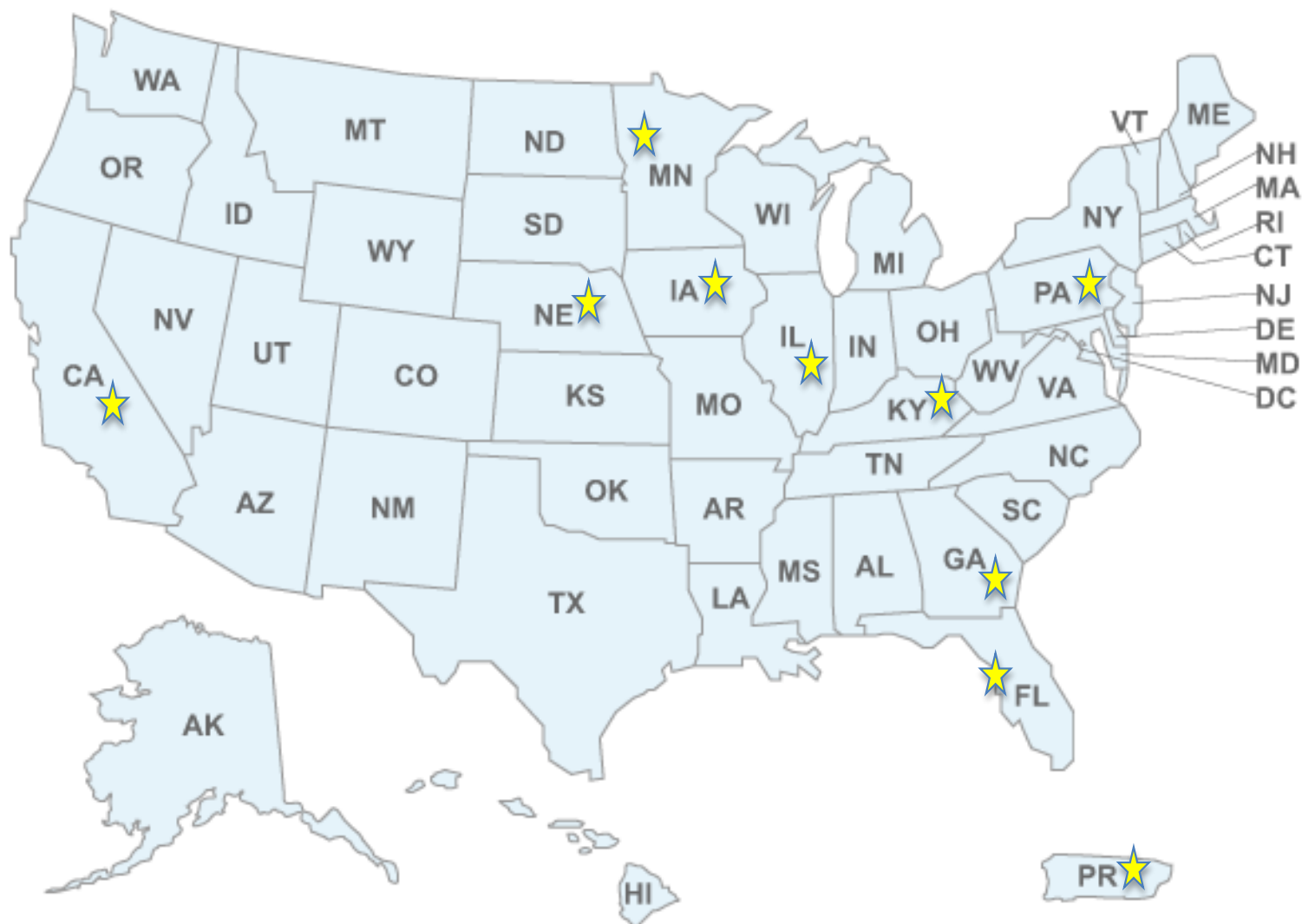

QI 201
Learning Session #4
Designing Interventions and
Measuring Improvement

December 20, 2013
1:00 – 2:00pm (ET)

Agenda

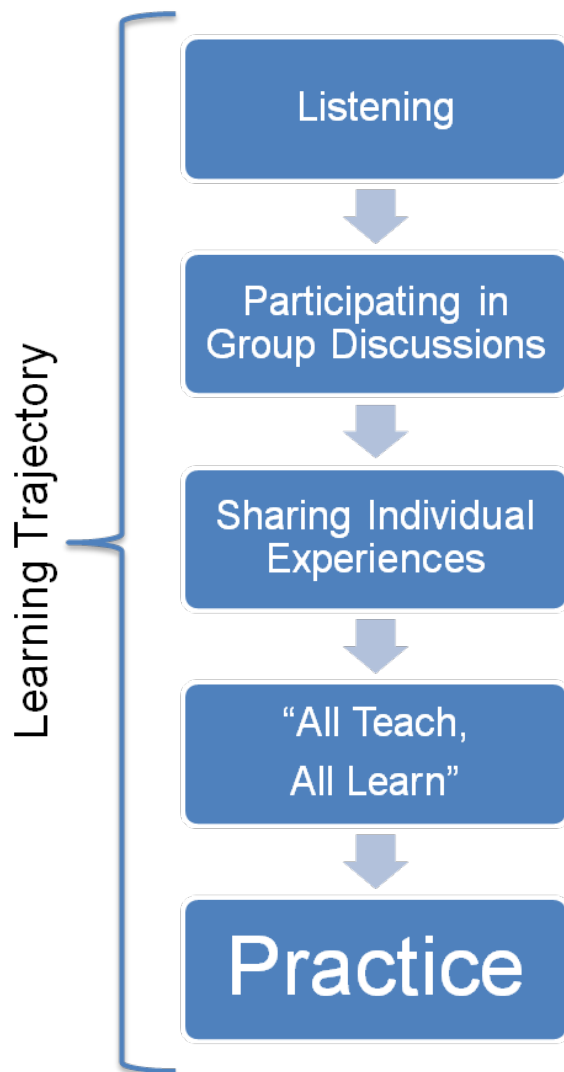
- Welcome and Introductions
- Designing Interventions and Small Tests of Change
- Measuring Improvement
- Next Steps

QI Team Introductions



**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Review: QI 201 to Date

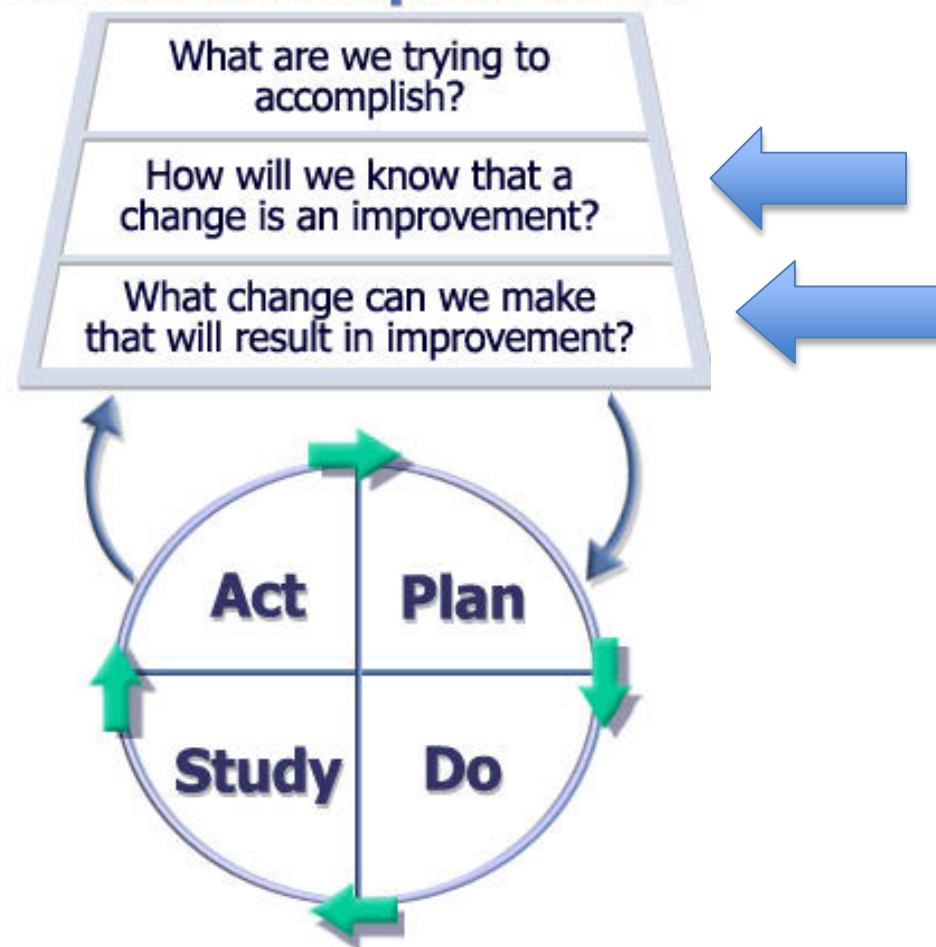


- **August:** Welcome and Kick-off
- **September:** Review of QI 101 and the Improvement Process
- **October:** Stakeholders, Aims, and Changes (Driver Diagrams)
- **November:** More on Aims and Identifying Interventions
- **December:** Designing and Testing Interventions and Defining Measures
- **2014:** Implementing Interventions, Measuring Improvement, and Spreading Results

Today's Focus

- Designing interventions:
 - Selecting an intervention
 - Conducting small tests of change
 - Encouraging buy-in
- Measuring change:
 - Selecting measures
 - Tracking progress
 - Measurement systems, challenges, and solutions

Model for Improvement



**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

The Improvement Process

PLAN

- Task 1: Identify a QI Project
- Task 2: Engage Stakeholders
- Task 3: Organize the Effort
- **Task 4: Create the Aim, Measures, and Changes**

DO

- Task 5: Start Your Project

STUDY

- Task 6: Assess, Share Outcomes, and Results

ACT

- Task 7: Develop Response Based on Outcomes

Designing Interventions

Relationship of Aims to Interventions

- The aim functions as a “true north,” not a step-by-step navigation
- Characteristics of successful changes or interventions are:
 - Basis in experience or evidence
 - Can drive learning
 - Supported by key stakeholders

Key Concepts in Improvement Testing

Test on a small scale

Trial and error

Test as a series of sequences

Build confidence in the change under a wide range of conditions before implementing

Example from Georgia

Early theory or approach

- Stakeholder alignment
- All 3 Medicaid health plans will implement a policy
- Statistically significant change in data = improvement

QI 201 revised approach

- Build on OB/GYN Society support
- Each health plan identifies 2 pilot clinics with a provider champion (one rural & one urban)
- Test use of tool with one provider, then spread clinic wide as kinks are worked out
- Collect 'just enough' data (3 months – 10 charts per CMO each month)
- Create a spread plan for state
- Policy implementation

Georgia

Secondary Drivers

Primary Drivers

Life Planning

Global Goal:
To improve utilization of postpartum care among women who have experienced a Medicaid live birth.

Smart Aim:
To statistically significantly improve the percentage of Medicaid eligible women who receive postpartum care within 21-56 days after their live birth.

Eligibility

Program Design

Data Driven & QI Processes

Medicaid Admin & Payment

Provider Practices

Member

- Provider and member education about Medicaid eligibility timeframes to ensure that they understand that Right From The Start (RSM) members have 60 days of eligibility after their live birth.
- RSM members misunderstanding of coverage post delivery

- Provider Education
- Education to new Moms
- Clinical Practice Guidelines
- Case Management
- OB/GYN Society
- Transportation

- Daily Census to identify members that have had a live birth
- Mapping OB members to OB Providers
- Data drill down

- Global Billing
- HEDIS codes mapping to internal billing systems
- Lack of provider incentives

- Visit prior to 21 days not counting as postpartum visit
- EHRs
- Outreach staff
- Identification of new moms within time frames
- Missed appointment follow up

- Informational materials and social marketing campaigns
- Patient engagement strategies for targeted members and / or areas
- Lack of support system to attend visit
- Lack of motivation to attend postpartum visit

**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Draft Pilot Clinic Driver Diagram: Life Planning

By May 1, 2014, 3 rural and 3 urban clinics will implement life planning for peri- and postnatal care visits

Primary Drivers

Engage the patient and start the conversation

Say why it matters and document with a standard tool

Check for understanding and problem solve together

Follow-up

Secondary Drivers

- Ask if it is OK to talk about birth planning and spacing and contraception
- Use conversational style

- Explain effect of birth spacing on infant and child
- Talk about benefits of planning
- Document conversation on tool

- Use non-shaming Teach Back approach to check for understanding and identify areas for additional conversation and teaching
- Surface resistance and engage in problem solving
- Use Motivational Interviewing questionnaire on confidence and importance

- Follow-up with contraception planning
- Set date to begin

Example from Georgia (cont'd)

Engaging with Pilot Sites

- Health plans meet with and help clinic write an aim
- Share tool(s) with providers
- Review measures and data collection plan
- Review PDSA concept and worksheet

Launching Potential Small Tests of Change

- Pilot site to discuss how to test with the next patient (n=1)
- Identify the conditions under which clinicians can test
 - Early in pregnancy
 - Patients with high health literacy v. low health literacy
 - Non-English speaking
 - At postnatal visits
 - Throughout perinatal period
- What other changes might supplement the tool?
 - Teach back
 - Motivational Interviewing Questions: confidence and importance
 - Joint problem solving

Minnesota

No child seen in our clinic has a mother who escapes our curiosity about being blue or feeling depressed. We help her connect with the help she finds useful.

Interview and screen the mother

- Interview with screening tool at first WCC 2 & 4 months
- Secure incremental revenue for screening

Say why it matters

- Use a script, say how it matters to child
- Use teach back to promote more learning and Motivational Interviewing for joint problem solving

Develop relationships with colleagues willing and ready to take a referral

- Get to know providers
- Explain program
- Ask for support

Make a warm handover

- Co-contact provider with mother
- Suggest Hope Line; Home Visitation; Community MH & Support groups
- Set appointment date

Follow-up and close the loop

Ask mother how and when she wants to provide info back to clinic about follow-up

Minnesota (cont'd)

Changes

Secondary Drivers

- Interview with screening tool at first WCC 2 & 4 months
- Secure incremental revenue for screening

- Use a script, say how it matters to child
- Use teach back to promote more learning and MI for joint problem solving

- Get to know providers
- Explain program
- Ask for support

- Co-contact provider with mother
- Suggest Hope Line; Home Visitation; Community MH & Support groups
- Set appointment date

Ask mother how and when she wants to provide info back to clinic about follow-up

- Overcome worries about positive screens
- Show interest in how mother is
- Build on prenatal education
- Learn who is best to do interview
- Capture all incremental revenue
- Advocate and champion workflow and processes

- Message harm to child if untreated
- Normalize feelings; Express empathy
- Offer help and support
- Explain process
- Use motivational interviewing questions: importance, confidence
- Engage in active problem solving

- Use co-location if possible
- Provide education or information about maternal depression
- Host introduction & invitation for site visit to discuss project

- Develop bio's of providers
- Make a match & promote usefulness; explain what to expect
- Call and make appointment with mother
- Provide useful information for mother to take to appointment

- Offer fax, email, text, voicemail, phone call to mother
- Set a goal for contact
- Establish who calls whom
- Ask Motivational Interviewing questions

Questions, Comments, and Discussion

Balancing your Intervention Approach

Spectrum of Intervention Activities

Passive
(share information)

Active
(shape behavior)



General Publications

- flyers
- newsletters
- videos
- articles
- posters

Personal Touch

- letters
- cards
- postcards

Two-way Exchanges

- telephone
- email
- visits
- seminars
- learning sets
- modeling

Public Events

- road shows
- fairs
- conferences
- exhibitions
- mass meetings

Face-to-face

- one-to-one
- mentoring
- seconding
- shadowing

Adapted (2013) from (C) 2001, Sarah W. Fraser.
Used by IHI in IMPACT Series

Adapted from Ashkenas, 1995

**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Discussion: Small Tests of Change

Discussion Topics

- When would you work on the left side of the diagram (passive) and not the right side (active)?
- How would you engage a pilot site in a small test?
- How do you know when you have tested enough and are ready to implement?

Identifying the Right Scale for Testing and Implementing Changes

Current Situation Community or Stakeholders			Resistant	Indifferent	Ready
Low Confidence that current change idea will lead to Improvement	Cost of Failure	Large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
		Small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
Large		Very Small Scale Test	Small Scale Test	Large Scale Test	
Small		Small Scale Test	Large Scale Test	Implement!	

Example from California: How to use a sequence of tests to increase confidence in the change

Aim: By May 1, 2014, Davis Community Clinic, a FQHC, will increase by 50% the number of women who sustain smoking cessation at the 6 week postnatal visit and the 4-month well child visit.

Approach: We plan to start with one provider, scale up to 5 providers by May and then spread to 3 other clinics by September 2014 and create a spread plan for Northern California FQHCs that will begin in January 2015.

Very Small Scale Tests

1. Provider will co-set quit date with next patient who smokes, give a good message about Quit Line and refer to quit line
2. Provider will do same and add teach back for next patient
3. Provider will do #2 and add MI Questions

Small Scale Test

1. Provider will do this for all women in first trimester
2. Provider will add messaging with partners and patient or patient at first postnatal visit

Large Scale Test

1. Provider will test for 1 month on all peri- and postnatal patients
2. Provider will document and test most useful combination of changes as protocol and test on all subsequent patients
3. Provider will enlist other providers with spread plan inside clinic

Implementation!

Questions, Comments, and Discussion

Defining Measures

Three Types of Measures

- Outcome measures
 - Results or aim of the project
 - Usually relate to an overall system improvement or a clinical outcome
- Process measures
 - Reflect how the improvements are done
 - They are more sensitive to change than the outcome measures
- Balancing measures
 - May reflect volume
 - May include staff and constituent experience
 - Reflect unintended consequences of change to other parts of the system or other systems

Medicaid/CHIP Maternity Core Set

Measure Set	Medicaid/CHIP Core Set Measure
Child Core	Timeliness of Prenatal Care
	Frequency of Ongoing Prenatal Care
	Behavioral Health Risk Assessment for Pregnant Women
	Cesarean Rate (for 1st Pregnancy)
	Percentage of Live Births Weighing Less Than 2,500 Grams
	Well-Child Visits in the First 15 Months of Life
Adult Core	Antenatal Steroids
	Elective Delivery
	Postpartum Care

Example from California: Draft Family of Measures

Outcome Measures

Number of women who quit smoking anytime during pregnancy who say they are not smoking

- at first postpartum visit
- at 6 week postpartum visit
- at 4 month postpartum or at 4 month well child visit

Process Measures

- Number of referrals to Quitline each month

Example from Georgia: Draft Family of Measures

Outcome Measures

- Percentage of women who create a reproductive life plan

Process Measures

- Documentation of birth planning, spacing
- Documentation of birth planning, spacing and contraception
- Documentation of “tool” for reproductive life planning

Discussion: Measurement

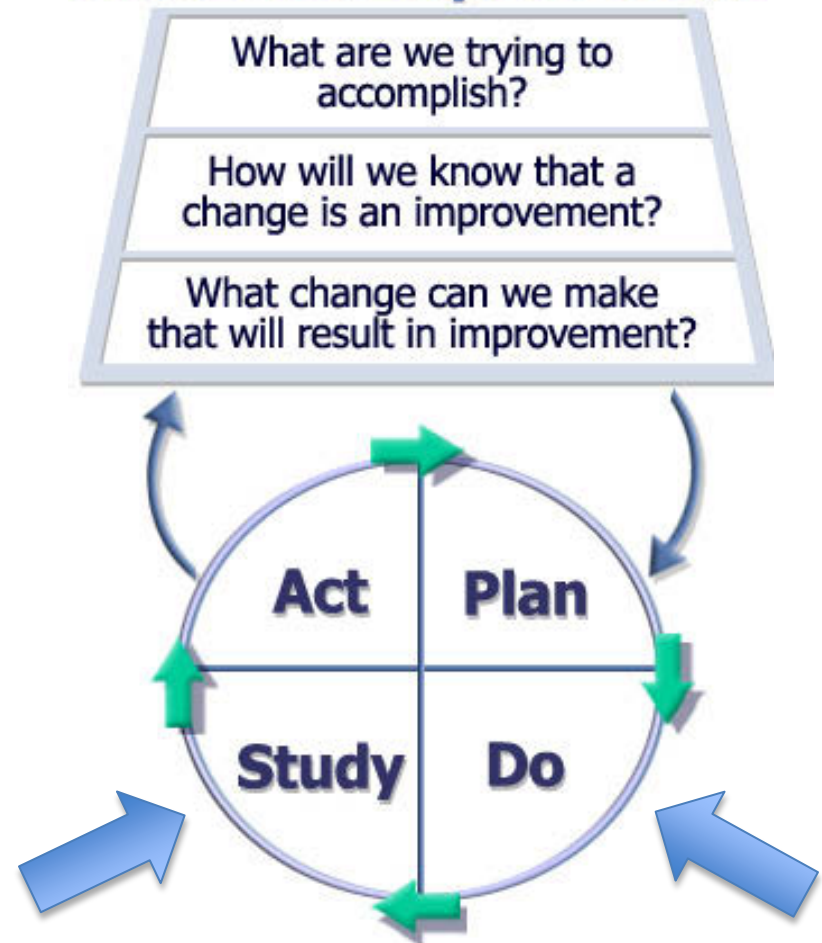
- What kinds of process measures could be designed for your QI project that are sensitive enough to detect small improvements?
- What data might signal improvement while waiting for HEDIS data?
- How might data be generated and from where?
 - Pilot site data
 - Core measures
 - Qualitative/survey data
 - HEDIS
 - Claims data

Questions, Comments, and Discussion

Coming Attractions

- Piloting tests of change
- Measuring changes
- Sharing early results

Model for Improvement



**Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health**

Next Steps

- We are available for individual TA discussions about your team's specific needs
- Please contact us through the TA Mailbox to schedule a TA discussion or for other support:
MACqualityTA@cms.hhs.gov

Thank you for participating in today's Learning Session.