Quality in Hard Times

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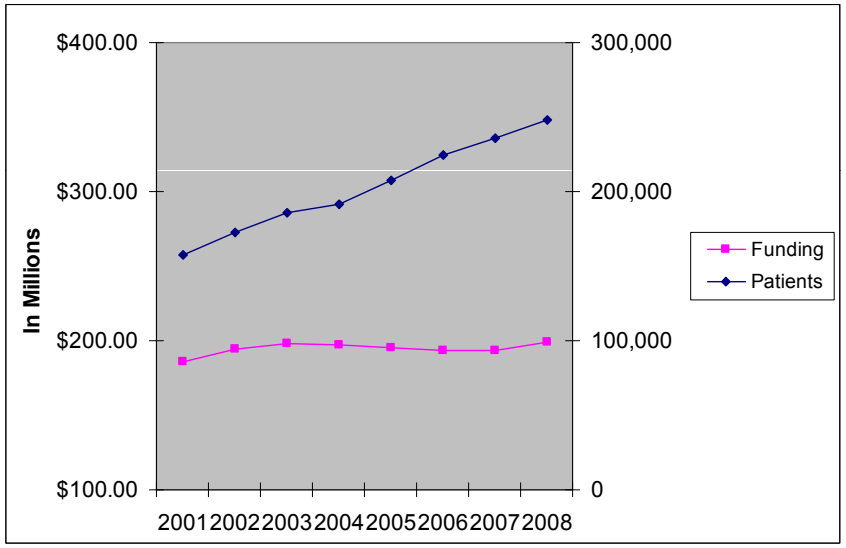
Session Outline

- Making the business case for quality – why it should not be cut.
- Doing quality improvement work on a shoestring
- Using QI to reduce impact of cuts on patients

Growing Funding Gap for Primary Care

2001 to 2008 - Part C Clients Increased 57%; - Funding Increased 7 %



- Providers and programs are asked to do and accomplish more with less support and less resources

Case Study:
Tri-City Health Center – HIV ACCESS

- Comprehensive HIV care provider since 1991
- Eight neighborhood based sites that serve more than 1,000 clients
- Our clients:
  - 80% of clients from communities of color
  - 54% African American
  - 25% female
  - Many live on very limited resources

Recent Challenges

- One clinic only open 4 days a week
- Forced to lay off 40% of its staff, including a physician, multiple nurses, social workers, clerks and the lone patient educator
- Largest site lost space and is relocating to a cheaper, less convenient site (for clients) in the community
- Triaging laboratory monitoring

Case Study: Center for HIV Care and Prevention, Santa Rosa CA

- 25 year old clinic, supported with RW Parts A, B, C $ and County $
- Approx 500 patients
- Santa Rosa EMA→TGA→Part A "sunsets" 3/2011
- County and State cuts
- Decision in 2009 to close the clinic 7/2010 and move patients to be seen at 3 CHCs in Santa Rosa and surrounding communities

What Are Some Quality Challenges Here?

Tri-City Health Center

- Retention in care ↓ due to reduced hours, move to new site
- Getting notice to pts about changes
- Staff doing new jobs may make mistakes
- Triaging labs
- Lack of case management

Santa Rosa, CA

- Loss to follow up, falling through the cracks
- Getting records to new site
- New front office staff for pts to deal with
- Nurses, other staff need HIV saavy
- Mixed waiting room brings up confidentiality concerns
- New transportation routes

“We don’t have time for quality improvement”

- *“With everything else we have to do, we can’t afford to dedicate someone to quality improvement”*
- *“I can barely keep up with patient care as it is”*
- *“We would like to do quality improvement, but we don’t have an electronic medical record”*
- *“We have a quality manager who looks after that, I focus on patient care”*

Crisis=Opportunity

- The priorities are clear
- Rigid rules and regulations suddenly become pliable
- Leaders pay attention and are accessible
- QI participation helps staff morale.
- Cross-part integration sharing data systems, chart reviews, etc become more palatable
- Change, even far-reaching change, is possible

Small Group Discussions

Pick one of these topics:

- What are ways data systems can be leveraged to support need for quality?
- How can QI programs help to maintain quality of care during cuts?
- What are some quality projects to ↓ cost and ↑ revenue

Discuss for 15 mins and be ready to share results

We don’t have time *not to do* quality improvement

Quality programs can improve efficiency through:

- Identifying ineffective care and program strategies which absorb provider and staff effort
- Shifting from reactive to proactive response to patient care and program needs
- Avoiding increased costs associated with treatment failure
- Improving providers’ sense of ownership over the processes of care

Quality and Efficiency

- Example of crossover of quality and efficiency:
  - High rates of no shows
  - Providers working at ½ capacity
  - Increased burden of urgent visits for patients with alternative providers (decreased efficiency of visits due to lack of familiarity with patient increased room for errors)
  - Follow-up visits scheduled with regular provider doubling the visits required for routine follow-up
- Reminder calls or other interventions to increase show rate potential to improve care and efficiency at same time

Using Quality to Cut Costs and Increase Revenue

Cut Costs:

- Reduce no shows
- Reduce waste
  - Duplicate lab ordering
  - Inefficient use of supplies
  - Medications by feedback loop with pharmacies
- Increase efficiency of care
  - Map processes of care
  - Reduce redundancy in effort

Increase Revenue

- Reduce no shows
- Reduce missing billing sheets
- Improve coding
  - Educate MDs about coding
  - Include Family Planning billing options
- Link patients to insurance programs for which they may be eligible

How Do We Make QI efforts Sustainable?

- Organize our efforts
- Integrate quality improvement processes into daily activities
- Build processes of care with mind towards evaluation and quality
- Leverage electronic health resources

Importance of Workplan

- Organizes committee efforts over course of year
- Supports focusing of QI program efforts on key priority areas
- Provides framework for ongoing evaluation and review of QI program

Integrate Training into Program Activities

- Incorporate training into existing meetings
  - Set aside five minutes in key meetings
- Just in Time training
  - Training occurs in stages timed to support the work of the QI teams
  - In each session, trainers teach key skills and mentor teams as they apply them to designated quality projects
- Encourage discussions of quality as part of continuing clinical education for staff
- ***It is Easier to Find a Little Time Each Day than a Day Each Month***

Don’t Reinvent the Wheel

- Network with other programs working in similar areas, share experiences and models for success
- Align efforts with quality improvement efforts in other parts of organization
- Leverage technical support resources
  - HRSA
  - National Quality Center
  - HIVQUAL
  - Interest groups within grantee and society meetings

Build Processes With Mind Towards Quality Improvement

- Develop clinical care systems that support quality improvement review
  - EHR helpful, but not essential
- Minimize duplication of effort
  - Where possible synchronize QI performance indicators with reporting requirements
  - Avoid redundant entry of data
- ***Save valuable staff energy for making the changes the organization needs***

Leverage Electronic Health Records

- Organizations need to acknowledge quality improvement review as a primary goal of electronic health records
  - A small amount of effort and planning up front can greatly expand the scope and efficiency of what can be accomplished

- Meaningful Use and Pay for Peformance
  - Financial incentives for use of electronic medical records to address key quality indicators
  - The scope and financial importance of these sorts of incentives will only increase

Leveraging Data

- Budget decision makers need data, and we have it…

  *Example: In California program, Mean CD4 on first measurement 2009: n= 95 new pts, Mean CD4 all pts =278 cells, Asian=497, W=377 , AA=280 cells, Hisp=**179 cells***

  These data were used to successfully make case to preserve bilingual outreach capability

- Ammunition for Grants

  Example: In Santa Rosa, stimulus $$ were sought expand clinic capacity. Zip code data of pts seen at HIV Center were used to decide how many HIV MD sessions each accepting CHC would need.

Small Group Discussions

Pick one of these topics:

- What aspects of quality improvement best make the business case for quality?
- What strategies can we employ to make QI efforts sustainable
- How can we leverage electronic data systems and data from reporting to support quality efforts?

Discuss for 15 mins and be ready to share results

Case Studies: Where are they now?

Tri-City

- New Medical Home grant $0.5 million for 3 years
- Moving to FQHC
- Kept bilingual staff
- More local cuts coming…stay tuned

Santa Rosa

- Transportation problem-solving is a major focus
- Retention reports will be tracked monthly
- CHCs' HER – eClinical Works will be used to generate HIVQUAL report
- 3 sites' staff will meet quarterly to discuss data and work together on improvement priorities

Resources

- 'Making the Business Case for Quality in Health Care'. NQC TA Call, Dec. 2007. http://nationalqualitycenter.org/index.cfm/17414/14853
- 'The business case for quality: Case studies and an analysis'. Leatherman S, Berwick D, Iles D, et al. The business case for quality: Case studies and an analysis. Health Affairs. 2003;22(2):17-30.
- 'The Business Case for Quality:
  A Unified Field Theory Applied to Health Care'. http://www.uft-a.com/

Aha Moment and Action Planning

- What have you learned from this workshop?
- What will you do differently in response to this workshop?
- Complete the Action Planning Form on your chair

NQC Activities at the AGM 2010 – Join Us!

Monday, August 23, 2010

- 11am: Improve Your Care and Services with Consumer Input (Quality Institute 1) - Delaware A
- 2:30pm: Creating a Culture for Quality Improvement (Quality Institute 1) - Delaware A

Tuesday, August 24, 2010

- 8:30am: Quality in Hard Times (Quality Institute 1) - Delaware A

Wednesday, August 25, 2010

- 8:30am: Quality Improvement 101/HAB Quality Expectations (Quality Institute 2) - Maryland B
- 11am: An Introduction to Performance Measurement (Quality Institute 2) - Maryland B
- 3:30pm: How to Share Performance Data to Spur Improvement (Quality Institute 2) - Maryland B

Thursday, August 26, 2010

- 8am: Strategies to Measure and Improve Patient Retention Rates - Washington 2
- 10am: Aligning Quality Initiatives: Lessons Learned from Cross-Part Collaborative - Washington 4
- 10am: Quality Management for Non-Clinical Care - Washington 1

Visit our NQC/HIVQUAL Exhibit Booth in the Exhibit Area

- Pick up hard copies of QI Publications and meet NQC staff and consultants

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