INDIAN HEALTH SERVICE
2015 NATIONAL BEHAVIORAL HEALTH CONFERENCE

Behavioral Health Integration with Primary Care

Practice Based Learning and Quality Improvement: Team Strategies and Tools to Enhance Performance and Patient Safety

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IPC IMPROVING PATIENT CARE

Practice Based Learning and Quality Improvement:

Team Strategies and Tools

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Objectives

1. Define practice based learning and quality improvement
2. Apply evidence-based practices while maintaining treatment fidelity
3. Demonstrate improved consumer satisfaction and healthcare outcomes

Practice Based Learning (PBL) and Quality Improvement (QI)

- Definition: no clear definition is identifiable, thought to have a basis in Problem Based Learning
- Description: a learning and improvement process based on a healthcare “practice” (or work) setting to ultimately improve patient care quality
- Sometimes referred to as Practice Based Learning and Improvement (PBL-I)

Practice Based Learning and Quality Improvement

- Principles
  - Investigate and evaluate care of patients
  - Appraise and incorporate research evidence
  - Constant self-evaluation
  - Life-long learning

PBL Skills

- Identify strengths, deficiencies, and limits in own knowledge and expertise
- Set learning and improvement goals
- Identify and perform appropriate learning activities
- Systematically analyze practice, using quality improvement methods, and implement changes with the goal of practice improvement

PBL Skills (cont.)

- Incorporate formative evaluation feedback into daily practice
- Locate, appraise, and assimilate evidence from scientific studies related to the patient's health problems
- Use information technology to optimize learning
- Participate in the education of patients and families (students, residents and other health professionals, as applicable)

PBLI Competency

- Taught to all physicians-in-training since 2002
- Includes elements of:
  - Evidence-Based Medicine (EBM)
  - Systems-Based Practice (SBP)
  - Performance Improvement (PI)
- Curricula in PBLI should train [clinicians] to improve their own patient care using these elements

PBLI Knowledge

- Principles of EBM decision making
  - Methods of rating evidence
  - Basic statistical measures
  - Quality of clinical trials
  - Limitations of EBM
- EBM Sources
  - Point of care, filtered tools (eMedicine, UpToDate, Clinical Key)
  - Unfiltered tools (MEDLINE, PubMed)

PBLI Knowledge

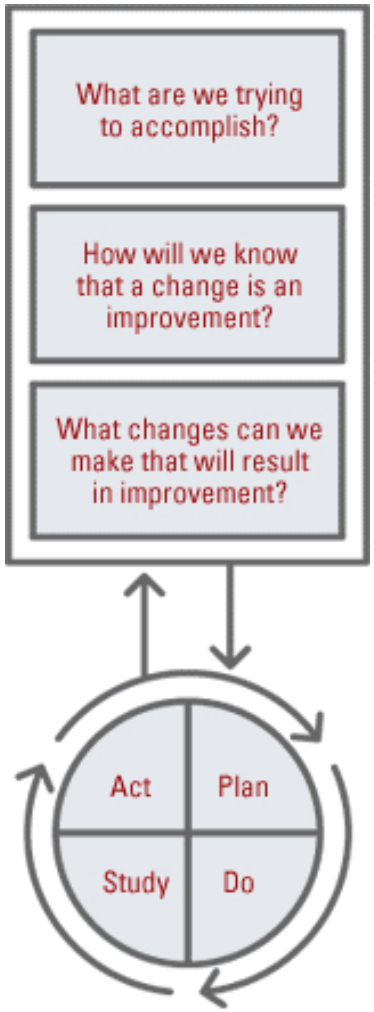
- Principles of SBP
  - Teams (formation, mgmt, roles)
  - Care Coordination
  - Cost-benefit analysis
  - Patient advocacy
  - System consultant
  - System evaluator

PBLI Knowledge

- Principles of QI
  - Medical errors and patient safety
  - Model for Improvement
    - What, how, and measuring change
    - Plan-Do-Study-Act (PDSA)
  - Charts and diagrams of results
  - Toyota Lean manufacturing
  - Six Sigma

Model for Improvement

- Big Three questions
- Plan – new process or action
- Do – execute, small scale
- Study – analyze results
- Act – desired result? unexpected result? modify plan? scale up?



PBLI Knowledge

- Principles of IT systems application
  - Sources of data
    - QI/Accreditation organizations (NCQA, IOM, TJC, IHI)
    - HEDIS measures
    - CMS QIO/QINs
    - Patient accounting systems
    - Health plan reports/hospital data systems
    - Health Dept/Professional organizations

PBLI Application

- PI and EBM drive improvement in clinical or administrative processes
- “Caring for patients and learning from the care provided are two integrated and ongoing processes that continue well beyond…training”
- Training and education in PI and EBM will help clinicians become effective members and leaders of team-based care

Putting PBL-I Into Practice

- Model for Improvement
- Data registries
- Population Health tools
- Online resources at the point of care
- Embrace guidelines
- EHR as a clinical tool

Model for Improvement Application

- Work flows
- Communication with patients
- Patient engagement
- Decision-making
- Incorporating EBM
- Individual → System level improvements

Practice-Based Improvement

- Data from registries/population health tool
- Compare data against standards/benchmarks
- Identify gaps
- Develop PDSA to address gaps
- Rapid-cycle PDSAs until gap narrowed
- Scale PDSA
- Document and share results
- Incorporate into regular workflow (new normal)

PBL-I Opportunities

- Case analysis – focus on processes of care
- Construction of a patient clinical process flow chart to analyze systems of care
- Root cause analysis of an adverse event
- Activity based cost analysis of a hospital bill

Performance Improvement Pitfalls

- Personality influence
  - Resistance to change
  - Innovator vs Laggard
  - Years of experience
- Knowledge
- Skills
- Ability
- Sustainment

Evidence Based Medicine Pitfalls

- Statistical trickery
  - “approaching statistical significance”
  - “trending”
  - Percent of a percent
- Specialty bias
- Healthcare-setting bias
- Conflicting guidelines/recommendations

Patient/Consumer Satisfaction

- PBL-I closely related with principles of the Patient Centered Medical Home (PCMH)
  - Group Health Coop PCMH / HEDIS
    - Increased HEDIS scores for:
      - Quality of doctor-patient interaction
      - Patient activation and involvement
      - Goal setting or tailoring
  - HealthPartners Medical Group PCMH
    - More likely satisfaction with clinic
    - Very satisfied with ability to schedule appt

Healthcare Outcomes

- PBL-I closely related with principles of the Patient Centered Medical Home (PCMH)
  - CareMore Medical Group, CA
    - Lower hospitalization rate (24% below CMS)
    - 15% reduction in health care costs
  - Michigan Blues PCMH program
    - Generic prescribing increased from 38% to 74% over seven years

Healthcare Outcomes

- Group Health Cooperative
  - 29% fewer ED visits
  - $10.30 PMPM savings
  - ROI $1.50 for every $1.00 invested in PCMH implementation

Healthcare Outcomes

- Renaissance Medical Mgmt Company
  - Diabetic patient cost savings
    - $5.5 million (commercial plans)
    - $9.9 million (Medicare plans)
    - 46% met blood sugar goals (33%, controls)
    - 55% met LDL Cholesterol goals (38%, controls)

Is there a Team in PBL-I?

- PBL-I is a “team sport”
- Healthcare workloads, including work not directly linked to patient care, should be distributed across the team
- Team members should be engaged in PBL-I work consistent with their training and credentials

Team Development 1

Steps to build a Patient Care Team

- Define aim and goals of care team
- Develop/reconsider roles for each team member
- Ensure each team member has necessary competencies
- Ensure leadership support

Team Development 2

Steps to build a Patient Care Team

- Create communication processes
- Use data necessary to know and manage the population
- Practice teamwork
- Share your learning

Optimizing the Team

- Understand your population
- Identify and assign the work
- Match skill to task
- Optimize process efficiency
- Leverage timing and other health care professionals
- Involve the patient as a team member

Team Challenges

- Clinicians do a lot of work that is not primarily clinical – prior authorizations, forms, routine refills
- Nurses do almost as much clerical work as clinical work
- Insufficient guidance for support staff
- The ratio of support staff to provider staff does not support an optimal business model and limits access for patients
- Interruptions and inefficient systems affect everyone’s ability to get the work done

Team Huddles

- To be effective, huddles must be scheduled and everyone needs to show up on time
- Huddles need a leader who leads the conversation and moves things along
- Huddles require preparation – print off upcoming schedule for review at huddle
- Huddles are a time to share knowledge
    - Add brief PBL-I information into the agenda

Conclusion

- PBL-I
  - Investigate and evaluate care of patients
  - Appraise and incorporate research evidence
  - Constant self-evaluation
  - Life-long learning
- Pitfalls
- Outcomes – satisfaction and care quality
- Team incorporation

Thank You

Questions?

References

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