Health Home Learning Collaborative

Quality Improvement: Back to Basics

September 16, 2019
Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.
This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Health Home Updates...........................................................................................................Pam Lester, IME
3. Quality Improvement..............................................................................................................Emma Badgley/ Martha Boese AGP
4. Open Discussion.....................................................................................................................All

(Open discussion on current issues or barriers, potentially leading to future monthly topics)

Coming up:
- October 28, 2019 In Person Training
- November 18, 2019 Health Home 2020 Part 1
- December 16, 2019 Health Home 2020 Part 2
Health Home Updates

• Enrollment 1437
Objectives

• Realize the difference between quality assurance (QA) and quality improvement (QI)
• See real-world examples of improvement work
• Understand what QI is and why we use it
• Learn the QI process and Model for Improvement
• Set Specific, Measurable, Attainable, Realistic, Time-Based (SMART) goals
# QA and QI: What’s the Difference?

<table>
<thead>
<tr>
<th>QA</th>
<th>QI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess when intended quality is reached</td>
<td>Move system from <strong>current</strong> state to <strong>new</strong> state of performance</td>
</tr>
<tr>
<td>Reactive – works on problems after they occur</td>
<td>Proactive – works on processes before problems occur</td>
</tr>
<tr>
<td>Retrospective – policing, punitive</td>
<td>Prospective and retrospective</td>
</tr>
</tbody>
</table>
## QA and QI, cont.

<table>
<thead>
<tr>
<th>QA</th>
<th>QI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead by management</td>
<td>Lead by staff, self-determined</td>
</tr>
<tr>
<td>One point in time</td>
<td>Continuous</td>
</tr>
<tr>
<td>Regulatory</td>
<td>Aimed at improvement-measuring where you are and how to make things better</td>
</tr>
<tr>
<td>Attributes blame</td>
<td>Avoids attributing blame</td>
</tr>
</tbody>
</table>
“Problems are opportunities in disguise.”
Improvement — what was/what is
QI: Then and Now

1979
This is a 250 MB hard drive.
It weighed about 550 lbs, and costs tens of thousands of dollars.

2013
This is a 16 GB microSD card.
It holds about 64x the data as the HD above.
It weighs about 4/10 of 1 gram, and costs about $11.
“Failure is just succeeding at learning what doesn’t work!”
QI: What?

What is it?

• A formal approach
• Focus on systems
• Ideas/changes from customers & front line staff
• Frequent ongoing measurement
• Uses data driven decision making
• Never ending process
QI: Why?

Why do it?

• Increases customer satisfaction, efficient use of resources, measurable outcomes, community impact
• Organizational viability and competitiveness
• Demanded by market
The QI process

1. Team selection
2. Assessment
3. Aim statement
4. Appropriate tools (process mapping, Fishbone Diagram, brainstorming)
5. Action plan using SMART goals
6. Plan-Do-Study-Act (PDSA) 1, 2, 3, etc. (select outcomes measurement)
7. Standardize and spread
Selecting your improvement team

Establish the improvement team

• Consider roles that are involved in the process you are trying to improve.
• Ensure all pertinent roles are represented.
Assessment

• What data do you need to understand the issue fully?
  – Observations
  – Data collection
  – Data analysis
  – Staff interviews

• Start with assumptions/gut feelings but then back them up with data.

• Avoid jumping to a diagnosis until you have all the information.
## Baseline data and goals

<table>
<thead>
<tr>
<th>Measure</th>
<th>Target</th>
<th>Baseline</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c Doc.</td>
<td>90 %</td>
<td>70 %</td>
</tr>
<tr>
<td>A1c &gt;9.0%</td>
<td>5 %</td>
<td>65 %</td>
</tr>
<tr>
<td>LDL Doc.</td>
<td>90 %</td>
<td>66 %</td>
</tr>
<tr>
<td>LDL &lt;100 mg/dl.</td>
<td>70 %</td>
<td>40 %</td>
</tr>
<tr>
<td>Queried about tobacco use</td>
<td>80 %</td>
<td>60 %</td>
</tr>
<tr>
<td>Tobacco cessation intervention</td>
<td>80 %</td>
<td>25 %</td>
</tr>
</tbody>
</table>
“If I had an hour to solve a problem, I’d spend 55 minutes thinking about the problem and five minutes thinking about the solutions.”

— Albert Einstein
Improvement Tools: Process Mapping

- Map the current process:
  - Create a process flow diagram to map the current process.
  - Be patient, this takes time!
  - Process mapping is messy.
  - It will help identify “tangles” in the system.
Improvement tools: Cause and Effect

Fishbone Diagram – deep dive into cause and effect
Improvement Tools: Brainstorming

- Get everyone in the game.
- No judgment!
- Vote on the first solution/intervention to test or work to build to consensus.
Aim Statement

• Create an aim statement to guide your work.
• Aim statements include start and end points, what measures included and why they are important.

We aim to improve ________. The process begins with ________, and ends with ________. By working on this we expect to improve ________. 
Example Aim Statement

• **We aim** to standardize and improve diabetes management in practice ABC by October 2016.
• **The process begins with** identifying diabetic patients and ends with reviewing the population report by the 15th of each month to meet national diabetes targets.
• **By working on this process, we expect:**
  1. Standardize the delivery of diabetes care.
  2. Follow up on patients needing coordination of care and referral.
  3. Improve continuity of care.
Example Aim Statement (cont.)

It is important to work on this now because:

1. There is no current system for identifying diabetic patients.
2. Allotted time for patients and providers will improve.
3. The practice will establish a framework for addressing continuity of care.
4. We will help provide better outcomes for our diabetic patients by helping them manage their condition.
Write an Action Plan:

- Specific: • What? Where? How?
- Measurable: • How much? How many? How often?
- Assignable: • Who?
- Realistic: • Feasible?
- Time – based: • When?
Model for Improvement

Part 1 — defining measures

1. Aim — What are we trying to accomplish?

2. Measures — How will we know that a change is an improvement?

3. Changes — What changes can we make that will result in improvement (hypothesis)?
Model for Improvement

Part 2 — Testing a plan

• Why test an idea for change before implementing it?
  – It involves less time, money and risk.
  – It is a powerful learning tool.
  – Failed tests are learning opportunities.
  – It is safer and less disruptive for patients and staff.
  – Gets staff buy-in, because people involved in testing and developing the ideas are less resistant to the change.
PDSA: The Cycle of Learning and Improvement

- Design your PDSA cycle.
- Consider additional measures at this part of the process.
- What data will show leadership that you have made an improvement (or not)?
PDSA: The Cycle of Learning and Improvement (cont.)

• Conduct as many PDSA cycles as needed.
• Employ additional interventions from your brainstorm.
• Continue to collect and review the data.
• Consider staff satisfaction with process.
Standardize and sustain/spread

- Communicate results.
- Assign a process owner.
- Continue to track data.
Questions?
Open Discussion
Thank you!