

QI 201

Learning Session #2:

Engaging Stakeholders and Developing a QI Road Map

October 29, 2013

1:00 pm – 2:00 pm (ET)

Agenda

- Welcome and Introductions
- Review Improvement Process
 - Engaging Stakeholders
 - Creating Aim Statements
 - Developing a Driver Diagram
- Next Steps

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

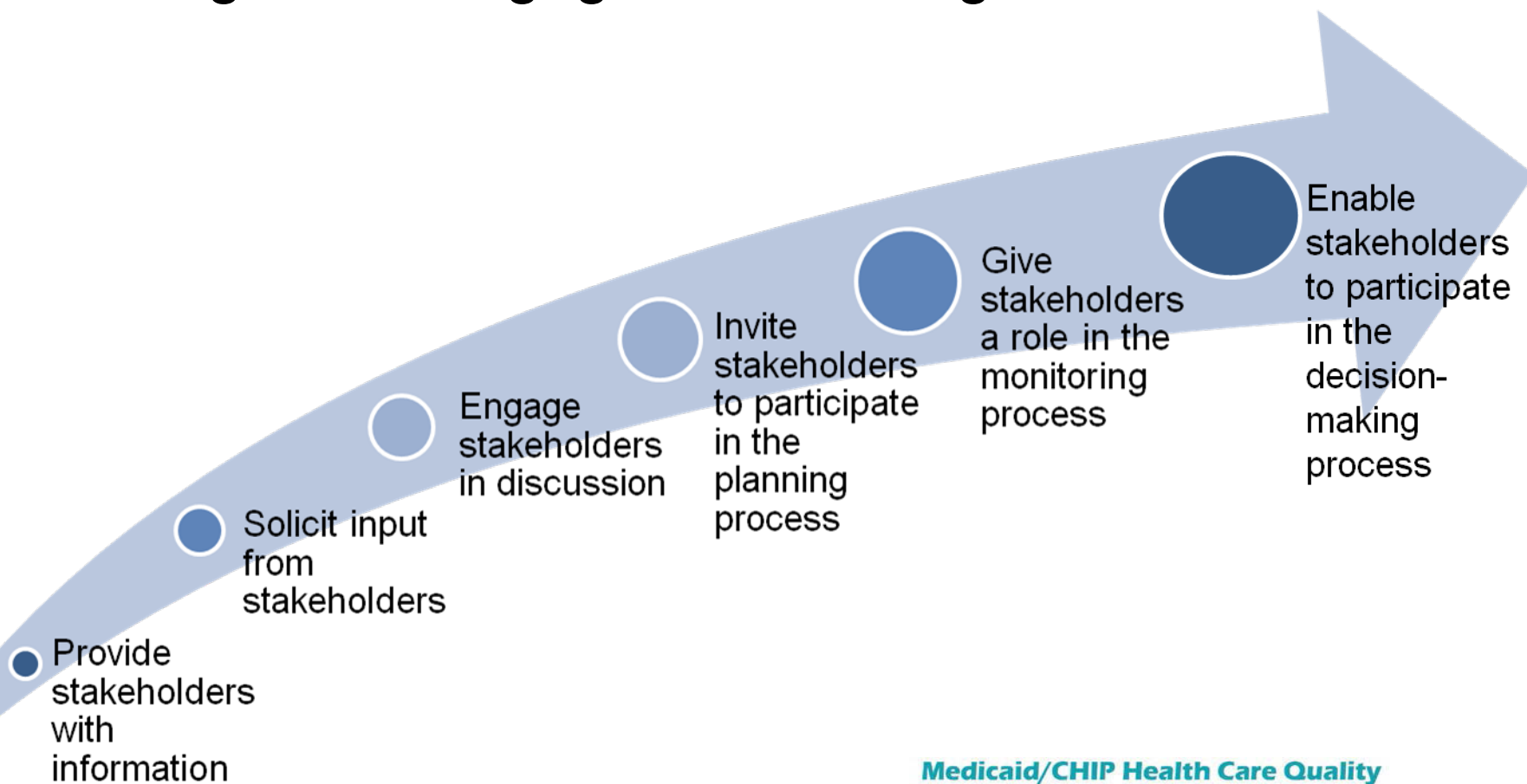
- Task 7: Develop Response Based on Outcomes

Stakeholder Engagement

- The process by which an organization involves people who may be affected by the decisions it makes or can influence the implementation of its decisions
- Stakeholders – those who pay for, provide, regulate, receive, measure, monitor, or otherwise interact with/influence the health care outcomes you want to improve
 - Internal – e.g., agency leaders, operational managers, IT department, contract managers
 - External – e.g., system partners, vendors/contractors, providers, recipients of services, family members/caregivers

Stakeholder Engagement

- There is a continuum – from minimal to significant – along which engagement strategies fall



Why Stakeholder Engagement?

- Stakeholders are critical to QI efforts
 - Prioritize areas for improvement
 - Identify resources to support improvement efforts
 - Help assess the impact – intended and unintended – of the intervention and suggest how to address gaps
 - Advocate for the sustainability of successful interventions

Internal Stakeholder Engagement – Poll 1

What engagement activities have been done so far with internal stakeholders? (Choose one)

- We have not yet begun engagement activities
- Stakeholders have been identified
- We have communicated with them about the project
- We have incorporated their input into the project
- We have developed a plan for their active participation in planning, implementation, and/or monitoring

External Stakeholder Engagement – Poll 2

What engagement activities have been done so far with external stakeholders? (Choose one)

- We have not yet begun engagement activities
- Stakeholders have been identified
- We have communicated with them about the project
- We have incorporated their input into the project
- We have developed a plan for their active participation in planning, implementation, and/or monitoring

Seven Core Principles of Authentic Engagement

1. Careful Planning and Preparation - Through adequate and inclusive planning, ensure that the design, organization, and convening of the process serve both a clearly defined purpose and the needs of the participants.
2. Inclusion and Demographic Diversity - Equitably incorporate diverse people, voices, ideas, and information to lay the groundwork for quality outcomes and democratic legitimacy.
3. Collaboration and Shared Purpose - Support and encourage participants, government and community institutions, and others to work together to advance the common good.
4. Openness and Learning - Help all involved listen to each other, explore new ideas unconstrained by predetermined outcomes, learn and apply information in ways that generate new options, and rigorously evaluate public engagement activities for effectiveness.

Source: <http://authenticorganizations.com>

Seven Core Principles of Authentic Engagement

5. Transparency and Trust - Be clear and open about the process, and provide a public record of the organizers, sponsors, outcomes, and range of views and ideas expressed.
6. Impact and Action - Ensure each participatory effort has real potential to make a difference, and that participants are aware of that potential.
7. Sustained Engagement and Participatory Culture - Promote a culture of participation with programs and institutions that support ongoing quality public (organizational) engagement.

Source: <http://authenticorganizations.com>

Lessons Learned from Past Experience

Engaging Both Internal and External Stakeholders

- Do it early in the conceptualization of the QI project
- Have clearly defined roles/responsibilities
- Make it easy for them to participate

Engaging Internal Stakeholders

- Identify common goals/mandates
- Establish clear lines of communication and information exchange
- Leverage key constituencies across stakeholder groups

Engaging External Stakeholders

- Consider the duration of participation
- Allow room for expression of opposing views
- Provide materials that will support informed participation
- Establish a shared vocabulary
- Close the loop on how input is being used and its impact

Discussion

- What stakeholders are you thinking about engaging, and what value could they add to your QI initiative?
- What do you anticipate will be the most challenging aspect of engaging stakeholders in your QI initiative?
- In what areas might you need support in thinking through your stakeholder engagement strategies?

Some Effective Strategies to Engage Stakeholders

- Solicit input at the point of care
- Form advisory committees
- Conduct focus groups of recipients of services, service providers, or other key groups
- Particularly for recipients of services, ensure peers are involved
- Enlist system partners to identify other key constituents who should be involved
- Utilize online collaborative platforms and communities as data sources and means of communication

Questions or Comments?

Model for Improvement: Aim Statements and Driver Diagrams

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

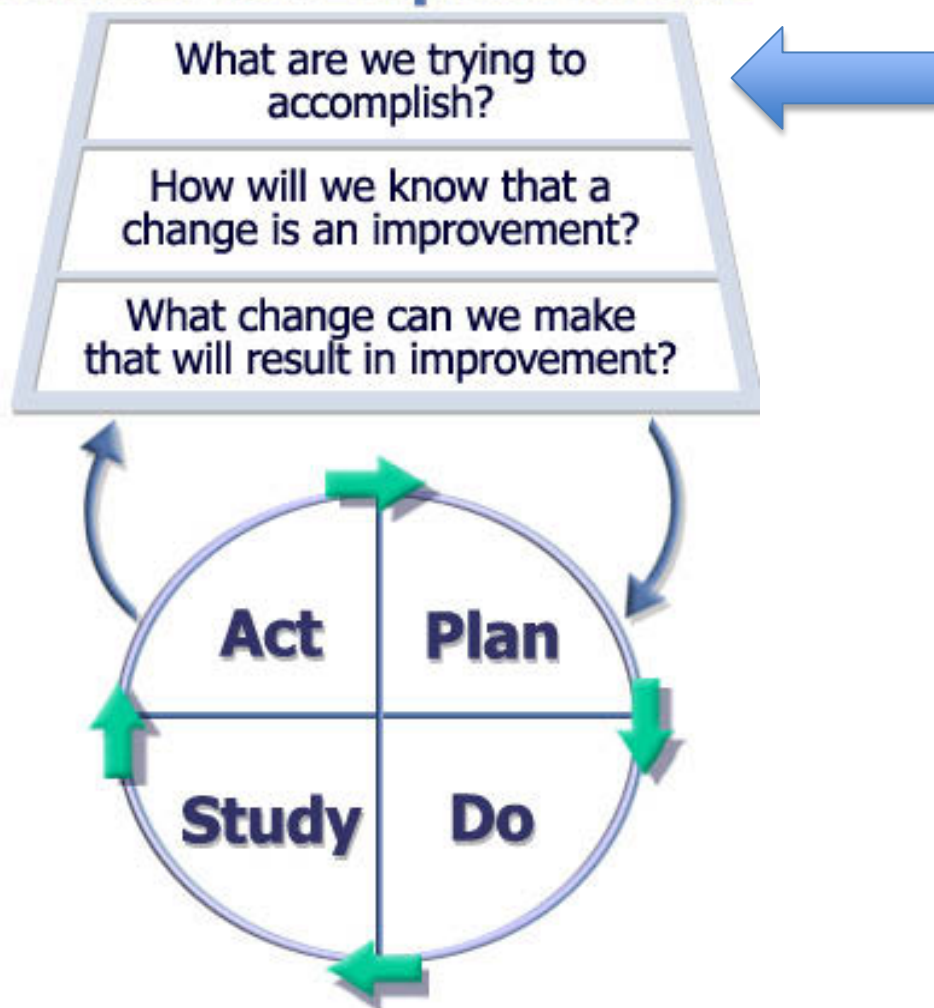
- Task 6: Assess, Share Outcomes, and Results

ACT

- Task 7: Develop Response Based on Outcomes

Review Model for Improvement

Model for Improvement



The Improvement Guide, API, 2009

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

Aim Statements

Aim statements include:

- What you intend to accomplish
- By when you want to accomplish this
- Who benefits from the project
- Concrete goals stated numerically

Purpose of an Aim Statement

- Communicates clearly to all stakeholders
- Provides direction for project
- Prevents scope creep
- States explicitly the magnitude of the project

And

- There is evidence in team literature that the time spent working on their aim and reaching consensus is a predictor of team success

Discussion about Aim Statements

The aim statement should be easy to remember:

- What will we improve?
- For whom?
- How much? (specify number goals for outcomes)
- By when?

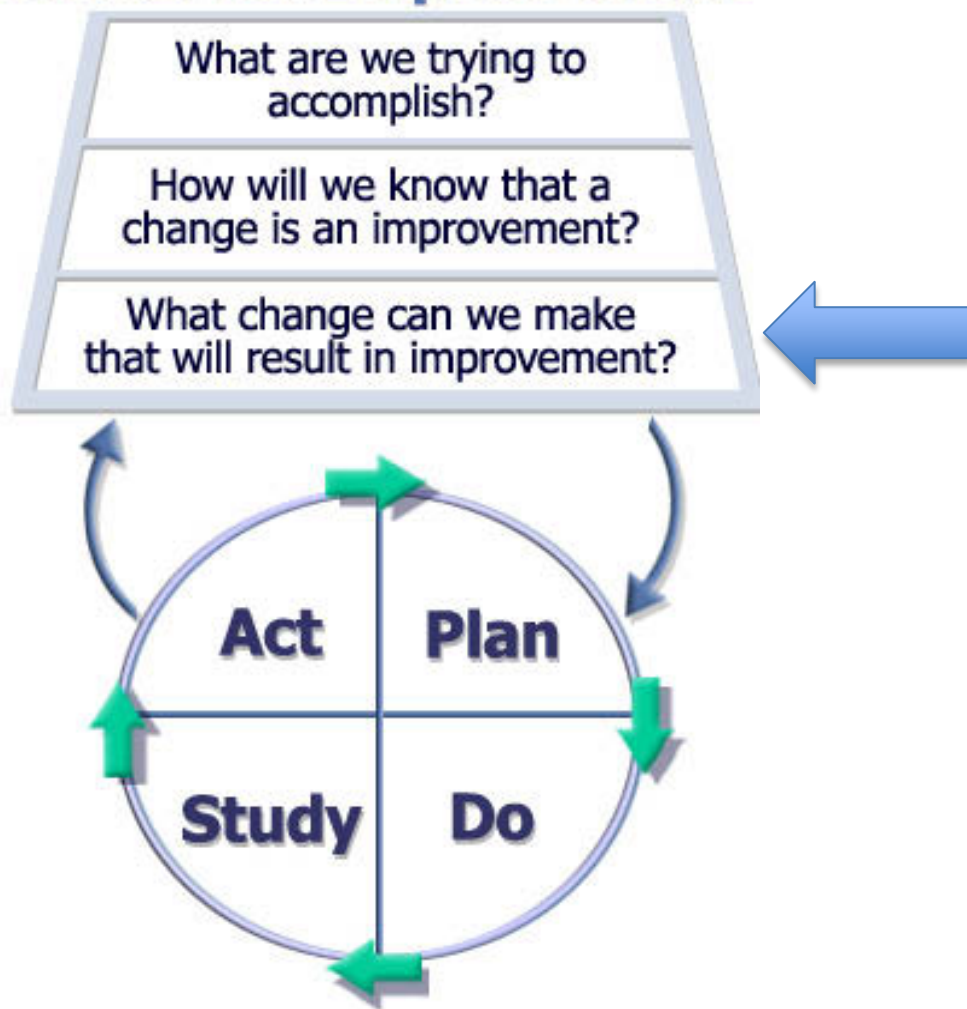
Discussion topics:

- What questions do you have about aim statements?
- Where are you and your team with regard to aim statements?
- What kind of assistance would you like?

Questions or Comments?

Developing a Roadmap to Organize Changes

Model for Improvement



The Improvement Guide, API, 2009

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

What is a Driver Diagram?

- A road map for changes and interventions
- A way to organize thoughts around what needs to be done
- Organized around the most important changes
- Useful for stakeholders to see how they fit in to the overall goal
- We can help – the TA calls and resources will assist with the development of a driver diagram

Two Types of Drivers

- Primary Drivers
 - System components that will contribute to improving outcome(s)
- Secondary Drivers
 - Elements of the associated primary drivers that help create changes
 - Interventions expected to affect primary drivers and thus outcomes
 - Evidence-based: clinical or other types of evidence
 - Necessary and sufficient for improvement

Case Study of a Driver Diagram from the Iowa QI Team

Aim Statement

By April 14, 2014 we want to improve Maternal Tobacco Cessation for Iowa Medicaid members to achieve the following results:

- Reduce percentage of maternal smoking during 3rd trimester from 22.2% to 19%
- Increase the number of provider referrals to Quitline by 50% for Medicaid members who are pregnant
- Increase the use of cessation medication by 25% by April 2014, and 50% by December 2014

Outreach and educate OB/GYN Providers on the importance of prescribing smoking cessation medication

Provide statistics on how many pregnant Medicaid members continue to smoke throughout pregnancy

Provide educational materials on alternatives to smoking

ACOG Chair will provide an article for providers on the safety profiles of nicotine replacement and cessation medications

Perinatal article will be placed on DHS and IDPH website encouraging providers to stress the safety profiles of nicotine replacement and cessation medications during pregnancy.

Educate OB/GYN providers on the Quitline for Medicaid members who are pregnant

Provide Quitline materials to providers

Write an informational letter for OB/GYN providers informing them about the reimbursement for Quitline referrals and the educational toolkit

Engage providers in working with women to stop smoking

Use motivational interviewing
Use teach back
Message Quitline
Share information about successes

Primary Drivers

By April 14, 2014 we want to improve Maternal Tobacco Cessation for Iowa Medicaid members to achieve the following results:

- Reduce percentage of maternal smoking during 3rd trimester from 22.2% to 19%
- Increase the number of provider referrals to Quitline by 50% for Medicaid members who are pregnant
- Increase the use of cessation medication by 25% by April 2014, and 50% by December 2014

Outreach and educate OB/GYN Providers on the importance of prescribing smoking cessation medication

Provide statistics on how many pregnant Medicaid members continue to smoke throughout pregnancy

Provide educational materials on alternatives to smoking

ACOG Chair will provide an article for providers on the safety profiles of nicotine replacement and cessation medications

Perinatal article will be placed on DHS and IDPH website encouraging providers to stress the safety profiles of nicotine replacement and cessation medications during pregnancy.

Educate OB/GYN providers on the Quitline for Medicaid members who are pregnant

Provide Quitline materials to providers

Write an informational letter for OB/GYN providers informing them about the reimbursement for Quitline referrals and the educational toolkit

Engage providers in working with women to stop smoking

- Use motivational interviewing
- Use teach back
- Message Quitline
- Share information about successes

Secondary Drivers

By April 14, 2014 we want to improve Maternal Tobacco Cessation for Iowa Medicaid members to achieve the following results:

- Reduce percentage of maternal smoking during 3rd trimester from 22.2% to 19%
- Increase the number of provider referrals to Quitline by 50% for Medicaid members who are pregnant
- Increase the use of cessation medication by 25% by April 2014, and 50% by December 2014

Outreach and educate OB/GYN Providers on the importance of prescribing smoking cessation medication

Provide statistics on how many pregnant Medicaid members continue to smoke throughout pregnancy

Provide educational materials on alternatives to smoking

ACOG Chair will provide an article for providers on the safety profiles of nicotine replacement and cessation medications

Perinatal article will be placed on DHS and IDPH website encouraging providers to stress the safety profiles of nicotine replacement and cessation medications during pregnancy.

Educate OB/GYN providers on the Quitline for Medicaid members who are pregnant

Provide Quitline materials to providers

Write an informational letter for OB/GYN providers informing them about the reimbursement for Quitline referrals and the educational toolkit

Engage providers in working with women to stop smoking

Use motivational interviewing
Use teach back
Message Quitline
Share information about successes

Comments from Iowa QI Team

Poll 3 – Organizing Changes

Where do you typically get ideas for changes to put in your Driver Diagram? (Choose all that apply)

- Benchmarks
- Experts
- Experience
- Literature/Evidence
- Other?

Resources for Change Concepts

- State Medicaid, health plan, and university experts
- Quality improvement organizations and external quality review organizations
- Federal agencies (e.g., CMS, AHRQ)
- Partnership for Patients website
- HRET-HEN website (driver diagrams, measures)
- Professional societies: American Academy of Pediatrics, American Academy of Family Practice, AcademyHealth
- Other organizations (e.g., IHI, NICHQ, CHCS)
- Listservs
- The Improvement Guide – Generic Change Concepts

Questions or Comments?

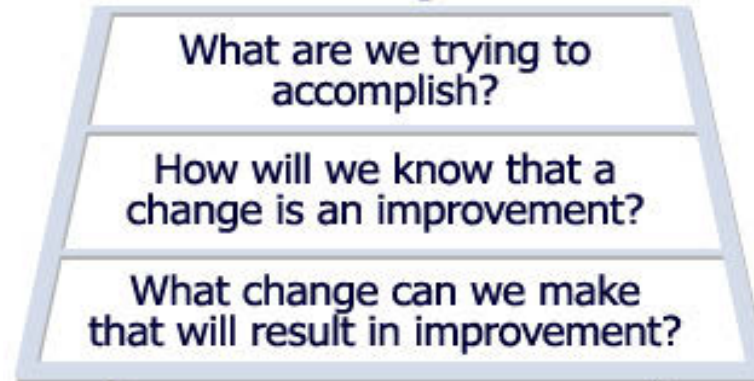
Next Steps

Coming Attractions

How will we know a change is an improvement?

- Measurement systems, challenges, and solutions

Model for Improvement



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

Next Steps

- We will schedule the November Learning Session based on today's feedback
- 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.