

Developing Competence in System and Practice-Based Learning and Improvement #2: The OK Primary Healthcare Cooperative

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AD Conference

Relevant Disclosure and Resolution

Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.

Daniel Duffy, MD, MACP

I have no relevant financial relationships or affiliations with commercial interests to disclose.

Learning Objectives

Upon completion of this session, participants will improve their competence and performance by being able to:

- Describe the learning points about small practice change uncovered to date in providing an Oklahoma Primary Healthcare Extension cooperative.
- Explain the difficulties small practices have in using HER and HIEO data for feedback to stimulate practice system change.
- Conclude how PARTNER might be used by ADs to improve primary healthcare in Oklahoma

System-Based Practice

- All healthcare is created and delivered by complex human-technical systems made up of policies, processes, hand-offs, interactions, and use of information, biochemical, pharmaceutical, physical, and other technology.
 - The site of all healthcare, quality, and safety is the **clinical microsystem** – a small number of professionals working together to provide care to a panel of patients.
 - To improve healthcare the change must occur at the clinical microsystem.

Practice-Based Learning & Improvement

- Learning that transforms clinical quality, safety, and satisfaction occurs in a learning organization that *acts on feedback* from performance measurement *to change it's microsystem* processes, people, and technology in order to achieve better performance.
 - Feedback, application of improvement science, skills training, in-practice coaching and change facilitation are the elements of PBLI.
 - PBLI occurs within a learning organization, the clinical microsystem.

System of OK Practice Transformation Initiatives

CMS Community Integration Award

April 2017 Integrate social services and primary care referral.



AHRQ Evidence Now H2O Grant

5/15 Demonstrate implementation of guidelines through feedback, detailing and practice facilitation..



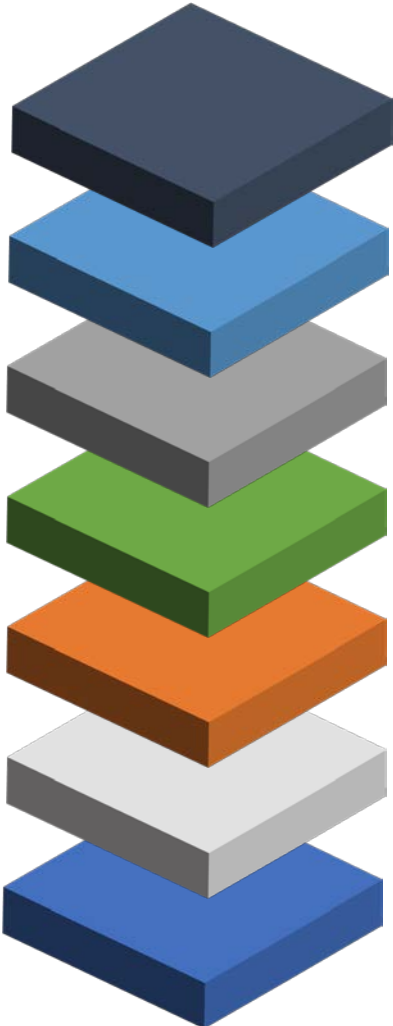
AHRQ IMPaCT

9/11 Implement State-level primary care extension agents.



Medicaid PCMH & HAN Waiver

1/09 Bonus payment to PCMH certified Medicaid providers. & community care-coordination for high risk patients



Comprehensive Primary Care Plus (CPC+)

1/17 Multi-payer prospective payment to transform primary care

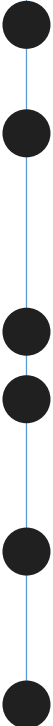
Comprehensive Primary Care Initiative (CPCi)

10/12 Multi-payer prospective payment shared savings primary care transformation



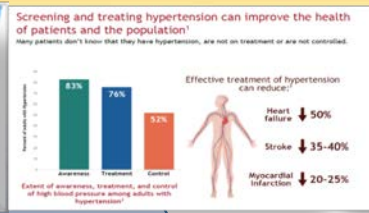
Beacon Community

5/10 – Show how health IT leads to community breakthroughs in healthcare quality



OK Primary Healthcare Extension System

245 Primary Care Practices



The UNIVERSITY of OKLAHOMA Health Sciences Center

SCTR
Oklahoma Shared Clinical & Translational Resources

James W. Mold OPHIC
Oklahoma Primary Healthcare Improvement Cooperative

PARTNER
Patients, practices & Academic Resource Team for New Evidence from Research



PA



PEA



AD

CHIO
County Health Improvement Organization

Oklahoma State Department of Health

OKC-COUNTY HEALTH DEPARTMENT

Public Health Institute of Oklahoma

Tulsa Health Department

MyHealth ACCESS NETWORK
Oklahoma Center for Healthcare Improvement

OFMQ
ADVANCING QUALITY • IMPROVING LIVES

OCHI
Oklahoma Center for Healthcare Improvement
The UNIVERSITY of OKLAHOMA Health Sciences Center

COMMUNITY SERVICE COUNCIL

Healthy Hearts for Oklahoma (H2O)
The Oklahoma Cooperative for AHRQ's EvidenceNOW
ADVANCING HEART HEALTH IN PRIMARY CARE

OPHIC In-Practice Support

- Academic Detailing - AD
 - Experienced clinician
 - Detailing aids
 - Practice Feedback Report
- Practice Facilitation – PEA
 - Staff training
 - Observation
 - DMAIC change process
- Practice Technical Advisor - PA
 - Measures from EHR
 - Connection to MyHealth
 - Data Mapping
- PARTNER
 - Patient-Clinician Advisory Council
 - Voice of the community
- RPR
 - (Research->Practice->Research)
 - Web-Based librarian



PARTNER

Advisory panel guiding the work of the James W. Mold Primary Healthcare Improvement Cooperative.

The Cooperative is an initiative of the University of the Oklahoma Health Sciences Center focused on strengthening the state's primary healthcare delivery system by supporting continuous quality improvement in primary care practices using cooperative extension principles.

Cooperative extension not only strives to advance practice -- in our case, of primary health care -- but also binds those efforts to community-based health improvement efforts aimed toward shared goals.

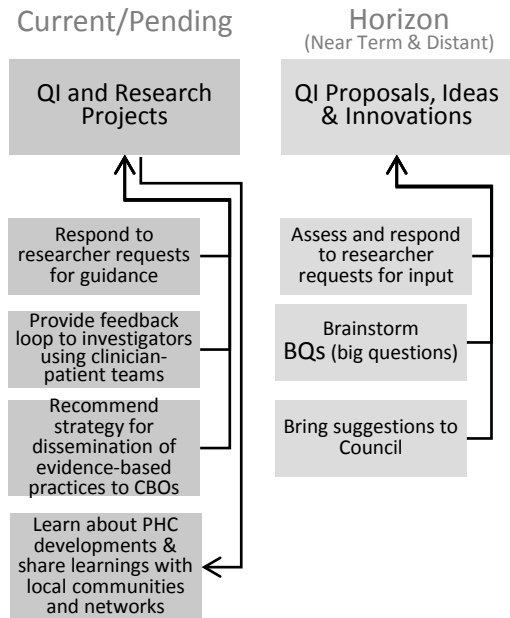
Brings the valued perspectives and guidance of primary healthcare users – clinicians and patients, working in partnership with academic researchers.

Represents an opportunity to participate in a process that will, over time, improve the quality of primary health care delivery in Oklahoma.

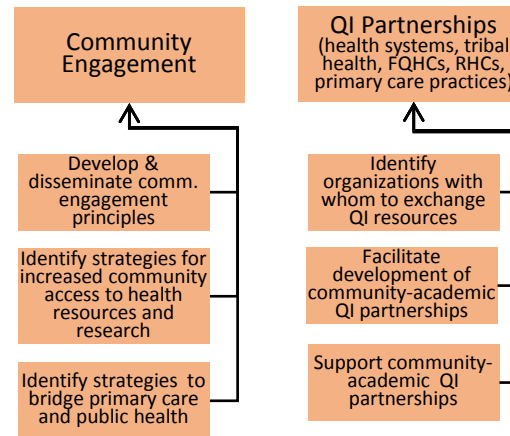
- 16 Members
 - 8 Community
 - 8 Clinicians
- 1 year term
- Compensated
- 4 meetings/yr

HOW THE PARTNER COUNCIL GUIDES OPHIC'S STRATEGIC DIRECTIONS FOR IMPROVING PRIMARY HEALTH CARE (PHC) IN OK

Providing Stakeholder Perspective on Quality Improvement (QI) Research Needs and Priorities



Promoting Community Engagement and Partnerships for PHC Quality and an OK Culture of Health



Championing the Realization of an OK Public Cooperative Advancing Best Practices in PHC





Practice Goals and Outcome

Practice	Simulated PCP Practice						Wave	2
OKPCPID	6621	Owner	Clinician	Enid	OK	73701	Enrolled	04/11/16
Address	123 Main Street			HIEO Status	Stalled with vendor		Detailing A	05/13/16
EHR Name	Cerner			Northwest-C	NW		Detailing B	02/22/17
Location	County	Garfield		Contact	John Doe	405-555-2222	Closeout	
Facilitator	Wells				johndoe@gmail.com		End of Study	

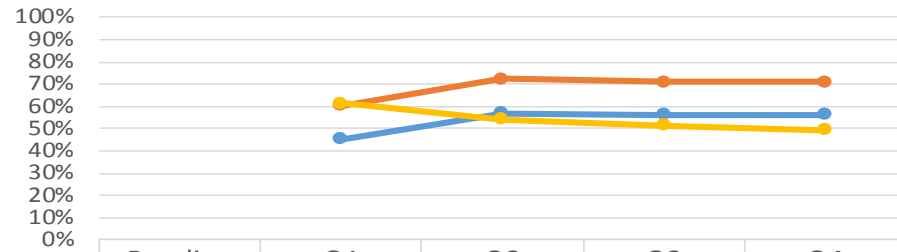
OPHIC QI Support Professionals and Services Provided

<u>Role/Name</u>	<u>Phone</u>	<u>E-Mail</u>	<u>Practice Support Service</u>	<u>Contacts</u>
<u>Practice Facilitator (PEA)</u> Deanne Taylor	580-271-1316	deanne-taylor@ouhsc.edu	Recruitment	
<u>PF Coordinator (PFC)</u> Christi Madden	405-808-7437	Christi-Madden@ouhsc.edu	Enrollment	1
<u>Practice Advisor (PA)</u> Jason Felts	405-618-0858	jfelts@ofmq.com	Academic Detailing (1)	1
<u>Academic Detailer (AD)</u> Jenny Birks Seth Switzer	918-645-9252 580-249-3795	birksjenny@gmail.com seth.switzer@uhsinc.com	Academic Detailing (2)	1
			Practice Facilitation	23
			EHR Data Extraction	
			Technology Support	
			Survey/Research Data	
			Administration	2
			Close-Out Meeting	
			Withdrawal Note	
			TOTAL CONTACTS	28

Goal #1 Quality Care - (a) Low Dose Aspirin for Patients with ASCVD

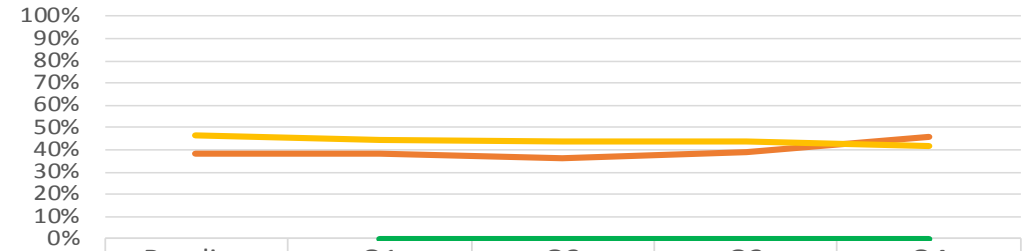
Aspirin Performance Rates				Support for Change Process				Outcomes for Practice	
Target	80%	Date	12/20/16	Define	3	Detail guidelines	5	Educate Staff	<i>(Success, Facilitators, Barriers, Plans)</i>
Date	EHR	HIE	Audit	Opportunity	4	Benchmark	0	Review Reports	
2015	45%			Measure	4	Observe - Interview	0	EHR Data Quality	
3/16				Process &	2	Survey	2	HIEO Data Quality	
6/16	57%			Outcomes	0	Chart Audit	2	Diagram Work Flow	
9/16	56%			Analyze	0	Root Cause Analysis	1	Analyze eCQMs	
12/16	56%			Data	1	Brainstorm/Prioritize	0	Identify Waste	
3/17					0	CVD Risk Reduction	0	Patient Education	
6/17				Improve	0	Aspirin Processes	1	Document & Code	
9/17				Work	0	Processs	0	Teamwork	
12/17				Processes	2	Protocols	1	Community	
3/18					0	Referral			
				Control -	0	Training	1	Policy	
				Hold Gains	1	Adherence Plan			

EHR Measures



	Baseline	Q1	Q2	Q3	Q4
Aspirin		45%	57%	56%	56%
BP Control		60%	72%	71%	71%
Cholesterol					
Tobacco		61%	54%	51%	49%

HIE Measures



	Baseline	Q1	Q2	Q3	Q4
Aspirin					
BP Control	38%	38%	36%	39%	46%
Cholesterol		0%	0%	0%	0%
Tobacco	46%	45%	44%	43%	42%

EHR Measure Denominator

	Baseline	Q1	Q2	Q3	Q4
Aspirin		62	116	123	123
BP Control		243	430	462	462
Cholesterol					
Tobacco		275	809	861	861

HIE Measure Denominator

	Baseline	Q1	Q2	Q3	Q4
Aspirin					
BP Control	21	21	22	23	24
Cholesterol		2	2	2	2
Tobacco	338	338	339	345	347

Chart Review Measures



	Baseline	Q1	Q2	Q3	Q4
Aspirin					
BP Control					
Cholesterol					
Tobacco					

Chart Review Measure Denominator

	Baseline	Q1	Q2	Q3	Q4
Aspirin					
BP Control					
Cholesterol					
Tobacco					

References

- Davis DA, Thomson MA, Oxman AD, Haynes RB. Changing physician performance: a systematic review of continuing medical education strategies. *JAMA* 1995; 274:700-705.
- Moore DE, Pennington FC. Practice-Based Learning and Improvement. *The Journal of Continuing Education in the Health Professions* 2003; 23: S73-S80.
- Weiss KB, Wagner R. Performance Measurement Through Audit, Feedback, and Profiling as Tools for Improving Clinical Care. *Chest* 2000; 118:53S–58S
- Nagykaldi Z, Mold JE, Robinson A, Niebauer L, Ford A. Practice Facilitators and Practice-based Research Networks. *J Am Board Fam Med* 2005;19:506-510.