Quality Improvement 101: Strategies for Primary Care

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Roadmap

- Objective: Learn basic Quality Improvement principles for daily use in primary care.
QI Project Portfolio

- Immunizations – 2 year old and Adolescent
- Developmental Screening
- Autism Screening
- Promoting Healthy Development Survey Implementation
- Maternal Depression Screening
- Asthma Registry Project
- ABCD III – EI / PCP Communication
- Medical Home Transformation
  - Identification of CYSHN
  - Care Coordination
- Early Social Emotional Development
- Mental Health Screening
- ACE Screening
- Adolescent Depression / Substance Abuse Screening
Lessons Learned from Primary Care Practice
Lesson 1: Learn the Basics

• By now most providers should be familiar with:
  – IOM Dimensions of Quality
    • Safe, Timely, Effective, Efficient, Equitable, Patient-centered
  – Triple Aim
    • Improved patient experience of care
    • Improved health
    • Decreased cost

• QI repertoire for daily use include Model for Improvement, Aim Statements, and PDSA Cycles
What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Aim Statement

Measurement

Model for Improvement

Act

Plan

Study

Do

The Model for Improvement was developed by Associates in Process Improvement.

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Components of Effective Aim Statements

*Aim Statements should be “SMART”…*

- Specific
  - Measureable
  - Achievable
  - Realistic
  - Time-Specific
Tips for Setting Aim Statements

• Three components of an effective aim statement: what, how much, by when
• Set the aim clearly
• Include numerical goals that require fundamental change to the system
• Set stretch goals
PDSA Cycle

**Act**
- What changes are to be made?
- Next cycle?

**Plan**
- Decide on objective
- Develop questions & predictions (why)
- Create plan to carry out the cycle (who, what, where, when)

**Study**
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

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Lesson 2: Create a Culture of Quality and Safety

• Is your clinic’s leadership keeping quality as a priority?
• Is quality improvement a part of your practice’s strategic plan?
• Does your practice have dedicated QI staff?
• Does your practice blame systems when problems are identified, or individuals?
  – QI is about unearthing the problems, not pointing fingers
Lesson 3: Start Small but Think Big

• Quality Improvement is about small tests of change
  – Being overly ambitious can be overwhelming...
  – What can you learn from a change with the next five patients you see?
  – Divide up the work if you have different champions to work on multiple things

• After initial pilot cycles, increase either scale or scope
  – Add a larger sample of patients
  – Spread to other providers within the practice

• Build on basic QI skills as you go
Learning QI as You Go

• Our initial series of projects taught QI skills sequentially
  – Immunizations: chart review, basic measurement
  – Developmental Screening: incorporating evidence, basic workflow analysis
    • Maternal depression screening was effortless to implement
  – Patient survey project: incorporating patient experience data
  – Asthma registry: population management, complex workflow analysis
  – Medical home learning collaborative: complex systems change
Continuous PDSA Cycles

Hunches, theories and ideas

Changes that result in improvement
Lesson 4: Create a Sense of Urgency

• Leadership in QI involves creating a sense of dissatisfaction with the status quo

• Requires understanding what is important to different groups within your practice

• What will be asked of you by health reform? Professional organizations? Patients?
Lesson 5: Pick the Right Team

• Is QI in your practice a top-down or grassroots up process?

• Involving office staff...
  – Helps with practice buy-in
  – Speeds implementation
  – Creates new ideas and suggestions for how to improve practice
Lesson 6: Ask Your Patients

• One of our early initiatives was to implement a patient survey that assessed the clinical content of well child visits.

• Network of providers helped to pilot the online Promoting Healthy Development Survey developed by the CAHMI.

• Previous data we were getting only spoke to frequency of service, but didn’t help us understand the content of visits.
  • HEDIS Measures: did well child care occur on schedule?

• The PHDS, which looks at the content of well child visits, provided us ideas for areas of improvement.
An Opportunity for Improvement: Peripartum Depression

• PHDS can stratify results by demographics and by some risk factors.

• 12% of parents of children under a year of age were experiencing depression.
  – Only 24% of these parents were asked about the presence of symptoms.
  – Without patient-centered data, we never would have known this information.

• Supported the need for universal postpartum depression screening.

## Maternal Depression Screening – Our First few PDSA Cycles

<table>
<thead>
<tr>
<th>Interval</th>
<th>Number of visits</th>
<th>Percentage Screened</th>
<th>Prevalence of positive screens</th>
<th>Percentage referred out</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 week visit</td>
<td>625</td>
<td>79.0%</td>
<td>8.7%</td>
<td>65%</td>
</tr>
<tr>
<td>2 month visit</td>
<td>588</td>
<td>78.9%</td>
<td>5.4%</td>
<td>48%</td>
</tr>
</tbody>
</table>

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<th>Percentage referred out</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 month visit</td>
<td>705</td>
<td>78.6%</td>
<td>5.1%</td>
<td>71%</td>
</tr>
<tr>
<td>6 month visit</td>
<td>711</td>
<td>68.5%</td>
<td>4.7%</td>
<td>&gt;100%</td>
</tr>
</tbody>
</table>

Next cycle is to add the question: Do you look happier on the outside than you feel on the inside?

Lesson 7: Count What Matters

- To providers
- To patients
- To clinical staff
- May not be the same as what matters to a health plan...for example:
  - Immunizations. What’s more telling, a total completion rate, or something else?
What makes a good measure?

- Relevant to physician, patient, health plan
- Actionable
- Definitions agreeable
- Easy to measure
Measure Sources

• Medical chart review
  – Considered by some to be the “source” about whether a given service happened during an encounter. Can also glean information not available in other sources (What if a service is offered, but declined by the patient? What if there is a contraindication to a service being measured?)
  – Documentation-dependent, not all data is retrievable in EMR systems without manual review...time and resource intensive

• Claims / billing data
  – Can be impacted positively or negatively by policy
  – Diagnosis codes may not accurately reflect services being done
  – Subject to provider billing consistency, negatively impacted by bundled payments

• Patient report / patient experience
  – Can examine not only satisfaction, but whether informational needs were met
  – Can be impacted by patient / family understanding of terms

• Hybrid measures
  – Compares what is captured in billing to what is documented in the medical record
Immunization Rates by Quarter
## Reasons for Missing 2-year-old Immunizations

<table>
<thead>
<tr>
<th>Reason not up to date</th>
<th>Percent of total</th>
<th>Cumulative percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missing well child exam</td>
<td>29</td>
<td>29</td>
</tr>
<tr>
<td>Parent requested modified schedule</td>
<td>19</td>
<td>48</td>
</tr>
<tr>
<td>No appointment for 12 mo.</td>
<td>15</td>
<td>63</td>
</tr>
<tr>
<td>Parental refusal</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>Missed opportunity</td>
<td>10</td>
<td>85</td>
</tr>
<tr>
<td>Vaccine shortages</td>
<td>5</td>
<td>90</td>
</tr>
<tr>
<td>Deferred due to illness</td>
<td>4</td>
<td>94</td>
</tr>
<tr>
<td>Other (minimum spacing error, vaccine contraindication)</td>
<td>6</td>
<td>100</td>
</tr>
</tbody>
</table>

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Lesson 8: Create a QI Infrastructure

- Once your practice begins to engage in multiple projects, things start to get complicated.
- Sustainability of QI requires oversight – creating a QI Committee or Workgroup helps achieve this.
- Some Medical Home Standards are suggesting a Quality Strategic Plan.
### Supplemental 2013 Standard: Quality Improvement

**2.D.1** PCPCH uses performance data to identify opportunities for improvement and acts to improve clinical quality, efficiency, and patient experience. (5)

**2.D.2** PCPCH utilizes improvement teams that are multi-disciplinary and meet regularly to review timely, actionable, team-level data related to their chosen improvement project and documents their progress. (10)

**2.D.3** PCPCH has a documented clinic-wide improvement strategy with performance goals derived from patient feedback, publicly reported measures, and areas for clinical and operational improvement identified by the practice. The strategy includes quality improvement methodology, multiple improvement related projects, and feedback loops for spread of best practices. (15)
What a QI committee Should Do

- Medical home “transformation” is about broad systems change. Assessing and improving the practice based on recognized medical home definitions require QI.
- Interpreting policy / health reform changes and how that will impact the clinic also informs QI.
- Building the clinic’s Adaptive Reserve should be a primary goal of the QI committee
  - Other providers / office staff should be competent in QI
  - “Sensemaking” is an adaptive reserve skill that needs to be fostered
- An overall QI strategic plan should also be within the purview of the QI committee
  - When you have a lot of projects running at the same time, how do they connect to each other and inform where you want to go as a clinic?
  - What are the goals of your clinic related to improvement?
Lesson 9: Share What You’ve Learned

- With your practice colleagues
- With provider networks (like your AAP chapter)
- With other community agencies

- When you’re ready...think about publication!

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Lesson 10: Get Connected

• You don’t have to do QI on your own
• State or local AAP chapter
• AAP Activities:
  – Quality Improvement and Innovation Network (QuINN)
  – eQIPP
• Community or public partners with common interests (such as Title V)
• Improvement Partnerships (National Improvement Partnership Network)
Improvement Partnerships

...a durable, regional collaboration of public and private partners that uses measurement-based efforts and a systems approach to improve the quality of children’s health care.

But what does that mean?
Improvement Partnerships

• State- or regionally-based quality improvement (QI) and/or health services research programs with exclusive focus on MCH
• Main purposes:
  ▪ Bring together partners from across the healthcare system
  ▪ Lead and direct QI projects in child-serving practices
  ▪ Translate findings into policy and system-level improvements
• Dedicated staff (e.g., QI coaches and measurement experts)
• Housed within a university, children’s hospital, state government department/office or local AAP chapter
• Seek resources to support child health improvement
• Provide opportunities for pediatricians to fulfill MOC Part IV requirements
  – Some IPs also assist practices with NCQA / PCMH scoring

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How Oregon Got Started

• Impetus for quality improvement came from two organizations initially
• Several of our initial projects created preliminary partnerships
  – Developed a common table around a clinical area of concern (developmental screening, asthma, immunizations)
  – Learned the value of collaboration
• Environmental scan: Who are the players? What are the existing projects / efforts in child health QI?
• Technical assistance from the leadership of NIPN
Final Thoughts

• Quality improvement can be easily incorporated into everyday clinical practice
• QI leads to better relationships with office staff, patients, and community resources as you work together toward common goals
• QI puts you on the road to becoming highly functioning medical homes
• You don’t have to do QI on your own
How to Cite this Presentation: