Thriving in a Value-Based Environment

Ulfat Shaikh, Anna M. Roth, Lisa Schilling

Tuesday, December 8, 2015
9:30 AM – 10:45 AM
11:15 AM – 12:30 PM

#IHI27FORUM
Facilitators

- Ulfat Shaikh  
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## Agenda

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Process – Buzz Session

- Highly interactive, small-group discussions
- Stimulate thinking, draw on collective experience of audience
- Introductory presentation
- Audience divides into sub-groups to discuss specific questions or issues
- Facilitator within each sub-group adjusts flow of activities, if needed
- Room fills with noise as each sub-group “buzzes” in discussion
- After discussion, one member of each group reports out key ideas or findings
- End with reflection on what we have learnt, discuss implications, and how we might apply it in our work
Reframe Conversation ➔ Delivering High Value Care

- Value = Health outcomes / Cost
- Moving from volume to value: How do we honor value as defined by the people we serve, while using existing and emerging funding opportunities. Value to patient is time not in health care / time not with doctor
- How to do you take financial and technical concept (VBP) - mechanisms to operationalize health reform - and use it to change organization and patient experience
- Have orgs seized this opportunity?
- How to design care around what matters to patients?
Objectives

- Collectively describe approaches health systems take to thrive as they deliver high value care

- Identify the key attributes of successful value-based enterprises
Anna Roth

- Co-designing for vulnerable populations
- Super-utilizers
- Behavioral health
- Complex care
- Homelessness
- Designing care around what matters to patients
- Case study: Behavioral health. 4 or more missed appointments → highest cost, with Kaiser Ethnography - CareConnect clinic.
Defining Value IN A SAFETY NET HOSPITAL SYSTEM
Our Commitment

**VISION**
Contra Costa County will be the healthiest community in the nation.

**PURPOSE**
Creating optimal health for ALL through respectful relationships and high quality service.

**PRIORITIES**
- Patient and Family Centered
- Continuous Improvement
- Delivering Value

**KEY INITIATIVES**
- Access
- Capability Development
- Communications
- Integration
- Partnerships
- Population Health
- Safety
Our Reason for Being

200,000 LIVES
Who are we?

- 70% MediCaid eligible
- 20% Medicare recipients
- 35% Latino
- 32% Caucasian
- 18% African American
- 40% of patient visits (Age 1-18 or 51-60)
- 21.2% of visits Spanish speaking
- 70% of visits English speaking

- 6% of visits (Tagalog, Punjabi, Vietnamese, Farsi, Mien, Arabic Mandarin, Laotian speaking)
- The majority of our families live in poverty
  - Family 1 ($1,354 month)
  - Family 4 ($2,789 month)
Health and Wealth inequities across Bay Area Rapid Transit (BART) stations

The short distance between a few BART stations can mean an 11-year difference in life expectancy and dramatic differences in physical and economic well-being.
Value = What Matters to You
Discussion: Ideas within reach

- How can we determine what matters in our systems every day?
- Tables – 5 minutes
- Report out – one minute each table
Lisa Schilling

- Population segmentation
- Big data and technology
- How to understand where we are reliable
- Team-based care
- Co-design, designing care around patients
- Care management → personalized care
- Case study: Co-design team based care
Ulfat Shaikh

Engaging and empowering frontline workers (including students, trainees, staff, and healthcare professionals) in care transformation
UC Davis Medical Center: Referral center for region covering 33 counties, more than 65,000 square miles and 6 million residents

Hospital, patient statistics:
- Licensed beds 619
- ER visits 61,037
- Clinic/office visits 888,632
- Admissions 31,450

Faculty & other academic personnel 1,342
- Residents and Fellows 882
- Students 817
- Staff 9,077

- School of Medicine
- School of Nursing
- Masters in public health
- Masters in health informatics
- Masters in clinical research
Trainees and frontline clinicians

- Provide insights into system problems
- Identify variations in care and opportunities for improvement
- Modify pathways of care
UCDHS Health Care Improvement

Alignment with organizational strategic plan
- Selection of QI focus areas

Sustaining culture of quality
- UCDHS Annual Quality Forum
- Increasing visibility of efforts

Continuing professional development
- Seminar series
- VSI Training
- Maintenance of Certification Part 4

Research
- Fellowship in Quality, Safety, Comparative Effectiveness Research Training,
- Student scholarly projects
- Research Award

Interprofessional education
- Interprofessional courses
- Certificate in Healthcare Improvement

Advocacy
- Student interest group
- Clinical practice improvement

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Improving Pediatric Health Care Delivery by Engaging Residents in Team-Based Quality Improvement Projects

Ulfat Shaikh, MD, MPH, MS, JoAnne E. Natale, MD, PhD, Jasmine Nettiksimmons, MA, and Su-Ting T. Li, MD, MPH

Abstract
The goal was to implement and evaluate an experimental and longitudinal team-based curriculum in quality improvement (QI) for pediatric residents that would increase their ability to apply QI methodology while improving clinical processes and outcomes. The curriculum evolved over 3 years based on resident feedback. Working in teams, residents and faculty apply QI principles to systematically design and implement QI projects. Residents increased their level of comfort with key QI concepts. They showed an increase in QI skills by meaningful integration of the following QI concepts into their projects: establishing the magnitude of the problem, developing focused aims for improvement, identifying areas to change, using QI tools, collecting data, and assessing if changes were successful. The 10 resident-led projects conducted over the past 3 years also resulted in improvements in measures of multiple clinical processes and outcomes. This curriculum was effective and feasible within the constraints of residency work hours.
Timeliness and quality of discharge summaries

Shaikh U, Slee C. Triple Duty: Integrating Graduate Medical Education With Maintenance of Board Certification to Improve Clinician Communication at Hospital Discharge. Journal of Graduate Medical Education. 2015.
Blue Certificate (Basic)

Online coursework (Select IHI Open School courses, 10 hours)

Introduction to Healthcare Improvement (MDS 486, Winter, 0.5 unit):
2-day course on quality improvement methods and tools, patient safety, root cause analysis of adverse events, high value care, human factors in healthcare, improving patient experience, measuring and comparing quality, managing change, teamwork and communication, publishing and presenting QI

Gold Certificate (Advanced)

One of the following courses:
Improving Quality in Health Care (MDS/NRS 493Q, Fall, 6 units)
Enhancing Patient Safety in Health Care (MDS/NRS 493C, Spring, 4 units)

Quality improvement project: Under faculty mentorship and within interprofessional teams, apply knowledge and skills to complete project aligned with UC Davis Health System’s Strategic Plan and submit abstract to Annual UC Davis Healthcare Quality Forum
Value Stream Improvement Training

- Overview of Value Stream Improvement
- DMAIC Primer
- VSI Exercises and Group Work
- 1st stage of VSI Certification Process
GME High Value Competition

- Residents / Interns
- 8 project awards. Include project management, analytic support, $7,000
- Leverage QI work to enhance academic productivity.
- Engage with health system leadership
- Become future leader in health care quality
- Awarded projects
  1. Implementation of Enhance Recovery After Surgery (ERAS) in cystectomy patients to decrease length of hospital stay and readmission rates
  2. Minimizing Wrong Site, Wrong Patient, Wrong Procedure Incidences By Improving Pre-Procedure Documentation Compliance
  3. Improving the Surgical Mortality and Morbidly Process through Root Cause Analysis and Trends Monitoring
  4. Analysis and Educational Program to Reduce the Overuse of Neurodiagnostic Imaging in the Workup of Cerebrovascular Accidents (CVA)
  5. Management of Severe Range Blood Pressures During Inpatient Obstetrical Care
  6. Implementation of integrated hematopathological services: to improve patient care and reduce cost
  7. Improving Outcomes after Spine Surgery Through Early Mobilization and Optimized Respiratory Care; Implementation of protocols to reduce post-operative morbidity in elective neurological surgery spine cases
  8. Medication Reconciliation for High Risk Medical/Surgical Patients Admitted to the Internal Medicine Service Through the Emergency Department; Develop the Best Possible Medication Reconciliation Upon Admission and Increase Compliance
Freischlag-Roethle Research Award

To encourage medical students to explore quality improvement / implementation science research early in career

Research stipend awarded to medical student who has completed first year of medical school
Fellowship in Quality, Safety, and Comparative Effectiveness Research Training (QSCERT)

- Center for Healthcare Policy and Research, supported by funding from AHRQ
- Multidisciplinary, postdoctoral training program, two-years
- Training in surgical, trauma, and urgent/emergency care outcomes research
- Required core curriculum + one of three tracks
  - Track 1: MPH program
  - Track 2: Master of Advanced Study in Clinical Research
  - Track 3: QSCERT Certificate Program
Continuing Professional Development

Continuing Professional Development and Maintenance of Board Certification credits
Student Interest Group in Quality Improvement and Patient Safety

- Medicine, nursing, NP, PA, public health, informatics, management
- IHI Open School Chapter
- Curriculum development
- Scholarly projects
- Quality Forum
Discussion: Ideas within reach

- How can we optimally engage and empower frontline workers in delivering high value care?
- Tables – 5 minutes
- Report out – one minute each table
Other strategies

What else do delivery organizations do to transform healthcare delivery?