Quality Improvement Boot Camp

Addiction Treatment Starts Here:
Learning Session #1
April 10, 2019
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About The Institute for High Quality Care (IHQC)
IHQC – Applied Learning Model

• Our Mission – Increasing the quality and accessibility of safety net healthcare

• Since 2007, IHQC has created multiple learning communities – participant-defined, applied learning laboratories for clinics, provider care teams to:
  – Engage in quality and process improvement trainings
  – Interact and share promising practices with their peers
  – Apply tools and techniques that will advance their own improvement efforts
  – Prepare for an ever-changing healthcare environment
Our Agenda Today – In Three Parts

### Improvement Frameworks

- **Aim**: What are we trying to accomplish?
- **Measure**: How will we know if a change is an improvement?
- **Change**: What changes can we make that will result in an improvement?

### Current State Analysis

### PDSA’s and Small Tests of Change
Part 1 –
First Step in Designing and Testing:

Know Your Improvement Framework
Foundation To Develop and Sustain Strong MAT Programs

Current State
- Current approach to MAT
- Learning what works and what could work better in your MAT programs

Aims
- Defining SMART aims for your project

Measures
- How do we know when we get there
- Specificity and relevancy
Steps to Developing and Sustaining Strong MAT Programs

1. **Identify Drivers**
   - What are primary and secondary drivers that impact your aim?

2. **Design Changes**
   - What can you test to effect the drivers for your aims?

3. **Test Changes**
   - How are you prioritizing what you test?

4. **Accelerate Learning**
   - Are you testing multiple changes at once? How do you disseminate learning from testing cycles?

5. **Implement, Spread, Sustain**
   - When do you implement? When are you ready for spread? How do you sustain change?
Why Should We Leverage an Improvement Model in Our Initiatives?

Don’t reinvent the wheel – use scientifically proven practices and approaches.

Right Tools

Speak the same language

Provide direction when you’re...
Human-Centered Design

Source: Ideo.org

Model for Improvement

- Aim: What are we trying to accomplish?
- Measure: How will we know if a change is an improvement?
- Change: What changes can we make that will result in an improvement?

Lean & Six-Sigma: DMAIC


Source: ihi.org
ALL Improvement Models

1. Cyclical Processes
   - Test the changes on small scale first
   - Ongoing measurement
   - Analyze/study data
   - Apply lessons learned from one test to the next

2. Use of Measurement

3. Need for Senior Leadership Support
The Model for Improvement

**Aim**
- What are we trying to accomplish?

**Measure**
- How will we know if a change is an improvement?

**Change**
- What changes can we make that will result in an improvement?

Small Tests of change

- **Act**
- **Plan**
- **Study**
- **Do**
The Aim Statement

• Like an organization’s mission statement, the Aim Statement sets the tone for the improvement or implementation project:
  – Defines purpose of project, what you hope to accomplish
  – Identifies system you want to improve
  – Identifies patient population the effort will impact
  – Describes why project is a priority
  – Sets the stage for a time frame to complete the project

• Results from identification of the current state or problem

• In the Model for Improvement, the Aim Statement answers the first question - “What are we trying to accomplish?”
SMART Statements

- Specific
- Measurable
- Attainable
- Relevant
- Time-bound
By July 1, 2019, we will decrease the time to register and check-in from 40 min to 20 min for scheduled patients at our North Avenue clinic during the first two hours of the day.
Aim Statements– What’s Missing?

• “Implement a MAT Program at our clinic”
  • How big a MAT Program? How many x-waivered clinicians? How many patients?
  • Specific where? Which clinic? One provider at the clinic or multiple?
  • Who will do it? By when?
  • How will it get done – which system or process change is needed to implement?

• “By December 2019, we will spread our MAT program.”
  • Specificity – spread to where? Clinic site? Specific providers?
  • Measures? How many x-waivered providers? How many patients?
  • How will it get done – which action steps?
Sample ATSH Project Aim Statement

“By December 2020, LAX Health – Westin Health Center will provide MAT services to 100 patients by getting x-waivers for 4 providers, adopting a comprehensive and efficient screening process for SUD patients, and developing policies and procedures for MAT care delivery.”

- **Specific?**
- **Measurable?**
- **Attainable?**
- **Relevant?**
- **Time-bound?**
The Model for Improvement

Aim
• What are we trying to accomplish?

Measure
• How will we know if a change is an improvement?

Change
• What changes can we make that will result in an improvement?

Small Tests of change

Act
Plan
Study
Do
Measurement Strategy
How and When

- Core: Quarterly submission
- Optional: Quarterly submission
- Internal: Site determines time frame
- Capability Assessment: Baseline, midpoint, conclusion

Program Measure Set

ICHQ Data Portal
Clinic Maintains
Excel

Center for Care Innovations

IHQC INSTITUTE FOR HIGH QUALITY CARE
The Path from Data to Action

Data → Information → Communication → Action
Part 2—Current State Analysis
Exercise - Scattergories/Categories

• Who can come up with the most things that start with a certain letter?
• Everyone will be given a Category and a Letter
• As a team, you will have 2 minutes to brainstorm all the things that fit the category and start with the given letter
For Example:

• **Category:** Things we do in a typical day at the clinic
• **Letter:** W

Things you could write down
- Wash hands
- Weigh patients
- Write down vitals
- Welcome patients to clinic
Round 1

As a team write down ideas for 90 seconds.

Category

Reasons patients miss their appointments

Letter

S
Round 2 – New Rules

Everyone individually will write down ideas for 60 seconds. After the 60 seconds, you’ll combine all your lists.

**Category**

Things that can be improved at a clinic

**Letter**

T
Foundation To Develop and Sustain Strong MAT Programs

Current State

- Current approach to MAT
- Learning what works and what could work better in your MAT programs

Aims

- Defining SMART aims for your project

Measures

- How do we know when we get there
- Specificity and relevancy
Current State Activities To Date:

- Capability Assessment
- Refining Your Core Team
- Learning From Your Patients & Staff
Current-State Analysis – Looking Into The Processes and Systems

Sometimes we think the system is working, but we’re only seeing one section of the entire flow. We may not be aware that there is room for refinements and improvement.

Determine the current state or the root cause for why we currently do something – try using analysis tools like:

- Workflow Mapping & Analysis
- 5 Whys
- Fishbone Maps
Workflow Maps
Workflow/Process Maps

"If you can't describe what you are doing as a process, you don't know what you're doing."

-W. Edwards Deming
Why Workflow Map?

- Provides a picture of a process in its current state
  - Who performs what task, and in what order
  - How long each step takes
- Illustrates a multi-level process
  - Staff have a better understanding of how their work impacts other activities and sub-processes.
- Onboarding tool and reference document
- Creates a structure and framework to assess workflows and develop new, improved processes
Process Flow Map Basics

Start – flow charts begin with an oval to indicate the start of a process

Process - Activity, task, or action taken

Decision – A point in the process where a yes/no question is asked or a decision is made

Input/Output – Something added or created during the process (e.g., form, report)

End – an oval is used for the last step in a process
Example Process Map w/ Swim Lanes

Overview of Patient Flow During SUMMIT

SUMMIT PATIENT FLOW

Visit Preparation
- Front desk checks patient in
- Front desk determines study eligibility by checking for sticker on patient chart or checking EMR

Screening, Brief Intervention, Referral to SUMMIT
- Front desk places "SUMMIT Health Screener" and "Consent to Contact" on file
- Patient enrolled in SUMMIT
- Medical assistant conducts preliminary substance use screening
- Medical assistant obtains consent for research staff to contact patient with risky or worrisome substance use

SUMMIT Eligibility Screening
- Patient consents?
- Player eligible?
- SUMMIT research staff gives participants referral information
- Participant completes baseline survey and is randomized to ICC or E&R

Referral and Discharge
- ICC or E&R?
- SUMMIT research staff gives participants referral information
- Treatment as usual may include MAT or BT

ICC Only: Care Initiation and Intake
- "Warm handoff" to Care Coordinator - Care Coordinator makes contract with the participant
- Care Coordinator enters patient study condition into EMR
- EHR
- Care coordinator opens a record in the SUMMIT registry and collects clinical monitoring data
- Mental health therapists conduct intake assessment and offers treatment options
- Medical providers deliver medication-assisted treatment (MAT)
- Mental health providers deliver brief MI-based therapy (BT)

Treatment
- MAT or BT
- Decision Support
  - Medical providers access MAT decision support as needed
  - MHTs access BT decision support as needed
  - CC provides ongoing clinical monitoring and reminder calls

Using Process Maps for Current State Assessment and Diving Deeper
Patient checks in, given forms to complete

Patient completes forms & assessments in waiting room

Patient taken to exam room; vitals and Hx taken

TAPS Score = 2+?

MA Documents in EMR and adds note for Provider

Provider enters room; reviews intake forms and primary reason(s) for visit

Provider addresses chief medical need(s)

Provider eligible for MAT?

Yes

Provider discusses MAT program with patient. Creates referral for patient to meet with MAT Coordinator

No

Patient eligible for MAT?
Patient checks in, given forms to complete

New patients or patients who haven’t been seen for 12+ months are given TAPS assessment

Patient completes forms & assessments in waiting room.

Front Desk enters patient information and TAPS assessment score in EMR

Provider enters; reviews intake forms and primary reason(s) for visit

Patient taken to exam room; vitals and Hx taken

TAPS Score = 2+?

Yes

MA flags for Provider

Provider addresses urgent medical needs

Provider discusses substance use w/ patient.

Prior to check-out, if patient agrees, provider does warm handoff to BH Coordinator who will schedule appointment with BH specialist
Workflow Mapping – A Simplified Approach

– Flip Charts or Posters, Markers, and Post-its.

• *High touch – low-tech*

• Draw the overview of the process on flow charts or large pieces of paper

• Use Post-it notes to define each step – they are portable, and can easily be moved around
Instructions

• At each table – you have flip chart paper, post-it notes, and markers
• Using post-it notes – start with the patient arrives at the clinic for a primary care visit (first step).
• Add notes for the top 5 steps from arrival to in the room.
• Dive deeper – fill out below each note what happens at each stage
Instructions

• **Start** – Patient Arrives for a Primary Care Visit*

• **Step 2…**
  – Additional steps 2a, 2b, 2c...

• **Step 3…**
  – Additional steps 3a, 3b, 3c...

• **Step 4…**
  – Additional steps 4a, 4b, 4c...

• **End** – Patient is in the Exam Room

* Remember - Even if you aren’t involved in these steps in your work – you’ve probably been a patient or helped a patient (family member, loved one)…
Tips for Creating Workflow Maps
Creating Workflow Maps @ Your Health Center

Step 1  Review a few examples of process maps that have been created at your health center or related to your project

Step 2  Create a high-level map (what are the main 5 to 10 steps that could summarize the entire process from start to finish) – Get Staff Feedback

Step 3  Create Detailed Process Map for parts of that workflow are likely to be problematic and involve or confirm maps with staff that are actively a part of these workflows
Step 4  Look for opportunities to improve: areas with confusion, duplication or other bottlenecks:

- Defects
- Waiting
- Over Processing
- Variation
- Unclear Roles and Responsibilities
- Motion
- Searching
- Inventory
Workflow Map Tools

Numerous tools available to develop process maps

Software
– Microsoft Visio (discount available at TechSoup)
– Powerpoint/Word
– LucidChart, Creately, & MyDraw

Online Tools
– Draw.io – Free online tool, works with Google Drive
– Google Drawings
– Paid – Gliffy & Wireflow
Part 3: PDSA’s Small Tests of Change - A Tool for Improvement
Order for the Card Deck

Top

A, 2, ...Q, K

Bottom

A, 2, ...Q, K

A, 2, ...Q, K

A, 2, ...Q, K
Order for the Card Deck

A, 2, ...Q, K  A, 2, ...Q, K  A, 2, ...Q, K  A, 2, ...Q, K
Debrief – Sorting Process

• What worked well?
• What did another team try that might work for your team?
• How can we sort the decks faster?
The Model for Improvement

Aim
• What are we trying to accomplish?

Measure
• How will we know if a change is an improvement?

Change
• What changes can we make that will result in an improvement?

Small Tests of change
PDSA – Rapid Cycle Improvement

Act
• What changes are needed?
• Next cycle?

Plan
• Questions & predictions (why?)
• Plan to carry out the cycle

Check/Study
• Analyze Data
• Compare data to predictions
• Summarize what was learned

Do
• Carry out the plan
• Document problems & observations
• Begin data analysis

Adapted from the Institute for Healthcare Improvement Breakthrough Series College.
The Model for Improvement and PDSAs essentially rely on:

**Small Scale Experiments**

**Iterate & Iterate**
Making Pancakes

- First few are never perfect.
- So we experiment or practice until we get it right.
We already do PDSAs everyday
Why Experiment & Iterate?

- **Pancakes** – Our first drafts are never perfect
- **Opportunity** for learning from “failures” without impacting performance
- **Increase** your belief that the change will result in improvement
- **Easier** to take one or two small steps than one giant leap
- **Document** how much improvement can be expected from the change
- **Evaluate** costs and side-effects of the change
How Do You Decide What to Test?

PDSA's
Tips for Starting PDSA’s

- Start with a tiny test (1 patient, 2-5 patients)
  - Then try it on more patients each time with each additional test
  - Or try with another staff/team member – get feedback and ideas on how it can be improved
  - Or test for a longer period of time
Change Ideas:

1. New protocols for patients completing TAPS assessment (all new patients & annually for all patients)

2. Front Desk entering TAPS assessment score in EMR
PDSA’s in Action:

Change Idea: All new patients and annual appointments are give TAPS Assessment form

PLAN: On Monday morning, ask Mary, Front Office representative, to distribute TAPS assessments to any new patient or patient that hadn’t been seen in a year. Mary can look up this information in the EMR. Just do this for the first 2 hours of the day (8 am – 10 am)
PDSA #1

DO: As she’s checking in patients, Mary looks up last patient appointments, and for eligible patients gives TAPS Assessment form with their paperwork.

STUDY: Mary felt stressed looking up this information in additional to everything else she has to do to check in a patient

ACT: (1) Add TAPS assessments to New Patient Packets and

(2) In pre-visit prep, ask care teams to highlight patients who haven’t been there for 12+ months to save Mary time
PDSA #2

DO: Monday evening, care team reviews list of upcoming appointments, and highlights patients who haven’t seen provider >12 months. Mary uses list as she’s checking in patients and gives TAPS assessment to highlighted patients.

STUDY: Process was a little smoother for Mary. A few patients were confused by TAPS instructions and Mary was unsure how to respond.

ACT: Edit the instructions on the form and give Mary sample scripts for when patients have questions.

LOOK! 2 PDSAs COMPLETED in 2 days!
During the Wednesday morning huddle team discusses some additional PDSA’s that they should test:

- **Updating TAPS Assessment Instructions using more patient-centered language**
- **MAT lead will work with Mary and Front Office manager to find scripts that appropriately answer questions on TAPS**
- **Now that we’re identifying patients, how can we do warm handoffs to the BH team to explore addiction treatment options**
# PDSA Series – Testing in Tandem

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- SUD Assessments
- Scripting
- Warm handoffs to BH Team
- Staff training on stigma
- New workflows
- New processes
PDSA Checklist

- Embrace the PDSA, small test of change mindset
  - “Tweak your week;” “What can we test tomorrow morning?”

- Scale Down - start with a tiny test

- Collect useful data during each test

- Think a few tests ahead & test under a variety of conditions

- Reframe tasks into tests
Activity – Planning for PDSAs in your ATSH project

- What PDSA Tests/Experiments could **you** do in the next 2 weeks?

- Come up with the elements of the “Plan”
Reflections

• Lingering Questions?
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