TC3 Kick Off Call

Transforming Cardiovascular Care in Our Communities
May 2, 2019 | 1-2pm

Livy Cabezas, M.P.Aff.
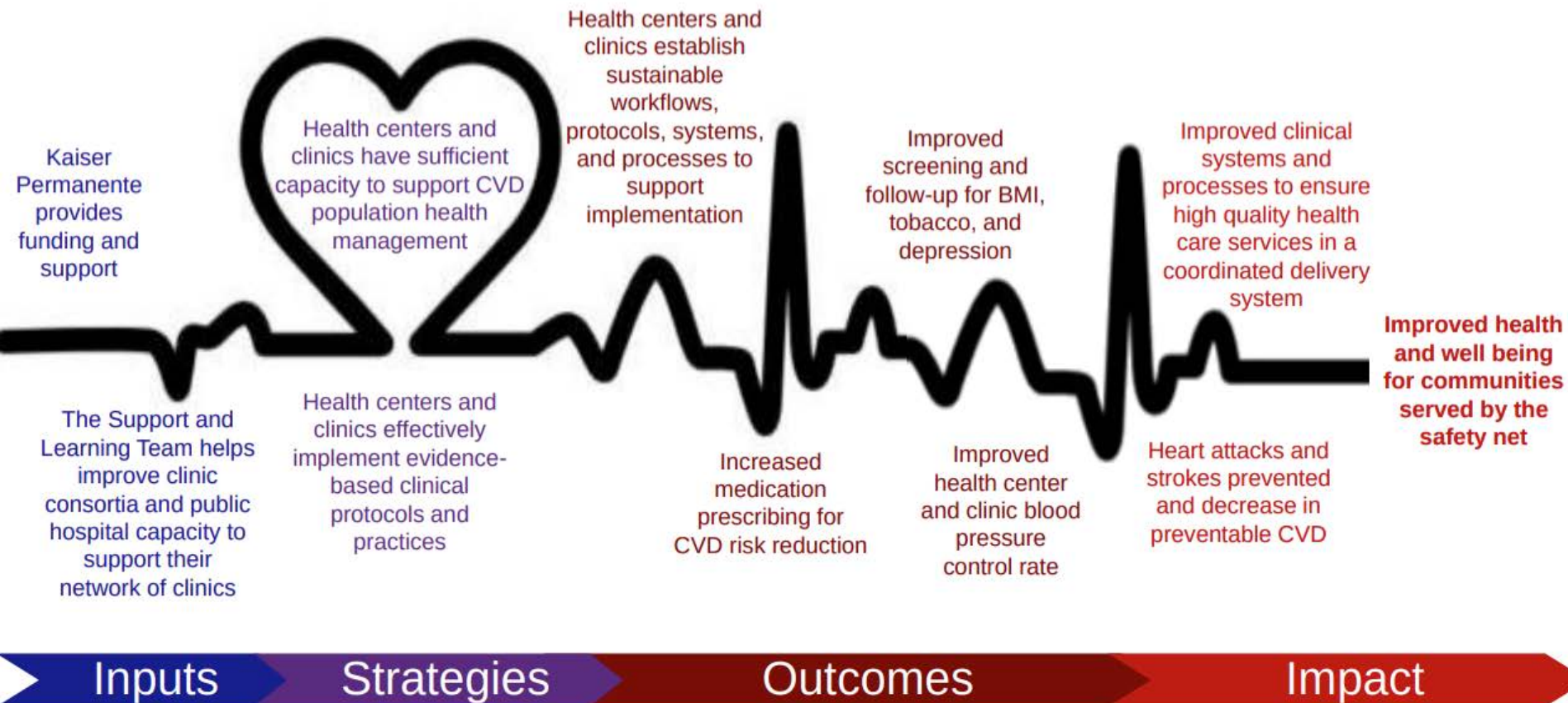
Senior Consultant, Community Health

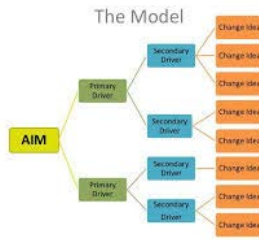**Southern California Region | Kaiser Foundation Hospitals**

TC3 Overview

TC3 Logic Model

Kaiser Permanente provides funding and support

The Support and Learning Team helps improve clinic consortia and public hospital capacity to support their network of clinics

Health centers and clinics have sufficient capacity to support CVD population health management

Health centers and clinics effectively implement evidence-based clinical protocols and practices

Health centers and clinics establish sustainable workflows, protocols, systems, and processes to support implementation

Increased medication prescribing for CVD risk reduction

Improved screening and follow-up for BMI, tobacco, and depression

Improved health center and clinic blood pressure control rate

Improved clinical systems and processes to ensure high quality health care services in a coordinated delivery system

Heart attacks and strokes prevented and decrease in preventable CVD

Improved health and well being for communities served by the safety net
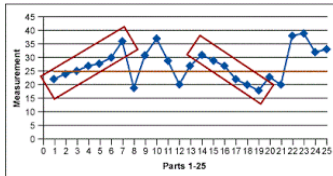
Inputs   Strategies   Outcomes   Impact

Initiative Goals

↑ adoption strategies that ↓ CVD risk for safety net patients

Strengthen capabilities of safety net organizations

Improve ability to report & use data to drive performance

Improve the capacity to support population health management

Core Support and Learning Team

KAISER PERMANENTE®

Center for Community Health and Evaluation

CCI | CENTER FOR CARE INNOVATIONS

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

Community Clinic Association of Los Angeles County

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

Health Services Los Angeles County

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

Riverside University Health System

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

CCI's Role

Project Office

Training & Technical Assistance

Learning Community

CCI Support Team

Michael Rothman, DrPH

Executive Director

Alexis Wielunski, MPH
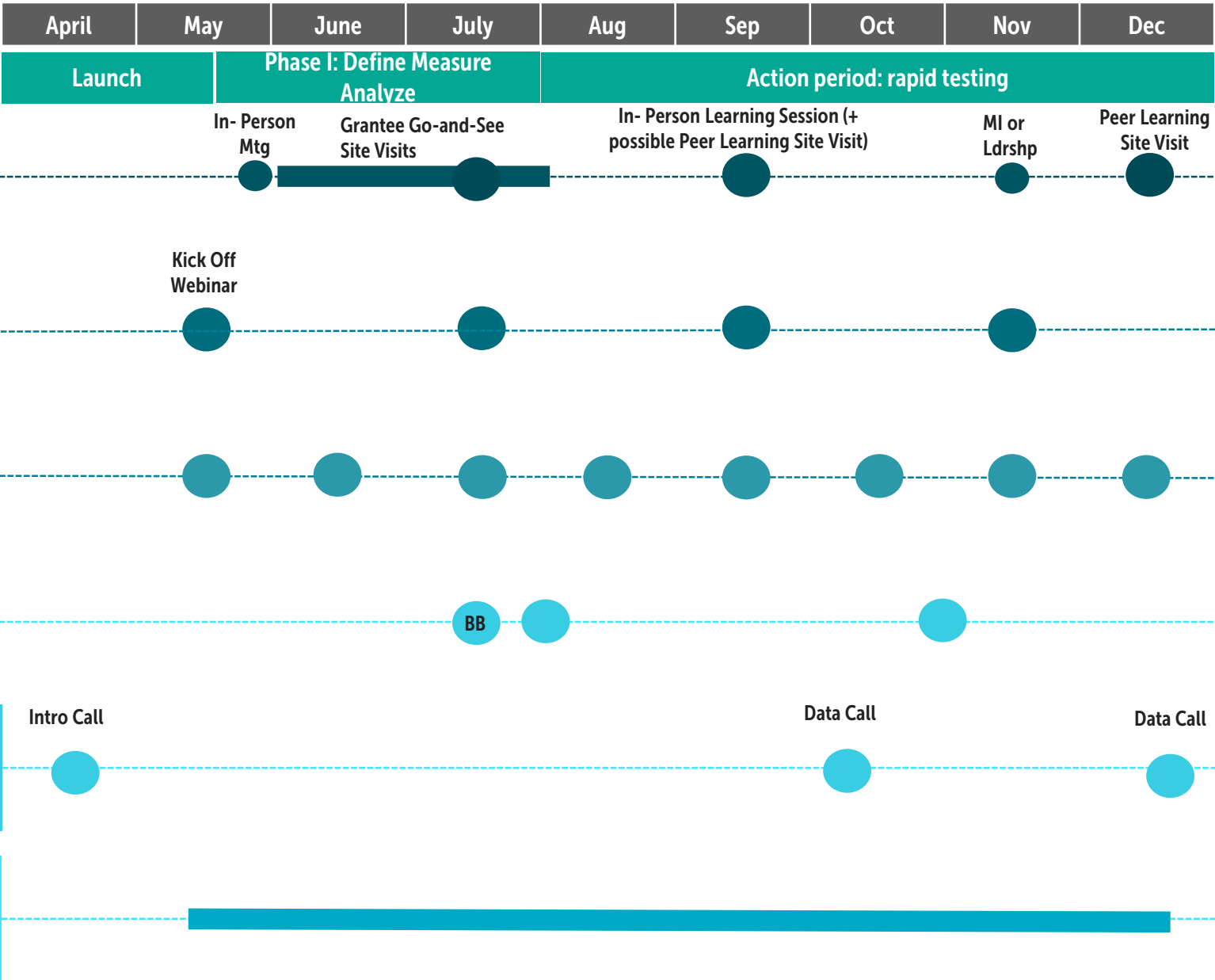
Program Manager

Angela Liu

Program Coordinator

Denise Armstorff

Master Coach

Roadmap

2019

	April	May	June	July	Aug	Sep	Oct	Nov	Dec
	Launch		Phase I: Define Measure Analyze		Action period: rapid testing				

In Person Learning Sessions & Site Visits

In- Person Mtg

Grantee Go-and-See Site Visits

In- Person Learning Session (+ possible Peer Learning Site Visit)

MI or Ldrshp

Peer Learning Site Visit

Webinars and remote training

Kick Off Webinar

Coaching

Clinic Building Block Self-Assessment & Data Reporting

BB

Grantee Calls with CCHE/CCI

Intro Call

Data Call

Data Call

Virtual resources, newsletter, responsive assistance

Launch & Phase 1 Details

	Who	What	When
Launch			
Introductory Call	Grantee team, CCI & CCHE	• Grantee provides feedback on program approach • Grantee updates project plan, participating sites, and anticipated challenges	April 2019
Kick Off Webinar	Grantee team, coach, CCI, CCHE, & KP	• Program team describes program elements • Grantee coach describes program performance improvement approach • Grantees provide input on shared program measures	May 2, 2019
May Coaching Call	Grantee team & coach	• 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
In Person Meeting	Grantee team, coach, CCI, CCHE, & KP	• 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
June Coaching Call	Grantee team & coach	• Continue work on charter, learning plan, and interpreting information from site visits and analysis	June, to be scheduled by grantee & coach
Grantee Go-and-See Site Visits	Grantee team, coach, & CCI visit participating clinic sites	• Understand current state of clinical processes though shadowing • Refine charter, driver diagram, and testing plan	June to July, to be scheduled by grantee

Left sidebar labels: Launch; Phase I: Define Measure Analyze

Coaching Roles & Expectations

	Coach	TEAM
Goal	• Empower team to utilize QI methods to achieve targeted aims	• Achieve TC3 aims for the organization • Help build capacity for quality improvement and organizational transformation
Allocated Time	• At least one coach-call per month • At least one site visit	• At least one coaching call per month • Four to eight hours per week dedicated to improvement activities (includes 1:1 with coach, team meetings, and time to perform other necessary activities)

Key Activities	• Assist and guide participants to implement quality improvement methodologies and change ideas
	• Lead participants to discover innovative ideas and successful practices
	• Provide tools, resources, and practical strategies
	• Encourage discovery and challenge thinking/boundaries
	• Serve as a thought/accountability partner
		• Participate in improvement activities and coach calls
		• Apply the tools of Quality Improvement
		    • Develop Aim Statement and Measures
		    • Identify change ideas and conduct tests of change
		    • Collect data appropriate for learning and improvement
		• Complete assigned deliverables by agreed-upon dates

Coaching Framework
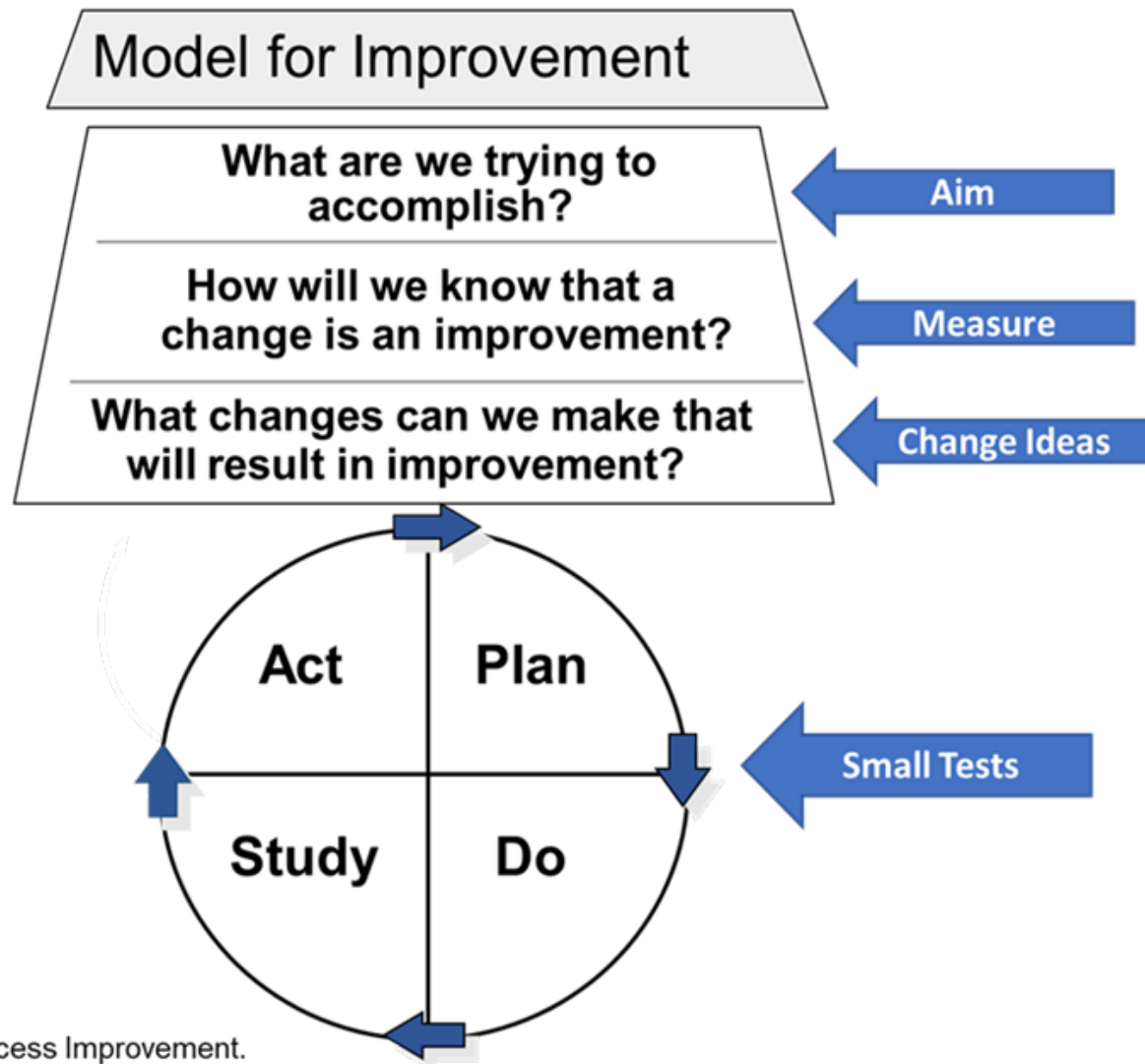
From Associates in Process Improvement.

Project Charter

PROJECT CHARTER

Date Created: Date Last Modified:

Organization:	
Project Name:	
Project Leads:	

What are we trying to accomplish?

Aim Statement (Purpose)

Background/Reason for Effort (What's wrong and why should we do this now?)

Expected Outcomes (What results are projected?) – Attach Driver Diagram and Process Map (If applicable)

How do we know the change is an improvement?

Project Measures

Outcome (Directly related to aim)	
Process (Steps to achieve outcome)	
Balancing (An unintended consequence)	

Who will participate?

Project Team (Roles and Responsibilities – (See Legend Below)

Name	Role	Responsibilities			
		Responsible	Accountable	Consulted	Informed

What changes can we make that will result in improvement?

Preparation and Change Ideas (Driver Diagrams, Process Flow Maps, etc.)

Charter A3 (Boxes 1-3)

Event Name:		Event Type:	RIE
Author:		Sponsor:	
Proposed Date:		Revision:	

Box 1: Reason For Action

Reason for Action/ Background (who, what, when, where, why):

Aim:

Scope:
  In scope
  Out of scope:

Process Owner:		Facilitator:	
Team Leaders:		Sensei:	
Team Members: 1.		6.	
2.		7.	
3.		8.	
4.		Alternate:	
5.		Alternate:	

Box 2: Current State

Current condition/flow:

Output Metrics (what will you measure?):

Box 3: Target State

Target condition/flow:

Metrics (how will you measure your success?):

Target Metrics, Linking to TPOC and VSA:

TC3 Evaluation Overview

Center for Community Health and Evaluation
www.cche.org

May 2, 2019

About CCHE

CCHE designs and evaluates health-related programs and initiatives throughout the United States

Our mission is to improve the health of communities with collaborative approaches to planning, assessment, and evaluation

Maggie Jones
Director

Carly Levitz
Research Associate

Jennie Schoeppe
Research Associate

TC3 Evaluation Goals

- Design and conduct **robust evaluation** through data collection, monitoring, and analysis

- **Participate in ongoing learning** with SLT and grantees, by providing insights into progress, successes, and challenges

- **Develop communication and learning** that reflect information needs of various stakeholders

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**?

What can you expect of the evaluation?

	Q2 2019	Q3 2019	Q4 2019	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021
Clinic Building Block assessment	●	●						●
Submit quarterly data		●	●	●	●	●	●	●
Phone check-ins		●	●	●	●	●	●	●
Post-convening surveys	●			●				●
Annual survey				●				●

A deeper dive into quarterly data

Measure	NQF #
HTN BP control	0018
Diabetes BP control	0061
Diabetes poor A1c control	0059
Tobacco screening and follow-up if needed	0028
BMI calculation & follow-up if outside normal parameters	0421
Depression screening & follow-up if needed	0418
Medication measure(s) – TBD	

What comes next?

- Our team will reach out to you to get answers to the following questions:

  - Are you able to report blood pressure for those with hypertension by race/ethnicity?

  - Are you able to report one or more of different medication measures?

    - Percentage of the following patients - all considered at high risk of cardiovascular events - who were prescribed or were on statin therapy during the measurement period

    - Statin therapy for patients with CVD

    - Statin therapy for patients with Diabetes

    - Other?

What does the summer bring?

- First data report due July 31, 2019 for measurement year ending June 30, 2019.

- Clinic-level Building Blocks assessment this summer around the same time as the "go and see site visits" for all hospital sites and health center organizations involved.

Questions or concerns?

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Research Associate
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Center for Community Health and Evaluation
www.cche.org

Demo: TC3 Support Portal

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

What's next?

1. Start thinking about:

   - your aim

   - what changes might be needed to achieve that aim

   - the processes you could shadow and assumptions you can test at a site visit to one of your clinics

2. Set up your first coaching call with Denise

3. Respond to CCHE's questions about measurement

Mark your calendars!

PHASE on a Page*
Wireside Chat Webinar

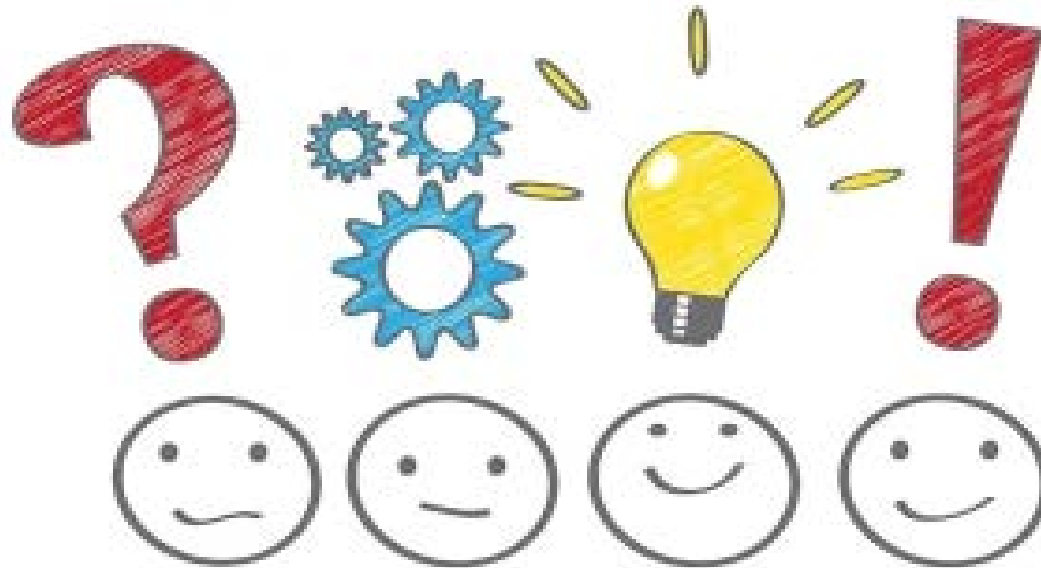May 30th

12pm – 1pm

*Look for an email on
how to register.*

**TC3 In Person
Kick Off Meeting**

June 3rd

10am – 3pm

KP Southern
California
Regional Offices

*PHASE on a Page is the Permanente Medical Group's evidence-based medication protocol for hypertension and diabetes management.

QUESTIONS?