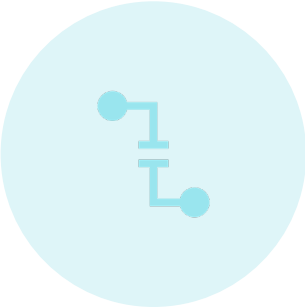
Turning Big Goals into Small Tests



Redesigning a process across the practice is a large-scale project that may include workflow changes, adjustments to forms and documentation, restructuring coding and claims processes, and revising current policies.



To achieve long-term success with redesigning your practice processes, it's important to AVOID making multiple changes all at once. You want to boil a pot of water and not attempt to boil the entire ocean.



Large-scale changes overwhelm and frustrate staff, cause major disruptions to established workflows, and carry an increased risk for failure when practices attempt to do too much, too quickly.

Smaller, targeted initiatives or changes are more likely to succeed in the long-term than larger practice overhauls

Option 2 – Reminder to Staff to Complete Screening

EXPECT RESISTANCE: STAFF MAY NOT UNDERSTAND NEW WORKFLOWS—EXPLAIN THE “WHY.”

OVERUSE REDUCES IMPACT: FREQUENT REMINDERS CAN FEEL REPETITIVE AND LEAD TO DISENGAGEMENT.

LIMITED EFFECTIVENESS: REMINDERS DON’T FIX ROOT CAUSES OR WORKFLOW ISSUES.

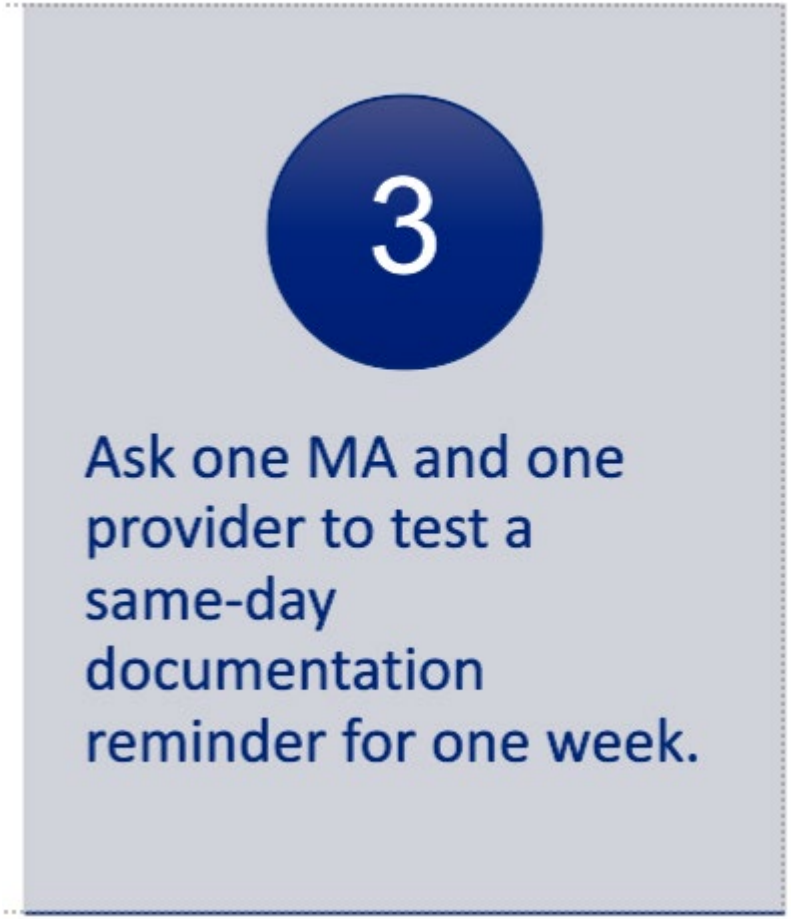
Option 3: Why This Works as a PDSA Starting Point

1. Specific: one step in the workflow

2. Small: limited people, short time

3. Learnable: quick feedback

If it feels almost too small, you're probably doing it right!



PLAN: Define the Test Together

Does this feel small enough to test safely?

What change are we testing?

Same day documentation reminder

Who is involved?

- **One** MA
- **One** provider

How long is the test?

- **One** week

What questions are we trying to answer?

Will this make it easier to complete depression screening during the visit?

DO: Try the Test

During one week:

- MA uses a simple reminder during rooming
- Provider completes documentation same day
- No workflow overhaul
- No policy change

The goal is to learn – not to get it perfect

STUDY: What Did We Learn?

At the end of the week, the team reviewed:

- Audited 10 eligible patient charts
- Number of completed depression screenings
- Timing of documentation
- MA and provider feedback

Key learning:

Same-day reminders helped- but were harder to use when visits ran longer.

Project/Focus Area	Objective	Plan: Actions to Test	Plan: Who is Responsible	Plan: When	Plan: Data to Collect	Do: What Happened	Study: What Did We Learn	Act: What Will We Adjust	Status
Screening for Depression and Follow Up Plan	Increase total number of PHQ-2 screenings being completed at provider visits	MA Jenny will use a simple reminder during rooming process. Dr. Forrest will complete PHQ-2 documentation on day of visit	MA Jenny, Dr. Forrest	June 1-June 7 (1 week)	Audit 10 eligible patient charts to count number of depression screenings completed and timing of documentation; gather MA and provider feedback for feasibility of process change	Reminders implemented for all visits on patients 12 and older during the week of June 1-7	Same day reminders helped with capturing PHQ-2 screening, but MA and provider feedback showed that reminders were harder to use when visits ran longer		In Progress

ACT: What Should We Do Next?

Adopt
Keep the reminder as is — it supports screening when visits flow normally

Adjust
Modify the reminder or workflow to work better on busy days or when staffing changes

Abandon
Stop this approach and test a different idea

"Out of clutter find simplicity. From discord find harmony. In the middle of difficulty lies opportunity."

-Albert Einstein

What This PDSA Taught US

From one small test, the team learned:

- A change can **help** and still need support
- Real-world conditions (time, coverage) matter
- Learning comes from *trying*, not waiting
- Decisions improve when they're based on evidence

➢ **This is how improvement happens — one small test at a time.**

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PDSA Resource Page

1. QIToolkit_PDSAWorksheet.pdf
2. pdsacycledebedits.pdf
3. Practice Improvement Guide
4. 10 Ways to Keep Your Quality Improvement Team Motivated | FPM
5. Sample Shrimp Boat Clinic PDSA Tracker