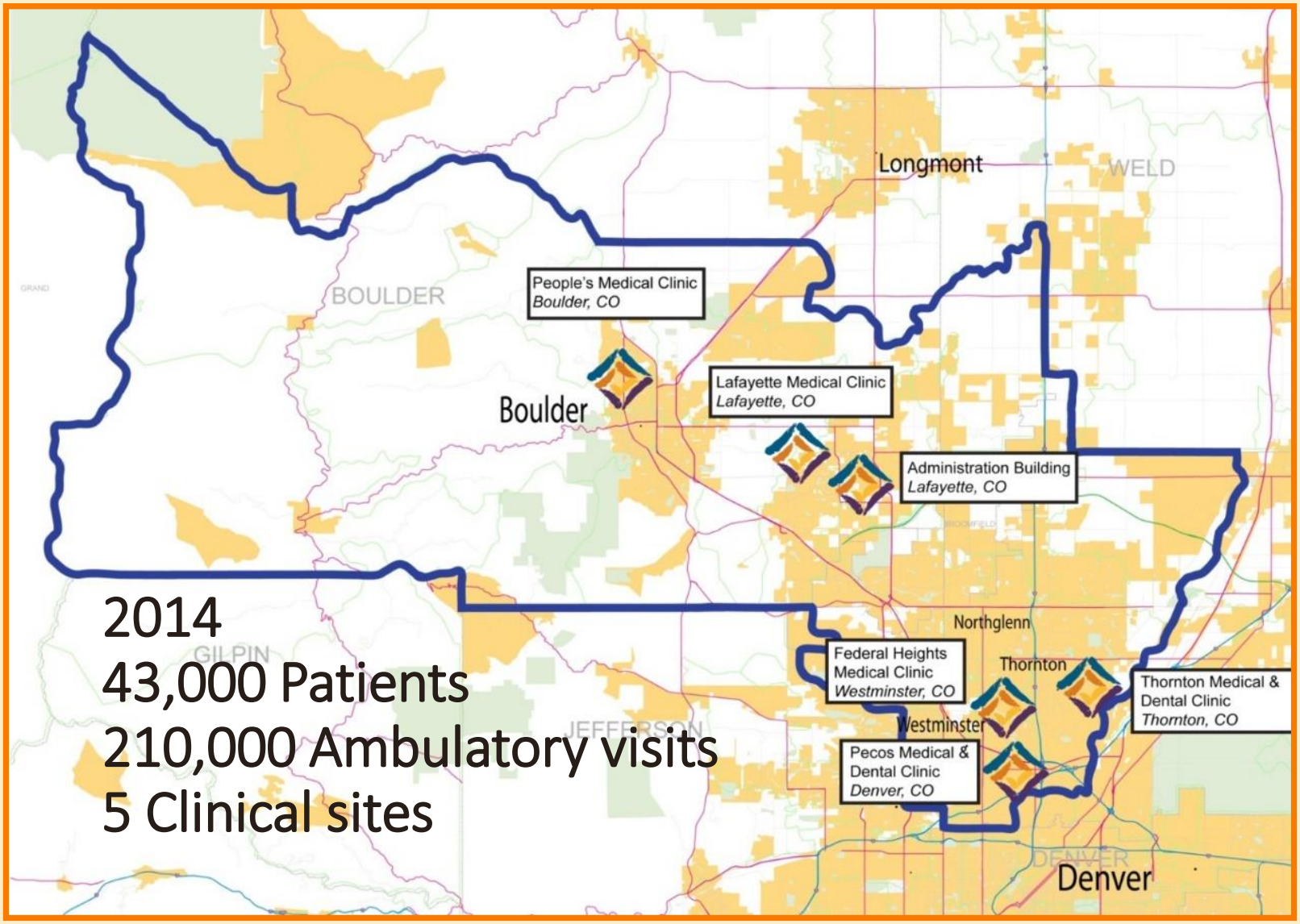
Maximizing Innovation Minimizing Variation

Quality Improvement

Carolyn Shepherd, M.D.

Clinica Family Health Services



Clinica Family Health Services

- 30% uninsured
- 60% Medicaid
- 56% < Poverty
- 98% < 200% of Poverty
- 60% prefer to speak in a language other than English

Clinica Family Health Services

- 46 Physical Health Providers
- 14 Behavioral Health Providers
- 8 Dental Providers
- Clinic in the Homeless Shelter and Mental Health Center
- 2 Full Pharmacies, 2 Pharmacy Outlets
- 2 Schools of Pharmacy providing medication therapy mgmt
- Total Staff of 439
- Admit to 2 community hospitals

Clinical Family Health Services

Integrated team based care model

- Primary medical care
- Primary dental care
- Integrated behavioral health care
- Integrated clinical pharmacy services
- Integrated nutrition services

Clinica Family Health Services

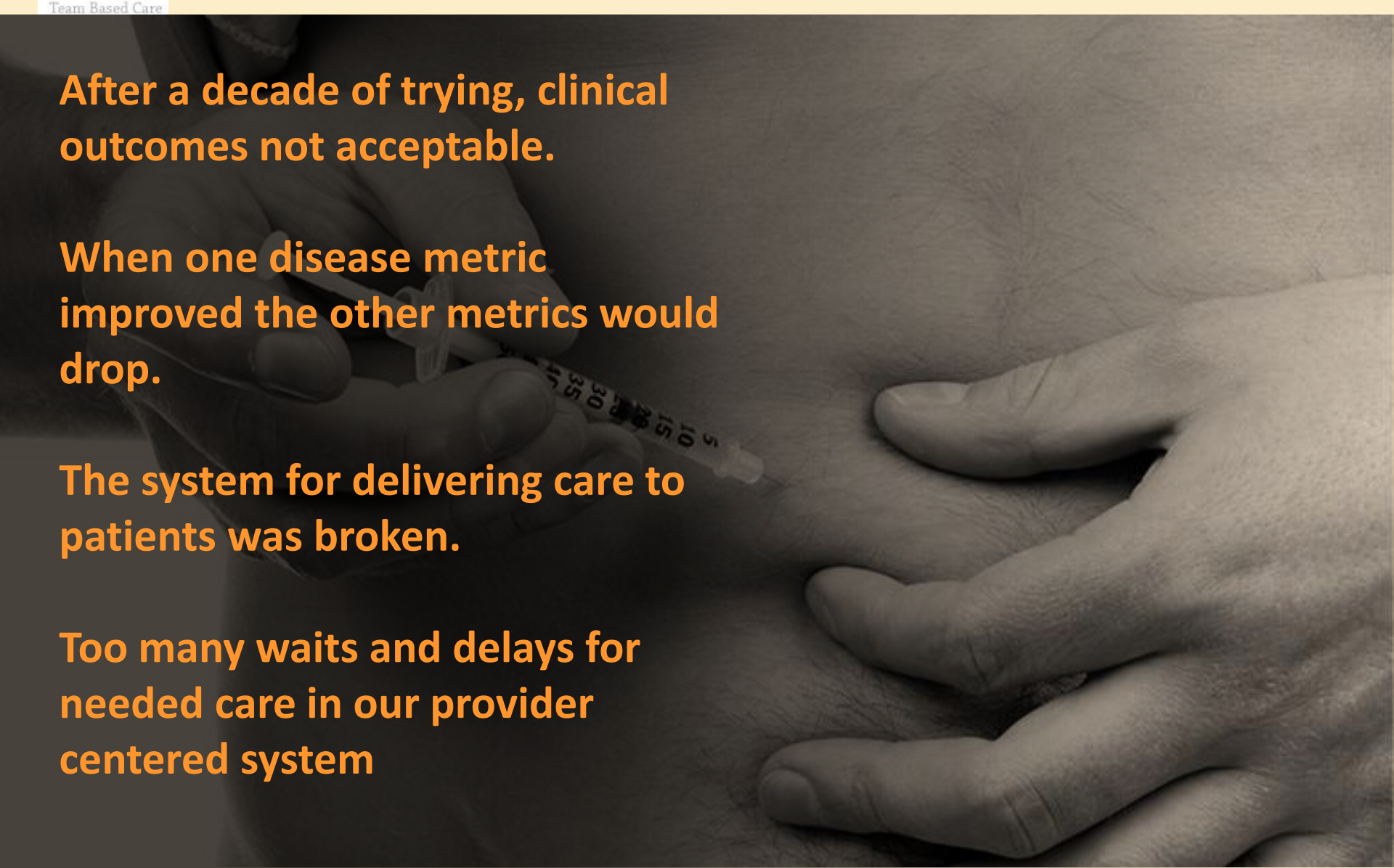
NCQA Diabetes
2011/2014

NCQA PCMH Level 3
2010/2013

Joint Commission
Accredited
since 2002

2015 HRSA Audit
Perfect Score

Chronic Care Outcomes at Clinica 1998



After a decade of trying, clinical outcomes not acceptable.

When one disease metric improved the other metrics would drop.

The system for delivering care to patients was broken.

Too many waits and delays for needed care in our provider centered system

IHI Model for Improvement

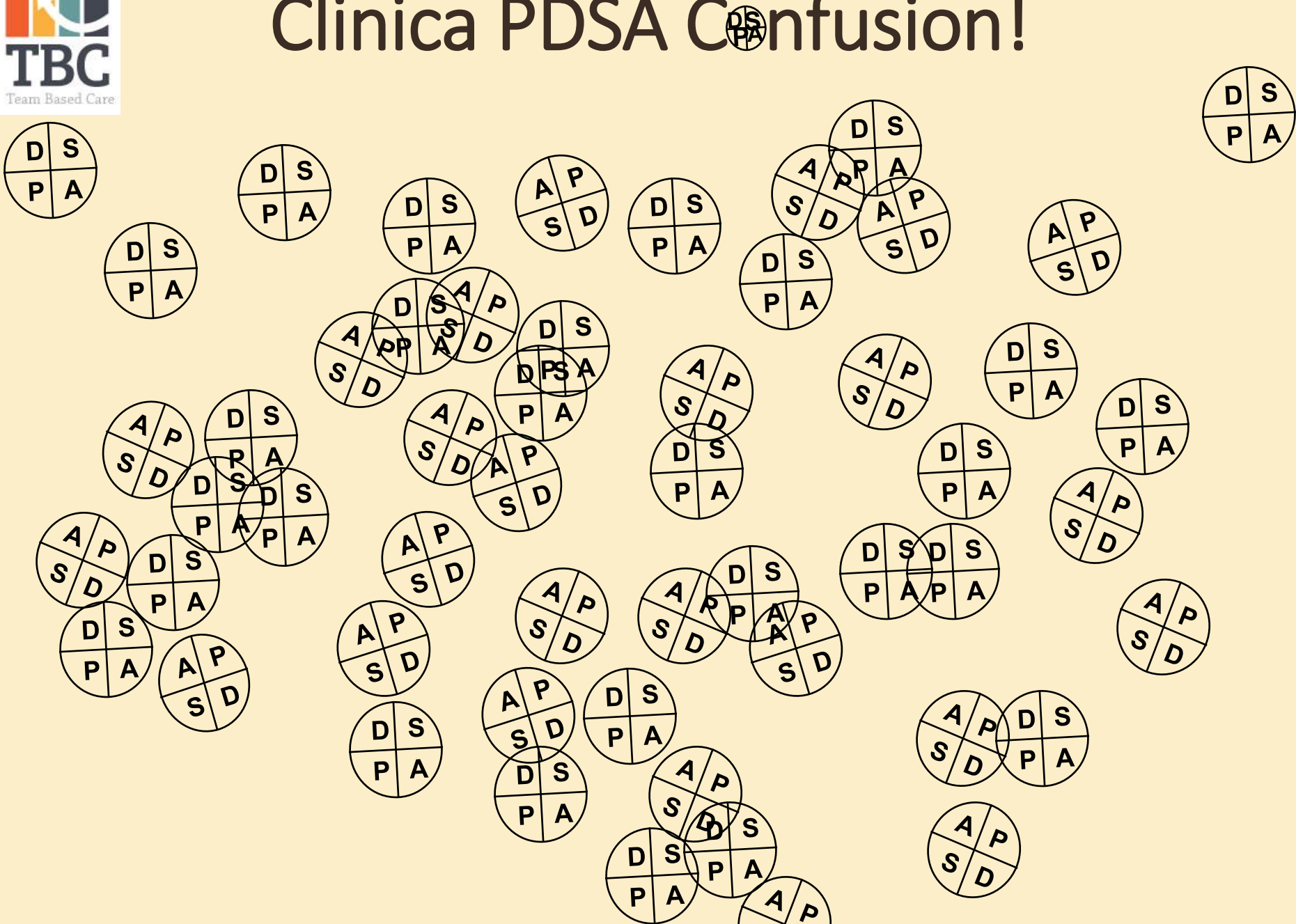
Setting Aims
Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures
Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes
All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

Testing Changes
The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

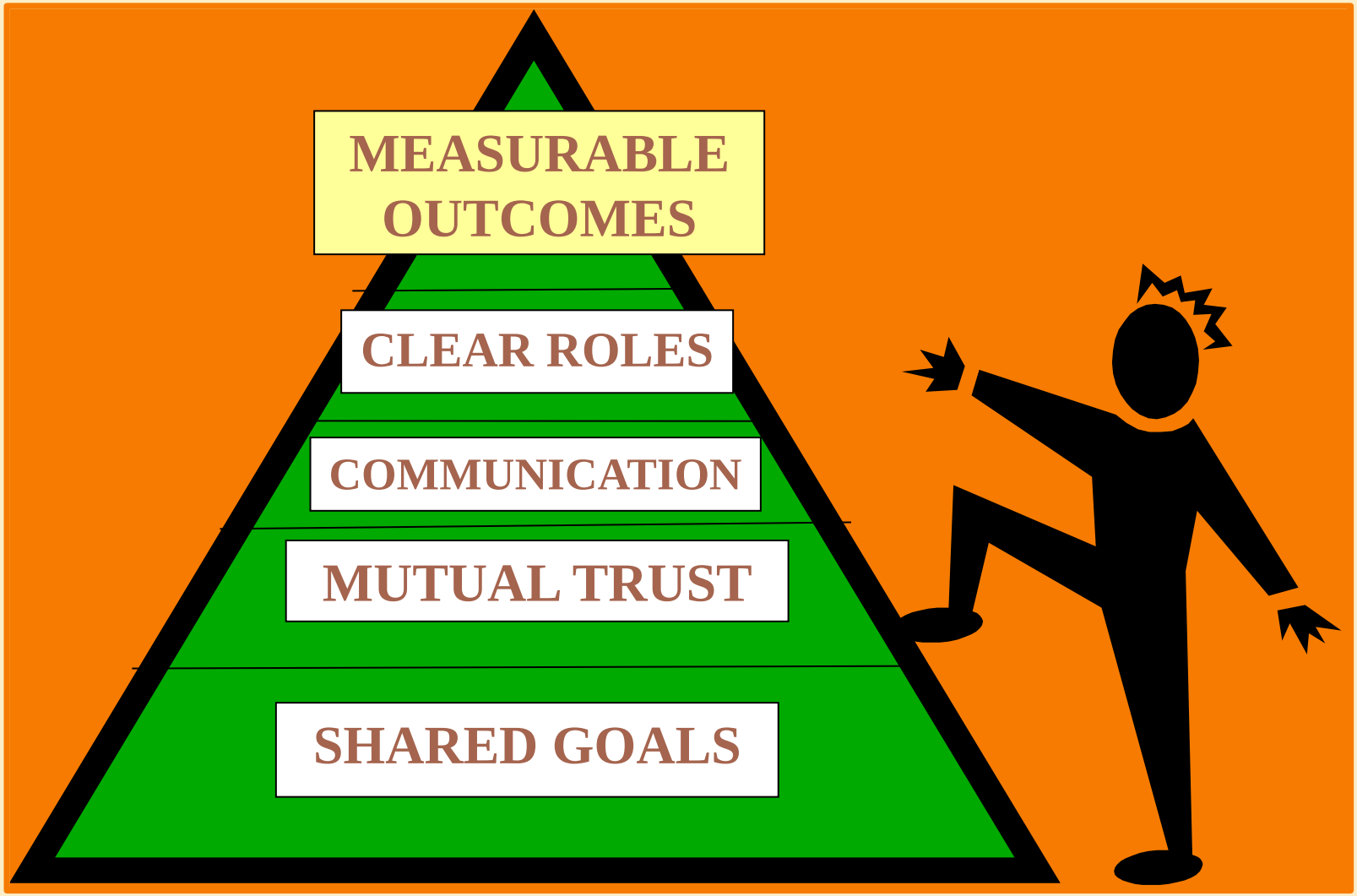
Clinica PDSA Confusion!



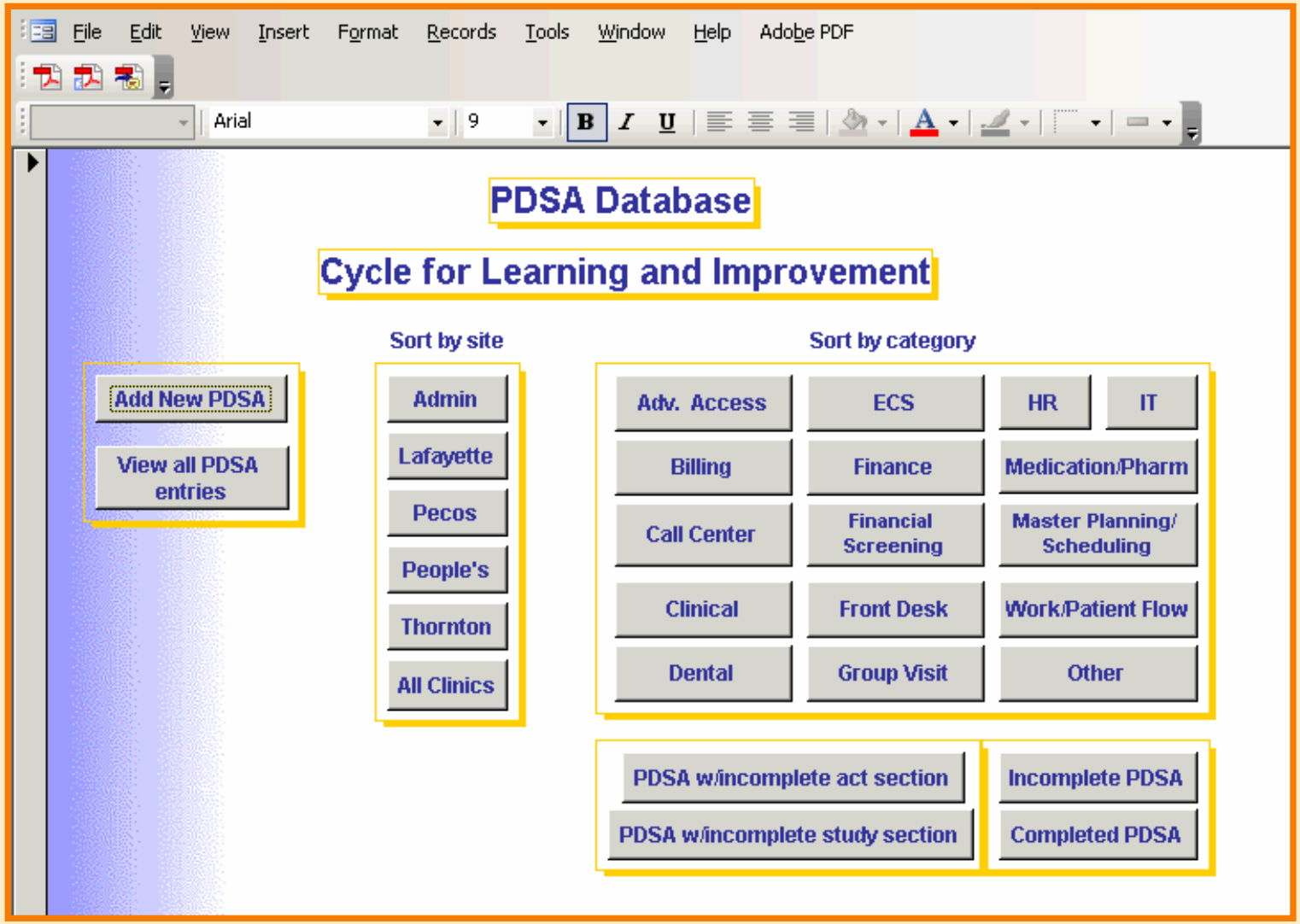
Create a Quality Habit

- Choose a methodology that works for you
  - Practice makes perfect
- Integrate methodology into organizational culture
  - Democratize the process-share the process and lingo
- Leadership role in spread and sustaining

Optimizing Teams During Change



Coordinating Team Learning



Simplify Documentation of PDSA

PDSA: Cycle for Learning and Improvement

id 36

Title of PDSA Cold/Flu Cluster Visit III

date 2/4/2008

category Group Visits *first name* Judy *last name* Detweiler

job title clinic director *site* Pecos *supervisor first* Tom *last* Littleton

PLAN

Plan: Describe the issue

Issue: how do we manage the incresed demand for appts during cold/flu season? Plan: Clinic will hold cold/flu DIGMA visits a minimum of 3 times a week during cold and flu season.
After PDSA II staff involved in cluster met and discussed the cluster to determine areas of improvement, following are the meeting comments:
1) Flow of colf/flu cluster is very smooth and provdiers are very satisfied with the cluster.
2) Pt satisfaction still needs measures. Form created, but needs translated in order to distribute.
3) The cluster offers a good solution to the high demand for acute appts during cold/flu and suggestion was to have one each day. It was decided that all nurses and additional support staff would get trained in the cluster and additional clusters would be added as staff are trained.

Plan: List your questions

Can we get the staff pulled away from the clinic to train on cluster?
Do pts feel satisfied with cluster visit?
Can we do a cluster every day and staff the visit appropriately?

Plan for change

who Angie, Delfina, MA and provider

what cold/flu cluster

when Friday 2/8/08

where Large GV room 1st floor

Plan for data collection

who Judy

what No show rate
No show rate, staff satisfaction, pt satisfaction,

when 2/8/08

where 1st floor GV room

DO

Carry out the change or test and collect data/benefit analysis

1) Distribute pt survey to all pts
2) Survey staff after GV. Check with provider to see if having younger kids makes group flow difficult
3) Calculate no show rate
4) Extra nurse in visit to train on cluster flow and documentation

STUDY

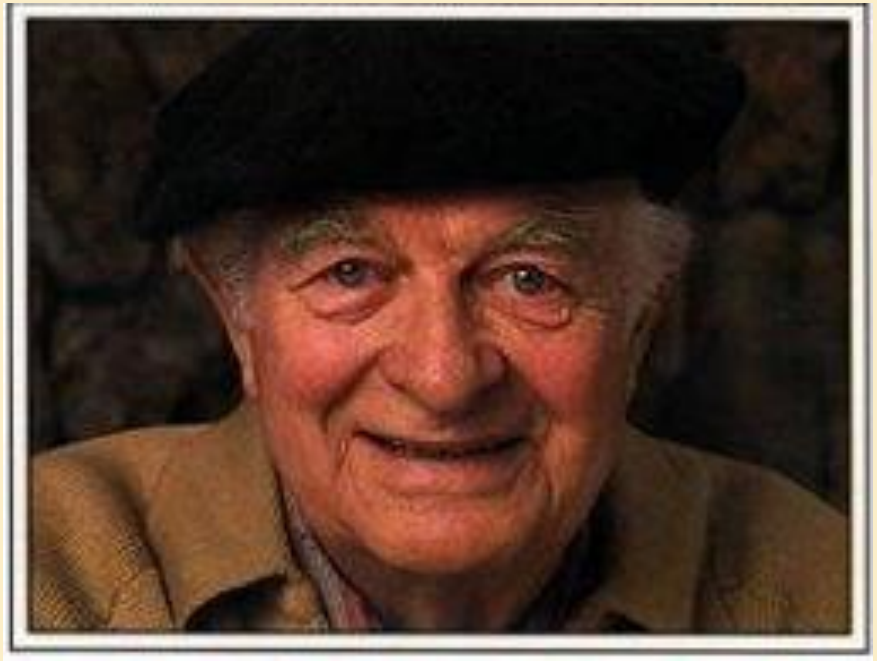
Complete data analysis and summarize what

1) Pt satisfaction survey done on a total of 21pts over 3 different cold/flu cluster visits. 100% of the pts surveys responded that their needs were met by the cold/flu cluster visit.
2) Staff satisfaction survey completed with all employees involved in the cold/flu cluster process. Following are the results fo

Optimize PDSAs to Test Changes

- Choose the right SMALL tests
  - Leadership oversight of the process
  - Involve staff who do the work and patients when it is appropriate
- Make your best prediction
- Schedule time to study
- Learn and share learning from every PDSA
  - A failed PDSA is just succeeding in learning what doesn't work!

“The secret of having good ideas is to have a lot of ideas and throw all the bad ones out!”



Linus Pauling

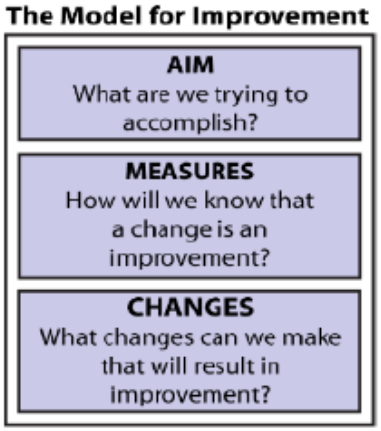
Common PDSA Errors

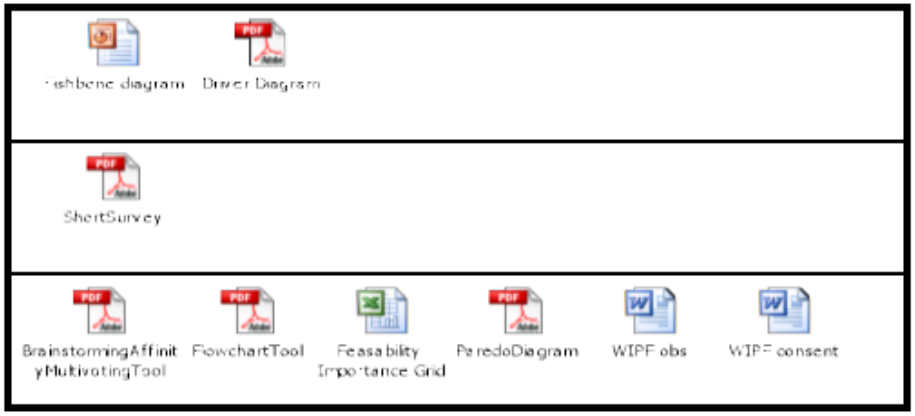
- Too much in one PDSA
  - EHR upgrades, ICD10, reporting UDS
- Using PDSAs for information gathering
  - E.g. collect no-show data
- Using PDSAs to complete tasks on the project
  - E.g. find a group visit curricula for diabetes groups
- Using PDSAs for implementation
  - Staff confusion about what is a test/change

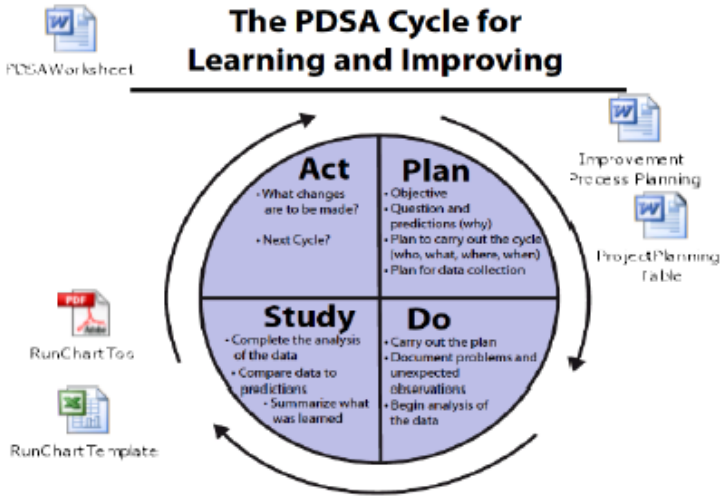
Key QI Infrastructure

1. Formal process for oversight
   Intradepartmental vs interdepartmental
2. Review of prior PDSAs
   Critical for shared learning, must have central access
3. Completion with summary of results
   Required at the time the PDSA is started
4. Leadership decides which changes to spread
   Requires authority to change course
5. Have a change process for both spreading and sustaining change

Cambridge Health Alliance







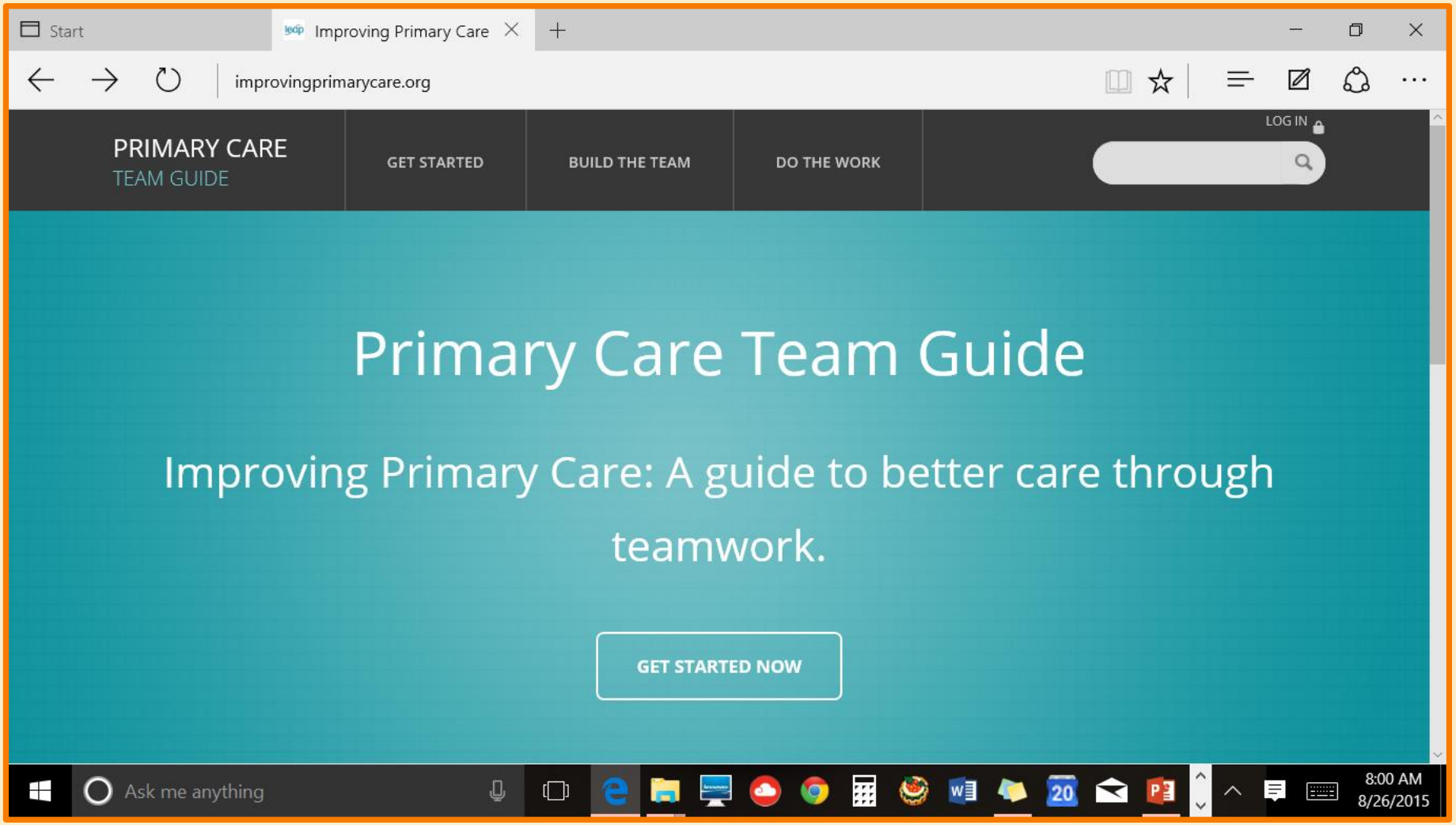
Video Links (must view as slideshow to access hyperlinks):

Model for Improvement 1 Model for Improvement 2

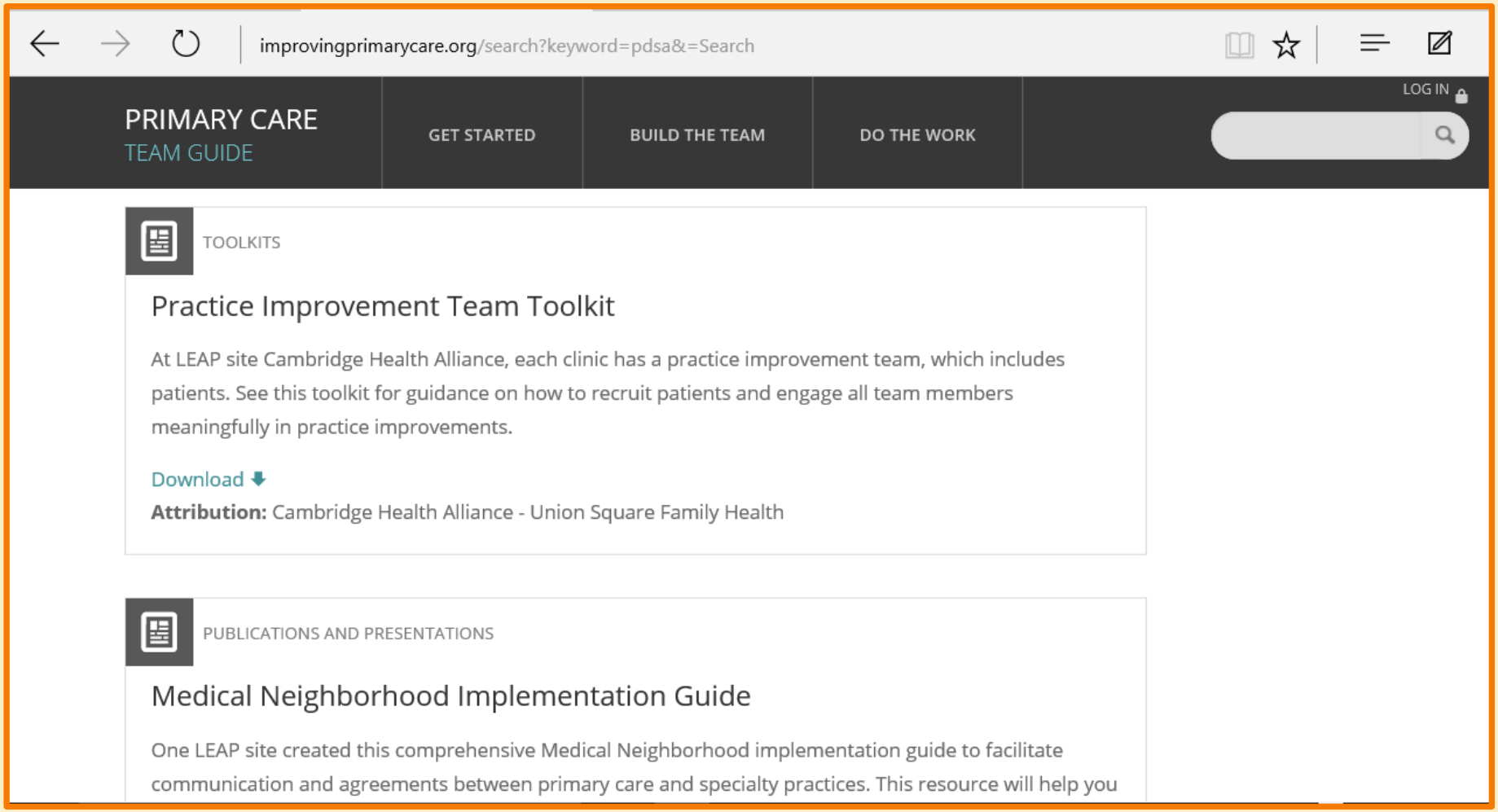
PDSA 1 PDSA 2 PDSA Template

Data/Reporting Tools	
Medical Home Reports	http://staffnet/Reports/ClinicalAmbulatoryMedicalHome.asp
Ambulatory Quality Goals	http://staffnet/Reports/Clinical/ProviderandGroupProfiles/CurrentProfiles/PrimaryLevel1.pdf
Epic Reporting Workbench	Workbench tips

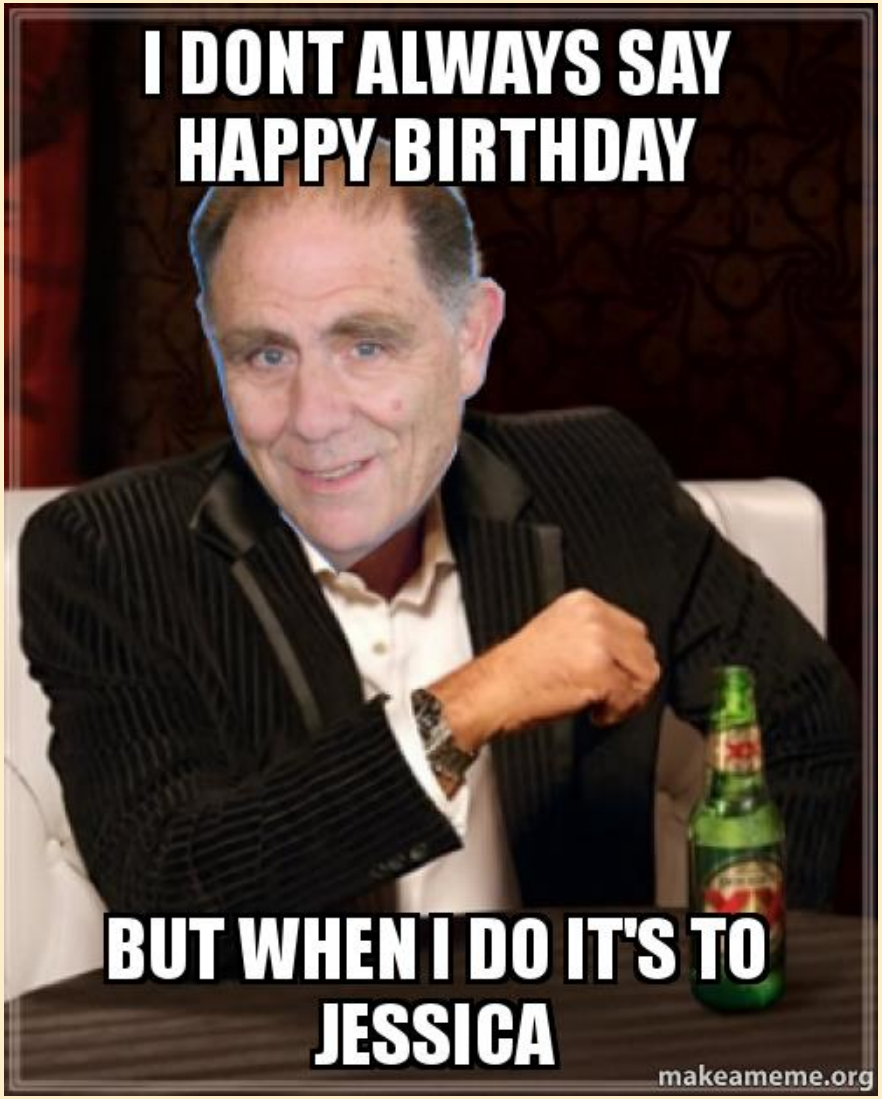
Improvingprimarycare.org



Improvingprimarycare.org



A most interesting man…



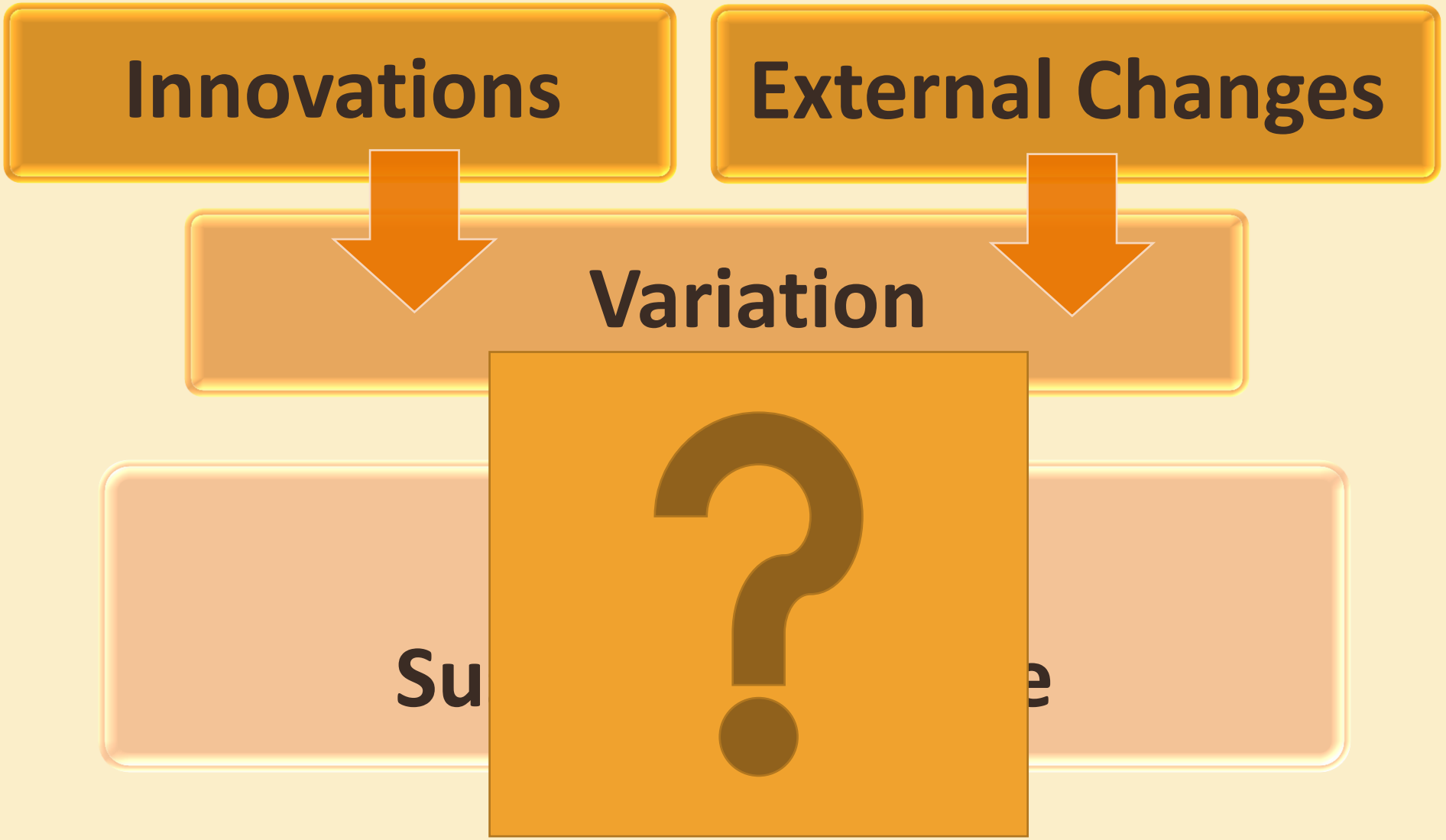
It’s elementary!

Marisa Garza, 5, working on an assignment at Riverside Elementary School in Menomonee Falls, Wis. The board behind her encouraged the "plan-do-study-act" problem-solving cycle.

Andrew Nelles for The New York Times

NY Times 5-12-15

Variation in primary care organizations



Variation in Primary Care Practices

- Access, designer schedules
- Team makeup, panel size
- Workflows
- Variation in care algorithms
- Data use
- Innovation that stays local

Managing the Appetite for Innovation

Challenge: Innovation leads to variation

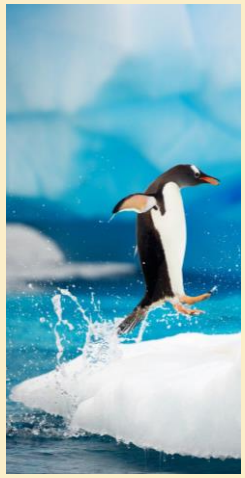
- Leadership aligns tests of innovation with mission
- The best innovations comes from those doing the work and those experiencing the output (the patients!)
- Only leadership can prevent disruptive *variation*
- Spread and sustain accountability belongs to leadership

Change Management

- Managing in the 21st Century Drucker
- Fifth Discipline Senge
- HBR 10 Must Reads On Leadership
- The Power of Habit Duhigg
- Switch Heaths
- Drive Pink
- Leading Change Kotter
  - Changing behavior
- Managing Transitions Bridges
  - Systems change
  - People transition from what they know to what is new

Change Management- its all about behavior

1. Establishing a sense of urgency by identifying potential crises/opportunities
2. Putting together a powerful team to lead change
3. Creating a vision
4. Communicating the new vision, strategies, and expected behavior
5. Removing obstacles to the change
6. Recognizing and rewarding short-term successes
7. Identifying people who can implement change
8. Ensuring that the changes become part of the institutional culture



Kotter

Change Management: 4 P's

- Agreement that there is a **P**roblem
  - Do the homework
- Paint a **P**icture (vision) of how it could be
- Have a well thought out **P**lan
  - Build trust, constructive conflict, commitment
- Describe what **P**art each person plays
  - Next Tuesday when you come to clinic…
  - Essential for both early and late adopters

Bridges

Two Critical Competencies

Innovation in Primary Care

1. Look for evidence to improve process
2. Optimal innovation habit for improvement

Change Management in Primary Care

1. Spreading change, taking it to scale
2. Sustaining change

Questions?