



Health Partners Plans

Customer Service Training Engagement Project

Webinar #3

Leveraging QI to Drive Improvement



About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.



Catalyzing excellence in primary care to achieve health equity

TRANSFORM

We partner with health care providers to build capacity and improve services and outcomes

INVEST

We provide capital to integrate services, modernize facilities, or expand operations

ADVOCATE

We advance policy initiatives to bring resources, attention, and innovation to primary care

Webinar Logistics

Will be recorded
and sent out after

Please fill out the
evaluation after

Use the chat box
and address to all
panelists and
attendees

Poll Question #1

- Have you participated in QI initiatives other than access improvement and clinical quality improvement?
 - A. Yes
 - B. No

Objectives

- Describe Quality Improvement
- Identify an AIM statement specific to your practice
- Define SMART goals to achieve the AIM
- Review example of a PDSA cycle

What is Quality Improvement(QI)?

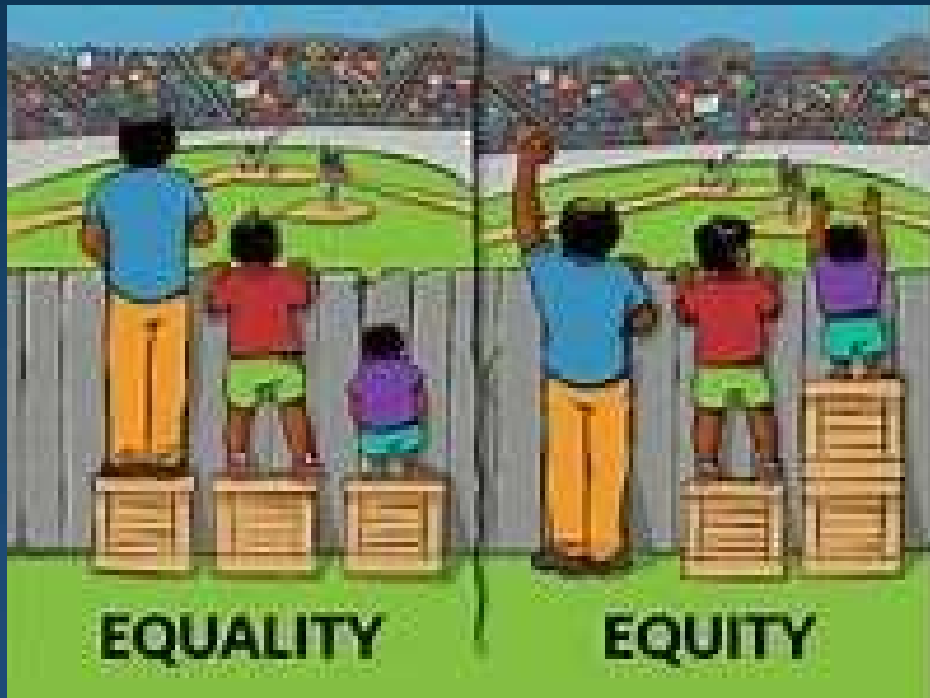
- IOM:

“the extent to which health services provided to individuals and patient populations improved desired health outcomes. The care should be based on the strongest clinical evidence and provided in a technically and culturally competent manner with good communication and shared decision making.”

- HRSA:

Quality improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Equitable Care



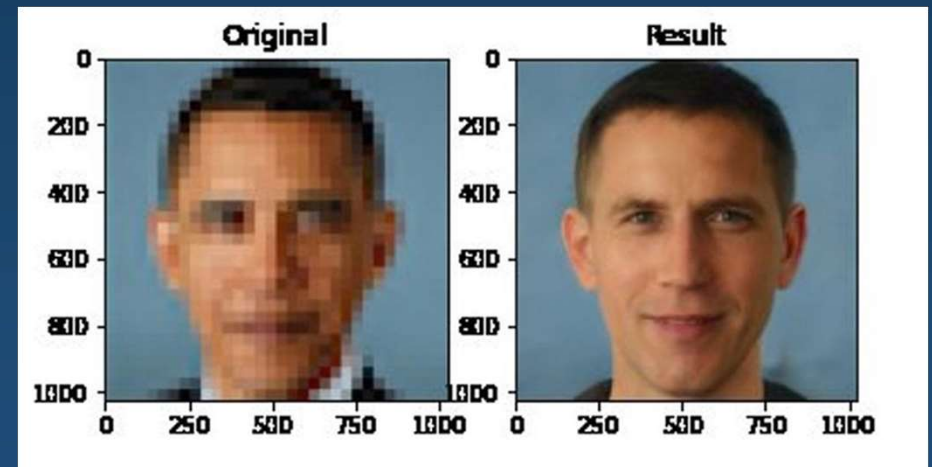
- Equitable care is when “quality does not vary because of personal characteristics such as gender, race, ethnicity, geographic location, and socioeconomic status

Equity is everyone's job



Implicit Bias

Bias in Artificial Intelligence



Why Healthcare Disparities Are A Concern

- One in three residents of the United States self-identify as either African American, American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, Hispanic/Latino, or multiracial. By 2050, this number is expected to increase to one in two.
- Despite significant advances in civil rights, race remains a significant factor in determining whether an individual receives care, whether an individual receives high quality care, and in determining health outcomes.



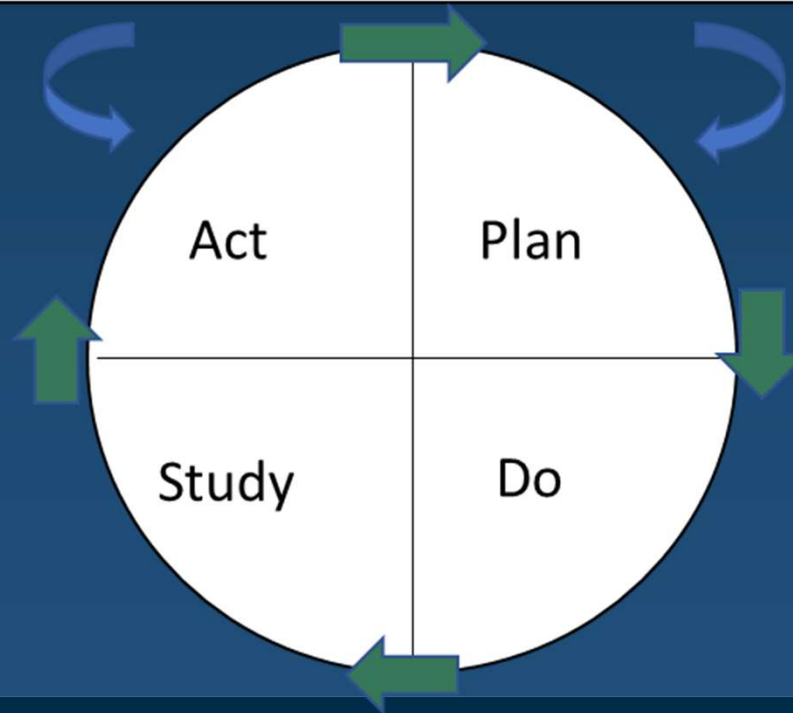
Model for Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in an improvement?



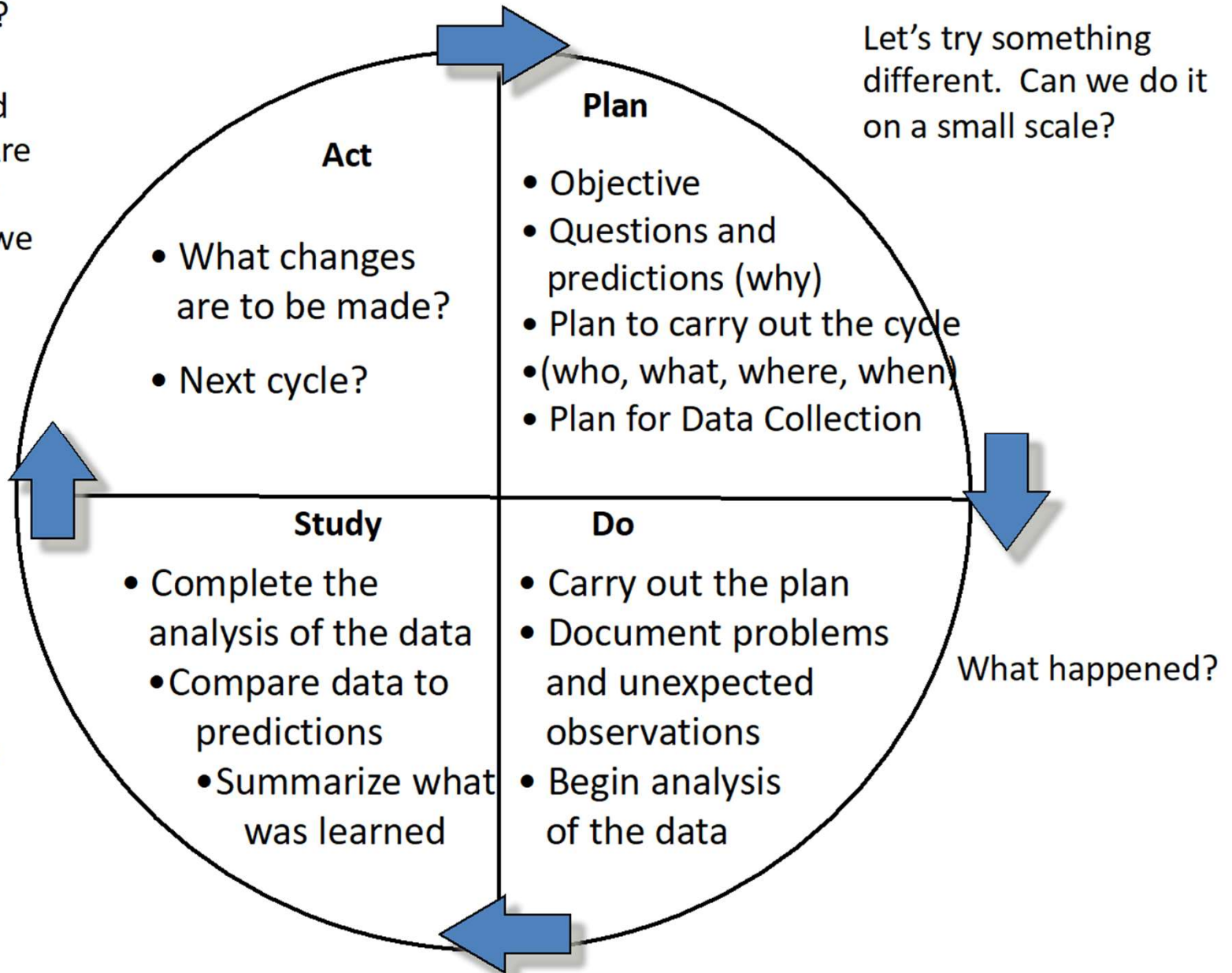
What is a PDSA?

- Tested method for action-oriented, real time learning and change
- Test a change – plan it, try it, observe the results and act on what is learned in next test
- Key principle: test on a small scale initially, use rapid cycles, scale up in short timeframe

What is a PDSA Cycle?

What should we try next?
Should we tweak it and try again? Are there other conditions we should consider testing?

Let's try something different. Can we do it on a small scale?



Learning from “Failed” Tests



What doesn't work and why not?

- Change not executed well
- Support processes inadequate
- Hypothesis/hunch was wrong
 - Change executed but did not result in local improvement
 - Local improvement did not impact larger measure

Understanding Systems

“Every system is perfectly designed to get the results it gets.”

1. **Will.** You must have the will to improve.

3. **Execution.**
Then, you must make it real.

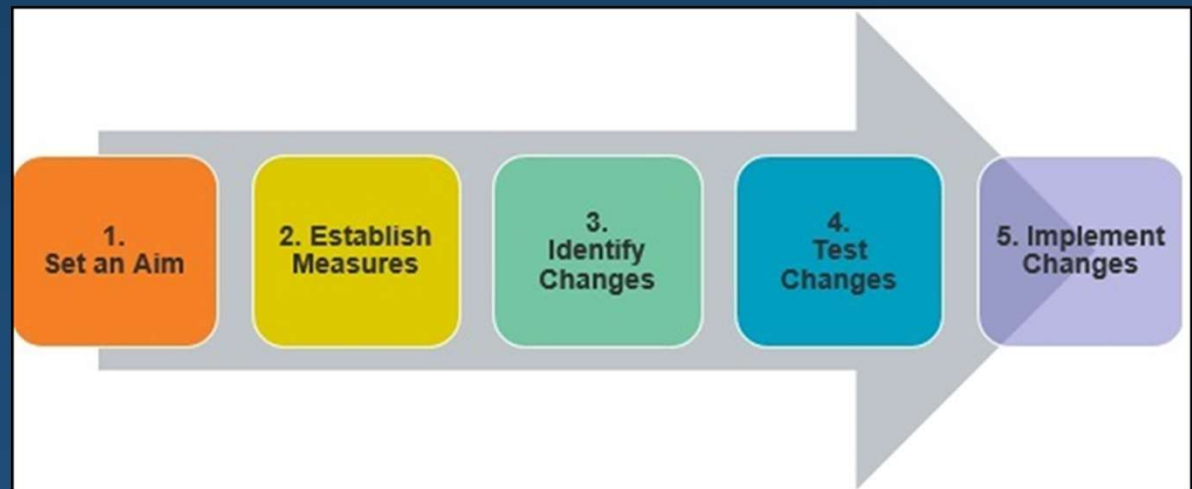
2. **Ideas.** You must have ideas about alternatives to the status quo.

Essential elements for systems improvement

Improvement Science

An applied science that emphasizes innovation, rapid-cycle testing, and spread in order to generate learning about what changes produce improvements

- Setting Aims
- Choosing Measures
- Developing Changes
- Testing Changes



Aim Statement

The aim statement should be time-specific and measurable, stating exactly: “What do we want to do?” “How much improvement?” “By when?” and “For whom?”



A Good Aim is SMAART

- S → Specific
- M → Measurable
- A → Actionable
- A → Achievable
- R → Relevant
- T → Time-framed

Why Have Aim Statements?

- Creates a shared language to communicate about work
- Is a commitment to achieve measurable improvement in your system within a definite timeline and with numeric goals
- Produces clarity and sets expectations for your accomplishments

“Hope is not a plan”

Example of an Aim Statement

By March 2020, ABC Medical Group will improve care for adult patients with uncontrolled diabetes to ensure that

- 90 % of diabetes patients are screened for severity & control
- 75 % of diabetes patients received A1c screening every six months
- 100 % of providers refer eligible patients to the endocrinologist
- Average # monthly ED visits for diabetes decrease from 10 to 2

Equitable Aim Statement: By March 2020, ABC Medical Group will focus on improving the screening for Hispanic patients who are missing a HbA1c screening over the next 6 months. Hispanic patients were identified as having higher HbA1c rates than the general population.

Specific

Measurable

Actionable

Achievable

Relevant

Time-bound

Poll Question #2

- Which is the better aim statement?
 - A. By March 31st, 2022 we will increase the percentage of diabetic patients that get quarterly hemoglobin A1C testing from 57% to 65%.
 - B. By March 31st, 2022, we will improve on diabetic screenings from 57% to 65%.

Establish Measures

Feedback to know if a specific change actually leads to an improvement, and quantitative measures can often provide the best feedback



- Outcome measures
- Process measures
- Balancing measures

Example Outcome Measures:

- % patients with controlled asthma
- MCO quality scores
- # ED visits related to asthma

Family of Measures for Improving Diabetes

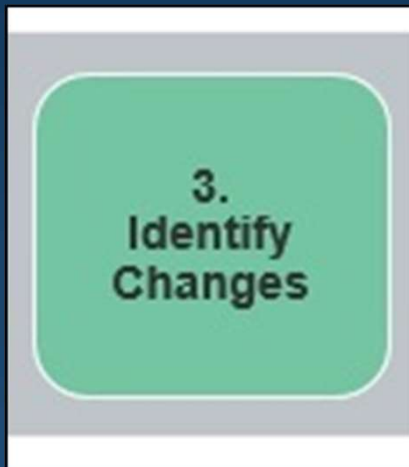
- Outcome Measure
 - % patients with controlled Ha1C
 - MCO quality scores
 - # ED visits related to diabetes
- Process Measures
 - % of diabetes patients screened for severity & control
 - % of eligible patients referred to endocrinologist
 - % of providers making referrals to endocrinologist
- Balancing Measure
 - For reducing patients' length of stay in the hospital: Make sure readmission rates are not increasing

Poll Question #3

- Which measure is a process measure?
 - A. We will reduce the number of diabetic patients with a Hb1Ac greater than 9%.
 - B. We will increase the percentage of diabetic patients screened for HbA1c in the last six months.
 - C. Neither

Identify Changes

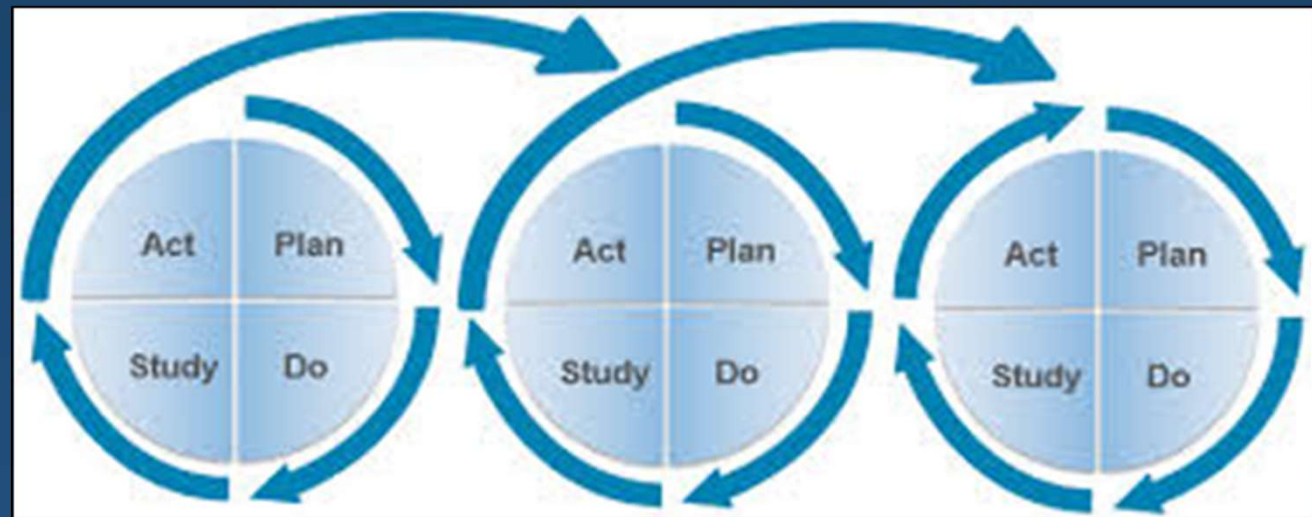
How are you going to achieve your aim? Where do new ideas come from?



- Changes: running registry lists, using EMR alerts, completing asthma action plans, etc.
- Prediction: that by using these change tactics we will be able to increase % of patients screened for asthma and lower # ED visits related to asthma

Test Changes

This is where the PDSA cycle portion of the Model for Improvement comes in. By planning a test of change, trying the plan, observing the results, and acting on what you learn, you will progressively move toward your aim.

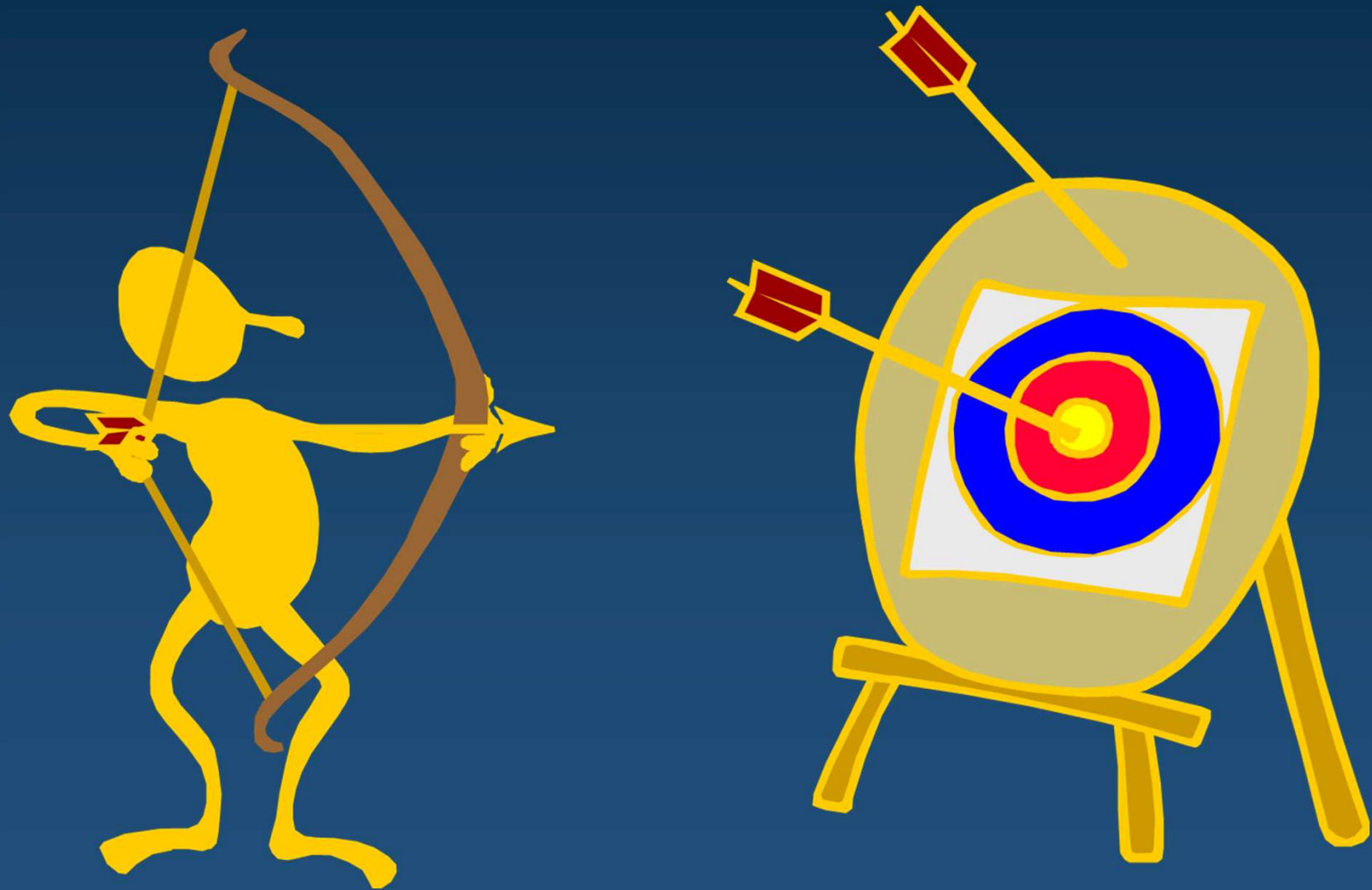


Implement Changes



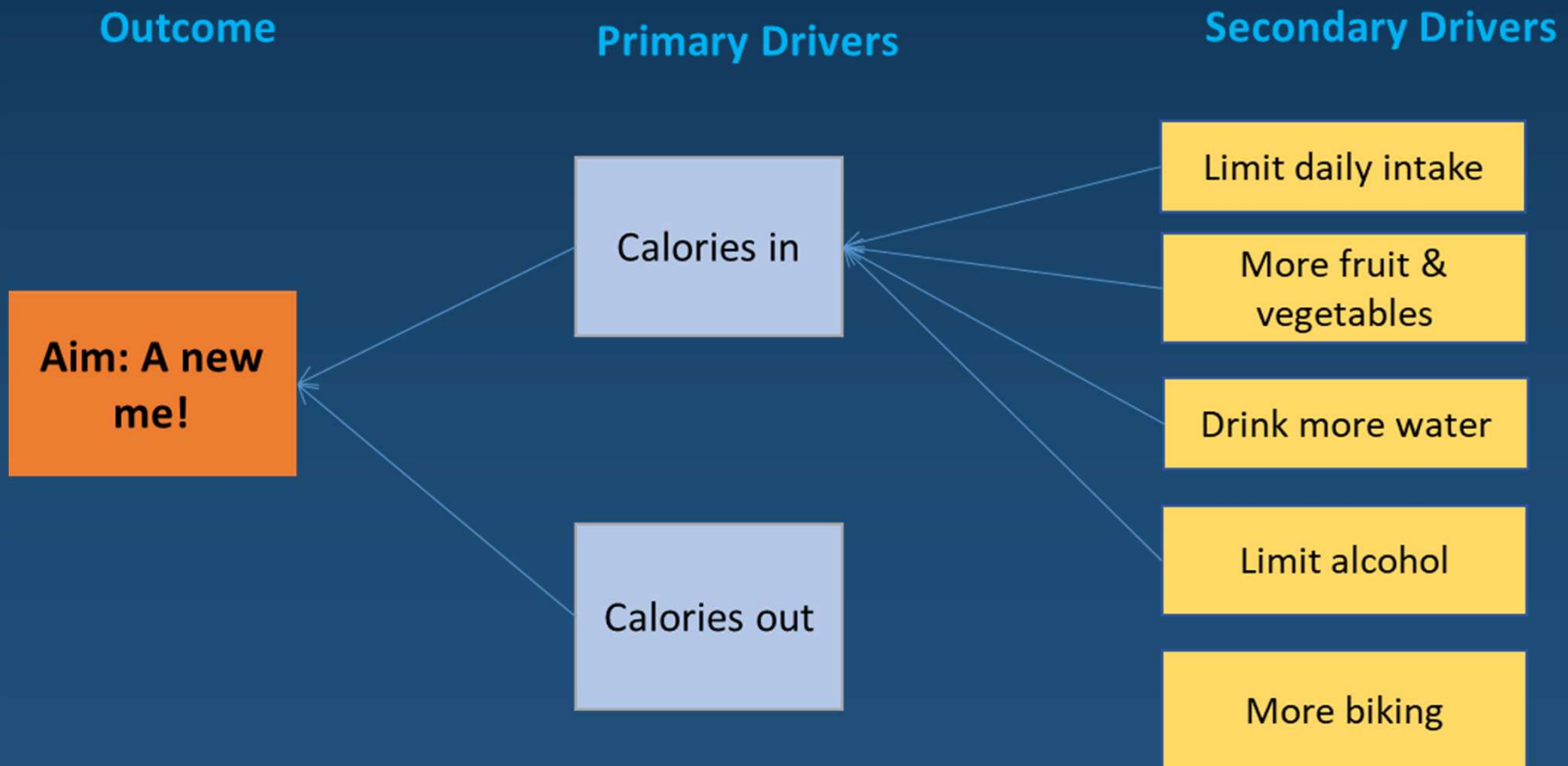
Change that results in improvement, logically has a next step to implement it — meaning, make the change the new standard process in one defined setting

What Are We Trying To Accomplish?



What Changes Can We Make?

- Driver Diagram for Weight Loss



Driver Diagram – Best known Theory of Action

How to get from where we are now to achieve the aim?

If I want to I need to focus on and one way to do that is

↑↓
Outcome

↑↓
Primary
Drivers

↗
Secondary
Drivers &
Changes

What It Takes To Improve

- Will to change the current system –
 - Strong positive leadership and a realistic appraisal of resources and barriers
- Ideas about changes that will improve the system
 - And a theory that links changes to outcomes
- Execution of the ideas
 - And a way to distinguish successful from unsuccessful changes

From “Back to the Basics: Building Essential QI Skills”, Jane Taylor, Ed.D. Michael A. Posencheg, MD , @ IHI Forum

Let's take a look at a completed PDSA cycle

PDSA Example: Review gaps-in-care report during team huddle

- PLAN
 - On Tuesday afternoon, PCA will run gap-in care report for patients with appointment for next day
 - On Wednesday morning, MD, MA, LPN, and front desk clerk on green team will huddle at 8:00 AM
 - The team will take note of gaps to be addressed and make a plan for addressing them
 - Data collection: Did meeting take place, If yes, how long (minutes), # gaps identified, # gaps addressed
- DO
 - Test ran as planned
 - Huddle took 15 minutes
 - Long line of patients waiting for clerk after the huddle
 - 3 walk-in appointments that were scheduled the night before that weren't on the report
 - 6 patients had gaps to be addressed; 3 had gaps addressed

PDSA Example: Review gaps-in-care report during team huddle – Cont'd

- STUDY (Results vs. Predictions)
 - The huddle took longer than expected (15 vs 10 min)
 - Only 50% of patients gaps were addressed (vs. 75% predicted)
 - Realized we needed a better system for noting who has a gap and documenting the plan to address it
 - 2 of the patients that were walk-ins also had gaps in care
 - Created a backlog for the front desk clerk
- ACT
 - Repeat the test and use a planning worksheet to assign responsibilities for making sure gaps are addressed (without clerk)
 - MA to scan charts of walk-in patients to review for gaps and do 1:1 huddle with MD to address

Chat Poll

- What Quality Improvement projects (formal or informal) are you working on currently at your practices? (chat in your response)

Poll Question #4

- How often are you and your team meeting to discuss QI initiatives?
 - A. Weekly
 - B. Monthly
 - C. Quarterly
 - D. Bi-Annually
 - E. Annually
 - F. We do not meet.

HPP Commitment to be a Provider/ Member Partner

- HPP strives to be the #1 trusted health plan in the tristate area
 - Focus on improving member satisfaction scores and elevating members' experience with their health plan and their providers.
 - HPP believes patients need to be able to trust their providers
- HPP is committed to working collaboratively their partners by investing in trainings and programs for their in-network providers



<https://www.healthpartnersplans.com/providers/training-and-education/satisfaction>

Questions?

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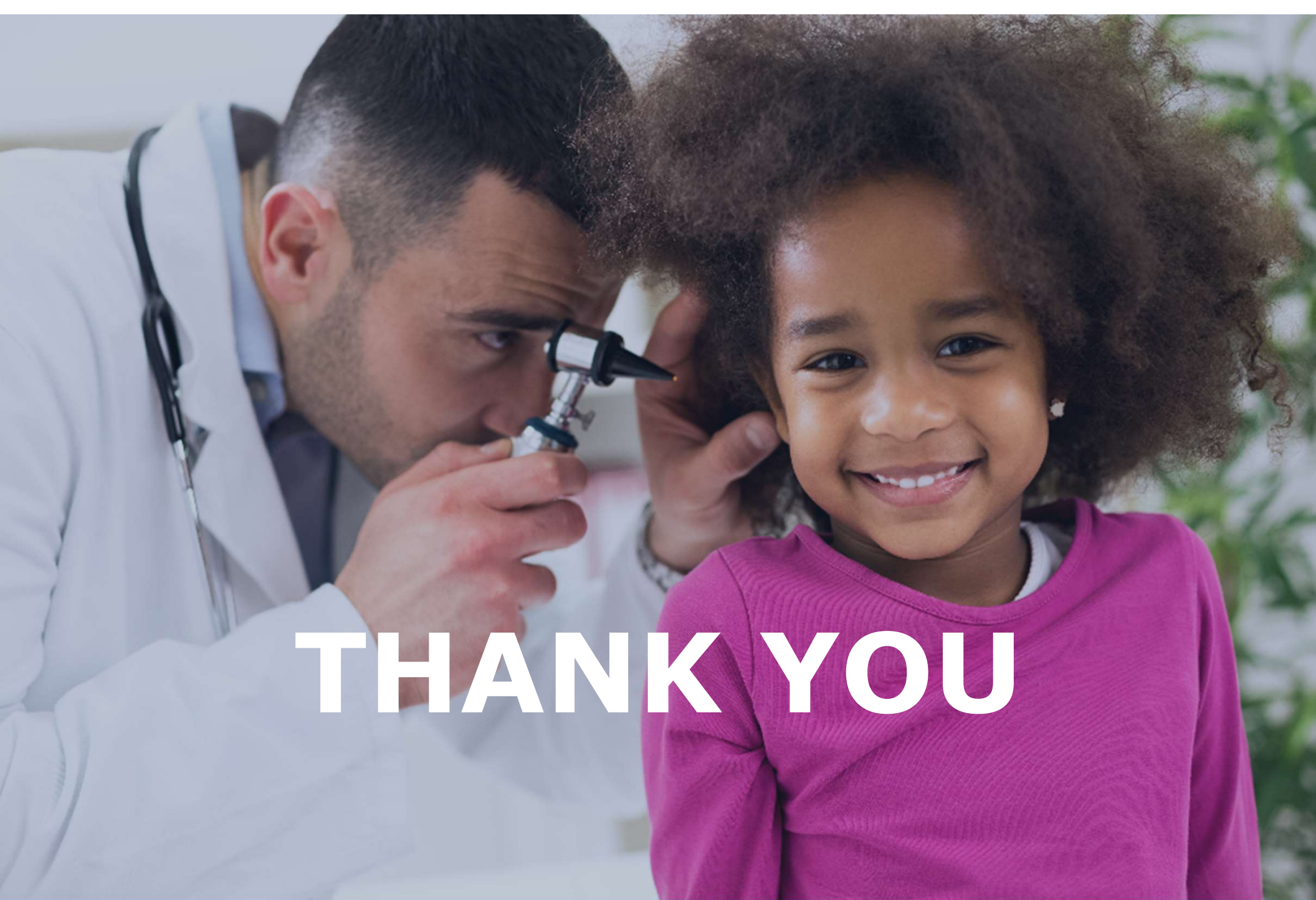
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THANK YOU

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Model For Improvement Worksheet – Page 1

MODEL FOR IMPROVEMENT	TEAM:	CYCLE:	DATE:
	PDSA NAME:		
	OBJECTIVE(S) FOR THIS PDSA CYCLE		
PLAN			
Questions:			
Plan for Change or Test: who, what, when, where.			
Plan for Collection of Data: who, what, when, where.			
Predictions (quantifiable):			

Model For Improvement Worksheet – Page 2

DO: carry out the change or test; collect data and begin analysis.

STUDY: complete analysis of data; compare results to predictions. Summarize what was learned.

ACT: are we ready to make a change? Plan for the next cycle.