Innovation, Variation, and Change in Primary Care

Expanding Access through Team Care
Monthly Technical Assistance Webinar #9
May 21, 2015
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

- Expand access to primary care services
- Foster innovation in the safety net
- Improve the efficiency and effectiveness of team care models
Innovation, Variation, and Change in Primary Care
Innovation, Variation and Change in Primary Care

Carolyn Shepherd
Common Variation In EATC Sites

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

Map locations are very approximate.
Variation in primary care organizations

- Innovations
- External Changes

Variation

Barrier to Sustained Change
IHI Model for Improvement

Setting Aims
Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures
Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes
All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

Testing Changes
The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.
Clinica PDSA C nfusion
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

PDSA Database

Cycle for Learning and Improvement

Sort by site
- Admin
- Lafayette
- Pecos
- People’s
- Thornton
- All Clinics

Sort by category
- Adv. Access
- Billing
- Call Center
- Clinical
- Dental
- PDSA w/incomplete act section
- PDSA w/incomplete study section
- Completed PDSA

- ECS
- Finance
- Financial Screening
- Front Desk
- Group Visit
- Other

- HR
- IT
- Medication/Pharm
- Master Planning/Scheduling
- Work/Patient Flow

Leibig Shepherd
Simplify Documentation of PDSA

**PDSA: Cycle for Learning and Improvement**

Title of PDSA: Cold/Flu Cluster Visit III

category: Group Visits  

**first name**: Jodi  
**last name**: Detweiler  

**job title**: Clinic Director  
**site**: Pecos  
**supervisor first**: Tom  
**supervisor last**: Littleton

**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**: Jodi
- **what**: No show rate
- **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 21 pts 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 for
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**
   Intradesartmental 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**
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
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 21st 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
## Example: Reach Out and Read

<table>
<thead>
<tr>
<th>Phase</th>
<th>Action</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Evidence for improvement</td>
<td>NP learns about ROR at conference, presents to leadership. Leadership decides evidence supports improving literacy for low income kids in primary care.</td>
<td>LEADERSHIP</td>
</tr>
<tr>
<td>2. Innovation</td>
<td>Leadership sanctions testing workflows to get books in the hands of kids. Benchmark processes with others doing ROR-improvingprimarycare.org. Teams design PDSAs to optimize workflow, then complete PDSAs &amp; summarize learning from each test cycle. Leadership reviews test cycle results and decides to spread process taking into account sites, teams ...</td>
<td>TEAMS</td>
</tr>
<tr>
<td>3. Change Management-Spread</td>
<td>Communicate the <strong>PROBLEM</strong> of low literacy and the cycle of poverty. Describe a <strong>PICTURE</strong> of the clinic’s role in breaking the cycle of poverty for our families. Create and share a detailed <strong>PLAN</strong> for ROR to be a standard workflow, with initial training, follow up training. Share what <strong>PART</strong> each team member will play with the implementation of workflow.</td>
<td>LEADERSHIP</td>
</tr>
<tr>
<td>4. Change Management-Sustain</td>
<td>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.</td>
<td>LEADERSHIP</td>
</tr>
</tbody>
</table>
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
Request for Proposals: Spreading Innovations 2015
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

• Due: June 26th
• Awards: August 14th
• Site Visits: Sept – Oct
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!