The "Why" Behind the ASaP Maneuvers Menu

Place the big rocks first…

There is a principle in process improvement to focus on the 20% of the tasks that create 80% of the work. This is not because the remaining 80% of the tasks are not important. It is simply that dealing with the metaphorical "rocks" in an efficient way leaves more capacity for the other chores.

The ASaP maneuvers menu focuses on the biggest rocks in screening and prevention. The intent is to address the most important screening interventions, for most people, most of the time. The objective is to have a process where the system and supports around the provider (Physician and Nurse Practitioner) does as much of the "heavy lifting" as possible. This is to enable the provider to have the time to focus on the individual needs and exceptions for those patients with special concerns

"Most important" means that the menu concentrates on diseases where the evidence suggests the provider can have the most impact. This evidence was reviewed carefully by an ASaP expert working committee including primary care physicians. Importantly, evidence and circumstances change. The menu is based on the best-available guidelines reviewed today to ensure currency and applicability to the Alberta context. For example the menu addresses the upcoming introduction of the FIT test for colorectal cancer as a replacement for the current FOBT option.

"Most of the people" means that the menu focuses on the maneuvers needed by the general population. It doesn't account for individual medical history. Patients with chronic disease and/or cancer for example need to have more specialized care. Secondary screening of this type is critical. Experience suggests that care for patients outside the "norm" is significantly enhanced when the routine care is systematically addressed therefore leaving more capacity for this important specialized care.

"Most of the time" means that the menu addresses patients of "average" risk. For example, women with a family history of breast cancer will need more frequent and earlier mammography. Having a process that supports the woman's other "routine" needs allows the provider to focus on the area of special concern.

Clinical circumstances and patient populations vary. The reason ASaP is based around a menu and not a set list is to support providers to adapt the tools to the needs of their patients and their clinic capabilities. For best results, providers are encouraged to focus improvement on the "big rocks" as described above. Existing clinical care processes including the patient visit is usually the best tool for dealing with the high value specialized interventions and often less common interventions.

The process for decision making utilized by the ASaP Maneuvers Committee involved synthesizing the evidence in the Alberta context and utilizing a consensus process to determine the most important maneuvers for most of the people (general population) most of the time that was practical and achievable within the primary care setting. A detailed list of evidence references reviewed is available. Click here to access it.

Inquiries about the ASaP maneuvers menu can be directed to asap@albertadoctors.org.