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, pharmaceutic, 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 its 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

James W. Mold
OPHIC
Oklahoma Primary Healthcare Improvement Cooperative

PA
PEA
AD

MyHealth ACCESS NETWORK

OCHI
Oklahoma Center for Healthcare Improvement

OKC-COUNTY HEALTH DEPARTMENT

Healthy Hearts for Oklahoma (H2O)

The Oklahoma Cooperative for AHRQ's EvidenceNOW

ADVANCED 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

- Current/Pending
  - QI and Research Projects
    - Respond to researcher requests for guidance
    - Provide feedback loop to investigators using clinician-patient teams
    - Recommend strategy for dissemination of evidence-based practices to CBOs
    - Learn about PHC developments & share learnings with local communities and networks

- Horizon (Near Term & Distant)
  - QI Proposals, Ideas & Innovations
    - Assess and respond to researcher requests for input
    - Brainstorm BQs (big questions)
    - Bring suggestions to Council

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

- Community Engagement
  - Develop & disseminate comm. engagement principles
  - Identify strategies for increased community access to health resources and research
  - Identify strategies to bridge primary care and public health

- QI Partnerships (health systems, tribal health, FQHCs, RHCs, primary care practices)
  - Identify organizations with whom to exchange QI resources
  - Facilitate development of community-academic QI partnerships
  - Support community-academic QI partnerships

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

- Advocacy
  - Assist OPHIC leadership to identify innovative funding strategies
  - Advice on strategic relationships & opportunities
  - Advocate for reforms to integrate quality care delivery among PHC stakeholders
Practice Goals and Outcome

Simulated PCP Practice

6621 Owner Clinician

123 Main Street Enid OK 73701

Cerner HIEO Status Stalled with vendor

Garfield Northwest-C

John Doe 405-555-2222 johndoe@gmail.com

Jenny Birks 918-645-9252 birksjenny@gmail.com

Seth Switzer 580-249-3795 seth.switzer@uhsinc.com

Deanne Taylor 580-271-1316 deanne-taylor@ouhsc.edu

Christi Madden 405-808-7437 Christi-Madden@ouhsc.edu

Jason Felts 405-618-0858 jfelts@ofmq.com

OPHIC QI Support Professionals and Services Provided

<table>
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<tr>
<th>Role/Name</th>
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<td>Deanne Taylor</td>
<td>580-271-1316</td>
<td><a href="mailto:deanne-taylor@ouhsc.edu">deanne-taylor@ouhsc.edu</a></td>
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<td>Christi Madden</td>
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<td><a href="mailto:birksjenny@gmail.com">birksjenny@gmail.com</a></td>
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# Goal #1 Quality Care - (a) Low Dose Aspirin for Patients with ASCVD

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**Support for Change Process:**
- Define
- Opportunity
- Measure
- Process & Outcomes
- Analyze
- Data
- Improve
- Work
- Processes
- Control - Hold Gains

**Outcomes for Practice:**
- (Success, Facilitators, Barriers, Plans)

**Aspirin Performance Rates:**
- Target: 80%
- Date: 12/20/16

**Date EHR HIE Audit:**
- 2015: 45%
- 3/16: 57%
- 9/16: 56%
- 12/16: 56%
- 3/17: 56%
- 6/17: 56%
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- 9/17: 56%
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- 3/18: 56%
**EHR Measures**

- Baseline
- Q1
- Q2
- Q3
- Q4

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**HIE Measures**

- Baseline
- Q1
- Q2
- Q3
- Q4

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**EHR Measure Denominator**

- Baseline
- Q1
- Q2
- Q3
- Q4

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**HIE Measure Denominator**

- Baseline
- Q1
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**Chart Review Measures**

- Baseline
- Q1
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• Moore DE, Pennington FC. Practice-Based Learning and Improvement. The Journal of Continuing Education in the Health Professions 2003; 23: S73-S80.
