

A New Year: Time for Reflection and New Possibilities



Establishing a Foundation to Improve Population Health Management



Internal alignment: Where does population health management fit into your larger organizational goals/strategic plan?



Problem identification: What are your most pressing problems in primary care that impact managing your population?



Target population(s): What specific populations do you plan to impact over the course of the PHLN?



Aims: What do you hope to accomplish by December 31, 2019?



Measures: How will you know you got there?

Steps to Improving Population Health Management



Drivers: What are the primary and secondary drivers that impact your aim?

Changes: What are the changes you can you test to effect the drivers for your aims?

Testing Changes: How are you prioritizing and testing changes?

Accelerating Learning: Are you testing multiple changes at once and how do you disseminate learning from the testing cycles?

Implementing, Spreading, Sustaining Changes: When do you implement, when are you ready for spread, and how do you sustain change?

Zooming in . . . on Population Health Management



Case Study: Dental Sealant Rates

- ABC Clinic (FQHC)
- Experiencing low dental sealant rates for children (UDS measure)
- Improvement team formed to look into possible causes and to identify, test, and implement changes



Defining the Problem (Opportunity)

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



Using the “5 Whys” to Define the Problem



- 1) WHY aren't children getting dental sealants?
 - At-risk children are not being seen in dental clinic
- 2) WHY aren't children being seen in dental clinic?
 - Parents don't know that their children should be seen in the dental clinic to receive sealants
- 3) WHY don't parents know about the importance of children receiving sealants?
 - Inadequate education is provided in anticipatory guidance at Well Child Checks



Using the “5 Whys” to Define the Problem



4) WHY is education inadequate during Well Child Checks?

- Pediatric teams do not have adequate materials and training to educate parents/patients

5) WHY are there inadequate materials and lack of training for staff to educate parents/patients regarding sealants during Well Child Checks?

- No team processes/workflows have been established to ensure information is shared about sealants





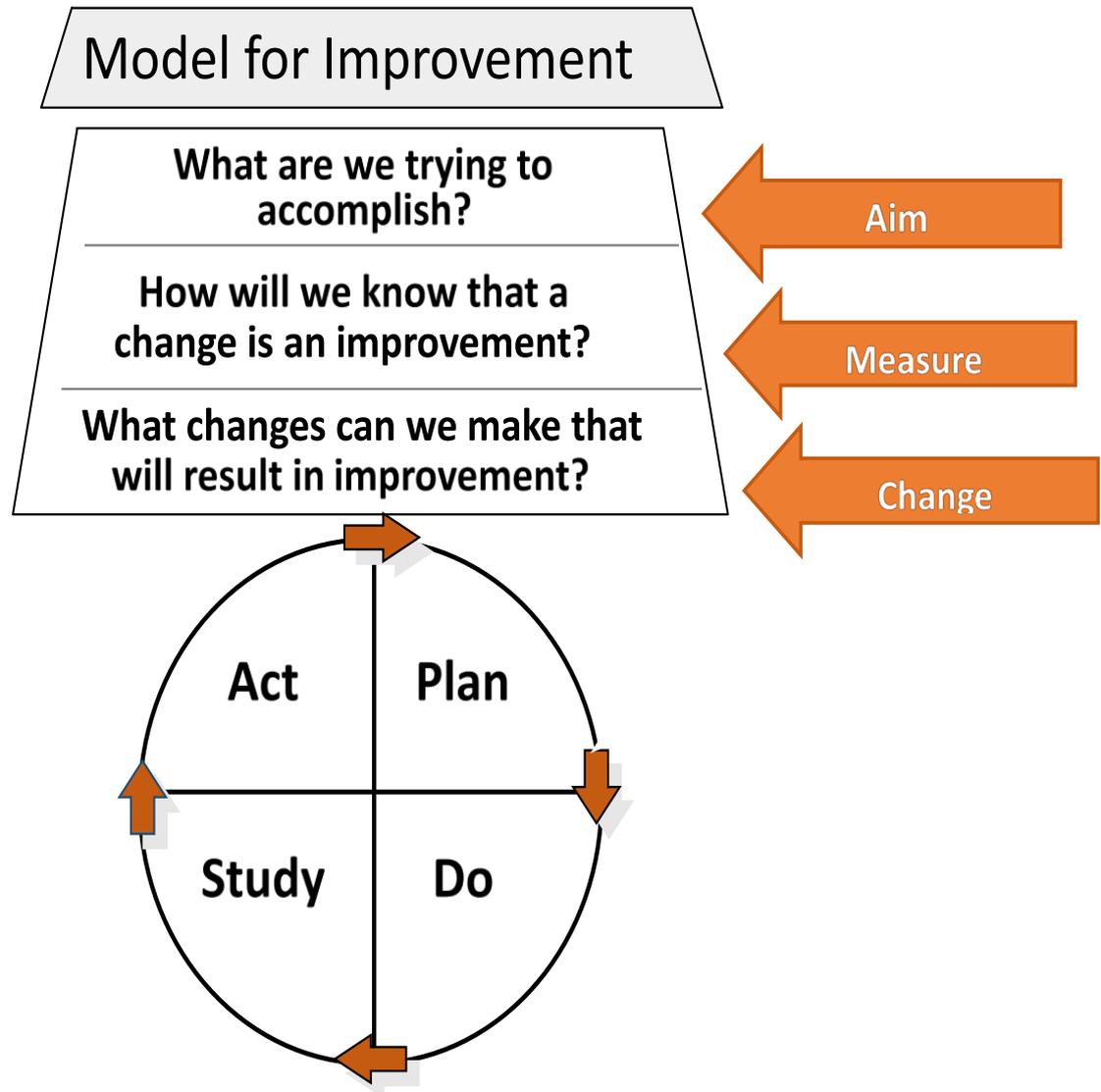
Case Study: Dental Sealant Problem Statement



- UDS rates for dental sealant rates in children ages 6-9 have performed below targets at all sites (approximately 150 at-risk children)
 - Studies show that poor oral health habits have far-reaching effects into adulthood
 - Dental sealants can prevent cavities and more serious health issues and related costs
- Parents do not understand the importance of their children receiving dental sealants and do not know how to access a dentist
- Educational materials to inform parents regarding the importance of sealants are not currently available or used

Tackling the problem:

Using Evidence-Based Improvement Methodology



From Associates in Process Improvement.

Developing an Aim Statement

What are we trying to accomplish?

- How good do you want to be *and* by when?
- Aim statements should be SMART:

- Specific
- Measurable
- Achievable Ambitious
- Relevant
- Time-bound





Case Study: Dental Sealant Aim Statement



We will improve our dental
sealant rate for children





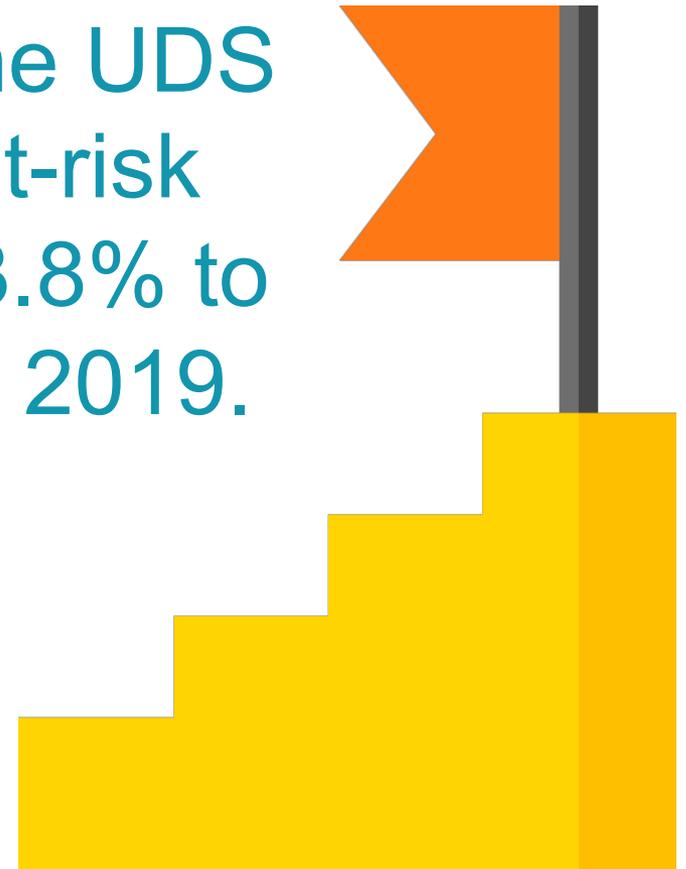
Case Study: Dental Sealant SMART Aim Statement



ABC Clinic will improve the UDS dental sealant rate for at-risk children ages 6-9 from 13.8% to 23.8% by December 31, 2019.



Better



Characteristics of Strong Aims



Technical

- Provides rationale/context for importance of project
- Sets a clear goal to focus the team
 - Helps prevent distractions and scope creep
- Defines patient population
- **Alignment with focus area in the org wide goals**



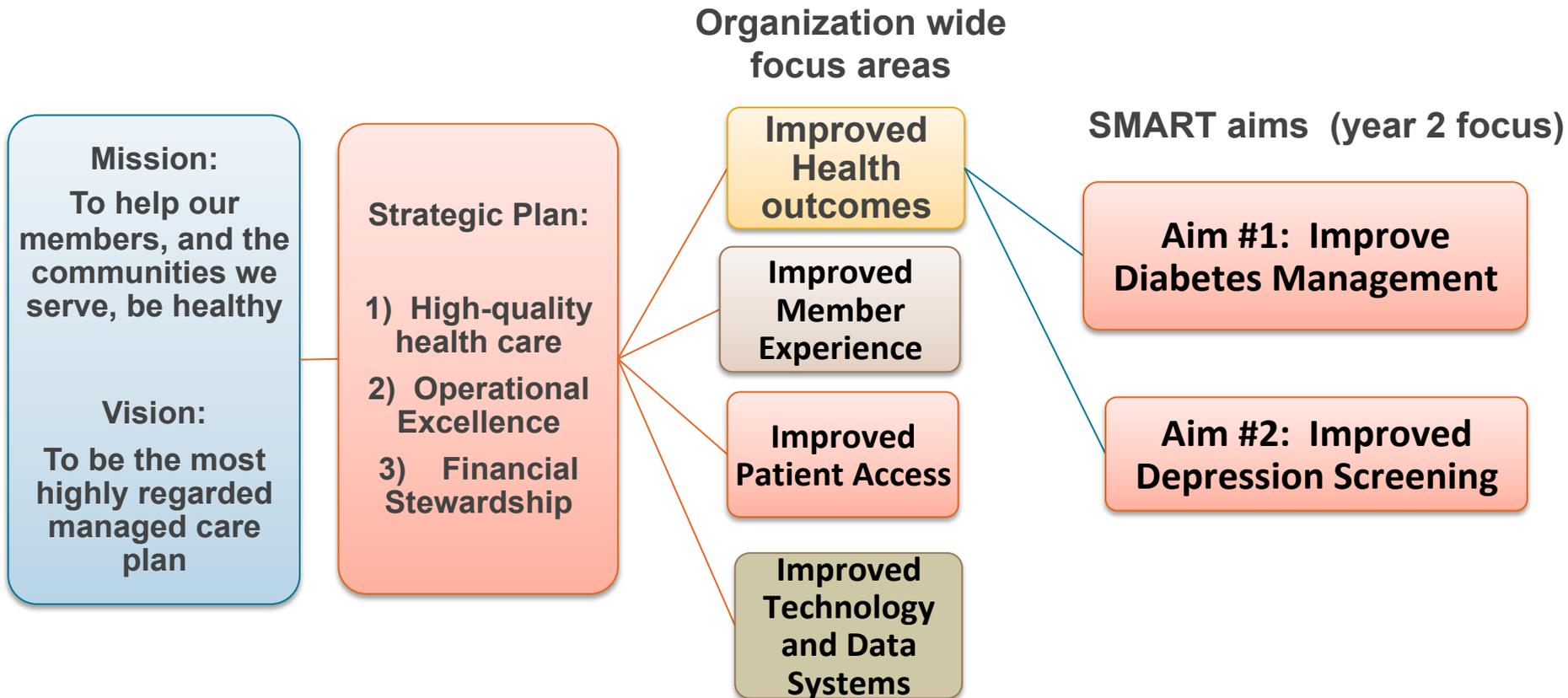
Emotional

- Meaningful
- Compelling

Aligning Improvement Work to Organizational Priorities



Aligning Improvement Work to Organizational Priorities





Case Study: Dental Sealant SMARTest Aim Statement



To improve organizational performance on UDS measures, ABC Clinic will improve the dental sealant rate for at-risk children ages 6-9 from 13.8% [21 children] to 33.8% [51 children] by December 31, 2019.



Best



Dropping “Pins” on the Map



PHLN Team Reflection

- **With your team (10 minutes)**
 - What problem are you trying to solve?
 - Double check using the 5 Why's to identify the root cause(s)
 - Is your Aim Statement SMART? Can It be SMARTer?
 - What characteristics are missing?
 - Have you considered technical and emotional factors?
 - Is your Aim aligned with organizational priorities and strategies?
 - Is your population defined?
 - Will others connect with your aim statement?
- **Partner with another team (10 minutes)**
 - Share your problem statement and Aim Statement
 - Provide feedback (likes/suggestions) via post-it notes



Change vs. Improvement

“All improvement requires change, but not every change is an improvement.”



The Improvement Guide, Langley, et al.,
Chapter 6, p. 109

Developing Theories (Hypotheses) for Change



Enumerates why we think our proposed change will be good



Helps QI team articulate the basis of predictions that changes will result in an improvement

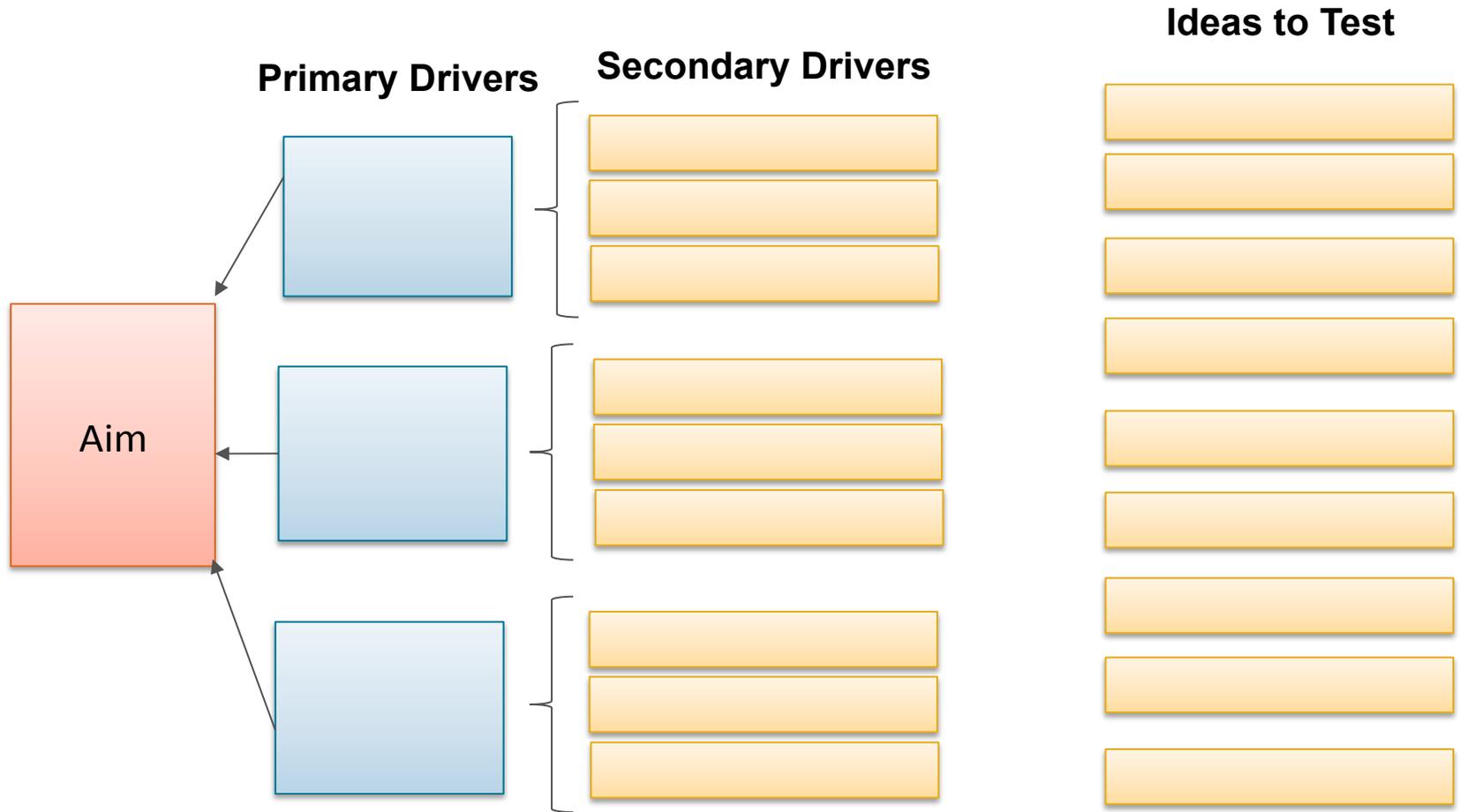


Allows for tests to be designed that will validate the theories and improve our original change idea



Represents our current knowledge about how some aspect of how the system works

Driver Diagram Template



Using Driver Diagrams



Translates a high-level improvement goal into key opportunities for sub-projects



Helps organize change concepts and ideas

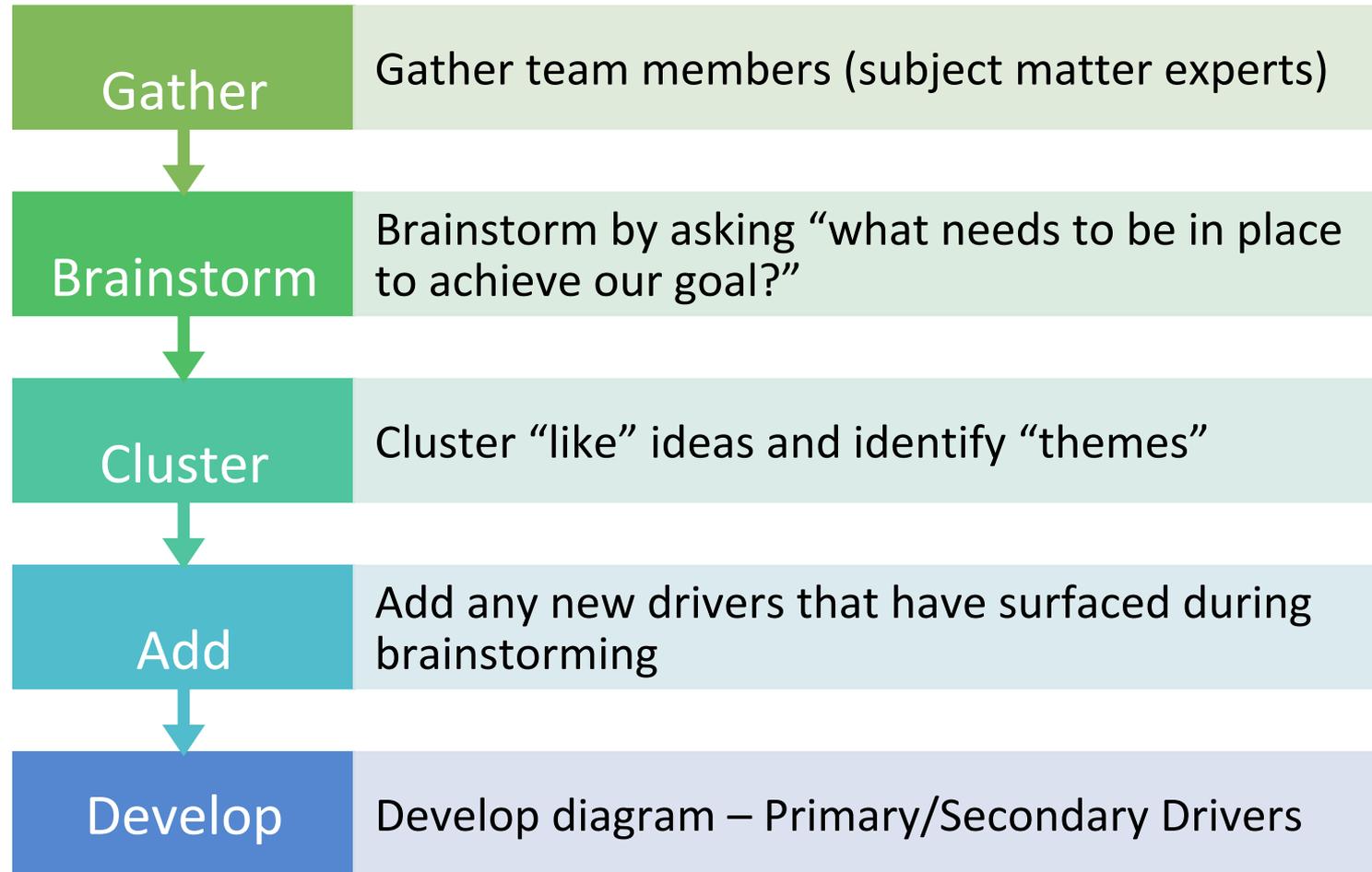


Tests theories about multiple causes and their effects

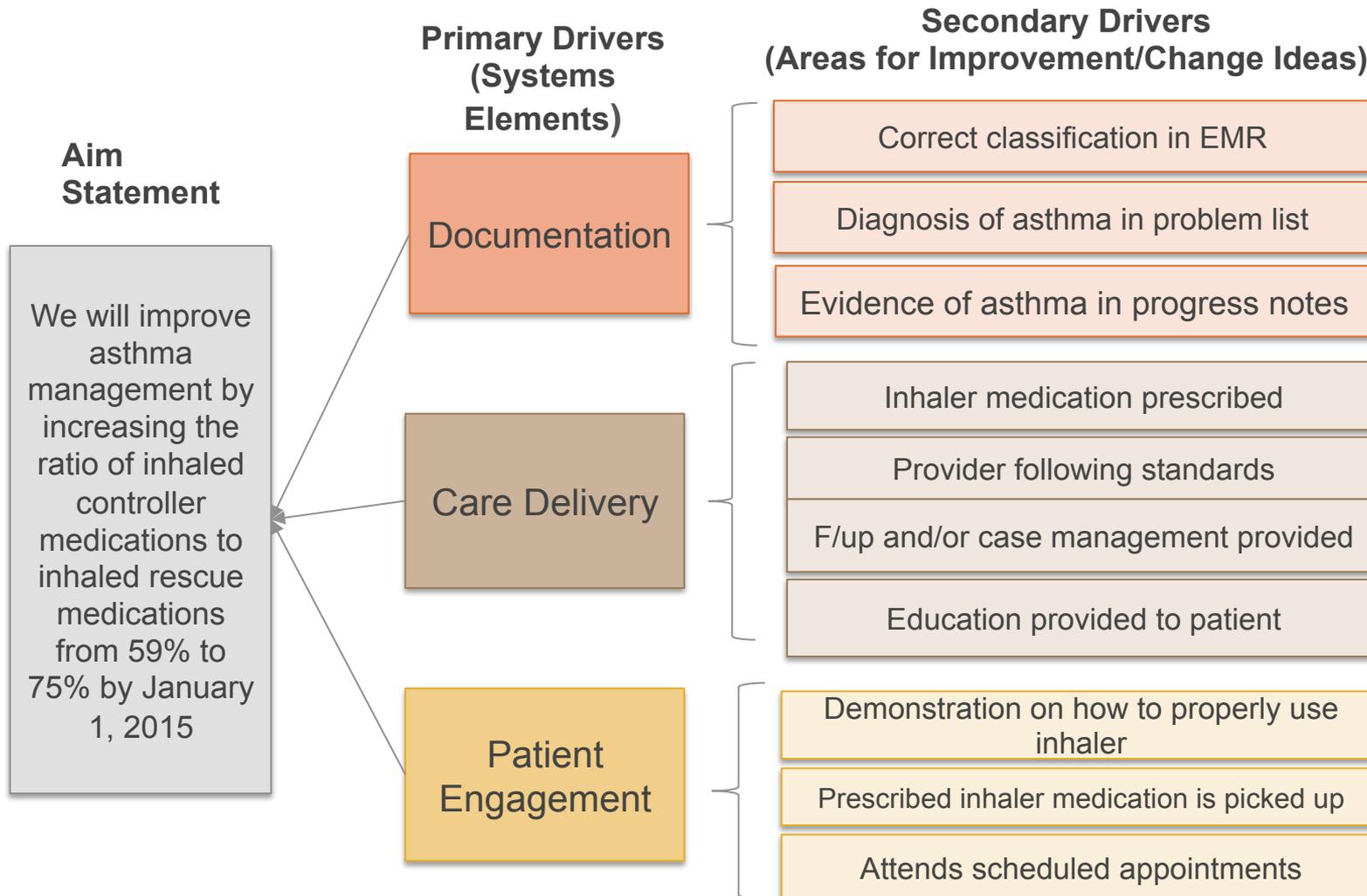


Serves as a communication tool

Steps to Develop a Driver Diagram

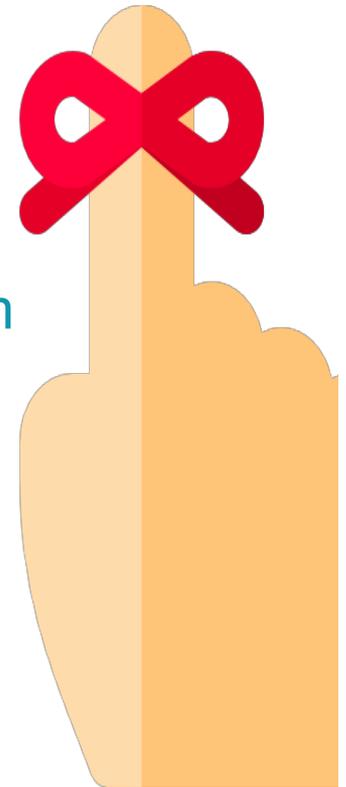


Driver Diagram Example



Things to Remember About Driver Diagrams:

- Include those who know the work best
- Two ways to start:
 - Primary drivers can be stated – brainstorm each primary driver
 - If primary drivers are less evident – brainstorm the secondary drivers (working backwards)
- No right or wrong
- One per Aim Statement



What Changes Can We Make that Will Result in Improvement?

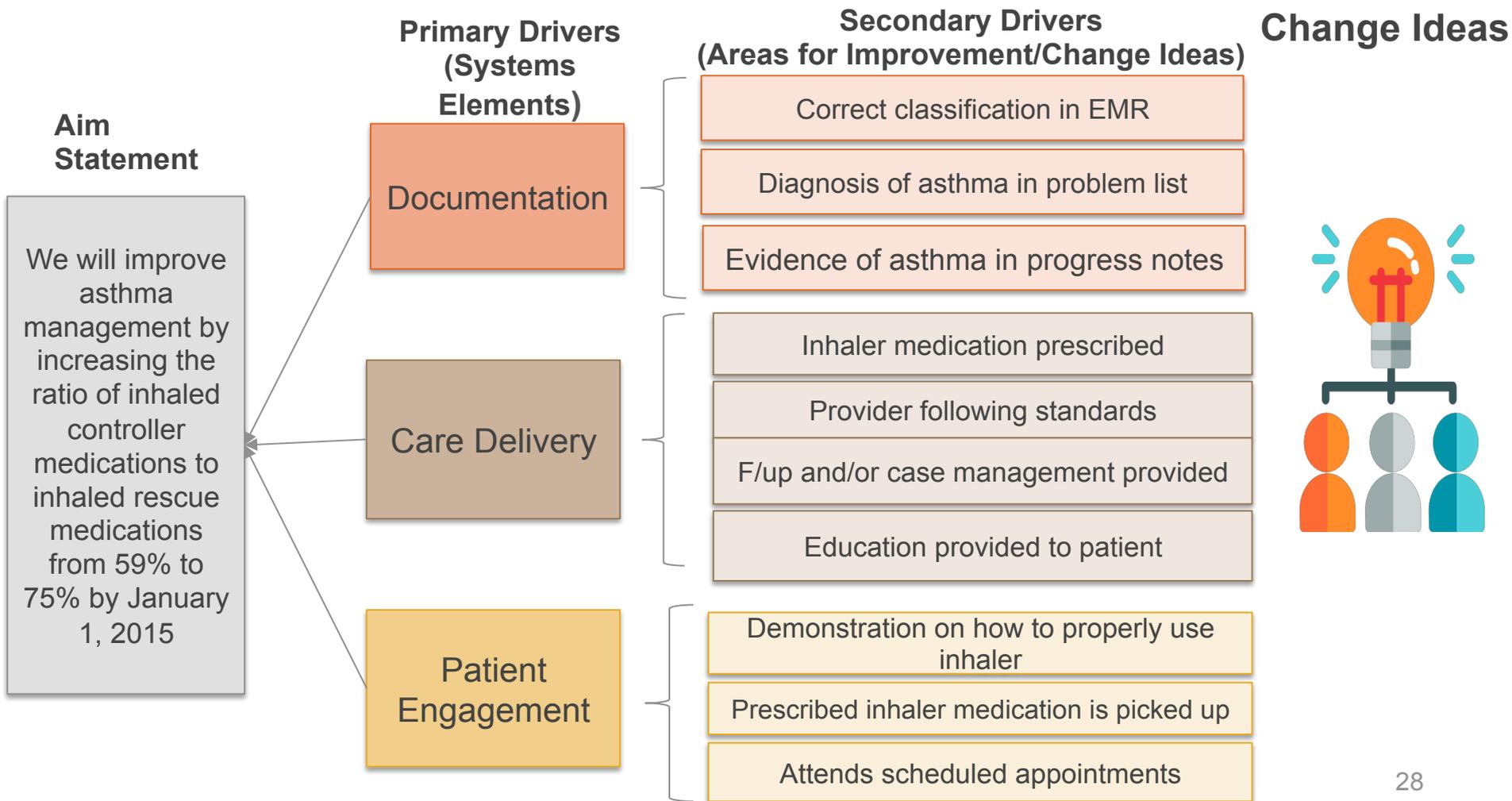


Generating Change Ideas:

1. Logical thinking about the current system
2. Benchmarking or learning from others
3. Using technology
4. Creative thinking
5. Using change concepts



Identifying Changes from Driver Diagram



PHLN Team Exercise

- With your team (20 minutes)
 - Identify *at least one primary driver* that contributes to the success of your Aim Statement (feel free to identify more, if you have time)
 - Identify secondary drivers for at least one primary driver
 - Try asking the question “What elements need to be in place to make XX driver a successful component of reaching our Aim?”
 - Select one of the secondary drivers and conduct a brainstorming session to create a list of possible change ideas to test



Organizing Change Ideas

Concrete vs. Conceptual



Concrete – the idea
can be tested

- “Send patients text message to remind them of appointments”

Conceptual –
needs more
specificity
regarding the exact
idea to be tested

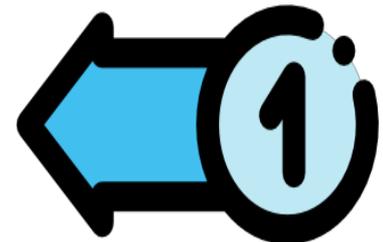
- “Design a communication process to remind patients of appointments”

Selecting and Prioritizing Change Ideas

- Establish criteria

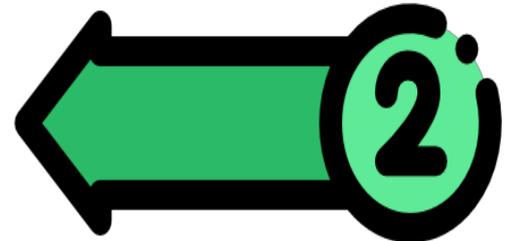
- Which idea would most address . . .

- Clinical quality?
 - Waste reduction?
 - Finances?
 - Patient/family care experience?



- Which idea is . . .

- Easy to try?
 - Important to staff?
 - Important to leadership?
 - Most likely to get attention if it's successful?



Criteria-based Prioritization Matrix



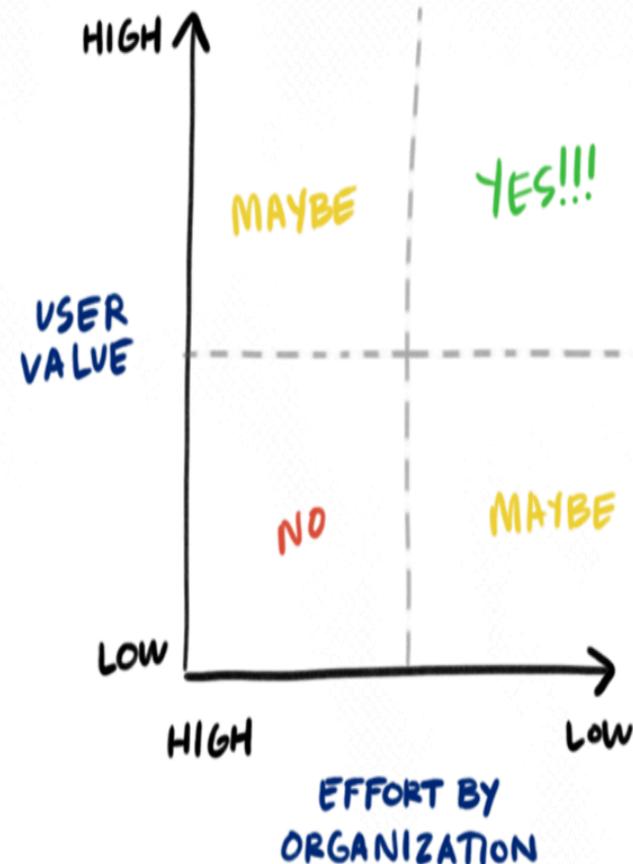
Issue	Clinical Quality Improved? - is impact on quality of care positive?	Waste reduced with improved financial impact? - improved financial performance ?	Patient Care Experience Improved? - Pt satisfaction improved?	Ease of Implementation?	Leadership Support	Frontline Engagement	Overall SCORE TOTAL
Pt. keeps scheduled appt.	3	2	3	1	3	1	13
Correct classification in EMR	3	1	1	3	3	2	13
Pt. F/up with case manager	3	1	3	1	2	2	12

Instructions:

1. Score each item 1-3 (1 is lowest, 3 is highest)
2. Total scores across all categories
3. What is your #1 highest ranked small bone to test?

Helpful tool 2x2 matrix

- **Level of Effort** (Horizontal Axis) – How much time, money, resources, and capacity will be needed to achieve the desired outcome (the feasibility of making the change).
- **Level of Impact** (Vertical Axis) – How much value or impact the outcomes will have on the project (internal strength of the change).



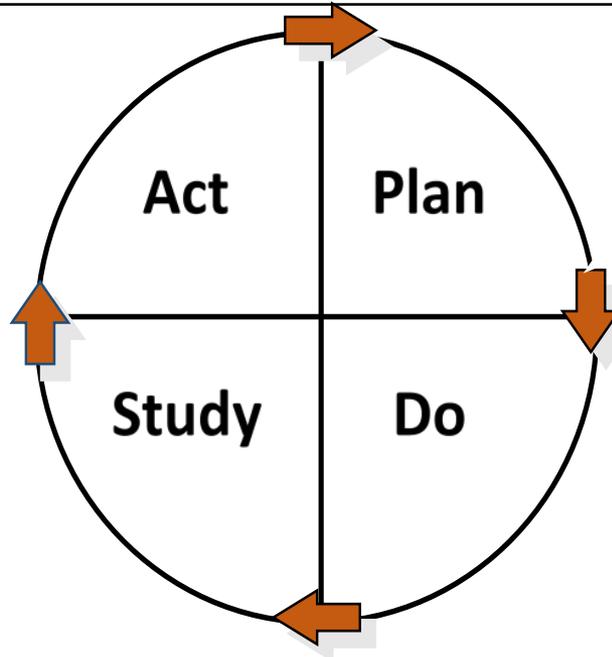
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Measure



Measure

From Associates in Process Improvement.

The Role of Measurement in QI

Understand

- How does the current system perform?

Predict

- What interventions might improve the performance of the current system?

Evaluate

- Did our interventions result in improvement?

Monitor

- Are our improvements sustained over time?

Engage

- Are we considering what is important for others to know?



Your PHLN Measures Set - How will you know the change is an improvement?



Outcome

(1 – 3 measures)

- The “voice” of your project
- Relates directly to the aim
- Longer indicator of progress/success

Process

(2 – 3 measures)

- Relates to the secondary drivers and/or changes
- Early indicators of success
- Measures whether parts/steps of the system are performing as planned
- NOTE: Okay to focus on process measures only

Balancing

(1 – 2 measures)

- Evaluates unintended consequences



Case Study – Dental Sealant Measures Set



- Outcome:
 - UDS: % of children, ages 5-9 who receive dental sealant
- Process:
 - Number of 6-9 year-old children referred from pediatrics to dental clinic
 - # of days health educator dispensed sealant information and vouchers to patients in the waiting room
- Balancing:
 - Appointment cycle time
 - Patient satisfaction

QI Measurement Characteristics

1

Focused on Learning

- Not for scientific research or provider feedback

2

Simple Methodology

- Small samples
- Frequent sampling (rapid)
- Motivate immediate action (what do we do with what we have learned)

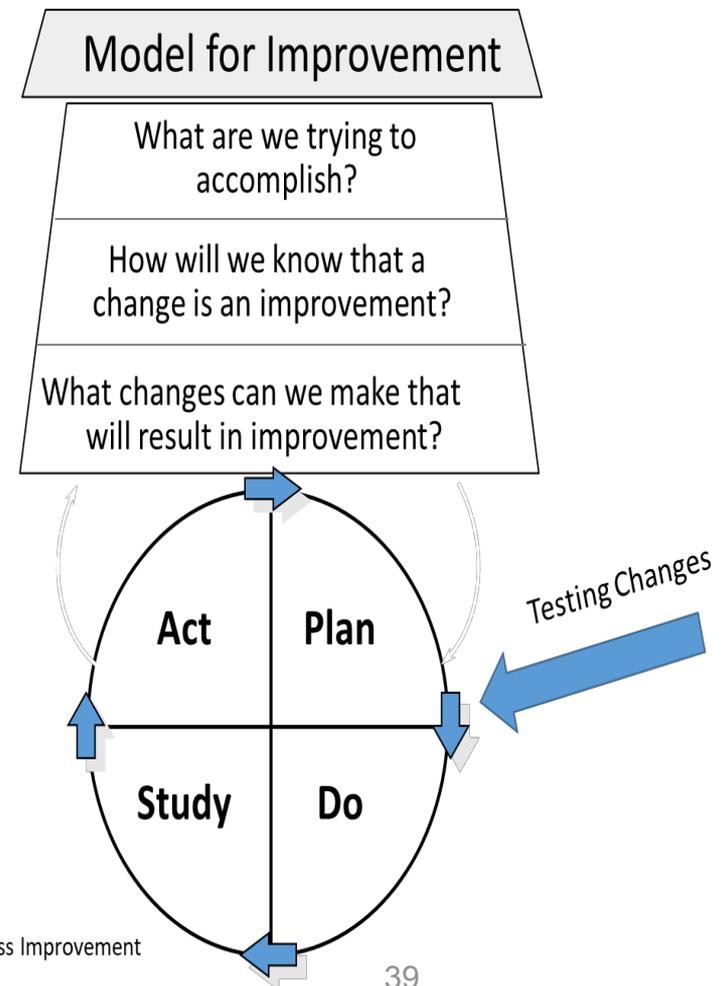
3

Displayed Over Time

- Tells a story of progress-to-goal
- Highlights system performance

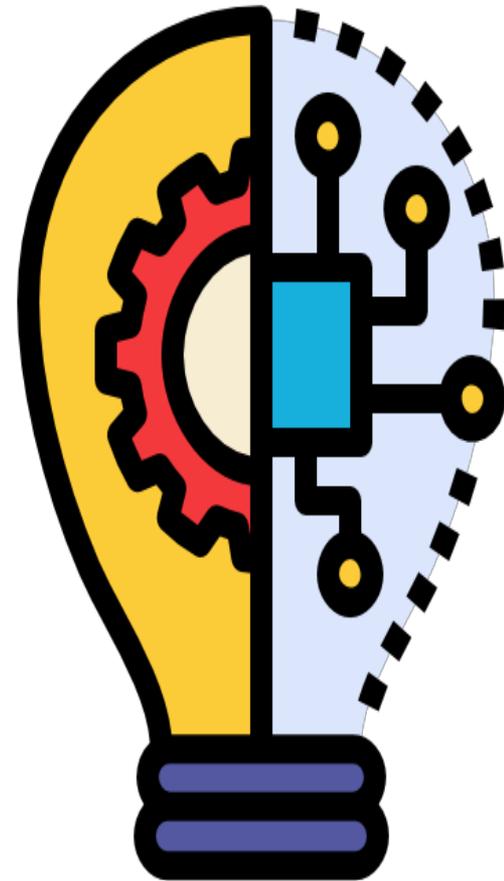
PDSA – Conducting Small Tests of Change

- Experimentation is required
- Small, rapid tests of change
→ PDSA cycle



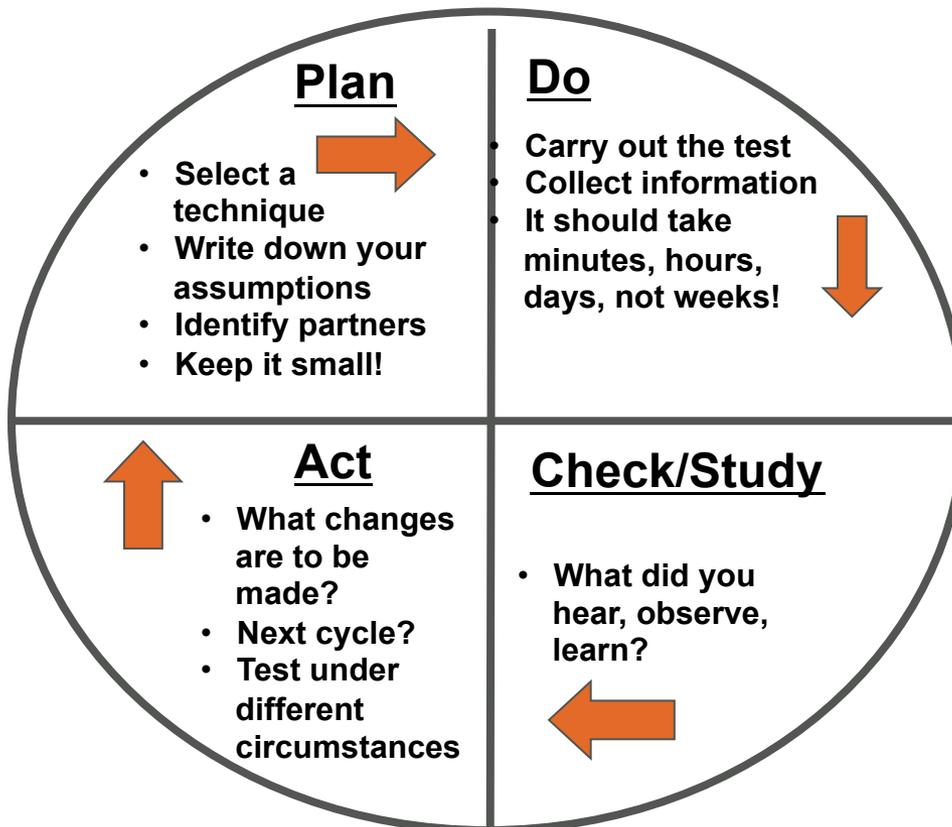
Why Do Small Tests of Change?

- **Test your belief** that the change will result in improvement
- Decide whether the proposed change **will work in your environment**
- Decide which **combinations of changes** will have the desired effects
- Evaluate **side effects** from a proposed change
- Engage others and **minimize resistance** upon implementation
- Gain **confidence** and a high degree of certainty about the change which then **leads to a pilot**
- Allows “**safety**” to fail small



Small Scale Testing

- **PDSA**



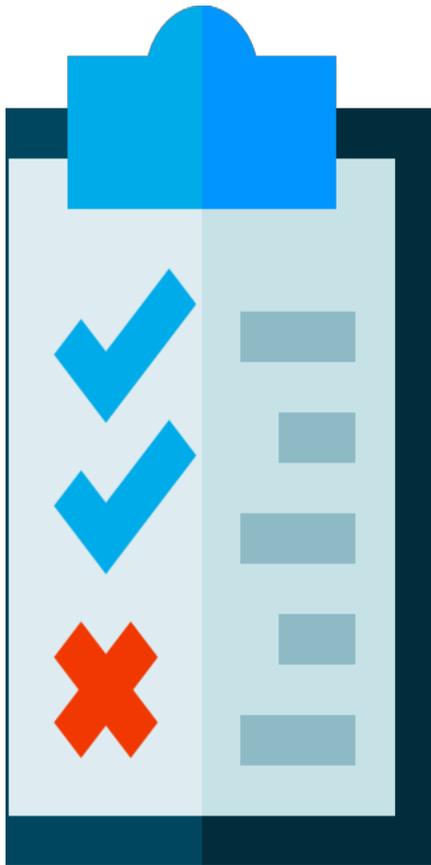
1. Write out your **idea/solution**
2. Has your organization learned anything about this in the **past**?
3. Write out your **key assumptions**
4. Brainstorm possible ways to **test it**
5. Select **one change** you can test fast
6. Put your change in the **real world**
7. Reflect on **what you learn** and “build” or “abandon”

PHLN Team Exercise

- With your team (15 minutes)
 - Identify your Measure Set:
 - **1 – 2 Outcome Measures**
 - **2 – 3 Possible Process Measures**
 - **1 – 2 Balancing Measures**
 - Prepare the “PLAN” portion for an idea you want to test on the PDSA Worksheet
- Pair up with the same team (10 minutes)



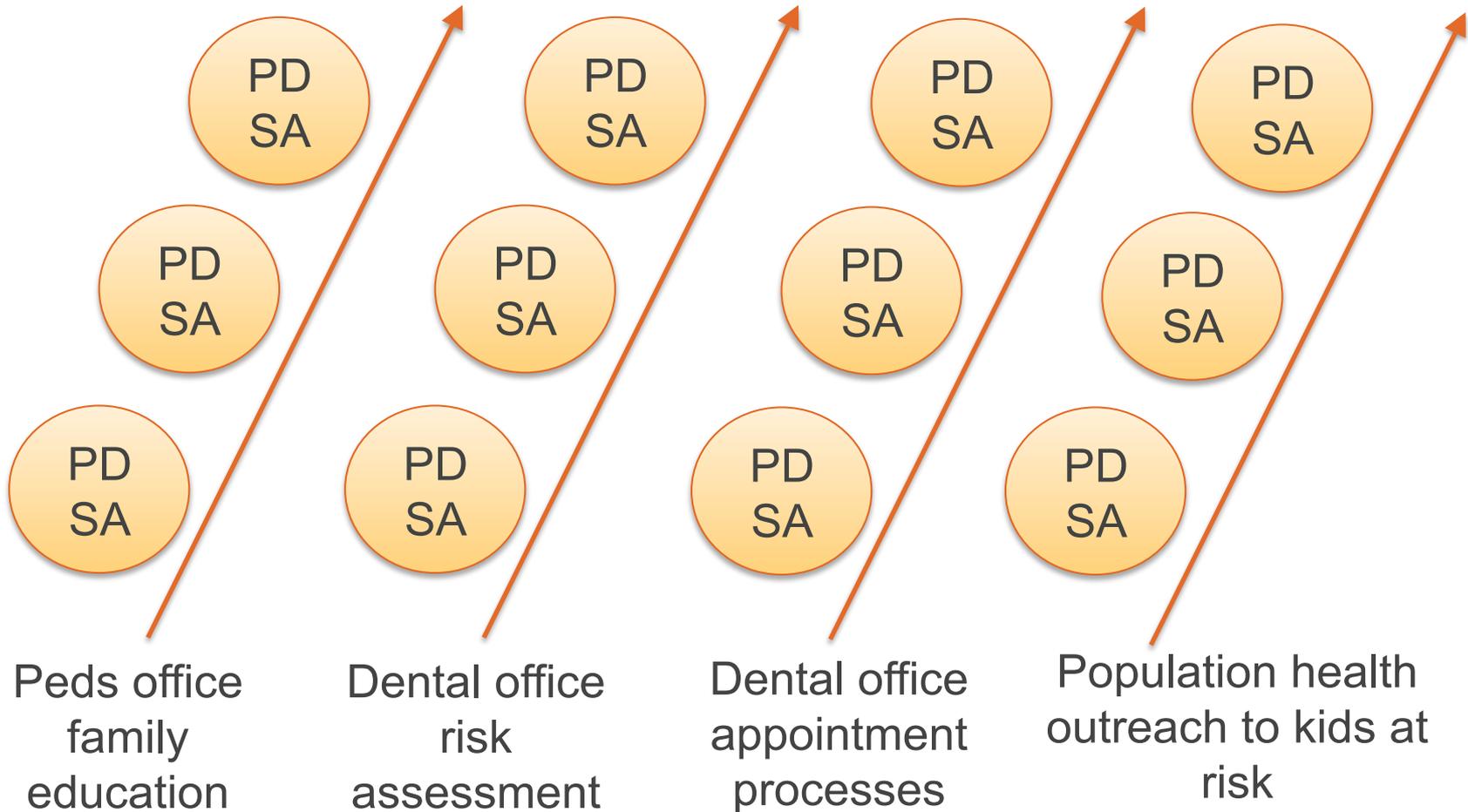
Key Considerations



- **Size** of PDSA depends on type of change, variability in the change, resources, and expectations
- **Scale down** as much as you can, prototype where you can
- **Involve those doing the work** to develop PDSA
- **Collect data** that is meaningful, use sampling and qualitative data
- Start with the **ready and willing!**
- Test over a **wide range of conditions**



Case Study – Dental Sealants Accelerating Improvements in Sealants



Parallel testing ramps might have sped improvement



A Final Look at Our Case Study



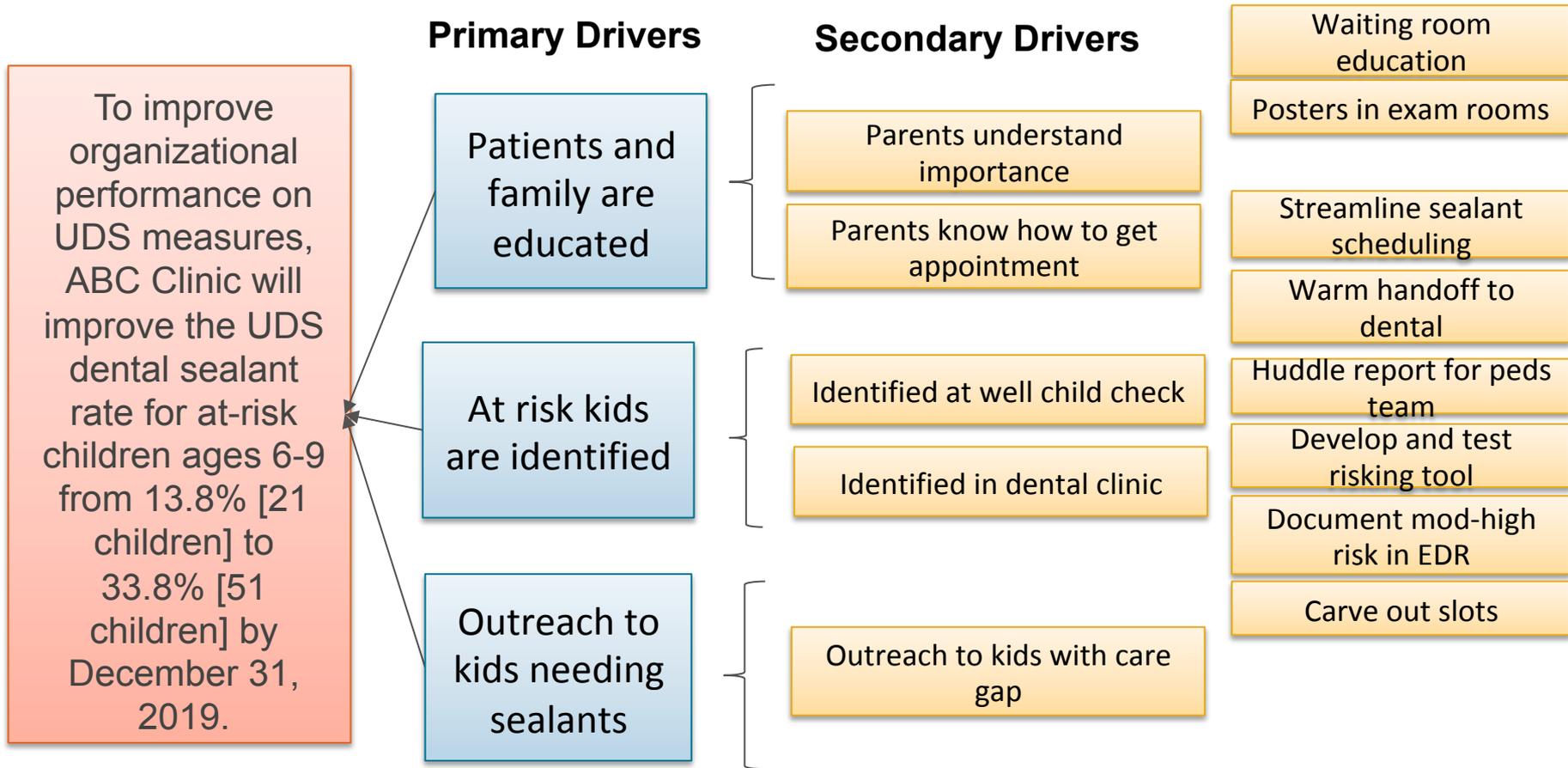
Case Study: Dental Sealant Problem Statement



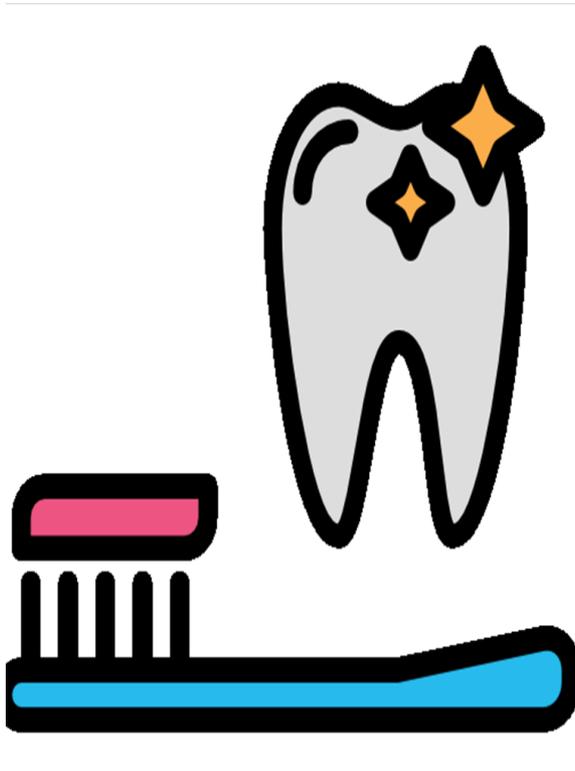
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 - Studies show that poor oral health habits have far-reaching effects into adulthood
 - Dental sealant can prevent cavities and more serious health issues and related costs
- Parents do not understand the importance of their children receiving dental sealant and do not know how to access a dentist
- Educational materials to inform parents regarding the importance of sealants are not currently available or used



Case Study - Dental Sealant Driver Diagram



Case Study: Dental Sealant Rates Changes Tested

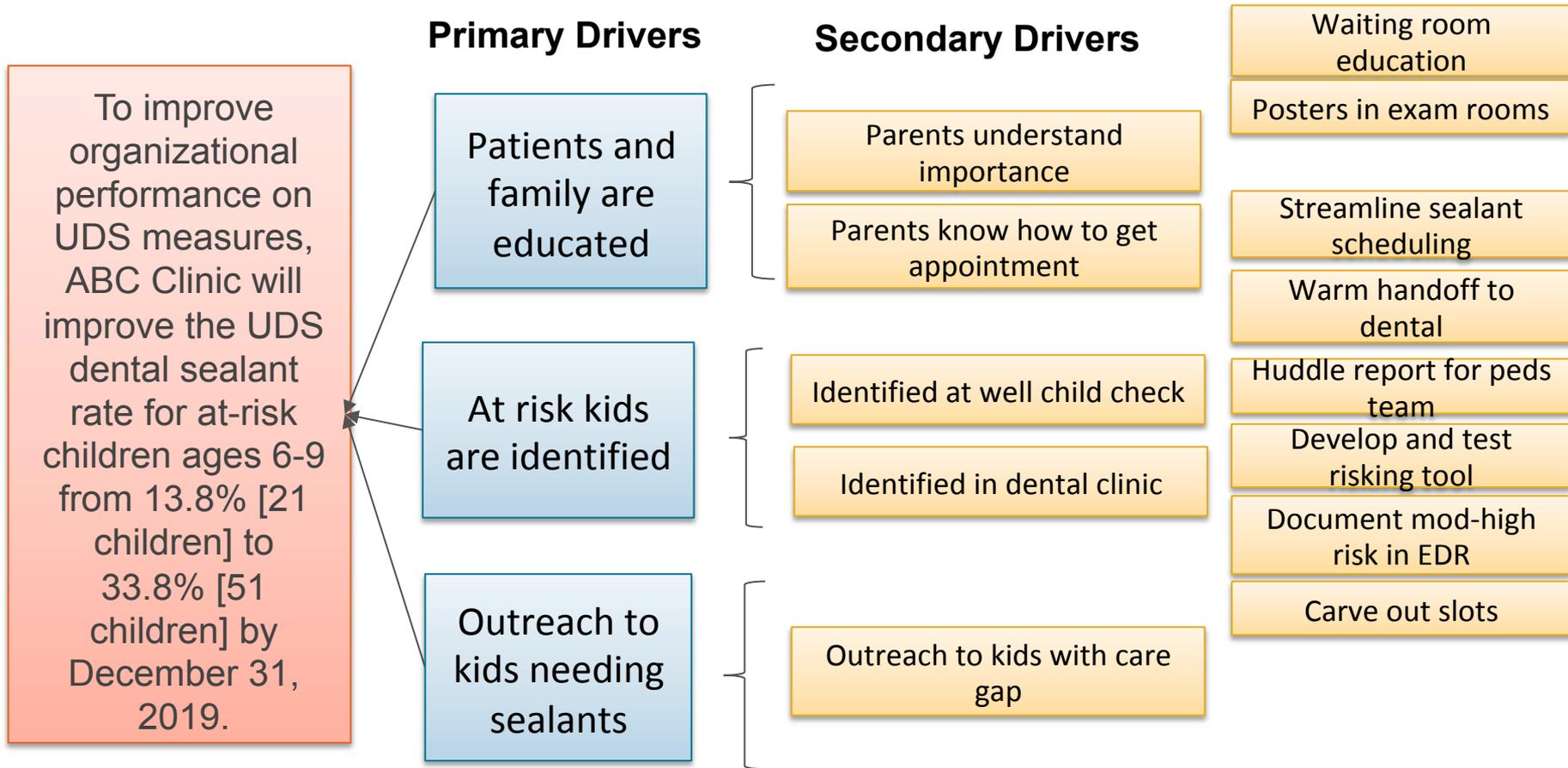


- **Changes tested**
 - Educational materials in the waiting room and exam rooms in the primary care visits
 - Gap report for huddle
 - Peds referrals to dental practice from well child check appointments
 - Incentives for kids to go to appointments
 - Risking tool in EDR
 - Carve-out dental slots for sealants

RESULTS: Increased volume in # of children seeing the dentist



Case Study - Dental Sealant Driver Diagram



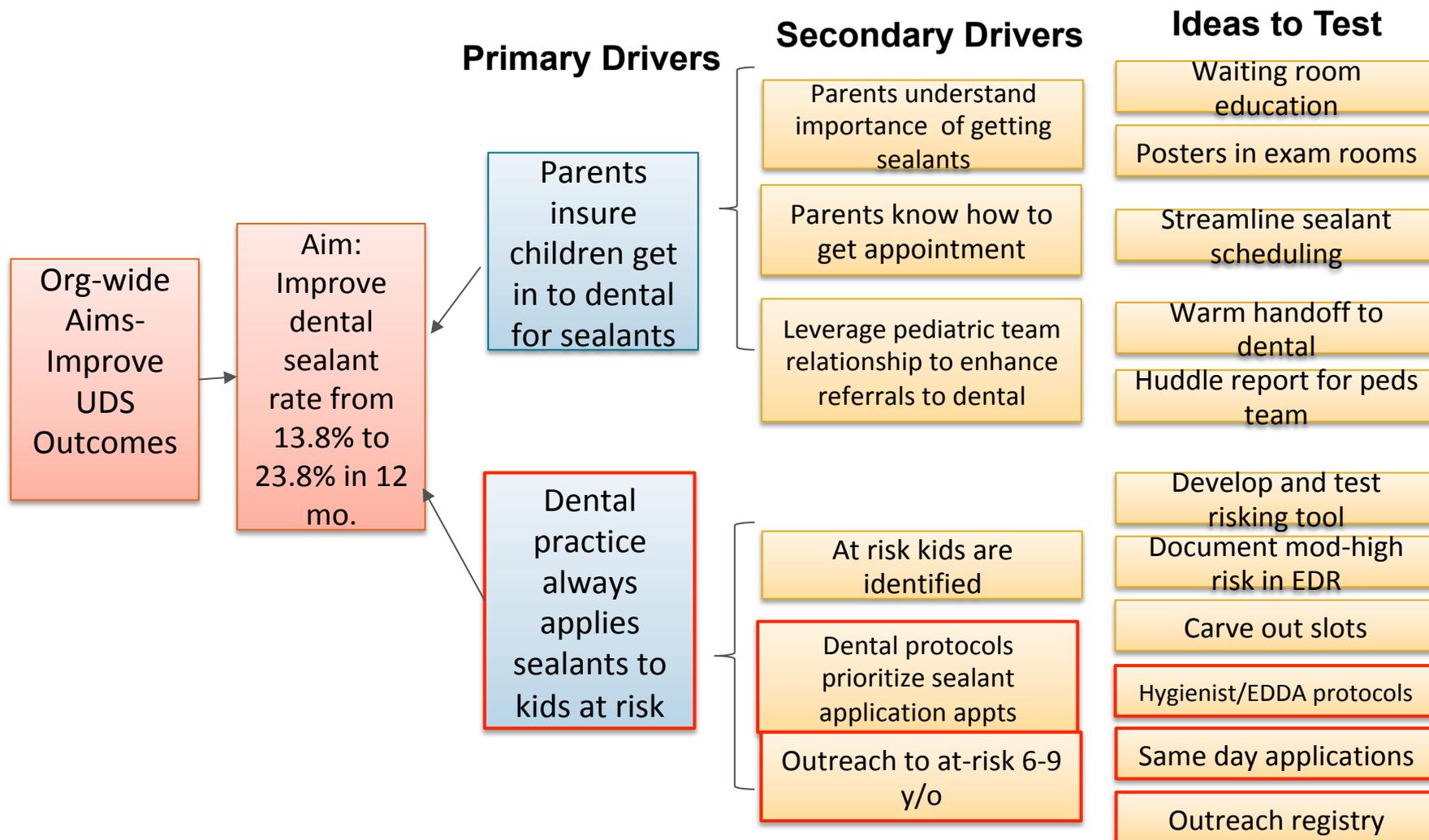


Case Study: Dental Sealant Problem Statement Revised



- UDS rates for dental sealant rates in children ages 6-9 have performed below targets at all sites (approximately 150 at-risk children)
 - Studies show that poor oral health habits have far-reaching effects into adulthood
 - Dental sealant can prevent cavities and more serious health issues and related costs
- Parents do not understand the importance of their children receiving dental sealant and do not know how to access a dentist
- Educational materials to inform parents regarding the importance of sealants are not currently available or used
- **Current well-child visit workflows do not include processes for staff to educate parents/patients on the importance of visiting the dental clinic for sealants**
 - Includes lack of educational material helps/tools for staff to use, task assignments, training on delivering the education to the patient, and referral processes

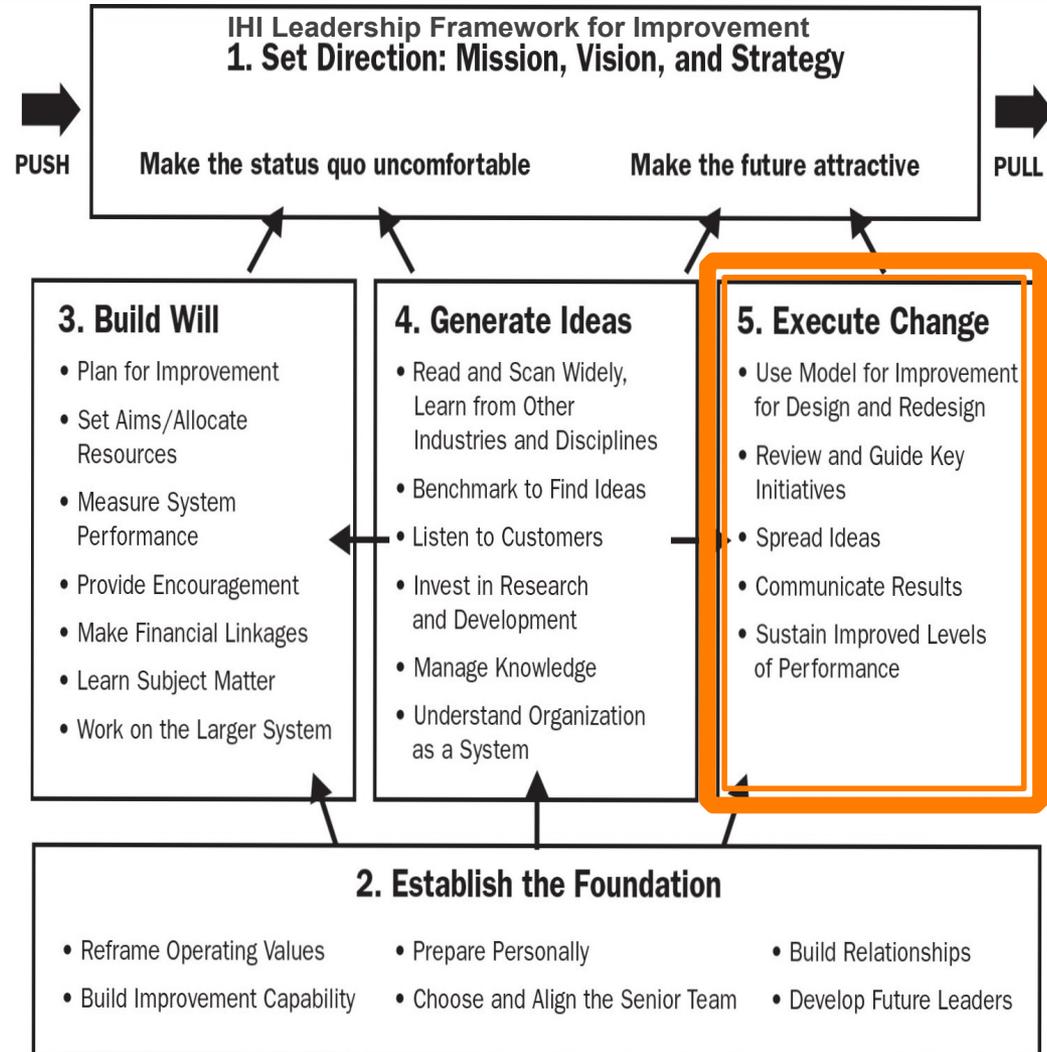
Case Study: Dental Sealant Rework of Driver Diagram



Considering Spread/ Sustainability Early



1. Will
2. Ideas
3. Execution



Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)*. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2008.

Questions and/
or Comments

