Sustaining Success: Developing an Ambulatory Practice Toolkit to Maintain Quality Improvement Gains

Johnny Stoeckle MD
Lehigh Valley Health Network, John.Stoeckle@lvhn.org

Deborah Bren DO
Lehigh Valley Health Network, deborah.bren@lvhn.org

Janelle Sharma
Lehigh Valley Health Network, Janelle_M.Sharma@lvhn.org

Sustaining Success: Developing an Ambulatory Practice Infrastructure to Maintain Quality Improvement Gains

Johnny Stoeckle, MD
Deborah Bren, DO
Janelle Sharma, DNP

Goals and Objectives

1. Identify the core elements in a quality toolkit that assist with driving ambulatory quality improvement.

2. Identify methods on how to display, interpret, and utilize data to empower and engage practice leaders to monitor quality over time to assist with meeting quality goals without leading to staff/clinician burnout at the practice level.

3. Identify key elements needed to build a culture of quality that is supported by leadership and engaging for clinicians and staff.

Outline

- Challenges of sustaining quality improvement
- Pathways: LVHN's Template for Process Improvement
  - Standard Protocols
    - Policy Tech
  - Practice Outreach
  - Clinician/staff education on standard work
    - Peer-to-peer support
    - Video Vignettes
- Data Visualization & innovative methods of abstraction
  - risk-based stratification
- A Culture of Quality
- Group Case Study with Feedback
- Group Discussion on Overcoming Barriers & Shared Experiences

Two Landmark Reports: a Roadmap for Success
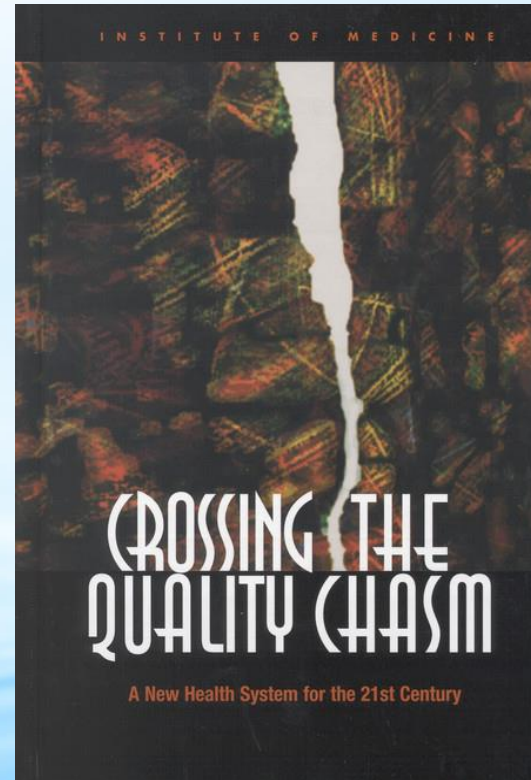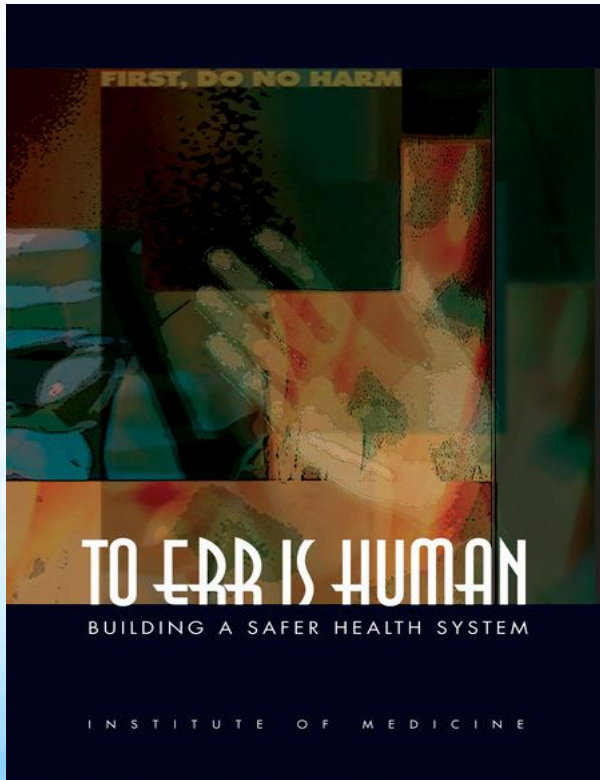
Organizational Factors for Well-Functioning Clinics

1. **Use of best practice systems**

2. **Better IT**

3. **Improving workforce knowledge and skills**

4. **Consistent development of teams**

5. **Better coordination across care settings**

6. **Robust measurement and performance**

Donaldson, M. S., Corrigan, J. M., & Kohn,L. T. (Eds.). (2000). To err is human: building a safer health system (Vol.6). National Academies Press.

Richardson, W. C., Berwick, D. M., Bisgard, J. C., Bristow, L. R., Buck, C. R., & Cassel, C. K. (2001). Crossing the quality chasm: a new health system for the 21st century.
https://www.nap.edu/catalog/10027/crossing-the-quality-chasm-a-new-health-system-for-the

What are the clinical problems that keep you up at night?

(We will return to this at the end!)

Sustenance is Hard!

- It Takes Vigilance
- It Takes Right Culture

Pathways: LVHN's Template for Process Improvement

- Foundation
  - Assign a Multidisciplinary Team
  - Use Data Analytics
  - Secure Organizational Development Support (Project Management)
- Process
  - Develop Standard Protocols
  - Pilot Test
  - Hold a Rapid Improvement Event
  - Recalibrate
  - Fully Implement
  - Educate
  - Track Outcomes Over Time

It takes a TEAM

- Clinical Expert(s)
- Project Champions
  - Physicians
  - APC's
- Information Technology Support
  - Data Analytics
  - Clinical Business Intelligence Analyst
  - Clinical Informaticist
  - EMR Build
- Clinical Quality
  - Director
  - Educators

- Project Manager
  - Administrative support
- Risk Management
- Clinical/Revenue Applications + Supply Analyst
- Patient Education Resource Personnel

- Chief Value officer
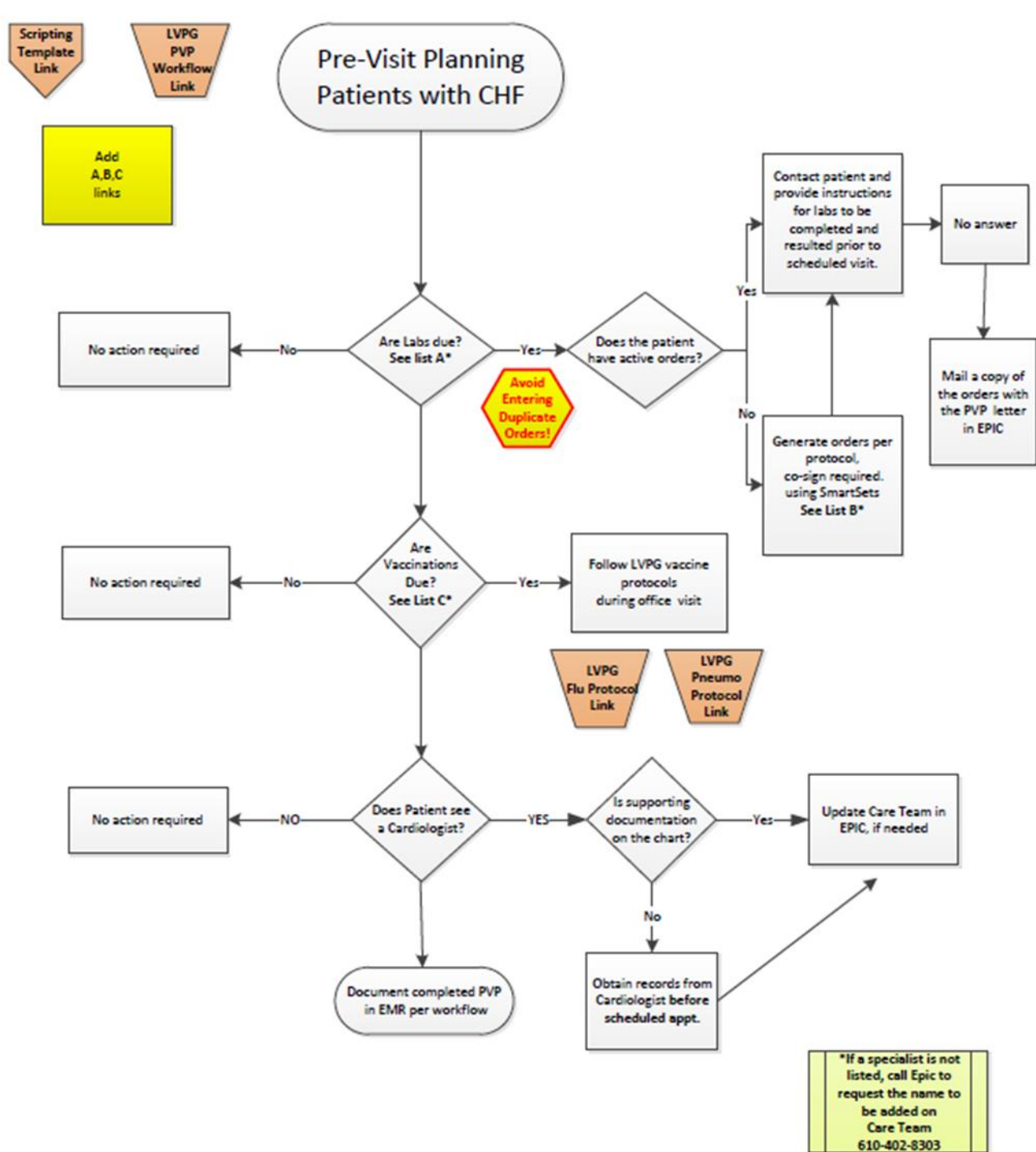- Chief Medical Officer

You Need Protocols for Best Practices

- Everyone doing the same <u>standard work</u>

- <u>Implementation</u> is key
  - Strong Leadership/Management
  - Staffing ratios

CHF Clinical Support Staff Protocol – Pre-visit Planning

Texas Medication Algorithm
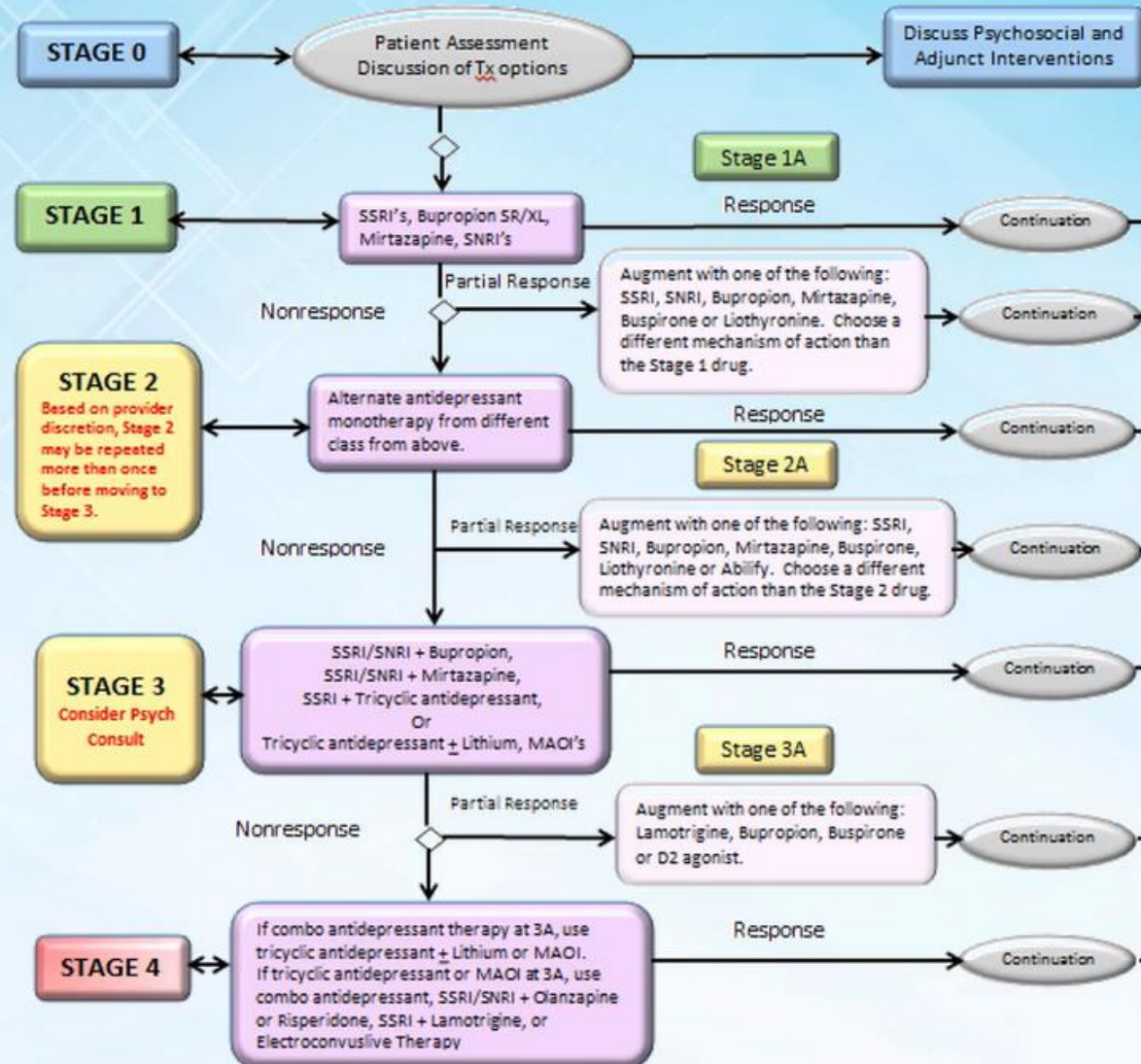
Suehs, B., Argo, T.R., Bendele, S. D., Crismon, M.L., Trivedi, M.H., & Kurian, B., (2008). *Texas Medication Algorithm Project Procedural Manual: Major Depressive Disorder Algorithms.* The Texas Department of State Health Services.

Practice Outreach

- Clinician/staff education on standard work
  - proactive instead of reactive
- Peer-to-peer support
- Pathway Champion Clinicians
- Clinical Quality Educators
  - 2 FTEs for ~40 practices
- Video Vignettes

Implementation

Video Vignettes on TLC
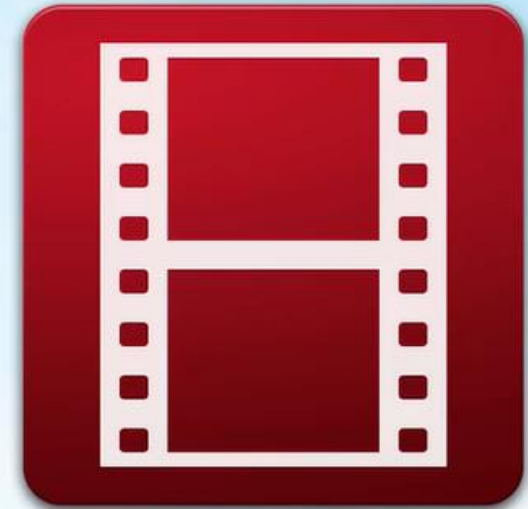
Data

- Dashboards - created for each initiative
- Encouraging a culture of transparency starts with leadership
- Visibility – the right data, at the right time, in the right place
  - EMR
  - Leveraging BPA's

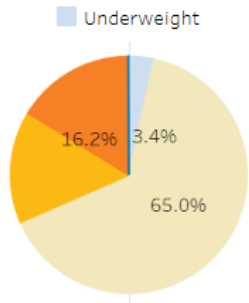# Childhood Obesity - Overview
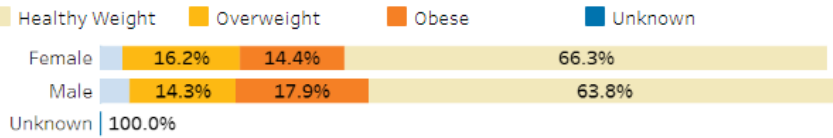
Owner: Dr. Kimberly Brown

Overview of patients with a completed well visit at a Pediatric, Family Medicine, or Internal Medicine practice who were between the ages of 2 and 18 at the time of the visit. Statistics are based on the most recent BMI% in the selected date range. Dashboard data goes back to January 2018.

Fiscal Year	Visit Date	Entity	Specialty	Practice	Visit Provider	Payor	Plan
2020	(All)	LVPG	(All)	(All)	(All)	(All)	(All)

Total Patients	Total Visits	Currently Overweight	Currently Overweight	Currently Obese	Currently Obese
20,887	20,900	3,191	15.3%	3,379	16.2%

Legend: Underweight · Healthy Weight · Overweight · Obese · Unknown

Pie chart: 16.2%, 3.4%, 65.0%

	Overweight	Obese	Healthy Weight
Female	16.2%	14.4%	66.3%
Male	14.3%	17.9%	63.8%
Unknown			100.0%

Age Range

	Healthy Weight	Overweight	Obese
2 to 5	71.7%	12.7%	10.5%
6 to 11	63.8%	16.2%	16.9%
12 to 18	60.7%	16.5%	20.2%

Ethnicity

- Not Hispanic or Latino — 67.3%
- Hispanic or Latino
- Unknown
- Patient Declined/Refused

Race

- White or Caucasian — 67.0%
- Multi-racial
- Other
- Black or African American
- Unavailable
- Asian
- Unknown: Patient unsure of race
- Patient Declined or Refused
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

© OpenStreetMap contributors

Map scale: 1 — 1,866 · 5 mi

Congestive Heart Failure Ambulatory Clinical Pathway

Owner: Nael Hawwa/Matt McCambridge
Includes alive patients with CHF on the problem list and an appointment with a LVPG PCP or Cardiologist in the last 24 months.
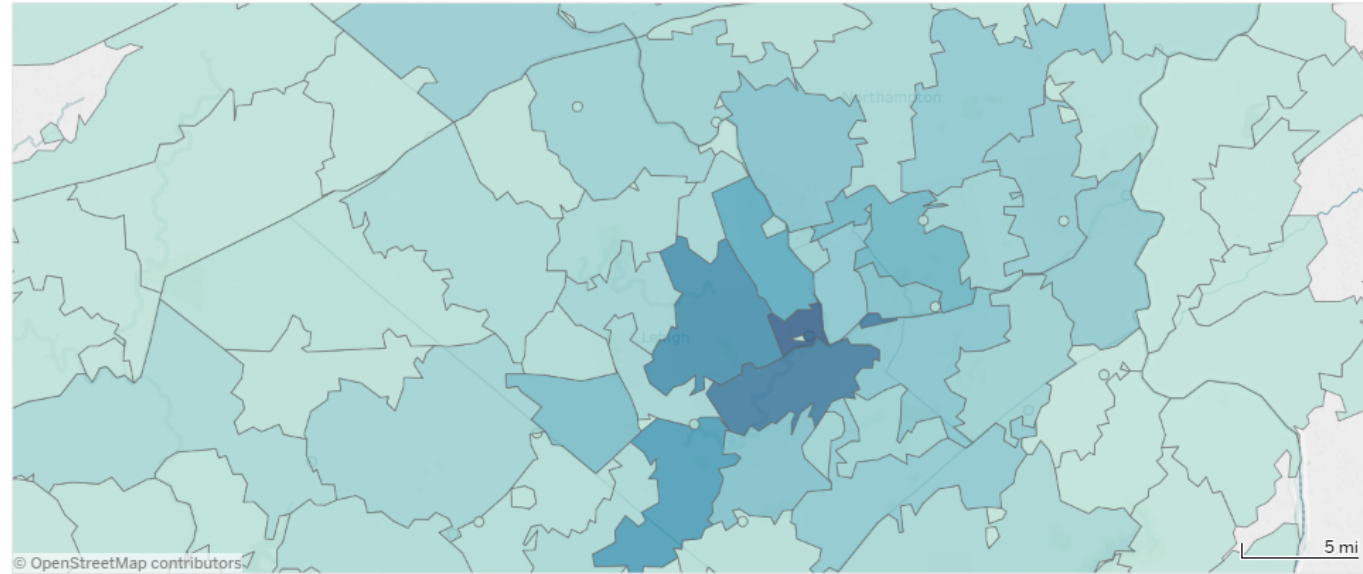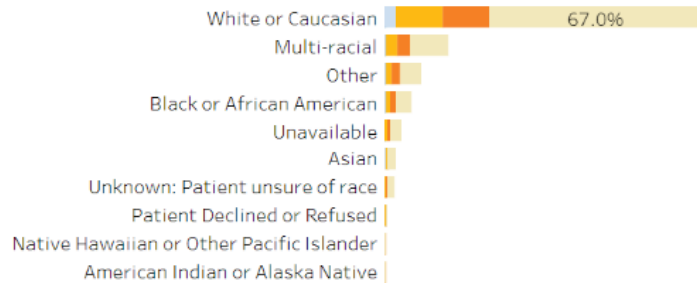
Data I
Las
D

Provider Parameter

PCP Practice ▼

Total Patients

13,103

PCP Practice

PCP Practice	
LVPG Internal Medicin	5.63%
LVPG MATLV	4.37%
No PCP	3.88%
LVPG Internal Medicin	3.55%
LVPG Internal Medicin	2.59%
LVPG Internal Medicin	2.48%
LVPG Family Medicine	2.29%
LVPG Family Medicine	2.18%
LVPG Internal Medicin	2.12%
LVPG Family Medicine	2.03%
LVPG Internal Medicin	1.89%
LVPG Internal Medicin	1.55%
LVPG Family and Inter	1.52%
LVPG Family Medicine	1.43%
LVPG Family Medicine	1.40%
LVPG Family Medicine	1.17%
LVPG Family Medicine	1.14%
LVPG Family and Inter	1.10%
LVPG Family Medicine	1.08%
LVPG Internal Medicin	1.08%
Lehigh Valley Family H	1.05%
LVPG Family and Inter	1.03%
LVPG Family and Inter	0.99%

Age Range

Age Range	
Age 20-29	0.31%
Age 30-39	1.17%
Age 40-49	3.52%
Age 50-59	10.28%
Age 60-69	21.77%
Age 70-79	28.69%
Age >80	34.24%
Age under 20	0.02%

Chronic Disease Registries

No CKD No CLD No COPD No Diabetes 35.52%	No CKD No CLD No COPD Diabetes 13.97%	No CKD No CLD COPD No Diabetes 7.29%	Chronic Kidney Disease No CLD No COPD Diabetes 14.62%
		No CKD No CLD COPD	Chronic Kidney Disease No CLD No COPD No Diabetes 12.22%

Gender

Sex	
Female	42.36%
Male	57.64%

Primary Payor

Payer Mix

- 3.93%
- 3.81%
- 3.78%
- 3.27%
- 3.27%
- 2.76%
- 2.37%
- 2.37%
- 1.93%
- 1.85%
- 1.54%
- 1.38%
- 1.11%
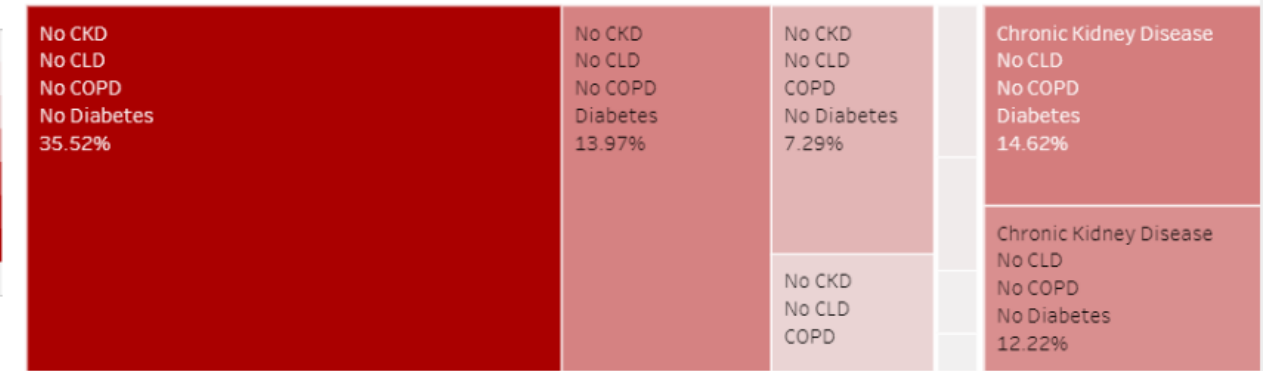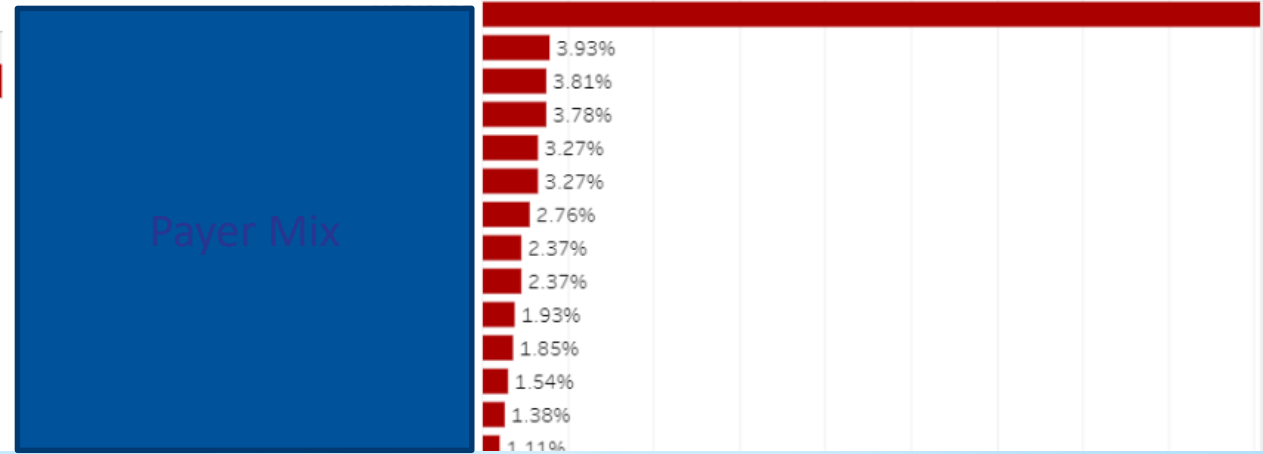
Risk Stratification

- Multiple Methods
  - Inpatient/TOC: LACE+
  - Populytics: Claims, Cost data

Building a Culture of Quality

- Encouraging a culture of transparency starts with leadership
  - Dyad structure (practice lead and practice manager)
    - Invest in Leadership Development
  - Communication and Buy in
  - Aligning initiatives
  - Engagement
  - Teamwork
    - Clinical Coordinators
    - Recognition
    - Incentives

Building a Culture of Quality: Engagement at all levels

- **Macrosystem: buy-in**
- **Mesosystem (management) engagement**
- **Microsystem (front lines) accountability**

The Joint Commission Journal on Quality and Patient Safety

ELSEVIER

Volume 36, Issue 9, September 2010, Pages 387-398, AP1-AP8

Improving and Sustaining Core Measure Performance Through Effective Accountability of Clinical Microsystems in an Academic Medical Center

Kim Pardini-Kiely M.S., R.N. (Vice President for Quality and Effectiveness), Elizabeth Greenlee D.H.A., R.N. (Manager), Joseph Hopkins M.D., M.M.M. (Senior Medical Director for Quality), Nancy L. Szaflarski Ph.D., R.N. (Program Director) ✉, Kevin Tabb M.D. (Chief Medical Officer)

Pardini-Kiely, K., Greenlee, E., Hopkins, J., Szaflarski, N. L., & Tabb, K. (2010). Improving and sustaining core measure performance through effective accountability of clinical microsystems in an academic medical center. The Joint Commission Journal on Quality and Patient Safety, 36(9), 387-AP8.

Outline

- Challenges of sustaining quality improvement
- Pathways: LVHN's Template for Process Improvement
  - Standard Protocols
    - Policy Tech
  - Practice Outreach
  - Clinician/staff education on standard work
    - Peer-to-peer support
    - Video Vignettes
- Data Visualization & innovative methods of abstraction
  - risk-based stratification
- A Culture of Quality
- Group Case Study with Feedback
- Group Discussion on Overcoming Barriers & Shared Experiences

Now back to what keeps you up at night…

- Get a handout

- Populate the handout
- Share with your neighbor
- Share with the group
- Take concept home to your colleagues

Case Study

- ▪ Underperforming Practice

- ▪ Provide Handout
  - Summary of Case: "You are leading a depression QI initiative at your health system. You notice that Practice X is underperforming and you hear through others that the clinicians are really not fans of the initiative.
  - Questions
    - How do you handle this situation?
    - What would you do first?
    - What would you say to the lead clinician at the underperforming practice?

Thank You

- Questions?
  - Johnny Stoeckle, MD @ John.Stoeckle@lvhn.org
  - Deb Bren, DO @ deborah.bren@lvhn.org