new sets of cultural values and those that have historically existed in the field of medicine. Reconciling these conflicts may be one of the most difficult challenges healthcare organizations face as they try to implement wide-scale change.

Keywords: Lean; Culture

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PS1-30:

Identification of Distress in the Breast Cancer Patient in a Rural Community Cancer Center

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Background/Aims: Community cancer centers are faced with the task of providing multidisciplinary care to their patients in an environment that is challenged for resources, time and reimbursement. Among other patient care factors, psychosocial care has become one such area of concern. The ability to rapidly identify a patient with psychosocial issues can help facilitate providing that care in an expedient and cost-effective manner. The purpose of the study was to develop a profile of a breast cancer patient exhibiting distress. **Methods:** The study followed a cross-sectional, correlational design. Patients with breast cancer of any stage in the early phase of their treatment and who had completed the Distress Thermometer (DT) assessment as part of their routine care were consented for additional data collection. The study was conducted at a community cancer center in rural Georgia, and a total of 85 patients participated. **Results:** The study identified 42% (36 of 85) of participants with mild distress, 31% (26 of 85) with moderate distress, and 27% (23 of 85) with severe distress. Approximately 42% (36 of 85) self-identified as African-American, and all were non-Hispanic, which mirrors the regional population where the study was conducted. All participants were female with an average age of 61. Those with a severe DT score indicated their top five sources of distress as Worry, Sadness, Nervousness, Fears and Treatment Decisions. This contrasts with those with a Mild DT score, who indicated Sleep, Treatment Decisions, Nervousness, Fatigue and Finances as sources of distress. The common factor of Treatment Decisions between these groups demonstrates that a greater ratio of patients with a severe DT score was receiving chemotherapy and/or radiation than those with mild DT score. Not surprisingly, those with a mild DT score were more likely to have an earlier stage cancer, although the difference was not statistically significant. **Conclusions:** Participants demonstrated factors that may point to a profile of a patient at risk for severe distress, including other psychosocial expressions, treatment plan, and stage of cancer. The study is limited by location at a single cancer center and other factors.

Keywords: Distress; Cancer

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PS1-31:

Early Impact of Lean Redesign in Primary Care

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Background/Aims: With increased pressure to provide higher quality care while reducing costs, healthcare organizations are redesigning systems using industry-based tools. "Lean" is a management tool that aims to maximize value for patients by eliminating inefficiencies and waste. The Palo Alto Medical Foundation (PAMF) is implementing Lean throughout its delivery system, which began with a pilot demonstration site in primary care. Lean redesigns included co-location of physicians and staff to facilitate more efficient communication, and creation of new workflows such as agenda setting with patients at the start of visits. The current study presents early results of the impact of Lean after its first year of implementation. **Methods:** Operational metrics were extracted from PAMF data repositories, including various measures of patient access, patient panel size, physician productivity (RVUs), cost per total RVU, clinical quality, and satisfaction among patients, physicians, and staff. Statistical analysis of monthly data for one year pre-(baseline) and post-Lean implementation was performed using segmented linear regression for interrupted time series. Pilot site trends were compared with two other PAMF clinic locations serving as contemporaneous control

sites. **Results:** Satisfaction among staff, pediatricians, and pediatric patients increased significantly in the pilot site. Pilot staff satisfaction scores outperformed control sites by over 20% in domains including: Credible leadership, Connection to purpose, Healthy partnerships, and Work, structure, & process. Overall satisfaction among pediatricians outperformed both control sites, but declined among family physicians and internists except for improvement in one domain: Relationships with staff. Patient satisfaction improved by 2-8 percentage points in the pilot vs. control sites, with the greatest increase seen in Pediatrics. The pilot site also showed increasing panel sizes in Pediatrics. There were no other, consistent changes across sites in operational and clinical measures. **Conclusions:** The most consistent finding during the first year of Lean was higher satisfaction among staff, pediatricians, and pediatric patients. Notably, the pediatric department had already begun experimenting with and implementing Lean redesigns prior to the official start of the initiative. Consistent with the experience of other organizations, Lean systems may need time to mature and stabilize before clear changes in metrics can be observed.

Keywords: Healthcare system redesign; Lean

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PS1-32:

Deconstructing Medical Home's Impact on Cost of Care: Where Do Savings Come From?

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Background/Aims: Early evidence suggests that a patient-centered medical home (PCMH) has the potential to improve quality of care while reducing cost. However, it is unclear how PCMH achieves such desirable outcomes, particularly in regards to its impact on cost of care. In this study, we examined claims data from Geisinger Health System's version of PCMH, known as ProvenHealth Navigator® (PHN) to answer the following questions: 1) From the perspective of a primary care clinic, what is the overall total cost savings associated with exposure to PHN; and 2) where do the cost savings come from? In answering the latter question, we deconstruct the total cost savings into their major component parts and examined the association separately between the clinic's exposure to PHN and each cost component. **Methods:** Data were obtained from Geisinger Health Plan's claims database among its Medicare Advantage members who received care from the 65 primary care sites that had been transformed into PHN sites between 2006 through 2012. The main outcome variable was the mean per-member-per-month (PMPM) total cost of care for a given PHN site. The total PMPM cost was further divided into five components (outpatient, inpatient, professional, prescription generic and brand drugs). The key explanatory variable was the length of the clinic's exposure to PHN in months. Other covariates included the number of patients in each clinic in each month, the site's ownership status, % male patients, % patients with drug coverage, average age and average HCC risk scores, as well as month and year indicator variables. In total, seven linear regression models with clinic fixed effects were estimated. **Results:** For every 6-month incremental exposure to PHN, there was approximately \$10 ($P < 0.05$) reduction in mean PMPM cost savings for a given primary care clinic. About 50% of this saving was attributable to reductions in inpatient cost, followed by reductions in professional fees and outpatient cost. The total cost saving was offset by an increase in prescription drug cost associated with PHN exposure. **Conclusions:** Our finding is consistent with the hypothesis that PCMH reduces avoidable acute care while potentially increasing patient adherence to prescription drugs.

Keywords: Patient-centered medical home; Cost of care

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PS1-42:

In-hospital Severity and 30-day Readmission

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Background/Aims: Identifying and preventing 30-day readmissions has become a national focus. There have been attempts at developing all-cause