



Blue Shield of California Foundation is an Independent Licensee of the Blue Shield Association

# Innovation, Variation, and Change in Primary Care

## Expanding Access through Team Care

### Monthly Technical Assistance Webinar #9

May 21, 2015

# Agenda

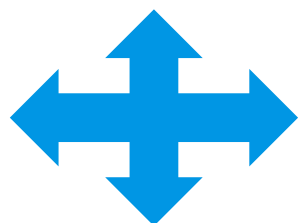


- 1. Session Overview-** Hunter Gatewood
- 2. Innovation, Variation, and Change in Primary Care-**  
Dr. Carolyn Shepherd
- 3. Request for Proposals- “Spreading Innovations 2015”**  
Sarah Frankfurth, CCI
- 4. Action Steps & Reminders-** Susannah Brouwer, CCI



# Program Goals

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**Expand access**  
to primary care services



**Foster innovation**  
in the safety net



**Improve the efficiency  
and effectiveness**  
of team care models

Dr. Carolyn Shepherd



# Innovation, Variation, and Change in Primary Care



# **Innovation, Variation and Change in Primary Care**

**Carolyn Shepherd**

**Leibig  Shepherd**



# Common Variation In EATC Sites

- Team structure
- Workflows
- Schedule templates
- Care algorithms
- Data use





# Variation in primary care organizations

**Innovations**

**External Changes**



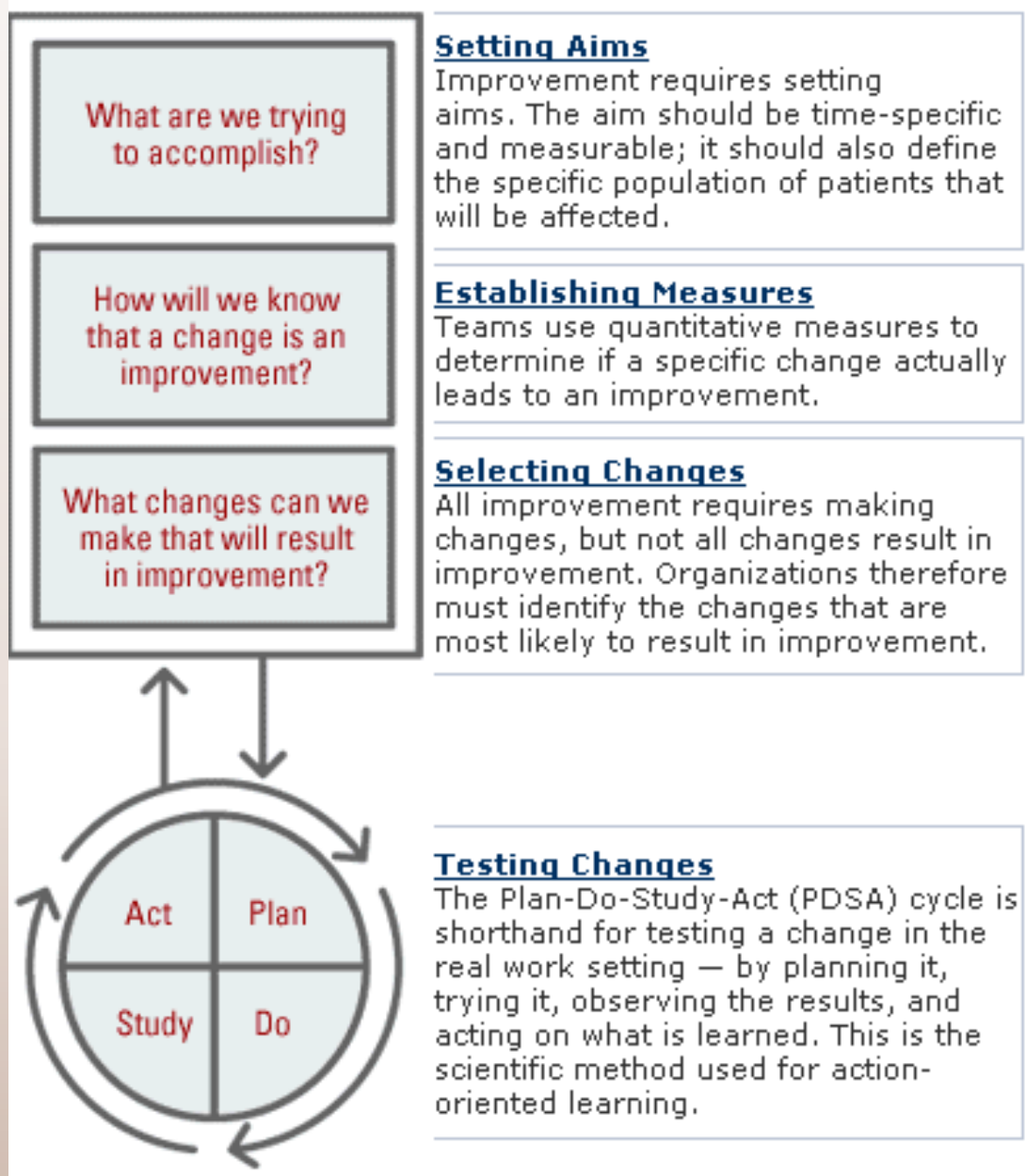
**Variation**



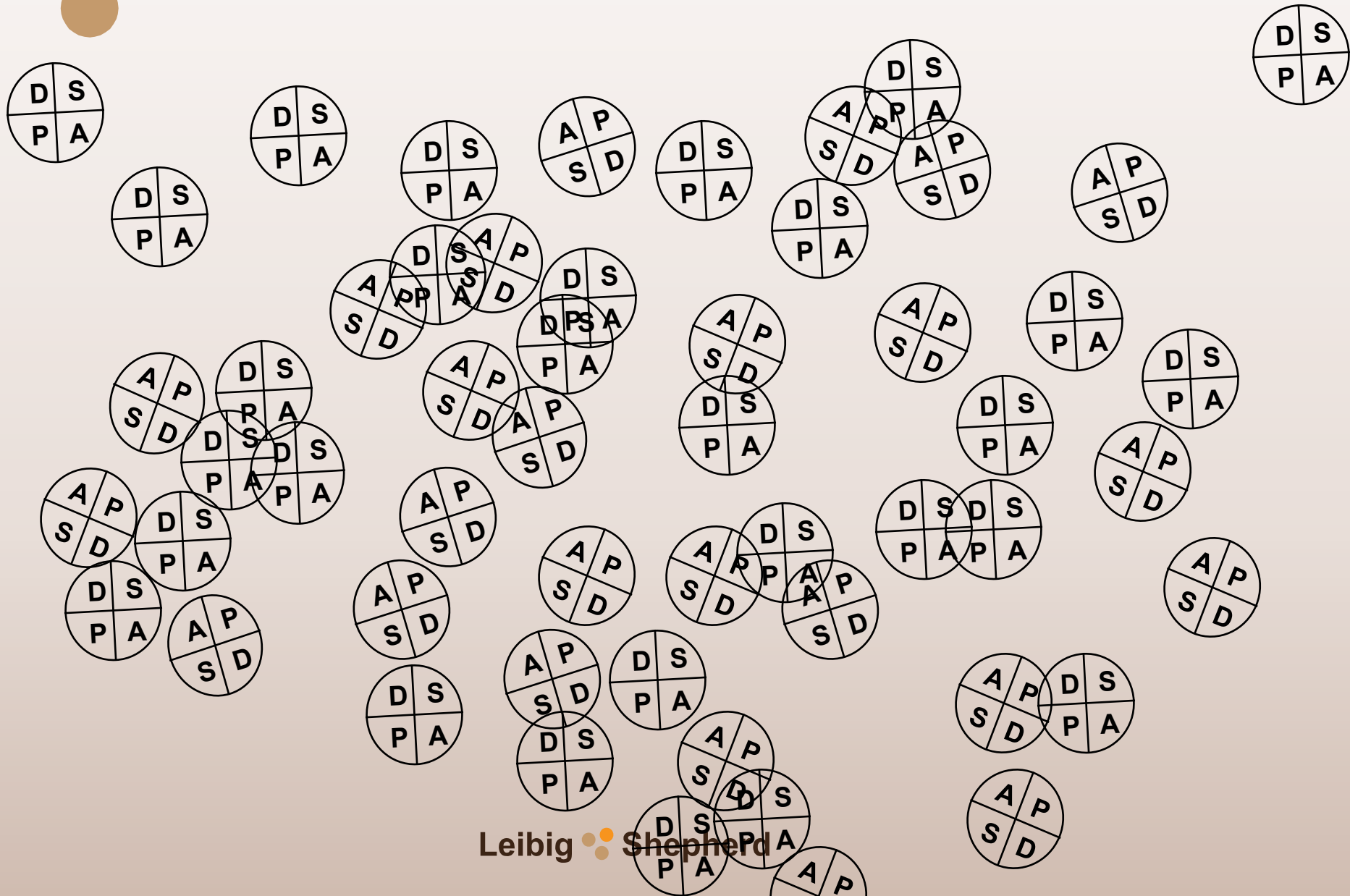
**Barrier to  
Sustained Change**



# IHI Model for Improvement



# Clinical PDSA Confusion





## Innovation in Primary Care

1. Internal or external evidence to improve process
2. Optimal innovation for improvement



## Change Management in Primary Care

1. Spreading change, taking it to scale
2. Sustaining change





# Coordinating Team Learning

The screenshot shows a web browser window with the title "PDSA Database". The browser's address bar shows "Adobe PDF". The browser's menu bar includes "File", "Edit", "View", "Insert", "Format", "Records", "Tools", "Window", and "Help". The browser's toolbar includes "File", "Edit", "View", "Insert", "Format", "Records", "Tools", "Window", and "Help". The browser's status bar shows "Arial", "9", and "B I U".

The main content area of the browser displays the "PDSA Database" interface. The interface has a blue background with a white border. At the top, the text "PDSA Database" is displayed in a blue box. Below this, the text "Cycle for Learning and Improvement" is displayed in a blue box. The interface is divided into two main sections: "Sort by site" and "Sort by category".

The "Sort by site" section contains a vertical list of buttons: "Admin", "Lafayette", "Pecos", "People's", "Thornton", and "All Clinics".

The "Sort by category" section contains a grid of buttons arranged in three rows and four columns. The buttons are: "Adv. Access", "ECS", "HR", "IT", "Billing", "Finance", "Medication/Pharm", "Call Center", "Financial Screening", "Master Planning/Scheduling", "Clinical", "Front Desk", "Work/Patient Flow", "Dental", "Group Visit", and "Other".

At the bottom of the interface, there are two more sections. The first section contains two buttons: "PDSA w/incomplete act section" and "PDSA w/incomplete study section". The second section contains two buttons: "Incomplete PDSA" and "Completed PDSA".



# Simplify Documentation of PDSA

## *PDSA: Cycle for Learning and Improvement*

*id* 36

*Title of PDSA* Cold/Flu Cluster Visit III

*date* 2/4/2008

*category* Group Visits

*first name* Judy

*last name* Detweiler

*job title* clinic director

*site* Pecos

*supervisor first* Tom

*last* Littleton

### *PLAN*

#### *Plan: Describe the issue*

Issue: how do we manage the increased demand for appts during cold/flu season? Plan: Clinic will hold cold/flu DIGMA visits a minimum of 3 times a week during cold and flu season.

After PDSA II staff involved in cluster met and discussed the cluster to determine areas of improvement, following are the meeting comments:

- 1) Flow of cold/flu cluster is very smooth and providers are very satisfied with the cluster.
- 2) Pt satisfaction still needs measures. Form created, but needs translated in order to distribute.
- 3) The cluster offers a good solution to the high demand for acute appts during cold/flu and suggestion was to have one each day. It was decided that all nurses and additional support staff would get trained in the cluster and additional clusters would be added as staff are trained.

#### *Plan: List your questions*

Can we get the staff pulled away from the clinic to train on cluster?

Do pts feel satisfied with cluster visit?

Can we do a cluster every day and staff the visit appropriately?

#### *Plan for change*

*who* Angie, Delfina, MA and provider

*what* cold/flu cluster

*when* Friday 2/8/08

*where* Large GV room 1st floor

#### *Plan for data collection*

*who* Judy

*what* No show rate  
No show rate, staff satisfaction, pt satisfaction,

*when* 2/8/08

*where* 1st floor GV room

### *DO*

*Carry out the change  
or test and collect  
data/benefit analysis*

- 1) Distribute pt survey to all pts
- 2) Survey staff after GV. Check with provider to see if having younger kids makes group flow difficult
- 3) Calculate no show rate
- 4) Extra nurse in visit to train on cluster flow and documentation

### *STUDY*


*Complete data analysis  
and summarize what*

- 1) Pt satisfaction survey done on a total of 21pts over 3 different cold/flu cluster visits. 100% of the pts surveys responded that their needs were met by the cold/flu cluster visit.
- 2) Staff satisfaction survey completed with all employees involved in the cold/flu cluster process. Following are the results fo

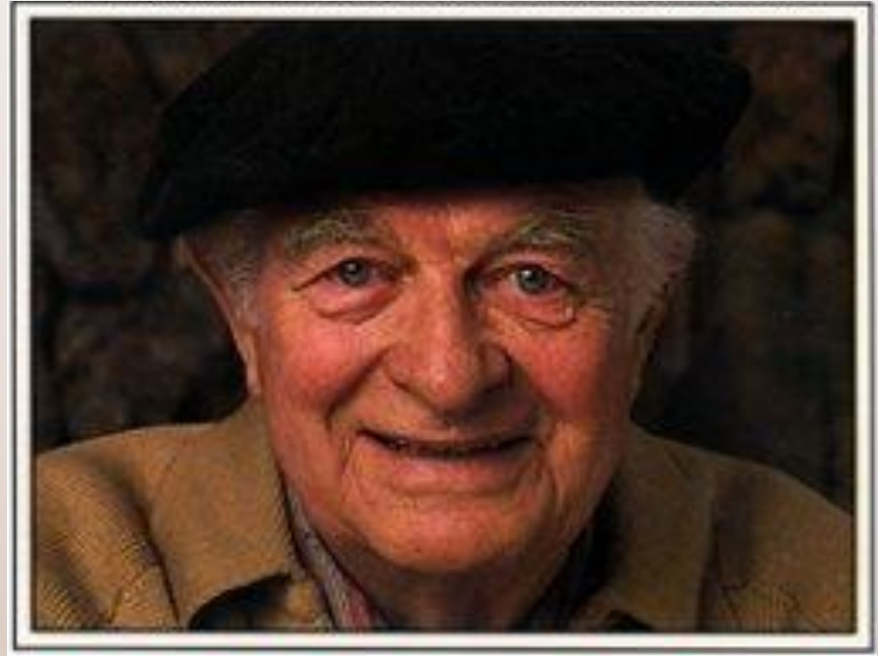



# Optimize PDSAs to Test Changes

- **Choose the right SMALL tests**
  - Leadership
  - Involve staff who do the work and patients
- **Make your best prediction**
- **Schedule time to study**
- **Learn and share learning from every PDSA**
  - Failure is just succeeding at learning what doesn't work!

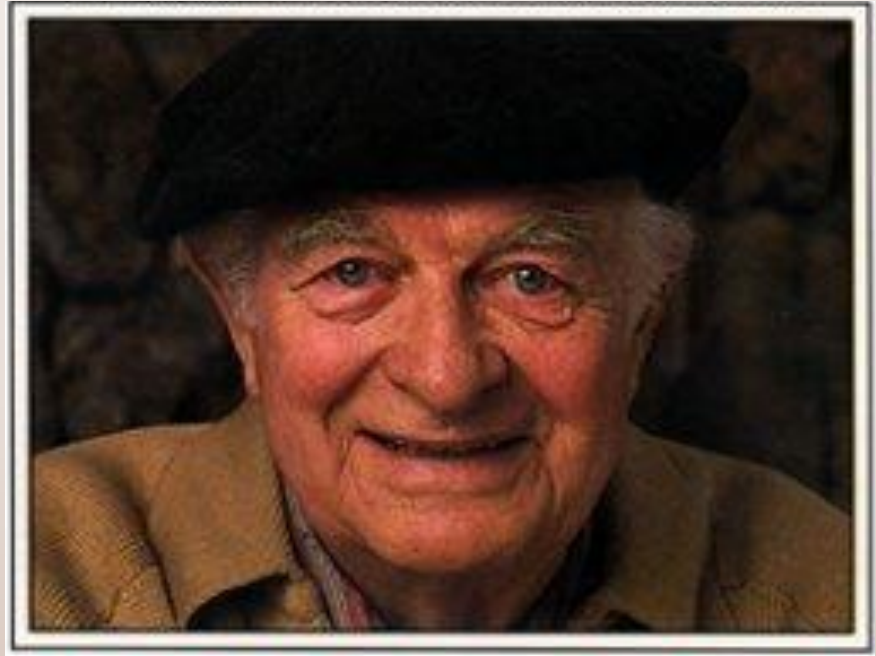


“The secret of having good ideas is to have a lot of ideas...”

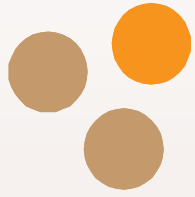




“The secret of having good ideas is to have a lot of ideas and throw all the bad ones out!”



Linus Pauling



# Common PDSA Errors

- **Too much in one PDSA**
  - EHR upgrades, ICD10, reporting UDS
- **Using PDSAs for information gathering**
  - E.g. collect no-show data
- **Using PDSAs to complete tasks on the project**
  - E.g. find a group visit curricula for diabetes groups
- **Using PDSAs for implementation**
  - Staff confusion about what is a test/change



# Clinica PDSA Lessons Learned

## **1. Formal process for oversight**

Intradepartmental vs interdepartmental

## **2. Review of prior PDSAs**

Critical for shared learning, must have central access

## **3. Completion with summary of results**

Required at the time the PDSA is started

## **4. Leadership decides which changes to spread**

Requires authority to change course

## **5. Have a change process for both spreading and sustaining change**



# Standardization is the “New” Innovation

## 5 Ways That Standardization Can Lead To Innovation

We'd like to think that innovation comes from freewheeling chaos. Think again: It's extreme order that begets breakthroughs in business.

At a time when we are constantly being told to value the new and the different, it may come as a surprise to learn that the standard, the shared and the common can be strong drivers of transformation. In fact, many of the innovations that have changed the world, including

**Baptist Health System San Antonio**

Leibig  Shepherd





# Managing the Appetite for Innovation

**Challenge: Innovation leads to variation**

- Leadership aligns tests of innovation with mission
- The best innovations comes from those doing the work
- Only leadership can prevent disruptive *variation*
- Spread and sustain accountability belongs to leadership



# Change Management

- **Managing in the 21<sup>st</sup> Century** Drucker
- **Fifth Discipline** Senge
- **HBR 10 Must Reads On Leadership**
- **The Power of Habit** Duhigg
- **Switch** Heaths
- **Drive** Pink
- **Leading Change** Kotter
  - Changing behavior
- **Managing Transitions** Bridges
  - Systems change
  - People transition from what they know to what is new



# Change Management: 4 P's

- **Agreement that there is a Problem**
  - Do the homework
- **Paint a Picture (vision) of how it could be**
- **Have a well thought out Plan**
  - Build trust, constructive conflict, commitment
- **Describe what Part each person plays**
  - Next Tuesday when you come to clinic...
  - Essential for both early and late adopters

Bridges



# Example: Reach Out and Read

Phase	Action	Responsible
1. Evidence for improvement	NP learns about ROR at conference, presents to leadership. Leadership decides evidence supports improving literacy for low income kids in primary care.	LEADERSHIP
2. Innovation	Leadership sanctions testing workflows to get books in the hands of kids. Benchmark processes with others doing ROR- <a href="http://improvingprimarycare.org">improvingprimarycare.org</a> . Teams design PDSAs to optimize workflow, then complete PDSAs & summarize learning from each test cycle. Leadership reviews test cycle results and decides to spread process taking into account sites, teams ...	TEAMS
3. Change Management-Spread	Communicate the <b>PROBLEM</b> of low literacy and the cycle of poverty. Describe a <b>PICTURE</b> of the clinic's role in breaking the cycle of poverty for our families. Create and share a detailed <b>PLAN</b> for ROR to be a standard workflow, with initial training, follow up training. Share what <b>PART</b> each team member will play with the implementation of workflow.	LEADERSHIP
4. Change Management-Sustain	Assure behavior change. Identify and remove barriers. What comes off the MAs plate. Measure book rates and improve outcomes. Attention is the currency of leadership.	LEADERSHIP



# If I were queen of the land of EATC

- **Apply Tools that drive improvement**
  - Innovation: PDSA Coleman's access and MacColl's Guide
  - Manage change: spread and sustain new workflows
  - Get good access baseline data (future capacity, demand...)
- **Empanelment**
  - Complete panel assignment, manage regularly
  - Define and accept your capacity
    - Develop strategy for growth, what's the end game, what's the transition model
- **Define and Optimize the team and team roles**
  - Whose doing it now, who should do it?
  - Use other EATC teams, the Team Guide for ideas, tools and resources



# If I were queen of the land of EATC

- **Continuous improvement in Access**
  - Leadership training/education-plan development
    - Will, ideas, and execution
  - Deal with the backlog-adding supply
  - Prepare providers for simplified schedule
  - Build trust in a tracking system other than the schedule
  - Test full access to PCP's panel using the Team Guide
  - Stop pushing work into the future
  - Decrease demand-comb the schedules, plan vacations, intervals, seasonal variation
- **The gold standard: offer the patient an appt. today**



# Help is on the way in the land of EATC!



Marisa Garza, 5, working on an assignment at Riverside Elementary School in Menomonee Falls, Wis. The board behind her encouraged the "plan-do-study-act" problem-solving cycle.

Andrew Nelles for The New York Times

NY Times 5-12-15

Sarah Frankfurth, CCI



Request for Proposals:  
Spreading Innovations 2015



# Spreading Innovations



In partnership with BSCF and with additional support from KP, CCI will support the spread of five successful projects:

- Co-Visit
- Patient Portal
- Telephone Visits
- Texting
- Video Collaboration and Instant Messaging



# Mentor Sites



- **Co-Visit:** Clinica Family Health Services, CO
- **Patient Portal:** Shasta Community Health Center
- **Telephone Visits:** Riverside County Health System
- **Texting:** Learning Community Support
- **Video Collaboration and Instant Messaging:** West County Health Centers, Petaluma Health Center

Learn how to operationalize the project, gain buy-in from key stakeholders, train staff, redesign workflows and build a business case to sustain the innovation.



# Acceleration Academy



Virtual Learning Series to share info and resources on successful projects in the field.

- Social Determinants of Health
- Remote Monitoring
- Peer Support Models
- Group Visits



# Support



- **Grants and support** ranging from \$10,000 - \$25,000
- **Site visit** to host organization
- Group **coaching calls** with host organization
- Biweekly support from **implementation coach**
- **Program evaluation** support
- Peer **learning community**



# What we're looking for



Engaged  
Leadership

Dedicated Project  
Team

Measurement Plan

Commitment to  
Sustainability



# How to Apply



**Spreading Innovations**  
[www.careinnovations.org](http://www.careinnovations.org)



**Spreading Innovations**  
A Program for Increasing Access and Optimizing Care

- Due: **June 26<sup>th</sup>**
- Awards: **August 14<sup>th</sup>**
- Site Visits: **Sept – Oct**



A joint effort of CCI and Blue Shield of California Foundation  
with additional funding from Kaiser Permanente

# Action Step for June Webinar



Think about the following two questions with your team and email your team's responses to Susannah by Friday, June 12.

1. What do you view as your team's greatest success in the work you did in the EATC program?
2. Looking ahead, what are your plans for keeping this work around team care and access moving forward at your organization?

# Events & Reminders



Complete list of events and reminders on program page: [www.expandingaccess.wikidot.com](http://www.expandingaccess.wikidot.com)

## Upcoming Events

- Final exemplar site visit at Clinica Family Health Services on May 28-29.
- Final Monthly TA Support Webinar on June 18 from 12-1 pm.
- “Look at All Your Hard Work!” webinar with summary of evaluation findings will be scheduled for late Fall 2015.

## Notes & Reminders

- Action step for June webinar outlined in previous slide. Each team must email Susannah with questions responses by Friday, June 12.
- Go Warriors!

*Webinar survey on next slide →*