

CLOSING THE LOOP: USING PRACTICE FACILITATORS TO BRIDGE THE GAP BETWEEN QI TEAMS AND FRONT- LINE PRACTITIONERS

Lyndee Knox PHD, Emily Bullard MPH, Jen Aiello MS, Dane
Hansen, Tyler Seto, MD



WHAT IS CMS' TCPI PROJECT?

FUNDED BY CMS – 29 STATES – PRACTICE FACILITATION (COACHES) TO TRANSFORM CARE

*Transform 140,000
clinicians' practices*

Improve health
outcomes

Reduce
unnecessary
hospitalization

Save \$1-\$4 billion

Reduce
unnecessary
testing and
procedures

Build practice
readiness for Value
Based Payments

Build practice
transformation
evidence base

LA PTN L.A. CARE HEALTH PLAN (PRIME)

Network approach: Contracted out to “PF vendors” and Network Partners w/ centralized data & oversight



QI INFRASTRUCTURE AT DHS (PARTIAL)

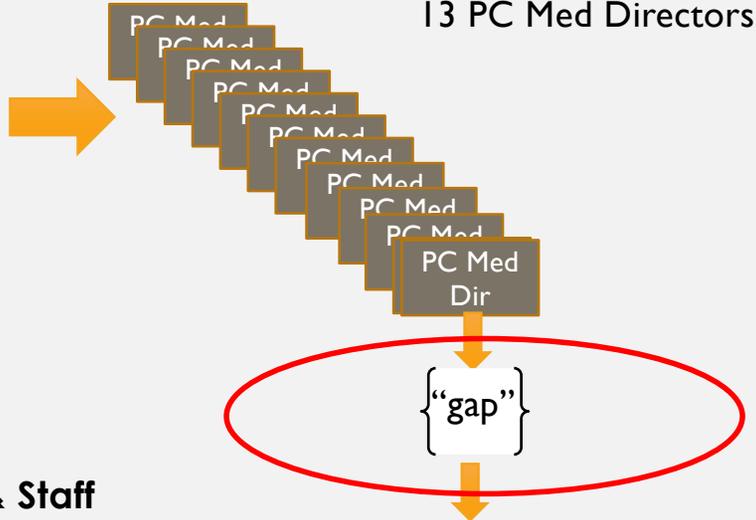
PRIME = \$1.2 Billion/5 yrs

PRIME Metric Directors (Seto, Campa, Giboney)

Primary Care Medical Director Group

PRIME Metric committees

Hotsheets



Care Teams & Staff



QI INFRASTRUCTURE AT DHS (PARTIAL)

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13 PC Med Directors



Care Teams



FACILITATION/COACHING MODEL

Daily direction from: Primary Care Medical Director at each coach's site
 Coordination & support by Program Manager (Knox) and DHS PRIME PC lead (Seto)
 Coaches provided by network partner: LA Net



Introductory Guide to Academic Detailing



Primary Care PRIME (Not Shared, Locked)

Target measure: Influenza Vaccination (U.S. 2)

Expectation: All patients aged 6 months and older seen for a visit from Sept. 1 - March 31 will receive an influenza vaccination OR will have documentation in the EMR of a documented serious adverse reaction, or receipt of the vaccine elsewhere during this flu season.

Last Review Date: 08/25/2017
Implementation Date: 08/25/2017

Participating Areas: All venues that provide care to DHS-empowered patients

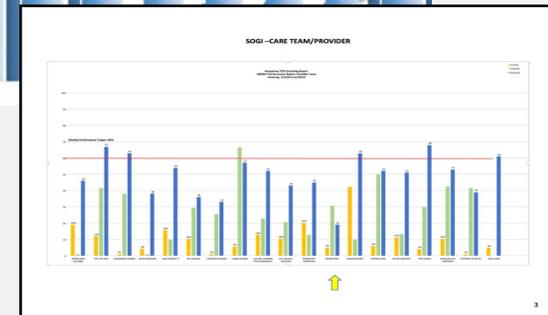
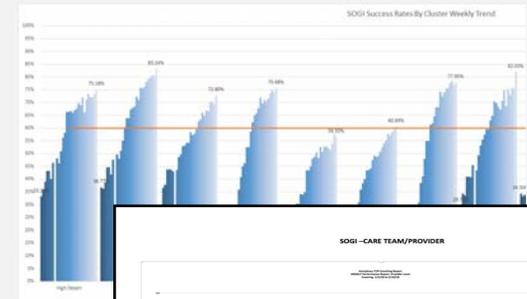
Improvement Plan:

- At the time of any face-to-face patient encounter (inpatient visit or urgent care visit), nursing staff and/or providers should do the following:
 - Review the DHS-PC Health Performance (HP) tab, "Influenza Vaccination" in the list of pending expectations and there are no contraindications, after the healthcare provider has reviewed the "flu shot" to patient by stating, "We'd like to give you your annual flu shot today."
 - If the patient accepts the IV can be entered directly from the HP tab, a link will be provided each. Licensed nurses may order and administer the IV to adult patients without a provider order using the adult influenza immunization on Puall DCB (Standardized Breakdown/Procedure) (SBI) after completing training & passing competency exam, or a certified medical assistant (CMA) may prepare an IV order for a trained provider to approve. The Puall SBI is preferred for patients 18-75 years of age.
 - If the patient declines the IV, document the reason directly in the HP tab.
 - "One Dose Given" if patient already received the flu vaccine for the current season - include date the vaccine was received ("Puall SBI") in the HP item to satisfy the measure. If the patient has another documentation of flu vaccine administration, nursing staff should document this information under PowerChart's Immunization Schedule tab (click on "History" to document).
 - "Contraindication" if patient has permanent contraindication. Select a reason from the dropdown list & provide details in Free Text box. Note: patients with a severe egg allergy may be given the non-egg protein influenza vaccine (Flu or "FluShot") because it is not made with eggs.
 - "Temporary" if the patient has a temporary IV contraindication, enter a "Temporary Limit" date.
 - For patients who decline the IV for personal reasons, follow the guidance below under "Approach to Inoculation Refusal or Conscientious Refusal." If the patient still declines and has not yet seen the provider, nursing staff should notify the provider. If the patient or caregiver / patient declines after the provider orders vaccine-resistant strategies, click on "Declined" and select a reason for the declination.
 - Make sure that an action is taken on this HP item before the patient leaves the DHS facility, if "Temporary" or the action taker, schedule a time for the patient to return for the IV when the contraindication no longer applies (e.g., after a self-limited health threat).
- Population Management approaches to use outside of face-to-face provider visits:
 - Arrange a flu vaccine for a Puall Care Connect visit directly, click here for resources, or email Dr. Heather Scholten for more info about arranging a Puall Care Connect visit (206)220-2200.
 - PCMH staff can use SBI to create an address list of patients that are due for the IV. Contact patients on the list (phone call, letter, or Mailed-in Portal) to come in for the IV.
 - Ensure that your nursing staff is approved to use the DHS influenza vaccine and Puall SBI.

+ Real-time audit & Feedback +

"let's look at your last 10 patients & see how it went"
 RCA on patients that "fell-out" of metric

Performance feedback & reports

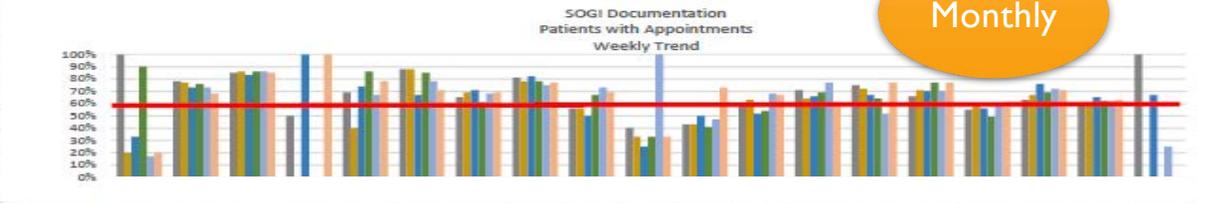
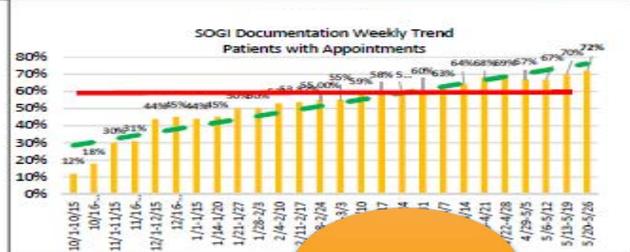
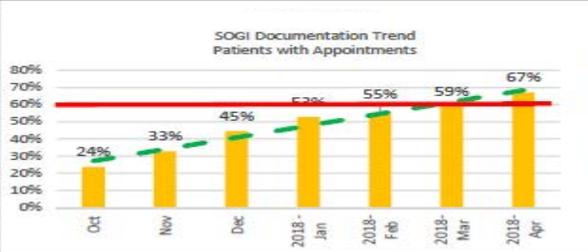


DIRECTOR'S REPORT (MONTHLY)

PRIME Measures Performance - Patient with Appointments Overall Performance SOGI

In order to get credit for **SOGI**, both **SO**=Sexual Orientation (straight, gay, bisexual, other) and **GI**=Gender Identity (male, female, transgender, other) must be answered. Please refer to chart section Social/Sexual History

Providers	Oct	Nov	Dec	2018-Jan	2018-Feb	2018-Mar	2018-Apr
	25%	10%	50%	58.3%	27%	55%	43%
	44%	53%	52%	58.5%	59%	62%	71%
	29%	45%	59%	59.3%	70%	72%	82%
	60%	55%	57%	50.0%	75%	57%	80%
	40%	30%	54%	59.5%	60%	69%	70%
	27%	37%	39%	50.0%	54%	57%	81%
	27%	36%	46%	47.5%	46%	51%	65%
	25%	48%	50%	63.0%	70%	76%	79%
	19%	23%	21%	40.0%	45%	51%	58%
	14%	17%	33%	25.0%	44%	54%	57%
	19%	21%	36%	27.0%	37%	33%	50%
	27%	32%	42%	43.7%	45%	33%	60%
	18%	33%	48%	60.6%	60%	58%	70%
	36%	44%	46%	52.8%	56%	60%	66%
	21%	26%	40%	52.2%	57%	56%	68%
	14%	21%	33%	37.2%	43%	50%	58%
	25%	32%	51%	57.6%	60%	61%	64%
	12%	18%	39%	49.7%	46%	33%	58%
	14%	27%	25%	90.9%	33%	31%	21%
Overall%	24%	33%	45%	53%	55%	59%	67%



Monthly

By Provider

	100%	78%	85%	50%	69%	88%	65%	81%	36%	40%	43%	59%	71%	75%	66%	33%	63%	60%	100%
	20%	77%	86%	40%	88%	69%	76%	56%	33%	43%	63%	64%	72%	71%	60%	67%	61%	0%	
	33%	73%	83%	100%	74%	67%	71%	82%	30%	25%	30%	32%	66%	67%	70%	36%	76%	65%	67%
	90%	76%	86%	0%	86%	85%	61%	78%	67%	33%	41%	54%	69%	64%	77%	49%	69%	62%	0%
	17%	73%	86%	0%	67%	78%	68%	75%	73%	100%	47%	68%	77%	32%	70%	39%	72%	62%	25%
	26%	68%	85%	100%	78%	71%	69%	77%	69%	33%	73%	67%	61%	77%	37%	57%	71%	63%	0%

Data Source: ELM Analytics Report on SOGI Documentation for Empowered Patients with Appointments – Hudson has met DHS target goal on SOGI PRIME metrics and continues to show sustaining improvement since the implementation of SOGI documentation. An 8% increase is reflective during the month of April for patients seen and checked out with documented sexual orientation and gender identity in the medical record. This increase can be attributed to returning patients who were previously missed and are now being asked any missing element of the SOGI metric.

COACH'S REPORT WEEKLY

Action List

Cross-Site Comparison

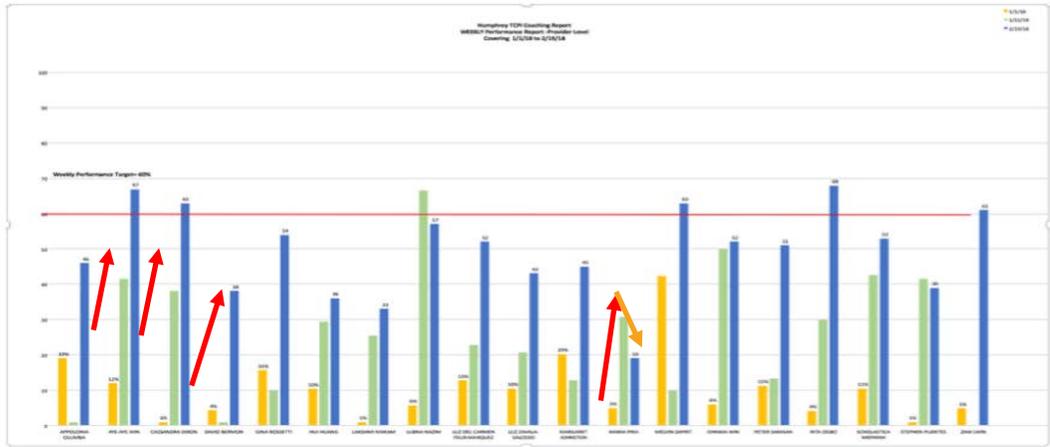
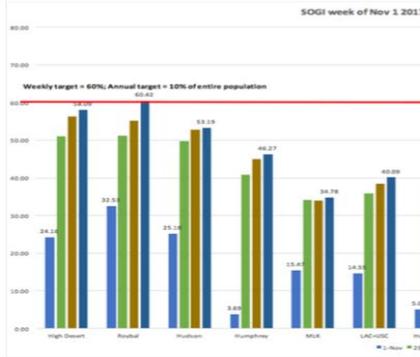
Individual Provider/Team response

Humphrey TCPI Coaching Report
Weekly Performance Report
Week: Feb 25, 2018
Metrics: SOGI, Flu, Depression, ABX

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SOGI - CARE TEAM/PROVIDER

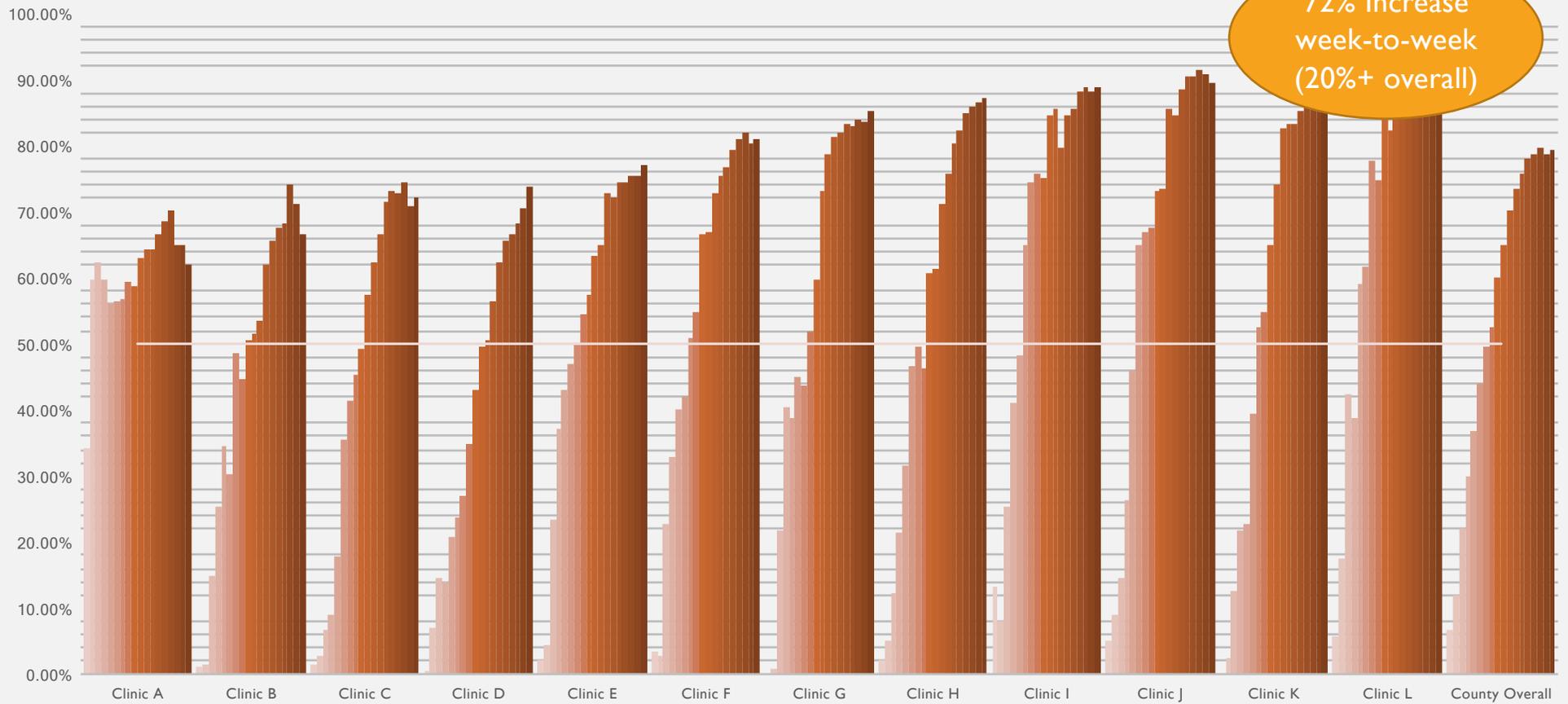
- POSSIBLE ACTION ITEMS:**
- SOGI**
 - 1) Celebrate progress on SOGI - substantial & sustained
 - 2) Possible coaching on SOGI for 1 care team
 - ADULT FLU**
 - 3) Possible coaching on Adult Flu for 4 care teams
 - PEDIATRIC FLU****Potential High Impact Opportunity*****
 - 4) Care-team/Provider-level performance analysis
 - 5) Possible coaching on pediatric flu
 - DEPRESSION**
 - 6) Celebrate performance on Depression + Flu
 - ABX**
 - 7) Celebrate performance on ABX - OMI



OUTCOMES SO FAR...

BMI MEASUREMENT + FOLLOW-UP 18 MONTHS

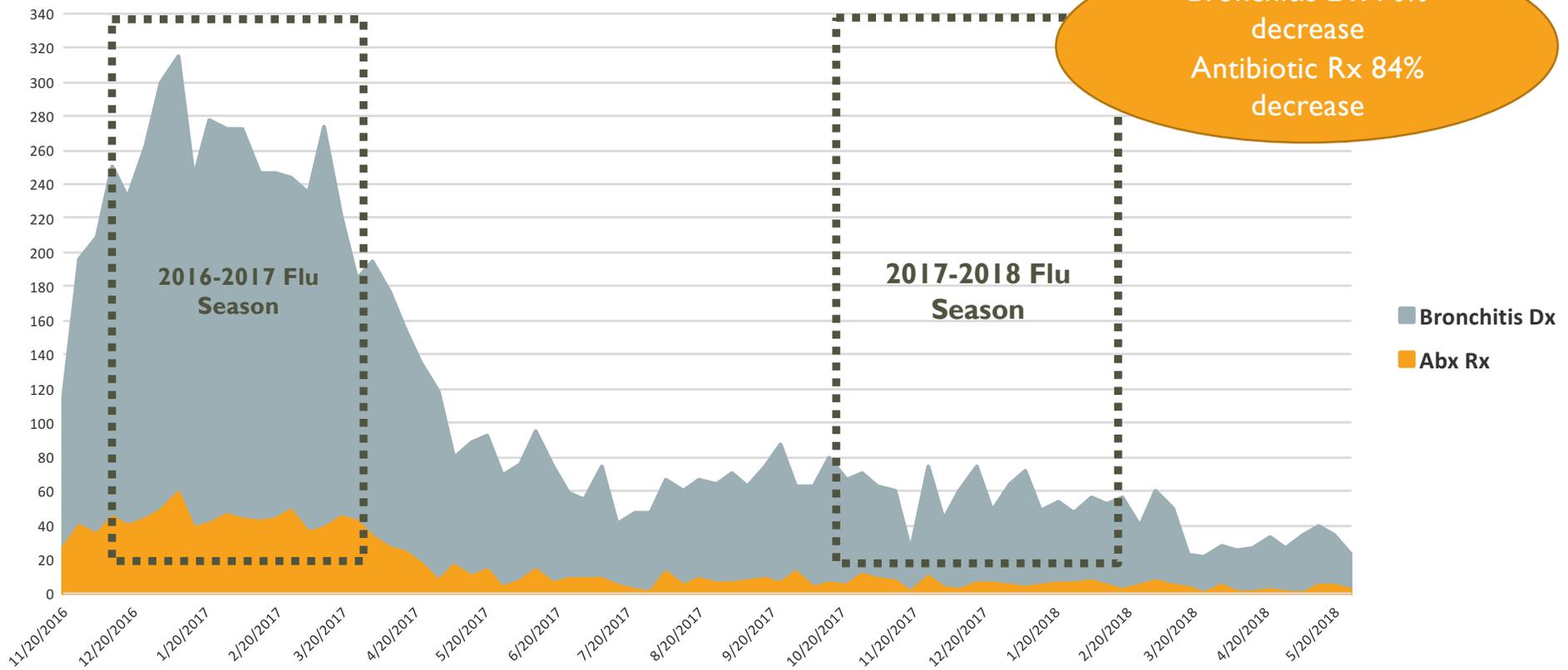
BMI Measurement + Follow-up: 18 Month Trend



72% Increase
week-to-week
(20%+ overall)

ANTIBIOTIC PRESCRIBING FOR BRONCHITIS

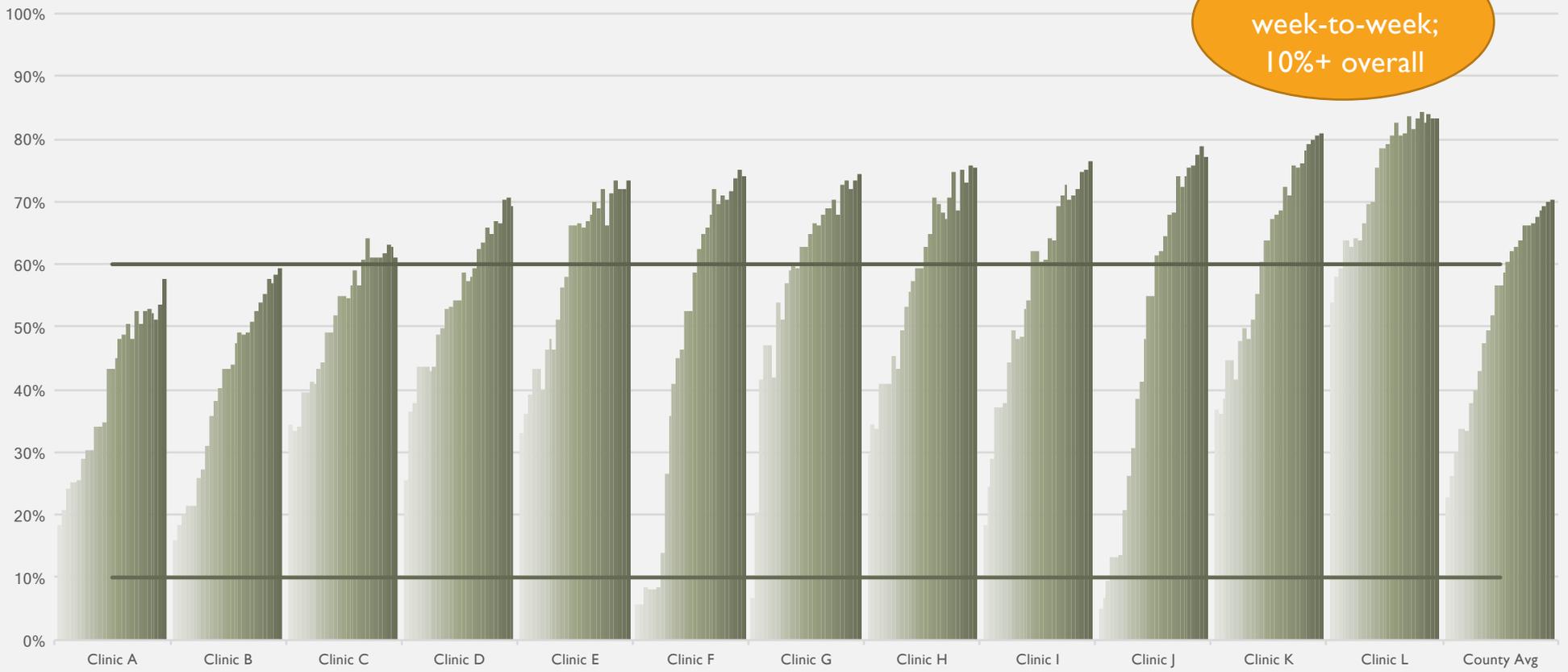
Antibiotics Prescribed for Bronchitis Diagnoses



SEXUAL ORIENTATION/GENDER IDENTITY DOCUMENTATION

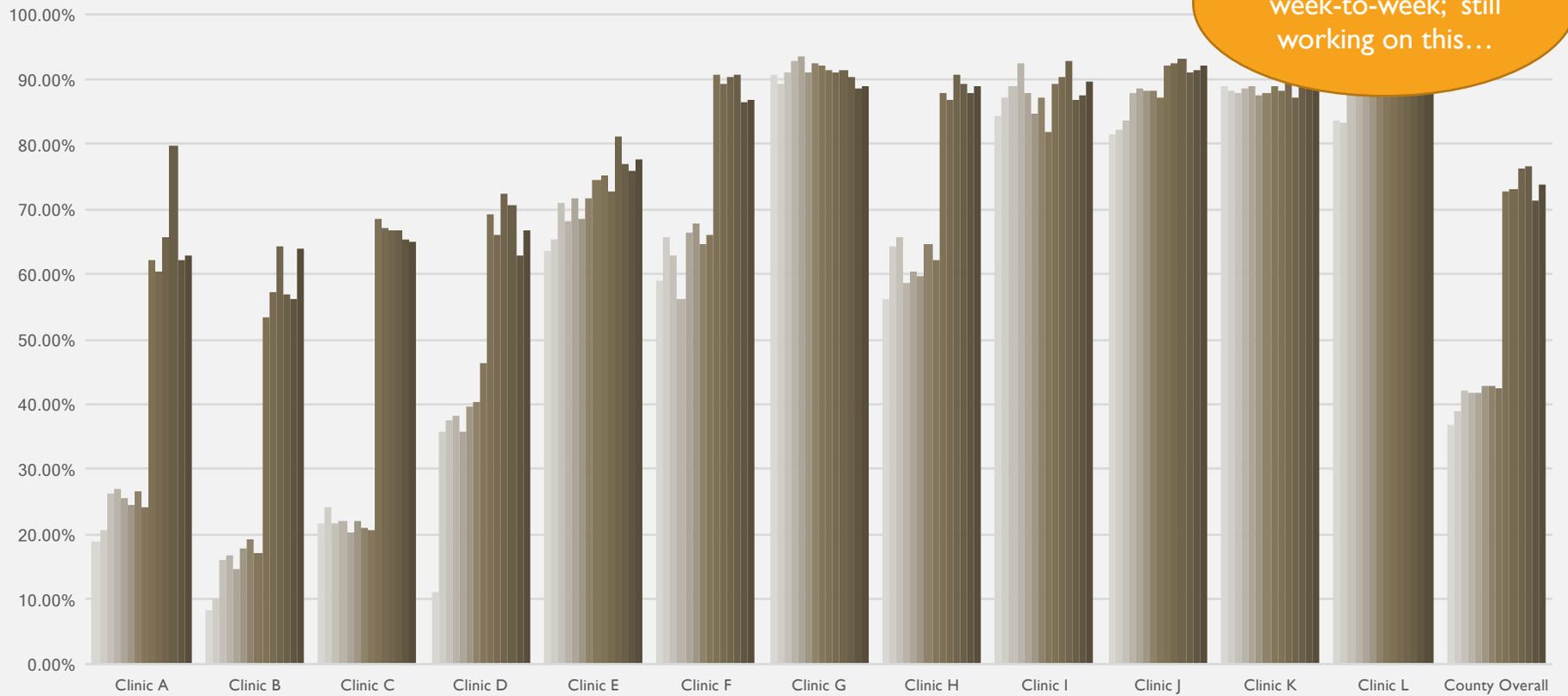
SOGI Completion Rates: November 2017 to May 2018 Weekly Trend

47.4% increase
week-to-week;
10%+ overall



MEDICATION RECONCILIATION

Medication Reconciliation: 6-Month Weekly Trend



36.8% increase week-to-week; still working on this...

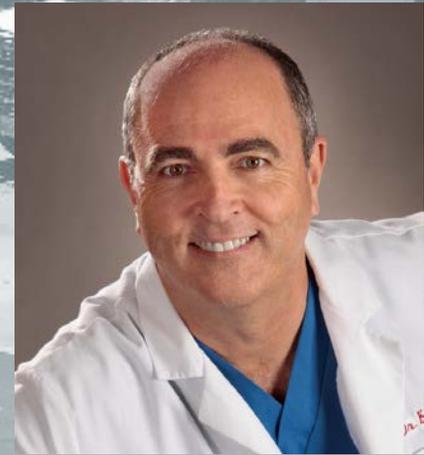
LA NET PFS/COACHES



QI Oscars



Farmer's Markets w/ Benefits (public health)



VISUAL MANAGEMENT BOARDS



Standardized Work Observations

Completed Ideas

Just Do Its

Projects / Timeline

P-I-C-K

Out of Scope Check

Stalled Projects

New Ideas

Appreciations

Reminders

STOP

Vicky

Angie

Dr. Belani

1. New PHQ 9

2. Idea vetting

Visual Management Board

1st Board Launch Meeting

Board Launch !!

1. New PHQ 9

2. Idea vetting

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Chess, Checkers & Chakras “Joy at Work”



CONCLUSION

- Practice facilitators (coaches) are an **important and often “missing” part** of a multi-component QI system
- In these settings, their “best and higher” use is to **help System Leadership and PC Directors translate new workflows etc** to the front line, and build their QI awareness and skill. The need for this type of support is long-term.
- **Simple** coaching interventions may be the most effective – “hands-on” academic detailing by PF/Coaches + real-time audit and feedback **just on its own** is powerful
- PF/coaching programs in this instance are very cost-effective – assisted in procuring \$8,000,000+ in PFP payments in 1st year, cost of program less than 1/8th of this

THANK YOU!

