# CP3 Population Health Management

Comprehensive Track, In-Person Learning Session #3 Tuesday, December 3, 2016 from 8:00am-5:00pm

Hotel Shattuck, Berkeley, CA







Why care about care delivery transformation in the face of the election?



#### **Reflection**

What big questions or fears do you have related to the APM or care delivery transformation work in general in the face of the election and what comes next?



# **CP3 Pop. Health: Looking Back**



#### **Program Aim**

By **April 2017**, all nine federally qualified health centers will test and measure care delivery changes in at least one of the following modules:

(1) team-based care,
 (2) population health management, and/or
 (3) planned care,

to support the delivery of high value care in a capitated payment environment.



#### CCI Program TA Support: May 2016 – April 2017

#### **Core Activities**

- **Pre-work virtual meeting-** identify opportunities for improvement, set aims (May)
- In-person learning sessions focused on preparing orgs. for change, team-based care, planned care, population health management (July, Sept, Dec, March)
- **Coaching Calls** (monthly, 2hr min, max 6hrs/org)
- **Swap meets** virtual peer sharing/learning (when assigned presenter/reactor)

#### Optional

- Faculty Office Hours
- Site visits
- Technical webinars focused on timely content, spread and sustainability



#### **Program Timeline**

May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Pre-work virtual meeting 5/26		Onsite #1: 7/21		Onsite #2: 9/21			Onsite #3: 12/6			Onsite #4: 3/2
[	Monthly Coaching Calls (up to 6 hrs/mo per organization, across participating sites)									
			"Sw	ap Meets"		••••••				
Curbside Consults with faculty (expert office hours)									•••••	
						Site visits				

Technical Webinars.....



#### **Comprehensive Track Areas of Focus**



### **Our Three Step Approach**

#### 1.Understand & Set Aims

1) Identify opportunity areas to develop or strengthen: what do your current data tell you?

2) Test assumptions: Do others (i.e. frontline staff) agree these are the right areas?

3) Set 1-3 Aim statements for your selected module.

Prework + Change Mgmt. Session 2. Identify Changes & Test

4) Brainstorm multiple solutions for the opportunity area you would like to improve.

5) Use PDSA to learn which of your solutions work better and which do not. Prototype your solutions in a live or semi-live environment. Monitor early indicators for learning purposes.

> Training Modules Site Visits Coaching Office Hours

#### Sustain & Spread Planning

6) Identify changes to sustain, spread and scale with support from coaches and the learning community.

> Coaching Webinars Office Hours





#### Today's Agenda

- •8:00am 8:30: Breakfast & Registration
- •8:30 8:55: Welcome, Ice-breaker & Overview of the Day
- •8:55 9:55: Key Components of a Successful Pop. Health Management Strategy for VBC
- •9:55 10:10: Break and Storyboard Assembly & Decoration
- •10:10 11:15: Storyboard Gallery
- •11:15 11:45: Panel Presentations: Non-traditional Visits and IT Enabled Care
- •11:45 12:30: Lunch
- •12:30 2:30: Non-traditional Visits Learning Labs
- •2:30 2:45: Break
- •2:45 3:25: Team Time: What are you Learning and What are the Next Steps?
- •3:25 3:50: Uses for Data Measurement, Accountability, and Improvement
- •3:50 4:00: Wrap-Up & Closing
- •4:00 5:00pm: Networking Reception & Celebration





# Organization Capability for Providing High-Value Care

Tammy Fisher, Senior Director Center for Care Innovations

















First, Some Context...

Value equation is centered around the patient

# Value = <u>Patient outcomes+ Experience</u> Cost



### Past and Present

- Started in hospitals, now spreading
- Largely Medicare VBP
- FFS Medicare VBP carrots and sticks
- Health plan P4P \$\$\$ on top of "base rate"
- ACOs shared savings and Pioneer program
- Medicaid/Medicare- MU incentives



#### This Transformation is an evolution.... to a new model for healthcare.

#### **Old Healthcare**

- Fee for Service
- Volume
- Delivery
- Employer-centric
- Prices unknown
- One way dialogue
- Transactional
- Data poor & disconnected
- Reactive
- Standards

#### **New Healthcare**

- Pay for performance
- Value
- Quality Outcome
- Consumer-centric
- Cost transparency
- Engaged & mobile
- Brand loyal
- Integrated rich "big" data
- Predictive & prescriptive
- Personalized & optimized

Source: Judy Murphy, RN, Chief Nursing Officer at IBM Global Healthcare





### Managing "Assigned" Populations



9 http://archive.ahrg.gov/research/findings/factsheets/costs/expirach/expendina.pdf

Source: Judy Murphy, RN, Chief Nursing Officer at IBM Global Healthcare



### Partner Sharing

#### **CommuniCare and Clinica Family Health**

- How are you working with your managed care plan to identify your assigned patients?
- Are there other data you are receiving from your managed care plan (s) to proactively manage the care of your assigned patients?
- Are others working with their managed care plans?



### High Value Care– What's Needed?

#### **Practice level changes**



#### **Org-wide infrastructure changes**

- Engaged leadership at all levels
  - Clear vision, and goals
  - Adaptive leadership style
- Robust data systems, measurement and reporting
  - Financial/operational analytics
  - Clinical informatics
  - Performance monitoring
- Training and knowledge management
  - Institutes, programs
- Continuous improvement
  - Improvement methodology
  - Clear plan for spread and scale



#### Adaptive Leadership

#### A common leadership framework – adaptive leadership (Heifitz)

Get on the Balcony

 A place from which to observe the patterns in the wider environment as well as what is over the horizon (prerequisite for the following six principles)

#### Identify the Adaptive Challenge

- A challenge for which there is no ready made technical answer
- A challenge requiring the gap between values, beliefs, attitudes and behaviours to be addressed

#### **Create the Holding Environment**

- May be a physical space in which adaptive work can be done
- The relationship or wider social space in which adaptive work can be accomplished

Cook	Maintain	Give back
the Conflict	Disciplined Attention	the work
<ul> <li>Create the heat</li> <li>Sequence &amp; pace the work</li> <li>Regulate the distress</li> </ul>	<ul> <li>Work avoidance</li> <li>Use conflict positively</li> <li>Keep people focussed</li> </ul>	<ul> <li>Resume responsibility</li> <li>Use their knowledge</li> <li>Support their efforts</li> </ul>

Protect the voices of Leadership from below

- Ensuring everyone's voice is heard is essential for willingness to experiment and learn
- Leaders have to provide cover to staff who point to the internal contradictions of the organisation



# A Story from Clinica...

- Patient and staff's #1 complaint.
- Complex problem, no clear solution
- Patient voices were very important
- Front office staff on team
- Curiosity essential
- Values and beliefs and behaviors needed changing
- Experiments and smart risks
- Clinician buy-in rule



#### Data Systems and Reporting







# **Org-Level Changes**

#### Training and knowledge management

- What programs/support does your organization offer?
- How have you embedded this into your organization – or, how will you make it stick?

#### **Continuous improvement**

- What methodology do you use in your organization?
- How have you embedded this methodology into your organization – or how will you make it stick?



# Identify Your High Leverage Changes

- As a team, identify the **top three** changes you are doing in your organization that move you towards high value care for your primary care patients?
- Team rotations
  - Share with one other team
- Group report out share one pearl you got from the other team

# Break/Storyboard Decoration 15 minutes





#### 15 minutes to decorate your storyboard!





# **Storyboard Gallery**



#### **Storyboard Presentations**

- Two groups each team presents their storyboard (40 minutes)
- Storyboard gallery (20 minutes)





# Storyboard Stealing & Sticky Note Consultation

- Post a spokesperson at your storyboard
- Circulate to learn from and help other health centers
- Use green and pink sticky notes for consultation
- Jot down ideas to steal and next steps on your worksheet

Great work! Thanks for ídea, we may steal



Have you considered



### Panel Presentations: Non-traditional Visits and IT Enabled Care



#### **Panel Presenters**



Melissa Rombaoa, MPH CHFP Operations Strategist San Mateo Medical Center



**Dr. Carolyn Shepherd,** CP3 Clinical Director, former CMO of Clinica Family Health



**Charles Kitzman**, MMI Chief Information Officer Shasta Community Health Center

# **Technology Enhanced or Enabled Care**





Adapted from: UCSF Center for Excellence and CareOregon Practice Coach Training, 2016



#### **Non-Traditional Visit Models**



Adapted from: UCSF Center for Excellence and CareOregon Practice Coach Training, 2016



# **Defining the Problem (Opportunity)**

- What are we trying to make **better**?
- What are our **problems** and the **root cause** of the problem?
  - 5 Why's



- Describe the **opportunity**.
  - Aim statement
- Identify solution to test
- PDSAs adapt, abandon, implement
- Spread, scale and sustain what works!



# Panelists, 5 minutes each

- Introduce yourself and your organization
- What is your **solution**?
- What **problem(s)** does your solution address? What is the **business case** for doing it?
- What **impact** has the solution had on your patients, clinicians and care team?
- What has **surprised** you most about your solution?
## Lunch 45 minutes





## Learning Labs 12:30-2:30pm

## Break 10 minutes





## **Team Time!**



#### Team Time!

- Activity: Get into teams, and reflect on the question:
  - -What are you thinking about changing and trying back in your organization?





#### **Purposes for Measurement**

Tammy Fisher, Senior Director Center for Care Innovations



#### The Three Faces of Performance Measurement

Aspect	Aspect Improvement Accountabil		
Aim	Improvement of care (efficiency & effectiveness)	Comparison, choice, reassurance, motivation for change	New knowledge (efficacy)
Methods: • Test Observability	Test observable	No test, evaluate current performance	Test blinded or controlled
• Bias	Accept consistent bias	Measure and adjust to reduce bias	Design to eliminate bias
Sample Size	"Just enough" data, small sequential samples		
<ul> <li>Flexibility of Hypothesis</li> </ul>	Flexible hypotheses, changes as learning takes place	No hypothesis	Fixed hypothesis (null hypothesis)
Testing Strategy	Sequential tests	No tests	One large test
Determining if a change is an improvement	a Run charts or Shewhart control charts (statistical process control) No change focus (maybe compute a percent change or rank order the results)		Hypothesis, statistical tests (t- test, F-test, chi square), p-values
<ul> <li>Confidentiality of the data</li> </ul>	Data used only by those involved with improvement	Data available for public consumption and review	Research subjects' identities protected

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### Find your Purpose for Measuring!

#### Quote from IHI...

"We are increasingly realizing not only how critical measurement is to the quality improvement we seek but also how counterproductive it can be to mix measurement for accountability or research with measurement for improvement."

#### What does this mean to you?

• What challenges have you experienced when mixing measurement intended for different purposes?



## Data for Accountability

Click on medical group for group's star ratings and information:		MEDICAL GROUP USES TREATMENTS PROVEN TO BE EFFECTIVE T	PATIENTS RATE THEIR MEDICAL GROUP (1)	AVERAGE ANNUAL PAYMENT FOR CARE
<ul> <li>Affinity Medical</li> <li>Group</li> </ul>	(2016)	GOOD	GOOD	LOWER PAYMENT
Alta Bates Medical Group, a division of Brown & Toland Physicians		FAIR	GOOD	LOWER PAYMENT
<ul> <li>Hill Physicians</li> <li>Medical Group - Bay</li> <li>Region</li> </ul>		GOOD	GOOD	LOWER PAYMENT
John Muir Health		GOOD	GOOD	
<ul> <li>Kaiser Permanente</li> <li>The Permanente</li> <li>Medical Group -</li> <li>Diablo/Antioch Medical</li> <li>Centers</li> </ul>	2019	GOOD	GOOD	LOWER PAYMENT
<ul> <li>Kaiser Permanente</li> <li>The Permanente</li> <li>Medical Group -</li> <li>Oakland/Richmond</li> <li>Medical Centers</li> </ul>	2019	GOOD	FAIR	LOWER PAYMENT
Sutter East Bay Medical Foundation		GOOD	GOOD	



#### Data for Accountability





## Data for Improvement

- Identify measures/areas to focus on where is variation greatest?
   Where is performance below expected?
  - Clinic-wide data
  - Care team specific data
  - Clinician specific data

#### Data for population management

- Data for use at point of care
- Data for outreaching to patients with gaps or lost to care
- Data for "real time" learnings
  - PDSA data are changes working?

#### HCM & Chronic Conditions SAMPLE

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14104 10812		4019							
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	100.0170	2520	62.7%	347	59.72%	131	21.2%	214	44.58
1050	43.39%	1499	37.3%	234	40.28%	487	78.8%	266	55.42
1959	7.86%	793	19.73%	20	3.44%	51			18.96
18412	73.9%	2868	71.36%	495	85.2%	544	88.03%	318	66.25
4545	18.24%	358	8.91%	66	11.36%	23	3.72%	71	14.79
22957	92.14%	3226	80.27%	561	96.56%	567	91.75%	389	81.04
3881	16.91%	277	8.59%	355	63.28%				17.48
4735		1559	48.33%					197	50.64
7831	31.43%	965	24.01%	163	28.06%				21.88
7376	94.19%	892	92.44%	148	90.8%	25	89.29%	100	95.24
7781	31.23%								32.29
7064	90.79%	644	86.44%	156	91.23%	143	82.66%	133	85.81
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									78.75
									51.85
									73.28
									14.79
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	9.2%	371	9.23%	75	12.91%	14	2.27%	25	5.21
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   16.91%         277           4735         20.63%         1559           7831         31.43%         965           7376         94.19%         892           7781         31.23%         745           7064         90.79%         644           22403         89.91%         3106           11203         50.01%         1613           13915         62.11%         2092           4545         18.24%         358           3782         83.21%         291           2293         9.2%         371           2         1461         63.72%         241           5824         23.37%         766           2         4242         72.84%         557	18412         73.9%         2868         71.36%           4545         18.24%         358         8.91%           22957         92.14%         3226         80.27%           3881         16.91%         277         8.59%           4735         20.63%         1559         48.33%           7831         31.43%         965         24.01%           7376         94.19%   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Tobacco Counseling Patients age 18 years and older who are tobacco users and who had a visit during the reporting year with documentation of advice to quit within 24 months of their last visit



Strategic Plan Goal: 60.0% Healthy People 2020 Goal: 21.1% 2012 UDS Value: 63.0% (2<sup>nd</sup> quartile) 2013 UDS Value: 67.9%

Lafayette – 77.5% Pecos - 79.4% People's -51.6% Thornton - 70.6% Federal Heights – 70.1%

	Total Patients										
Claire	Patients	Self Management Goal (Last 365 Days)									
	56	53									
		94.64%									
	HgA1c Control										
	One HgA1c (In the last 365 days)	Two (or more) HgA1c (In the last 365 days and > 90 days apart)	Average HgA1c (last test)	HgA1c > 9.0% (poor control)	HgA1c < 7.0%						
	56	47	7.69	11	21						
	100.00%	83.93%		19.64%	37.50%						
	Blood Pressure Control										
	Patients (with blood pressure reading)	Blood Pressure Control < 140/90 mm HG	Blood Pressure Control < 130/80 mm HG								
	56	40	21								
	100.00%	71.43%	37.50%								
	Cholesterol Control										
	One LDL (in the last 365 days)	LDL > = 130 mg/dl (poor control)	LDL < 100 mg/dl								
	48	9	30								
	85.71%	18.75%	62.50%								
	Retinal and Foot Exams										
	Retinal Exam (Last 365 Days)	Foot Exam (Last 365 Days)									
	34	53									
	60.71%	94.64%		1							
	Nephropathy Screening Assessment										
	Eligible for Screening	Nephropathy Screening Assessment									
	49	40									
	87.50%	81.63%									
	Tobacco Status and Cessation Advice										
	Current Tobacco User	Tobacco Counseling (Last 365 Days)									
	10	9									
	17.86%	90.00%									



SQL Server Reporting Services Home > Reports > Clinical > Planned Care > Planned Care Registries > Planned Care Registry Outreach SSRS						
History Subs	criptions					
Pod	•		Focus	Patients with Current Alert(s) 👻		
Lafayette - Purp	le	~	Population of Focus	Depression, Diabetes, HTN, Chro		
FD		~	Homeless	Homeless, Not Homeless 🛛 💌		
Date Reviewed		(	Alerts	Past Due or Due within 45 Days 💌		
				Past Due or Due within 45 Days Past Due or Due within 12 Months		
				🗹 Not Homeless		
				Chronic Pain		
				V Prenatal		
	Pod FD	Pod • FD	<ul> <li>Reports &gt; Clinical &gt; Planned Cane Registry Outrea</li> <li>History Subscriptions</li> <li>Pod •</li> <li>Lafayette - Purple •</li> <li>FD •</li> </ul>	Pod Subscriptions     Pod Focus   Lafayette - Purple Population of Focus   FD Menuless	a > Reports > Clinical > Planned Care > Planned Care Registries > ned Care Registry Outreach SSRS          Itistory       Subscriptions         Pod       Focus       Patients with Current Alert(s)         Lafayette - Purple       Population of Focus       Depression, Diabetes, HTN, Chrv         FD       Homeless       Homeless, Not Homeless       Image: Care Reviewed         Date Reviewed       Alerts       Past Due or Due within 45 Days       Past Due or Due within 12 Months         Image: Chronic Pain       Image: Chronic Pain       Image: Chronic Pain       Image: Chronic Pain	

1

#### **Possible Missed Immunization Opportunities**



Visits	Patients	Opportunities	% Missed Opportunities
⊡ Alvarez, Joanna OC			
8	8	0	0.00%
⊡ Andrade, Jeannette CC			
7	7	0	0.00%
⊡ Correa, Manolo CC			
4	4	0	0.00%
🖸 Garcia, Denicia OC			
8	8	1	12.50%
⊡ Garza, Alma CC			
7	6	2	28.57%
⊡ Guerrero, Paola OC			
8	8	0	0.00%

# Need granular data for Performance

#### Improvement





## Wrap Up & Closing



#### **Storyboard Winner!**



Cowgirl Creamery Deluxe Collection







#### What's Next?



Onsite session #4: March 2, 2017 (Preservation Park Oakland, CA)



#### Resource website: cp3portal.com



Swap Meet No Swap Meet in December



Faculty Office Hours