Practice Transformation

Lessons learned and effective tools for quality improvement and clinic efficiency

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Practice Transformation

“The US health care system is at a dramatic crossroad. The current model, based on volume rather than value, is unsustainable. The alternative is a system that fosters a shared sense of responsibility for cost, quality, and service.”

Source: Gill, J.M. & Bagley B., 2013
About us

- Christen - Health Informatics
- Kelly - Health Systems
- Kristina - Family Planning

CDPHE Projects:
- Clinic quality improvement project for chronic disease
- Family planning clinic efficiency
About you

- Representing local public health?
- Representing primary care?
- Are on the care team (clinician, medical assistant)?
- Are an administrator?
- Familiar with quality improvement?
- Familiar with clinic efficiency?
- Familiar with practice transformation?
What is practice transformation?

- Practice transformation (PT) is the continuous process of bringing systems in a physician practice to fully support quality improvement and patient-centered care.
- Supports team-based models of care delivery that involve:
  - Goal-setting
  - Leadership
  - Practice facilitation
  - Workflow changes
  - Measuring outcomes
  - Adapting organizational tools and processes

Source: Adapted from “Natural History of Practice Transformation: Development and Initial Testing of an Outcomes-Based Model.” Ann Fam Med May/June 2013 vol. 11 no. 3 212-219.
Role of public health in PT

- Mobilize community partnerships and action to identify and solve health problems
- Align and leverage resources to increase the health of patients in the community clinic serves
- Implement targeted quality improvement and clinic efficiency activities
Need for practice transformation

● Models of Care Changing
  ○ PCMH, ACOs, Bundled Payments
● Maintain/improve quality of care and meet patient needs
● Improve population health outcomes
● Funds increasingly tied to productivity and clinical outcomes
Benefits of practice transformation

- Fosters change
  - Improved satisfaction, reduced costs, improved quality of care

- Provides evidence of program success

- Disseminates ideas and strategies that are effective

- Improves outcomes
  - Clinical, customer and staff satisfaction

- Increases efficiency
  - Streamline systems, eliminate waste and control cost

- Builds sustainability
  - Increases opportunities for partnerships and funding

Source: Family Planning National Training Centers, Introduction to Quality Improvement for Family Planning, 2015
Accelerators of practice transformation

1) Demonstrating effective leadership
2) Integrating data systems to support performance management
3) Building robust improvement infrastructure
4) Engaging providers and community stakeholders in care redesign
5) Leveraging payment models to achieve clinical and financial targets
Today we’ll cover

● Best practices and lessons learned accelerators from public health lens
● Toolkits and resources you can follow
● Programs supporting clinics with PT in Colorado
1. Demonstrating effective leadership
Demonstrating effective leadership

- High-impact leadership behaviors

<table>
<thead>
<tr>
<th>Person-centeredness</th>
<th>Be consistently person-centered in word and deed</th>
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<tr>
<td>Front line engagement</td>
<td>Be a regular authentic presence at the front line and a visible champion of improvement</td>
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<td>Relentless focus</td>
<td>Remain focused on the vision and strategy</td>
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<td>Transparency</td>
<td>Require transparency about results, progress, aims, and deficits</td>
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<tr>
<td>Boundarilessness</td>
<td>Encourage and practice systems thinking and collaboration across boundaries</td>
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Demonstrating effective leadership

- Best practice
  - Identify a clinic champion for area of focus
  - Create clear roles and responsibilities
Success story & your turn!
2. **Integrating Data Systems to Support Performance Improvement**
Integrating data systems

● Our love-hate relationship with data
  o When it’s right, it’s easy and truly helpful.
  o When it’s not (and often it’s not), it’s a pain!
Integrating data systems

● Best practice - Know where you are and where you’re going
  o Assessment and feedback are critical to:
    ▪ Knowing your clinic’s strengths and weaknesses
    ▪ Making changes that stick (especially with staff turnover)
    ▪ Knowing what’s working and what’s not through implementation process
Integrating data systems

• Best practice - Create standard processes to:
  o Measure and monitor performance
  o Use a central location (summary screen) and discrete fields to document information
  o Populate and use patient registries
  o Implement provider reminder systems
  o Collect critical information to determine high risk patients
Integrating data systems

• Using data from outside your clinic walls to identify area(s) of community need:
  o Behavioral Risk Factor Surveillance System (BRFSS)
  o Pregnancy Risk Assessment Monitoring System (PRAMS)
  o Colorado’s All Payor Claims Database (CIVHC)
  o Census
  o What else?
  o CDPHE staff can help!
Success story & your turn!
3. Building Robust Improvement Infrastructure
Building improvement infrastructure

- Creating will for improvement
  - Moving from strategy to execution
Building improvement infrastructure

- Transition from episodic to continuous care
- Clear roles and responsibilities for each staff member
- Creating a culture of improvement:
  - $\sqrt{n}$ rule: Square root of staff size is tipping point for creating culture change
Building improvement infrastructure

- What are we trying to accomplish?
- How will we know that change is an improvement?
- What change can we make that will result in improvement?

Assess | Develop/Identify Change | Test | Implement/Control

Plan — Act — Do — Study
Building improvement infrastructure

● Plan-Do-Study-Act Cycle

- Act
  - Objective
  - Predictions
  - Plan to carry out the cycle (who, what, when, where)
    - Plan for data collection

- Do
  - Carry out the plan
  - Document observations
  - Record data

- Study
  - Analyze data
  - Compare results to predictions
  - Summarize what was learned

- Plan
  - What change are to be made?
  - Next cycle?
Building improvement infrastructure

- Clinic efficiency/improvement
- Domains of clinic efficiency:
  - Capacity and demand
  - Staff utilization and productivity
  - Appointment scheduling
  - Clinic flow
  - Evidence-based practices

Source: Family Planning National Training Center for Quality Assurance, Quality Improvement and Evaluation, 2013
Building improvement infrastructure

● Clinic efficiency/improvement: Capacity and demand
  ○ Aim: identify your capacity and match it to your demand
Building improvement infrastructure

- Clinic efficiency/improvement: Staff utilization and productivity
  - Aim: increase clinician support

Source: Family Planning National Training Center for Quality Assurance, Quality Improvement and Evaluation, 2013
Building improvement infrastructure

- Clinic efficiency/improvement: Appointment scheduling
  - Aim: do today’s work today - same day / next day scheduling

Source: Family Planning National Training Center for Quality Assurance, Quality Improvement and Evaluation, 2013
Building improvement infrastructure

- Clinic efficiency/improvement: Clinic flow
  - Aim: move around your patient instead of moving them
  - Aim: start all visit on time, every time
  - Aim: come prepared with all the tools you need

Source: Family Planning National Training Center for Quality Assurance, Quality Improvement and Evaluation, 2013
Building improvement infrastructure

● Clinic efficiency/improvement: Evidence Based Practices
  o Aim: ruthlessly eliminate all unnecessary work and adhere to evidence based practices
  o National guidelines at point of care
  o Chronic disease care team model
  o Decision tools to education patients
  o Patient reminders

Source: Family Planning National Training Center for Quality Assurance, Quality Improvement and Evaluation, 2013
Success story & your turn!
4. Engaging Provider and Community Stakeholders in Care Redesign
Engaging providers & stakeholders

● Internal engagement
  ○ Best practices:
    ▪ All staff (Physicians, MAs, admin staff) should be active participants
    ▪ Having the right people in the room makes all the difference
    ▪ Make your work infectious (Start small with engaged teams)
Engaging providers & stakeholders

● External engagement
  o Community partners
    ▪ Clinics in your community or using same technology
    ▪ Community Health Workers
    ▪ Local Public Health Agencies
      ● Referrals for community services (i.e. lifestyle interventions)
      ● Local leaders in targeted practice transformation (CDPHE toolkit available)
  ▪ Payors/managed care organizations
  ▪ Clinic networks
Success story & your turn!
5. Leveraging Payment Models to Achieve Clinical and Financial Targets
Leveraging payment models

- Transitioning from volume- to value-based payment

- Fee for service
- Pay for performance
- Shared savings
- Shared Risk
- Global payment
Leveraging payment models

- Transitioning from volume- to value-based payment

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<tr>
<th>Volume</th>
<th>Value</th>
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<tr>
<td>Patient satisfaction</td>
<td>Persons as partners in their care</td>
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<tr>
<td>Increase top-line revenue</td>
<td>Continuously decrease per unit cost and waste</td>
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<td>Complex all-purpose hospitals and facilities</td>
<td>Lower cost, focused care delivery sites</td>
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<tr>
<td>Quality departments and experts</td>
<td>Quality improvement in daily work for all staff</td>
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Leveraging payment models

● Organizations offering PT programs in CO
  o ClinicNET
  o Colorado Community Health Network (CCHN)
  o CO Department of Public Health and Environment
  o Colorado Rural Health Center (CRHC)
  o COHRIO/QHN
  o HealthTeamWorks
  o Rocky Mountain Health Plan
  o State Innovation Model
  o Telligen
  o University of Colorado Denver
Leveraging payment models

● CDPHE Clinic Quality Improvement Project: Project model

- (Re-)Assess rates
  Assess clinic chronic disease prevention rates

- Identify healthcare providers interested in improving clinic population preventive health rates

- First year always includes assisting providers in assessing rates using their EHR

- Improve Clinic Processes
  Develop and implement health systems change activities to improve and measure rates

- Identify Health Systems Work
  Based on relative need across chronic disease areas
CQI project results from pilot clinics

Colorectal Cancer Screening Rates

Clinic 1
- Y1 10%
- Y2 48%
- Y3 52%

Clinic 2
- Y1 16%
- Y2 29%
- Y3 30%

Desired direction: Colorado BRFSS screening rate, 2008/10

NCCRT 80% by 2018 Goal
Leveraging payment models

- CDPHE Clinic Quality Improvement Project: Intervention portfolio
  - Covered many today!

## Public Health Measures

- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Hypertension Control
- Diabetes Control
- Tobacco Screening and Cessation

Clinic develops policy and standard workflow by

1. Utilizing national guidelines at point of care
2. Utilizing the chronic disease care team model
3. Utilizing decision tools to educate patients on disease area
4. Utilizing patient reminders for cancer screenings (i.e. postcards)
5. Utilizing high sensitivity FOBT/FIT kits
6. Implementing medication adherence tools
7. Linking clients to evidence based healthy living interventions
8. Establishing client self management plans

Evidence Based Strategies
Public Health Measures

- Colorectal Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Hypertension Control
- Diabetes Control
- Tobacco Screening and Cessation

Leveraging payment models

Clinic uses health informatics in policy and standard workflow by:

- #9 Utilizing central location (summary screen) and discrete fields to document client status on disease area
- #10 Creating registry (reports listing clients out of compliance with public health measure)
- #11 Moving client status on measures into discrete fields within EHR
- #12 Implementing provider reminder system with appropriate intervals
- #13 Implementing family history screening tool into EHR

Clinic makes connections with:

- #14 Other clinics using same EHR for best practices and report building capacity
- #15 Community Health Workers to reduce client barriers and refer to evidence based health living interventions
- #16 Local Public Health Agencies to create clinical community linkages

Evidence Based Strategies
Success story & your turn!
FAMILY PLANNING RESOURCES
Family Planning resources for practice transformation

- Family Planning Program at CDPHE will be convening a work group
- Purpose of work group to develop QI measures for FP
- Interested contact Karen Artell, (karen.artell@state.co.us or 303-692-2486)
Family Planning resources for practice transformation

- Family Planning National Training Center (FPNTC.org) has an e-learning course that describes quality improvement methods that can be used to improve services and infrastructure: *Quality Improvement Methodologies: Using the Model for Improvement*

- Location:
  - [https://vimeo.com/ntcquality/review/128171448/89f21be502](https://vimeo.com/ntcquality/review/128171448/89f21be502)
Family Planning resources for practice transformation

- FPNTC Quality Improvement Methodologies: Using the Model for Improvement Resources:
  - Prioritization matrix
  - Aim statement worksheet
  - Identifying root cause worksheets
  - Plan-Study-Do-Act worksheet for testing change
  - Tips and other resources

- Location:
Family Planning resources for practice transformation

● FPNTC: Quality Improvement Community of Practice
  o Provides a space for staff of Title X-funded agencies to engage in online discussions with their peers to share QI strategies, challenges, and successes. The COP will feature helpful resources and expert consultation on specific QI topics to help agencies initiate, implement, and sustain improvement efforts.

● Location:
Family Planning resources for practice transformation

- FPNTC: Patient Experience Improvement Toolkit
- Location:
Family Planning resources for practice transformation

Resources:
https://sites.google.com/site/titlexhub/resources-1/quality-improvement-practice-transformation
QUESTIONS/DISCUSSION
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