

Welcome to the TC₃ In- Person Kickoff Meeting!

As you get settled, please feel free to:

- Find your table number on your nametag
- Help yourself to breakfast
- Assemble your team storyboards and set them at the side of the room
- Take sticky notes and a sharpie and respond to the question gallery around the room

 KAISER PERMANENTE.

TC3

TRANSFORMING CARDIOVASCULAR
CARE IN OUR COMMUNITIES



TC3 In Person Kick Off Meeting

Transforming Cardiovascular Care in Our Communities

June 3, 2019 | Pasadena, CA

Welcome!

Sandra Silva

Director, Community Health

Kaiser Permanente Southern California Region

Michael Rothman

Executive Director

Center for Care Innovations

Core Support and Learning Team



1. Grant management and support
 2. Clinical and operational expertise
-
1. Outcome measurement
 2. Evaluation
 3. Reporting
-
1. Project Office
 2. TA & Training Coordination
 3. Learning Community

Grantee Teams



1. Chronic disease management strategy
2. Improved BP measurement
3. Analytics & visualization



1. Self-measured BP
2. Nurse- & pharmacist-driven titration



1. Empanelment
2. Systematizing BP care as a health system
3. Whole-person approach

Storyboard Team Sharing

CVD Resource Co-Design

Two Activities

Resource Card Sorting

[Run Chart and Funnel Chart Excel Template](#)
Provided by Jerry Lassa, MS. Watch the associated webinar to learn how to use the this template: [Webinar: Taking the Pulse of Improvement Efforts Using Run Charts and Funnel Charts](#)

Taking the Pulse of Improvement Efforts Using Run Charts and Funnel Charts

Run Chart: Use run charts to track and visualize operational metrics over time. A run chart is a line graph that displays data points in chronological order. The chart allows you to see patterns, trends, and shifts in the data. It is a simple and effective tool for monitoring process performance and identifying areas for improvement.

Run Chart	2017	2018	2019	2020	2021	2022	2023	2024	2025
Run Chart	100	105	110	115	120	125	130	135	140
Run Chart	100	105	110	115	120	125	130	135	140
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Run Chart	100	105	110	115	120	125	130	135	140

Funnel Chart: A funnel chart is a type of chart that displays data points in a funnel shape. It is used to compare individual data points to a target or average. The chart is divided into three zones: a central zone (within 1 standard deviation of the target), a middle zone (between 1 and 2 standard deviations), and an outer zone (beyond 2 standard deviations). This chart is useful for identifying outliers and areas for improvement.

IMSP Control

In this webinar, Jerry Lassa, MS, our resident statistician and S Analytics Program faculty member, provides a primer on creating run charts and funnel charts.

These two important statistical analysis tools help you to gain a deeper understanding of your data and identify areas for improvement. By using run charts and funnel charts, you can track significant trends in performance and identify opportunities to improve. Jerry provides and demos an **easy-to-use Excel template** that you can use to create your own versions of these simple yet impactful visual analysis tools. Access the slides by clicking the "Download Resources" button below.

Building a Data-Driven Culture: A Video Learning Series

Chapter 5: Analytics in Action

Use Cases for Analytics

1. **Prevent Measure for Care Paths**
2. **Streamlining Care**
3. **Streamlining Patient Experience**
4. **Prevent Rehospitalization for Better Care**
5. **The Power of Diagnostic Data**

All About Empelment

1. **Part One: Establishing Patient Preference Relationships**
2. **Part Two: Calculating Supply and Demand**
3. **Part Three: The Four-Step Method**
4. **Part Four: Addressing Patient Data**
5. **Part Five: Streamlining and Sustaining Empelment**

Search Engine





But first...

mix up your teams!

Form new tables of 3, with 1 person from each team.

Resource Card Sorting Activity

In your groups, read your deck of cards, then please...

Organize

- Sort the resources into categories that make sense to you (content, topic, users, intervention type).

Label

- Label categories with post its. If you want to re-sort according to different categories, just call a facilitator over and snap a photo, then start again!

Add

- Missing resources (real or desired) by drawing on blank cards

Search Engine Activity

A search bar with a blue border and rounded corners. Inside the bar, the text "SEARCH..." is displayed in a light gray font. On the right side of the bar, there is a magnifying glass icon, also in a light gray color.

Implementing patient blood pressure check visits with Medical Assistants / Nurses



Standardizing hypertension clinical guidelines and goals among providers



Using Hypertension Registries to identify and outreach to patients



Improving blood pressure measurement quality and consistency



Se

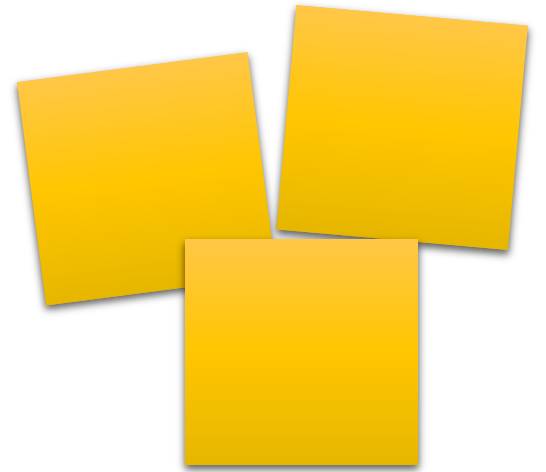
Go for quantity 😊

Individual Brainstorm (5 min):
Some prompting questions to get
you started



If you typed these into a search engine,

- What search results would you want to come up?
- What do you want to learn about each of these strategies? What resources do you need to learn how to implement or teach this strategy?
- What existing resources do you know of (or perhaps have developed!) could show up in here?



Discuss, Theme,
Prioritize in your groups
(10 min)

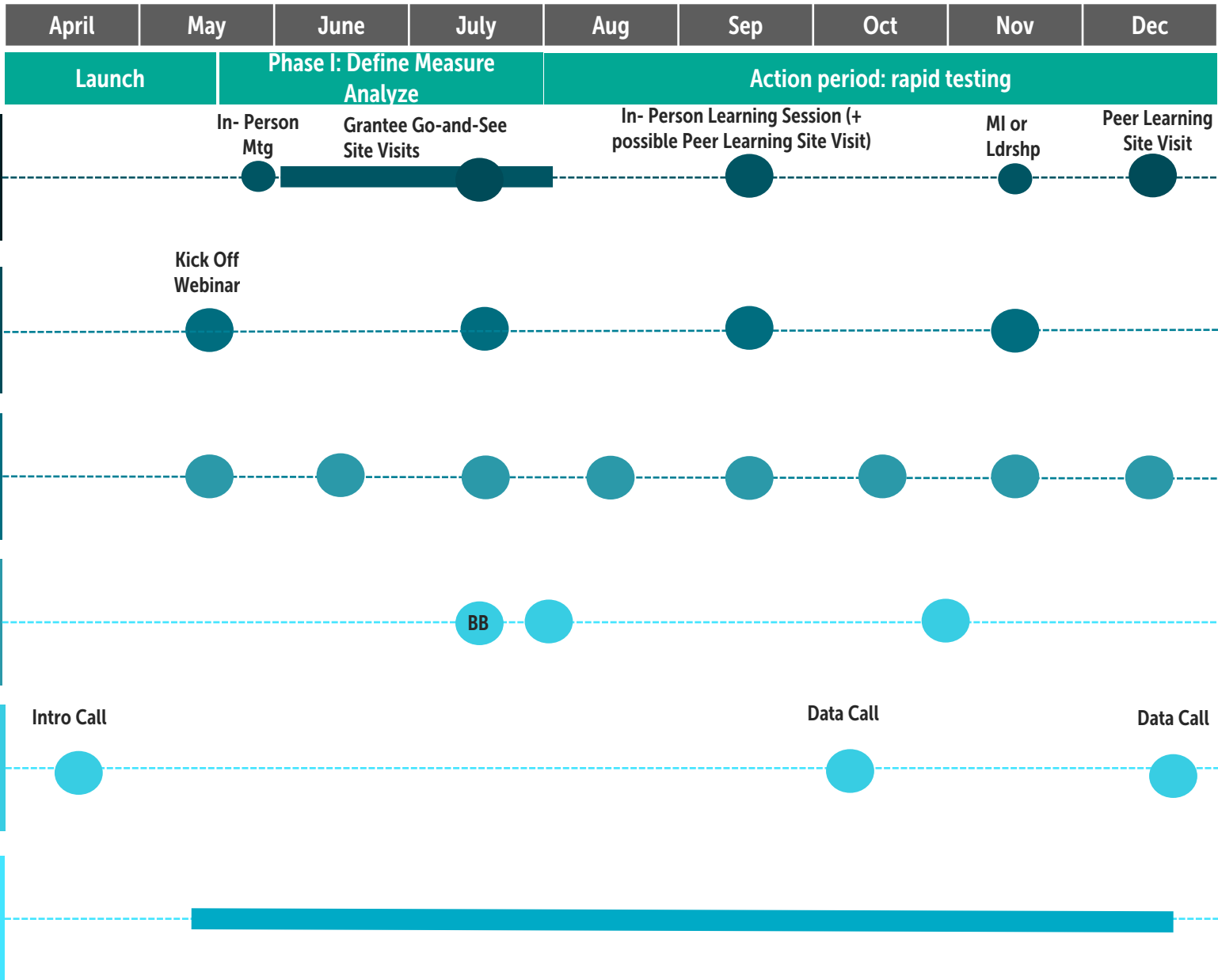
Debrief/Reflection
(5 min)

Lunch! (until 1:00 pm)

Current State Assessment

Roadmap

2019



Launch & Phase 1 Details

	Who	What	When
Launch	Grantee team, CCI & CCHE	<ul style="list-style-type: none"> Grantee provides feedback on program approach Grantee updates project plan, participating sites, and anticipated challenges 	April 2019
	Grantee team, coach, CCI, CCHE, & KP	<ul style="list-style-type: none"> Program team describes program elements Grantee coach describes program performance improvement approach Grantees provide input on shared program measures 	May 2, 2019
Phase I: Define Measure Analyze	Grantee team & coach	<ul style="list-style-type: none"> Start defining charter, including aims and drivers Start defining processes to shadow in site visits Start defining assumptions to test with site visits or analysis 	May, to be scheduled by grantee & coach
	Grantee team, coach, CCI, CCHE, & KP	<ul style="list-style-type: none"> Build our learning community Work on and share charters, and learning plan Plan in detail for internal grantee site visits Co-design program resources 	June 3, 2019
	Grantee team & coach	<ul style="list-style-type: none"> Continue work on charter, learning plan, and interpreting information from site visits and analysis 	June, to be scheduled by grantee & coach
	Grantee team, coach, & CCI visit participating clinic sites	<ul style="list-style-type: none"> Understand current state of clinical processes through shadowing Refine charter, driver diagram, and testing plan 	June to July, to be scheduled by grantee

Introductory Call

Kick Off Webinar

May Coaching Call

In Person Meeting

June Coaching Call

Grantee Go-and-See Site Visits

Launch

Phase I: Define Measure Analyze

How assessment can help you understand the current state

June 3, 2019

Maggie Jones



CENTER FOR COMMUNITY HEALTH AND EVALUATION
cche.org

TC3 Evaluation Questions

- **What practices are implemented** as part of TC3? How are they sustained & spread?
- To what extent do clinics improve in **clinical metrics**?
- To what extent do clinics improve their **capacity to do population health management**?
- What **technical assistance** is provided? How does it contribute to success?
- What **challenges and enabling factors** influence progress and success?
- How can TC3 be **improved**?

Goals of assessing capacity

A clinic site can learn ...

- Strengths
- Areas of opportunity for growth

A consortium/hospital system can learn ...

- Relative strengths across clinic sites to find potential best practices
- Individual and common areas of opportunity in which to support clinic sites' development

The Support & Learning Team can learn...

- Areas where clinics are excelling and potential bright spots to inform the learning collaborative
- Impact of the program on these capacities

Capacity domains of interest

- Leadership and culture
- Quality improvement infrastructure
- Data-based decision-making
- Team-based care
- Panel / population management
- Patient-team partnership
- Medication adherence

Creating the Building Blocks capacity assessment

Questions have been drawn from existing tools due to their success in measuring key capacities of primary care:

- Building Blocks of Primary Care Assessment (Center for Excellence in Primary Care)
- Patient-Centered Medical Home Assessment (MacColl Center for Healthcare Innovation)
- Building Clinic Capacity for Quality's Clinic Assessment (Institute for High Quality Care)
- Safety Net Analytics Program assessment (Center for Care Innovations)

Examples of capacities within each domain

Leadership and culture

- Executive leaders support continuous learning
- Leaders interact with staff, and thus know successes and challenges
- Systems and structures in place that foster communication

Quality improvement infrastructure

- Responsibility for QI activities is shared
- QI strategies are used continuously
- Structures support ongoing QI
- Experienced the site is in doing QI

Examples of capacities within each domain

Data-based decision-making

- Data are shared among staff
- Data are used for visit planning and outreach
- EHRs support population health management
- Data are checked for quality

Examples of capacities within each domain

Team-based care

- Staff are working at the top of their license
- Workflows are documented
- Standing orders are extensively used

Panel / population management

- Patients are assigned to specific panels
- There are ways to identify and address care gaps
- Trained team members provide self-management support

Examples of capacities within each domain

Patient-team partnership

- Patients are involved in decisions about their own care
- Evidence-based information guides the creation of tailored care plans
- Team members discuss how patients can address barriers to health

Medication adherence

- Educational materials are reviewed by team members
- Medication reconciliation is standard part of workflow
- Care teams have the tools to identify and track adherence

Administration

- **Who:** each participating site
- **What:** assessment with 34 questions
- **When:** once this summer, and then again at the end of the program
- **How:** after each site visit,
 - Site gathers a multidisciplinary team
 - Each person completes assessment on their own
 - Team comes together to discuss and come to consensus
 - Site submits 1 score per question to grantee
 - Grantee submits to CCHE on rolling basis

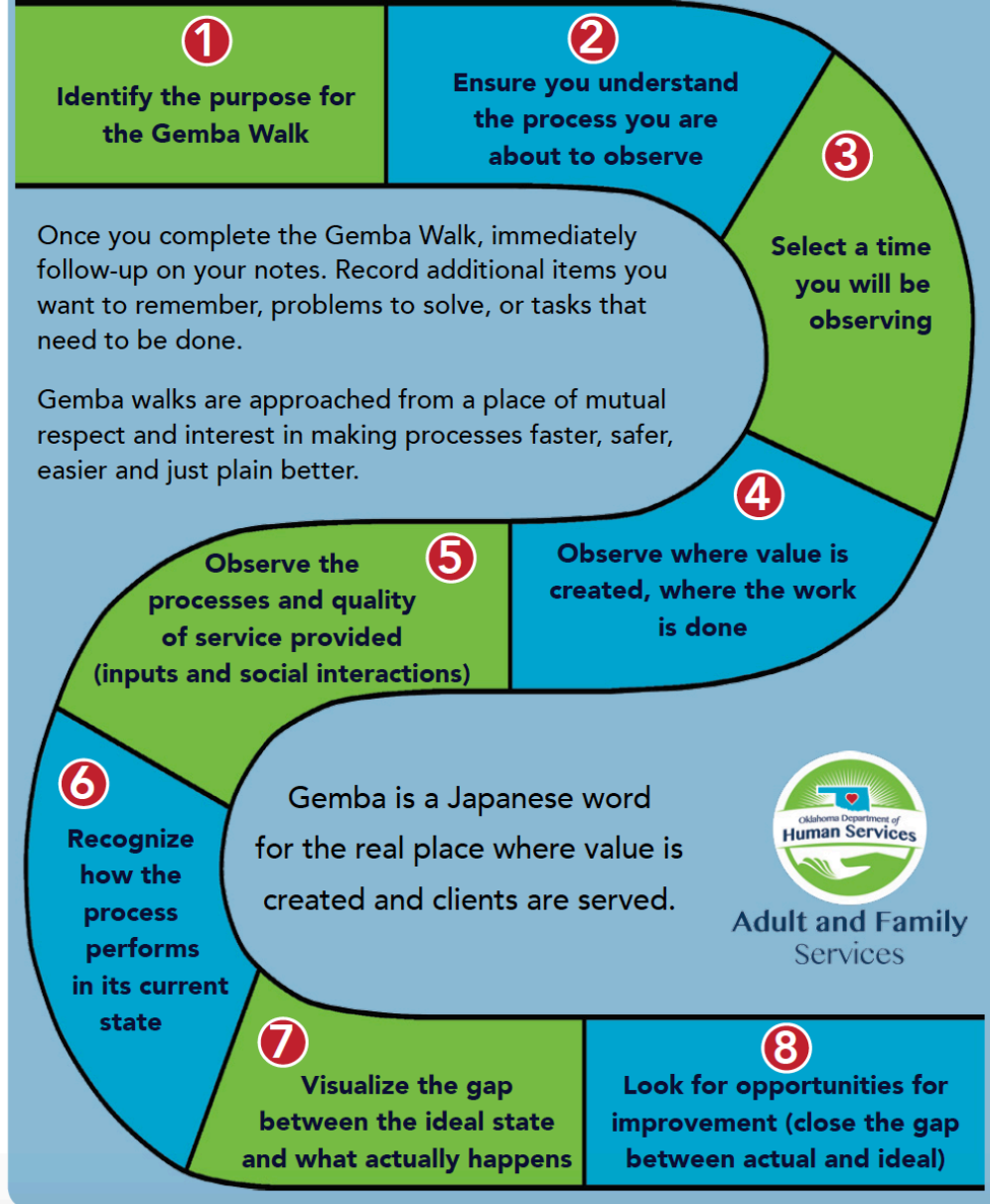
Methods for Developing Fundamental Change

PROCESS FLOW MAPPING
DENISE ARMSTORFF
JUNE 3, 2019

“Go and See” Site Visits

- “Go and See” where work is done
- Tell the people at the site what to expect (e.g. that they should show processes instead of tell, etc.)
- Ask open ended questions, listen
- Show respect: Approach from a place of mutual interest in making processes better for staff and patients
- Debrief & record in your notes:
 - Anything you want to remember
 - Problems to solve
 - Tasks that need to be completed

8 Steps in Gemba Walk



Potential Opportunity Areas



Confusion



Motion



Waiting / Delay



Overprocessing



Inventory



Process Failure



Overproduction

Think about an experience . . .

- Frustrated/irritated
- Excited/surprised



Change vs. Improvement

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

*The improvement Guide, Langley, etal.,
Chapter 6 , p. 109*





Who will benefit from our change?

Typical Solutions in Developing Change



More of the Same

People

Money

Time

Exhortations to work
harder



Inspection

Doesn't alter the way
the work is
accomplished



Utopia Syndrome

The search for
perfection

- Action paralysis
- Motivated by fear of failure

Change



- The process or result of making or becoming *different*
- “*Different*” is not the same as “*improvement*”

Reactive vs. Fundamental Change

Reactive (First Order Changes)

- Routinely made to solve immediate problems
- Keeps system running at the current level of performance
- Returns system to prior condition
- Immediate/short-term impact

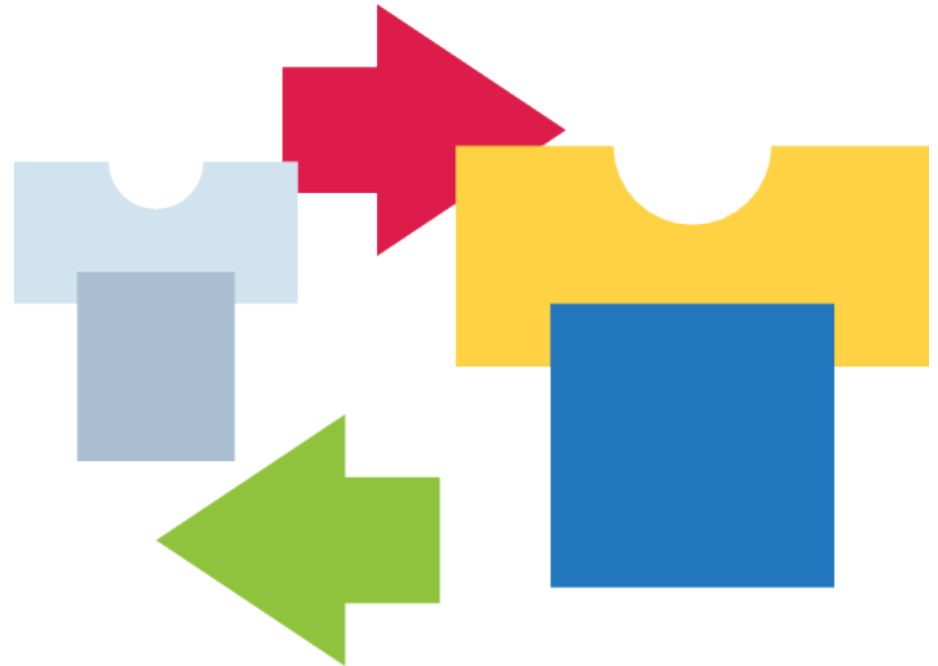
Fundamental Changes (Second Order Changes)

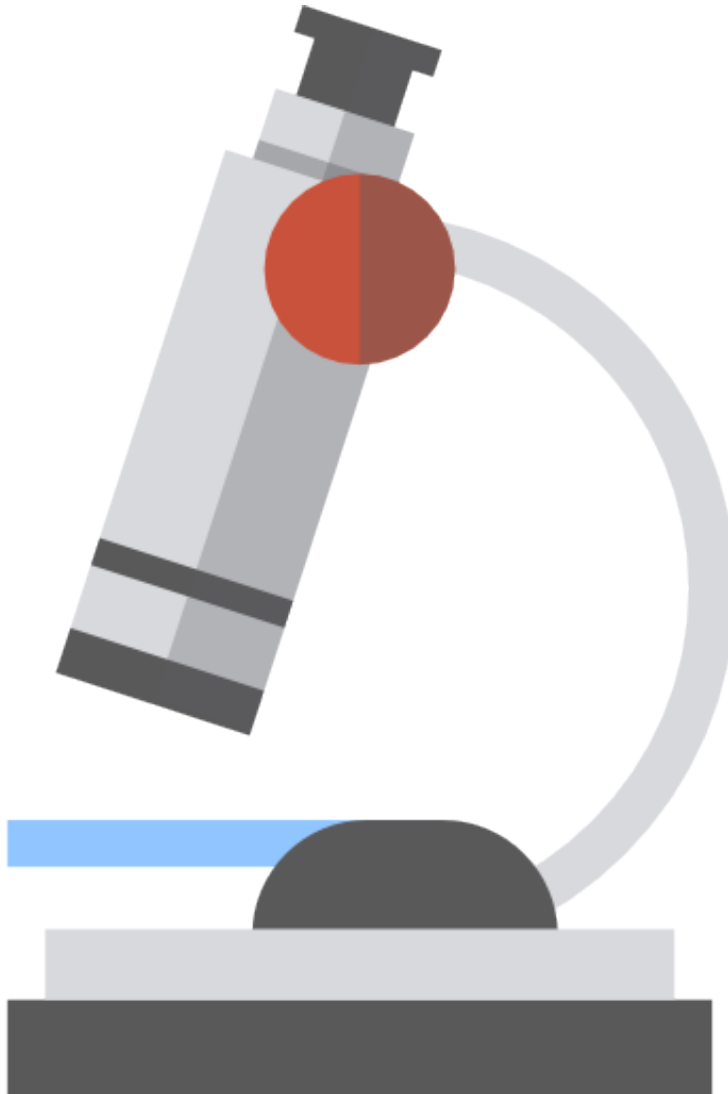
- Creates new system of performance
- Designs/re-designs some aspect of the system
- Fundamentally alters the system
- Long-term impact



Methods for Developing Fundamental Change

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





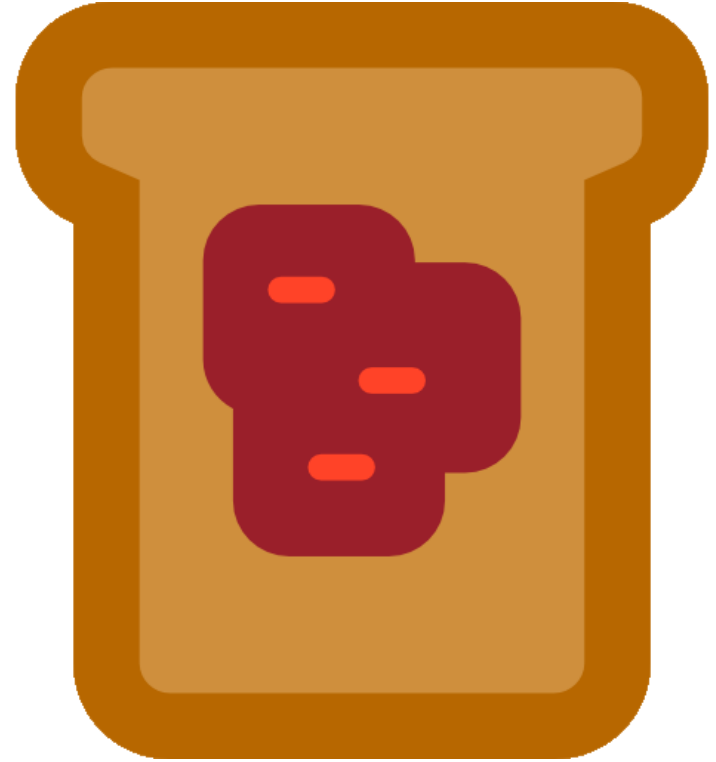
Logical Thinking About the Current System

- Assessing
"current" state



Peanut Butter and Jelly

WRITE DOWN THE STEPS TO PREPARE A PEANUT BUTTER AND JELLY SANDWICH



What did we learn from this activity?

What is a Process?

From Dictionary.com:

- “A systematic series of actions directed to some end.”
- “A continuous action, operation, or series of changes taking place in a definite manner.”

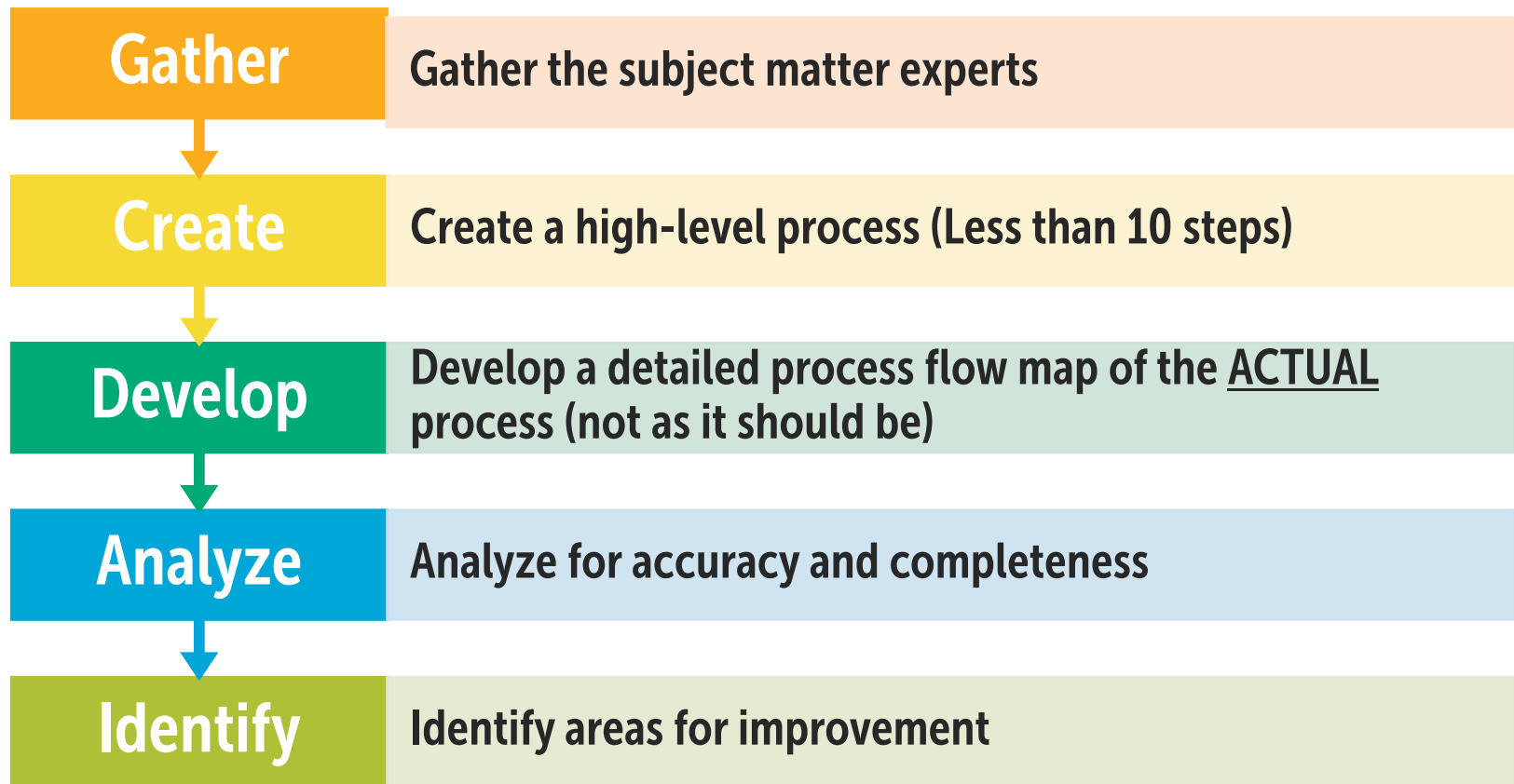


What is Process Flow Mapping?

- **Visual representation of a process or work flow**
- **Depicts each step sequentially**
- **Source for understanding what needs to be improved**



Developing a Process Flow Map





Gather Subject Matter Experts

- Representatives who will provide firsthand accounts of how the process **REALLY** works

Process Flow Mapping: Begin with High-level Process

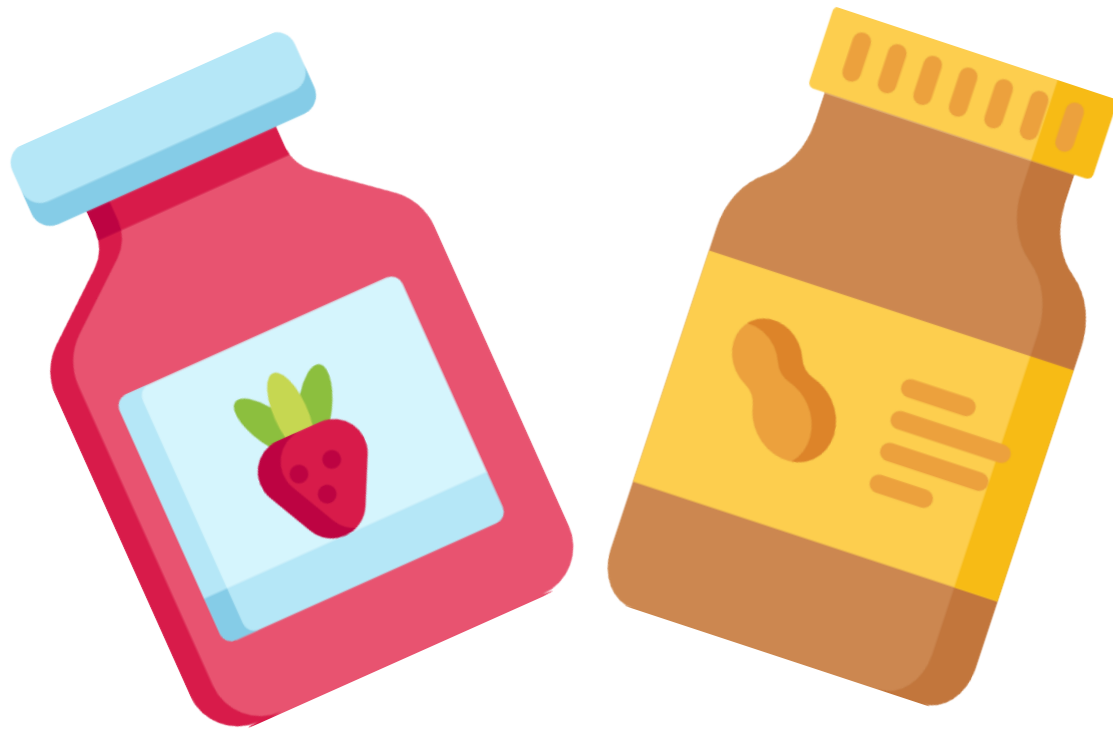


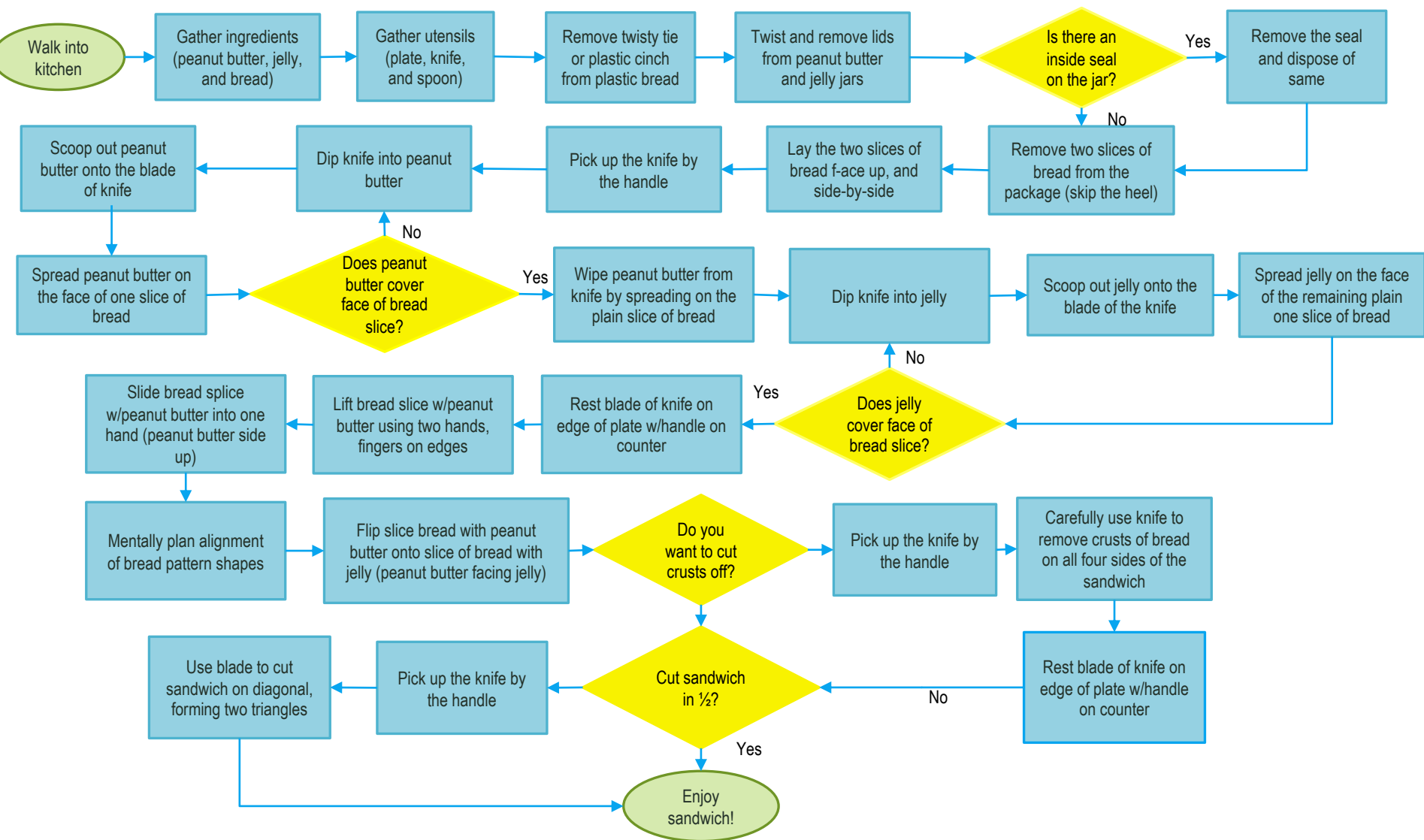
**Shop for
ingredients**

**Gather
ingredients
and supplies**

**Assemble
sandwich**

Mapping the Detail





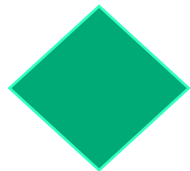
Process Mapping Symbols



- **Start and End:** Oval used to show inputs (materials, information or action) that starts a process and outputs (the results) at the end of a process



- **Activity:** Rectangle represents one task/ activity/step in the process



- **Decision:** Diamond represents a decision point in the process

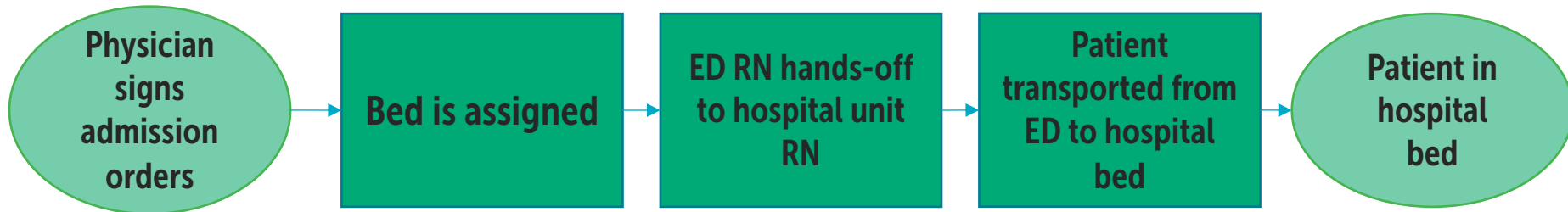


- **Break:** A circle identifies a break in the process

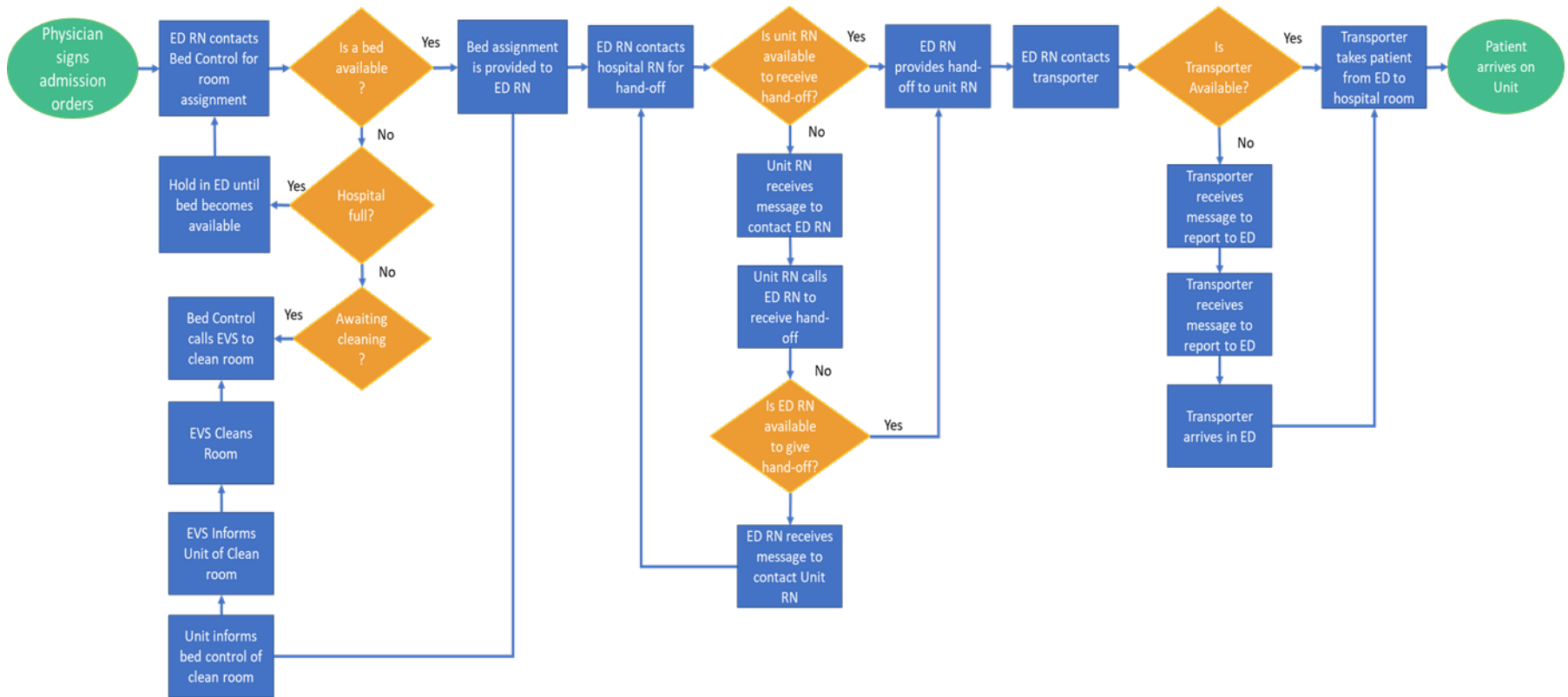


**Stick Notes
are a Process
Flow
Mapper's
Best Friend!**

Process Flow Map – High Level ED Admission to Hospital Bed

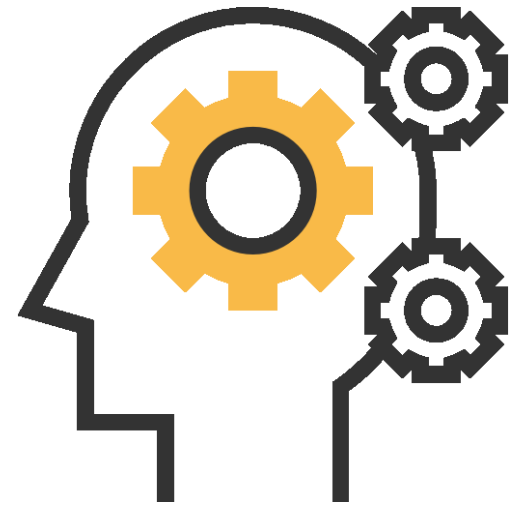


Process Flow Map – Detailed ED Admission to Hospital Bed

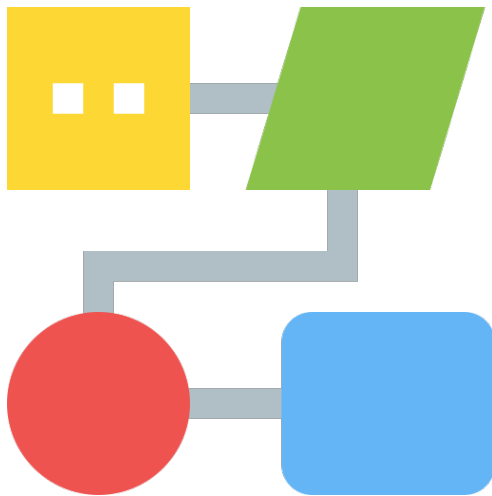


Think About Your Upcoming Site Visit

- **What process/systems would you like to observe?**
 - What are you “wondering” about?
 - What is your “gut” feeling about where the problems in your system lie?
 - What parts of the process do you “think” can be improved?
 - **Make some predictions about what you think you will see**



Develop a “Current State” Process Flow Map



- Develop a Process Flow Map
- Select a process that you would like to observe during your site visit
- Identify the high-level steps first
- Develop detailed steps/decision points
 - **Use post-its and blank chart pad on the wall**
 - **If you don't REALLY know because experts are not at the table, use your best guess**

Next Steps

- **If possible, gather the experts and repeat this activity**
 - **How did the experts' version of "current state" differ from your own?**
- **Use the "current state" process flow map to identify:**
 - **Differences in what you *THOUGHT* current state was and what *REALLY* is**
 - **Who the system benefits (is the patient at the center of this process?)**
 - **Critical steps (what *must* occur to get the desired outcome)**
 - **Differences in sequencing and/or style, e.g., how does the process vary when someone different performs the activity/task (how does it impact the desired outcome?)**
 - **Bottlenecks (sometimes found at points of decision), waste, redundancies, and work-arounds**



Find Program Materials on the [TC3 Support Portal](https://www.careinnovations.org/tc3support/)

<https://www.careinnovations.org/tc3support/>

What are the deliverables for TC3?

Grantee Deliverables

- Project Charter & Coaching
- Quarterly Data Submissions
- Annual Survey
- Annual report
- Attendance and participation in learning community events and activities

Site Level Deliverables

- Clinic Building Block Assessment Submission – *at the beginning and end of program*
- Quarterly Data Submissions - *if grantee does not have direct access to site level data*
- Attendance and participation in learning community events and activities - *as determined by grantee*

What's next?

1. Go and see the current state of clinic processes at your sites
 1. Confirm site visit date & location with Denise & Alexis
 2. After your site visits, update your charter based on your learnings
2. First data report is due to CCHE July 31st
3. Building Blocks Assessments due to CCHE after you visit your sites

Thank you!

*Please complete an evaluation survey before you leave.