Q: Based on quality gaps and number of physicians with potential for improvement, what kind of activities could your organization support?

### Advocate Health Partners
- Incorporated in Clinical Integration Program
- Collaboratives style program
- Focused on key initiatives to drive population health:
  - Chronic conditions (Diabetes, CAD etc.)
  - Advanced Access
- Group setting
- Mid to large scale (40-150/year)

### Permanente Federation
- Initiatives that support priorities (and are resourced) by quality leaders and or clinical specialty department chairs in each Kaiser Permanente region
  - Chronic conditions with HEDIS, KP, or literature based benchmarks for improved quality.
  - Areas focusing on reducing unnecessary cost of care.
  - Areas targeted at improving patient care experience (access, communication)

### Partners Healthcare
- Quality improvement initiatives aligned with institutional, departmental or unit level goals.
- Aim is to include several system level initiatives, in addition to smaller projects developed by frontline clinicians
- Goal in phase I is to support enough initiatives to engage at least 50% of clinicians seeking maintenance of certification (currently have 18 projects)

### Medical Society of Virginia Foundation
- Initiatives that support priorities of quality leadership and/or clinical specialty department chairs in health systems across the state
  - Chronic conditions with based benchmarks for improved quality.
  - Areas focusing on reducing unnecessary cost of care.
- Initiatives take in collaboration with our Chamber of Commerce Health Care Committee and the Virginia Center for Healthcare Innovation

### University of Michigan
Quality, safety & efficiency initiatives within:
- UM Health System (primary) and
- VA Ann Arbor Healthcare System
- UMHS-led state collaboratives
- ACOs involving UMHS (now 3)
Q: How can organizational physician QI be integrated with CME or other physician development programs?

**Advocate Health Partners**
- Programs were developed first as CME programs.
- Next phase was gaining MOC from specific boards.
- All portfolio initiatives are also CME’d.

**Permanente Federation**
- Our portfolio is overseen by a group of senior quality leaders to ensure alignment with Quality Departments.
- We regularly seek input from Kaiser Permanente leaders in performance improvement methodologies) to align with developing those competencies in physicians.
- Our portfolio is also overseen by the CME directors in each KP region; many KP regional CME staff assists with local project development and assistance, and serve as liaisons to regional physicians and quality departments.
- PI-CME is given for each completed project.

**Partners Healthcare**
- Project leaders can apply for PI CME on a per project basis. Application for MOC is integrated with CME application
- Subset of projects are developed within one of two quality improvement training programs offered by MGH/Partners

**Medical Society of Virginia Foundation**
- Our foundation has experience in physician leadership and has a strong experience in CME in both practice enhancement as well as clinical care.
- Our Claude Moore Physician Leadership Institute has trained over 150 physicians. These lessons and the experience in front line clinical “leading for impact” approach are blended into the projects.

**University of Michigan**
Physician leadership structure: institution, departments, units:
- QI alignment and planning
- Align with: P-4-P, OPPE, MOC, CME, GME, UGME, PQRS MOC, network relationships
Q: What is the organizational status and strategy regarding MOC?

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<tr>
<th>Advocate Health Partners</th>
<th>Permanente Federation</th>
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<td>• System has very strong board certification requirement policy</td>
<td>• Board certification required for physicians to become shareholders (and in many cases, remain employed) in KP regions.</td>
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<td>• Physician alignment</td>
<td>• Alignment of KP QI priorities with MOC seen as a plus for physicians and leaders (decreases duplicate work, enhances reputation)</td>
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<td>• Supports both Physician need and system needs to drive quality programs and increase physician involvement.</td>
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<td>• Physician participation highly supported and monitored</td>
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<td>• Strategy is to align local quality improvement with physician certification efforts by a) structuring local QI to achieve MOC goals and b) encouraging physicians to develop MOC projects that align with local QI goals, rather than work independently on PIMs.</td>
<td>• We view the MOC process as a key to engaging front line clinicians to achieve their recertification goals but help them do this in the context of their system’s overall quality agenda and to support the transformation of care teams.</td>
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<td>• Organizational status: MOC steering committee oversees Quality Review Board which approves projects submitted by departmental MOC champions.</td>
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<td>• QI training program available for project leaders</td>
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| University of Michigan | |
|------------------------| |
| • Physician leaders and physicians responsible for QI. | |
| • MOC unit helps document QI work. | |
| • MOC unit reports to physician leads for physician education, physician clinical practice (Faculty Group Practice, Chief Medical Officer), institutional QI alignment (Michigan Quality System) | |
Q: Who are the key on the ground and high level sponsors of the QI efforts in your organization?

**Advocate Health Partners**
- Senior VPs for Medical Management
- Medical Directors
- Board of Directors
- Physician leaders

**Permanente Federation**
- Broad support from KP regional and national quality leadership and medical directors.
- Facilitated by staff at the Permanente Federation.
- Directed by TPF Director of Medical Education, with assistance from TPF Director of Clinical Integration
- Oversight by KP regional Medical Directors of Quality and regional Directors of CME.
- Endorsement by Medical Directors of KP regions and the Permanente Federation.

**Partners Healthcare**
- High level: Medical director of physicians organization/ Director of Professional Development for Partners
- Ground level: Associate medical director for QI with senior project manager
- Department level – MOC champion (physician quality leader)

**Medical Society of Virginia Foundation**
- We have the support of the Senior Leadership of the Medical Society of Virginia and its Foundation leadership in making this program a success.

**University of Michigan**
- High level: Faculty Group Practice (outpatient), Chief Medical Officer (inpatient), Asst. V.P for Medical Affairs (Michigan Quality System)
- Mid-level: chairs of 20 clinical departments
- Local level: physician leads–inpatient service chiefs, outpatient clinic medical directors
- QI training: Michigan Quality System, Faculty Affairs
Q: How can participating in the Portfolio Program help the sponsors of QI efforts in your organization?

**Advocate Health Partners**
- Increases participation in focused key initiatives
- Aligns with key initiatives
- Provides quality training and support to physicians

**Permanente Federation**
- Aligns with key initiatives
- Helps physicians meet MOC requirements while focusing on KP priorities
- Facilitates sharing of data and effective QI practices/strategies across KP regions.
- Identifies physicians interested in further QI or PI training.

**Partners Healthcare**
- Increases engagement in local QI efforts
- Makes better use of hours of non-clinical time currently being spent by physicians working independently on PIMs that do not align with institutional efforts

**Medical Society of Virginia Foundation**
- Enhances participation in targeted initiatives which help develop the PCMH and serve to educate and train front line clinicians and their teams for new models of care and prepare for incentive payment models.
- Aligns with key initiatives to support physicians in meeting the challenges of health care reform
- Platform for quality training and support to physician teams. We can refine programs in accord with their system or practice goals. This makes the MOC process much more meaningful and fosters sustainable change.

**University of Michigan**
- Helps align external requirements
- Engages physicians & aligns efforts
- Encourages programmatic QI plans
- Some direct $: PQRS MOC incentive
**Q: What is the business or support model for a Portfolio Program within your organization?**

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| - Physician Organization has funded both the quality and portfolio programs as a service to the physician membership | - Budget support (FTE, fees) from Permanente Federation annual operating budget.  
- Committee work conducted by regional CME staff from several KP regions. |

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<td>- Physicians organization supports program with project manager, medical director, and paid program fee.</td>
<td>- Our mission as a society is to provide support for physicians and their office teams. This operationalizes this mission and provides us with venues for our practice services division as well as enhances our relationships with health systems who need their physicians trained/prepared for the future.</td>
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<td>Faculty Group Practice (FGP) funds</td>
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| - QI improves FGP bottom line  
- Helps physicians maintain cert.  
- Certification required (employee) |
Q: How are improvements sustained and spread in your organization?

**Advocate Health Partners**
Sustained:
- Newly identified best practices shared tactics are included in tool kits and change packages.

Spread:
- Sharing of best practices and barriers within the collaborative.
- Physicians within practices will build on activities previously implemented

**Permanente Federation**
- Alignment of QI efforts with CME at KP regional and national level facilitates spread.
- National multidisciplinary interprofessional KP Quality Conference designed to promote spread and networking.
- Regional Medical Directors of Quality meet quarterly.
- Permanente Federation has staff to support interregional groups of department chiefs to develop and implement QI efforts (i.e. NSQIP)
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- Regional Medical Directors of Quality meet quarterly.
- Permanente Federation has staff to support interregional groups of department chiefs to develop and implement QI efforts (i.e. NSQIP)
- Successful practices supported by a variety of strategies including workflow redesign, decision support embedded in E.H.R., registries, etc.
- Quality scorecards for individual physicians and teams – regular feedback on performance. Local managers held accountable for meeting key metrics. Individual incentives for specific metrics.

**Partners Healthcare**
- Sustained: Various methods: clinical policy, use of incentives, performance measurement, hard stops in EHR
- Spread: Various best practice consortiums on specific topics around network

**University of Michigan**
Sustained
- Defining “standard” work
- Embedding changes into work processes and infrastructure, e.g., EMR

Spread (harder):
- Document and share (online site)
- Developing roles for physician QI leaders and communication networks for them
- Spread built into some planning, e.g., coordinated ambulatory care plans for initial experiments in some clinics to then spread to all

**Medical Society of Virginia Foundation**
- To sustain best practices, we share approaches in a variety of platforms. We have created tool kits and change packages to support future projects. We also focus strongly on the business case for specific changes to foster revenue streams that support the teams’ efforts. The business case for improvement is key to all our project designs.
- We spread the improvements by use of our program extranet, sharing of best practices and identification of barriers within our collaboratives.
- Physicians within practices are encouraged to build on activities previously implemented. We attempt to match interventions and PDSAs to similar practice environments.