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Making the Case for Quality: How to Engage Clinical Staff in QI Activities

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Objectives:

- Understand the importance of quality improvement activities in today's health care environment
- Identify common barriers to implementing quality improvement activities in physician practices
- Assess the level of readiness within your practice to initiate quality improvement activities
- Engage your team in planning and implementing successful quality improvement projects within your practice

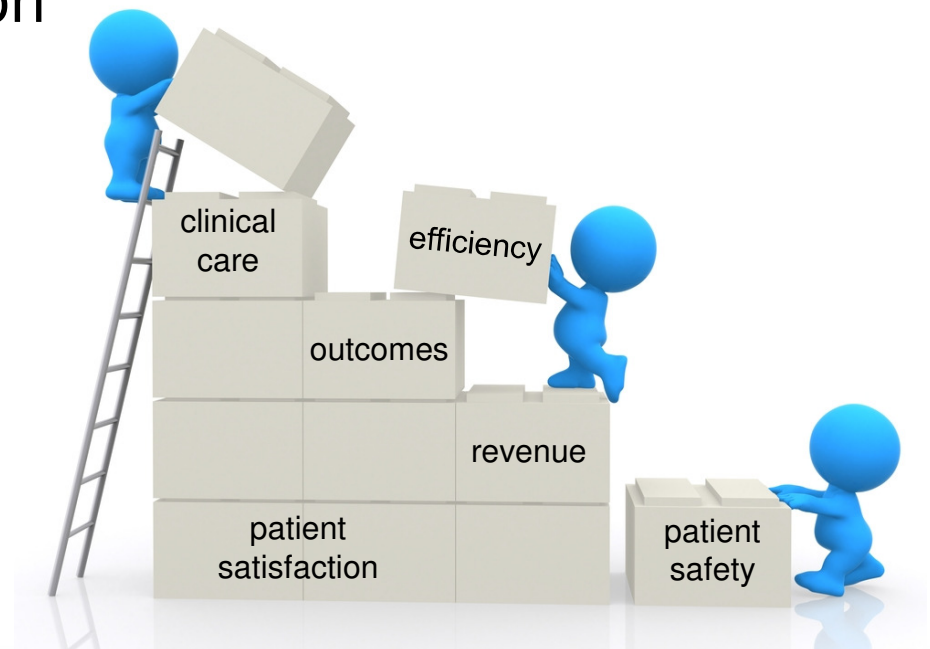
Quality Improvement in Primary Care

- >> Primary care accounts for a smaller share of health care expenditures and represents the main access point to health care
- >> Medical home model holds tremendous potential for improving preventive care, influencing patient trajectories of care and health status, preventing hospitalizations, reducing costs, and improving population health
- >> Developing a QI infrastructure focused on strengthening primary care will bring considerable benefits



Benefits of Building a QI Infrastructure

- >> Improve clinical care and outcomes for patients
- >> Improve efficiency in your practice
- >> Increase revenue through enhanced payments or performance-based incentives
- >> Improve patient satisfaction
- >> Enhance patient safety



What Gets Measured, Gets Improved

Or, what gets included in pay-for-performance programs gets improved; for example:

- >> CMS Stars rating program
- >> 4-Star and 5-Star plans rose 40 percent in 2014 to 45 percent in 2015
- >> Medicare Advantage plan enrollment increased 60 to 70 percent
- >> 2015 *State of Health Care Quality Report* showed some HEDIS measures with improvement over commercial/HMO plans

Source: NCQA State of Health Care Quality Report, 2015.



Barriers to QI



Source: AHRQ. *Building Quality Improvement Capacity in Primary Care; Supports and Resources.*
<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/capacity-building/pcmhqi2.html>



Common Barriers to Implementing QI

- >> Competing demands and priorities
- >> Insufficient QI skills, knowledge and expertise
- >> Lack of communication and feedback
- >> Not understanding the financial impact of QI activities
- >> Staff turnover
- >> Challenges with access to accurate and timely data
- >> Multiple QI programs from payers
- >> QI activities interfere with care delivery
- >> *“I can’t personally make a difference”*
- >> Lack of provider or leadership engagement



Overcoming Barriers

- >> Make QI an actionable priority
- >> Communicate
- >> Share knowledge
- >> Brainstorm and problem solve – non-judgmental
- >> Training and education
- >> Not everybody has to be right.....*agree to disagree*
- >> Everyone has to be open to other's ideas
- >> Schedule and respect QI time – allocation of resources



Overcoming Clinician Barriers

- >> Focus on clinician engagement early
- >> Focus on a common purpose
- >> Connect the QI project to real issues
- >> Avoid spending too much time on QI theory and process – focus on results
- >> Be mindful of clinician's time
- >> Provide data that is relevant to the clinical topic
- >> Be a partner with the clinician



Audience Exercise



IHI Video – Dr. Goldman on QI

<https://www.youtube.com/watch?v=c1IQ81J70rk&feature=youtu.be>



What is Needed to Get Started?

- >> Practice Leadership
- >> Adequate Resources
- >> Readiness to Change
- >> Time
- >> Motivation
- >> Knowledge



QI is a Team Process

Teams harness the knowledge, skills, experience and perspectives of different individuals to make lasting improvements

- >> More than one discipline or work area needed for a holistic view
- >> Allows creativity
- >> Enhances employees' commitment and buy-in



Building the QI Team

- >> Team Leader – *focus on the task and keep team motivated*
- >> Facilitator – *focus on the process and keep meetings on track*
- >> Subject matter experts – *offer knowledge of the process*
- >> Clinical advisors – *physician, mid-level or nursing staff*
- >> Technical experts – *assist with process workflows, IT needs, data, reports, etc.*
- >> Other staff – *passionate and enthusiastic project volunteers*
- >> Patients/caregivers



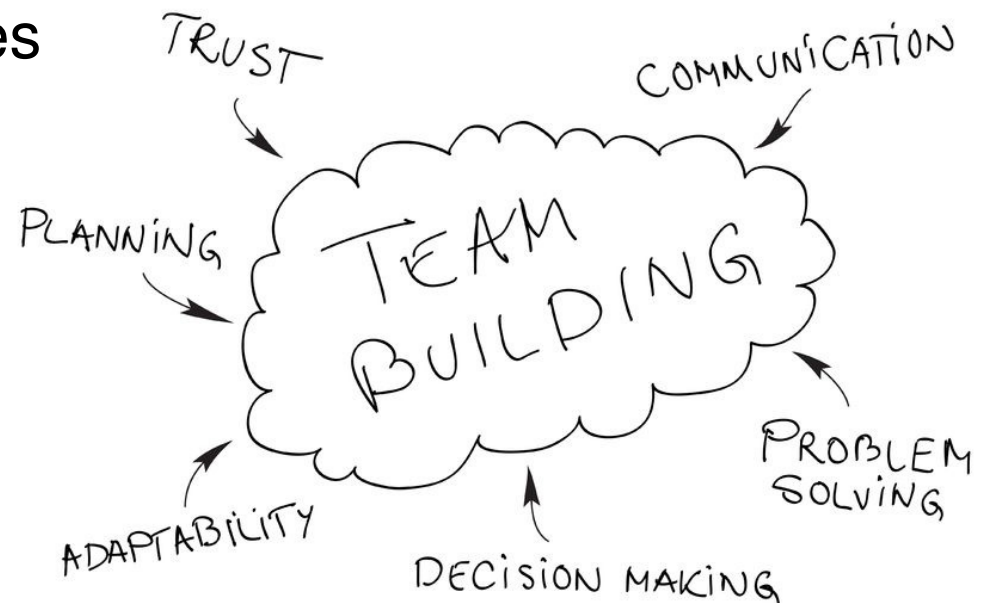
Team Responsibilities

- >> Come prepared to the meetings
- >> Gather ideas and feedback from co-workers/other departments
- >> Communicate results back to the staff and incorporate into PDSAs and workflows
- >> Monitor improvement efforts
- >> Stay positive and focused



Engagement Through Teambuilding

- >> Communication
- >> Problem Solving or Decision Making
- >> Planning
- >> Trust Building
- >> Team Building Exercises

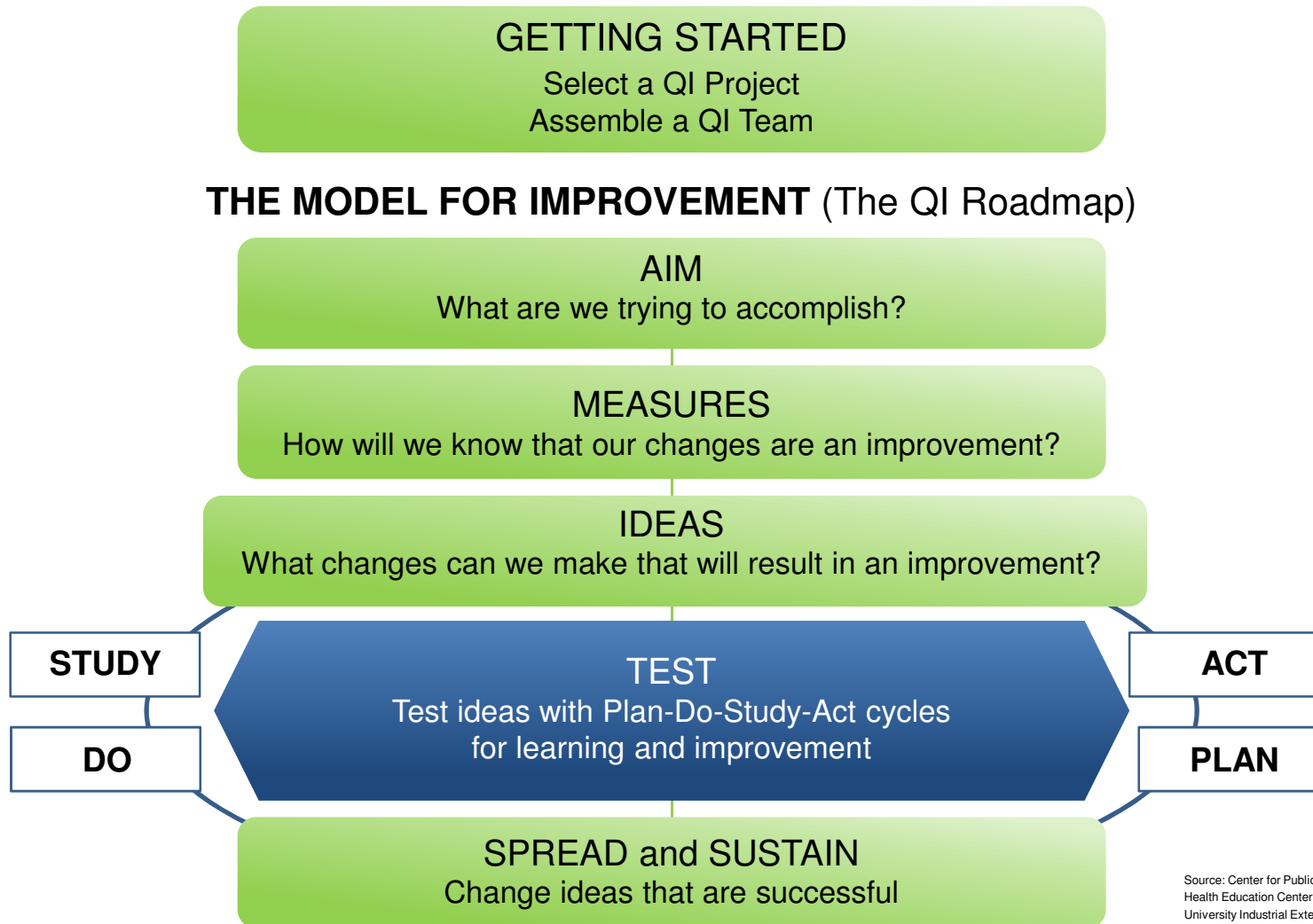


Methods of Improvement

HFMEA
SixSigma Lean
BALDRIDGEISO9000
RootCauseAnalysis
PDSA ZeroDefects
TQM



Model for Improvement



Source: Center for Public Health Quality, Charlotte Area
Health Education Center, North Carolina State
University Industrial Extension Service and IHI



Plan Do Study Act (PDSA)



PDSA

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds

Do

Describe what actually happened when you ran the test

Study

Describe the measured results and how they compared to the predictions

Act

Describe what modifications to the plan will be made for the next cycle from what you learned



Data Collection for Clinical Processes

- >> Accurate
- >> Real Time
- >> Relevant
- >> Transparent



Source: AAFP. A Team Approach to Quality Improvement. <http://www.aafp.org/fpm/1999/0400/p25.html>



Data Questions to Keep in Mind...

- >> What population are you studying?
- >> What defines the population you are studying?
- >> Are you interested in values (such as lab results) or data points (such as the number of tests performed)?
- >> What time frame are you examining?
- >> What is the source? EHR or registry? Manual collection?
- >> How frequent of collections and reporting?
- >> How will the data be displayed and communicated?



The Role of Health Information Technology

- >> Electronic Health Records (EHRs)
- >> Patient Registries
- >> Decision Support Systems
- >> Health Information Exchange (HIE)



Culture of Engagement and Improvement

- >> Involves hands-on, continuous work to assess areas for improvement and to undertake new and varied initiatives to improve outcomes
- >> Engage in opportunities that produce "small wins" that build confidence and promote positive reinforcement for QI work
- >> As a practice increases its belief in capacity for change, promoting a culture of practice change will follow

Source: AHRQ. Building Quality Improvement Capacity in Primary Care; Supports and Resources.
<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/capacity-building/pcmhqi2.html>



Summary

- >> Health care will continue to change
- >> Clinicians are key to leading transformation
- >> Physician reimbursement changing – all payers
- >> Practices must adapt and transform to new care delivery and payment models
- >> QI is a process that helps practices adapt and transform
- >> Focus on patient care, teamwork and data to develop your systems and processes



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Center for Public Health Quality, Charlotte Area Health Education Center, North Carolina State University Industrial Extension Service and IHI

You Tube: IHI and Dr. Goldman on QI

