Thriving in a Value-Based Environment

Ulfat Shaikh, Anna M. Roth, Lisa Schilling

Session Codes A27, B27
The presenters have nothing to disclose

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

#27FORUM

Facilitators

- Ulfat Shaikh
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- Anna M. Roth
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Agenda

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<th>Topic</th>
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<td>Introduction to Session</td>
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<td>Co-designing care for vulnerable populations; behavioral health, complex care, homelessness</td>
<td>20 min</td>
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<td>Population segmentation: Big data, using technology, team-based care</td>
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<td>Engaging and empowering trainees and frontline workers in care transformation</td>
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<td>Other strategies for delivery organization to transform healthcare delivery; Wrap-up</td>
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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 ($1,364 month)
  - Family 4 ($2,789 month)
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 health care 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

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

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

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

Inter-professional education
- Interprofessional courses
- Certificate in Healthcare Improvement

Advocacy
- Student interest group
- Clinical practice improvement

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

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

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

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UCDAHS HEALTHCARE QUALITY FORUM
5th ANNUAL UC DAVIS HEALTHCARE QUALITY FORUM
Wednesday, April 1, 2015
EASTON BALLROOM, 401 J Street, #1230, SACRAMENTO
Timeliness and quality of discharge summaries

Shaikh U, See 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)

- 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)

- 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

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

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)
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 Morbidity 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 hemopathological 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?