Using Data to Inform Improvement of Clinical-Community Linkages

Peer Coaching Call

September 28, 2017

These presenters have nothing to disclose
Peer Coaching Calls (See website)

- **Tuesday, September 19, 2017**
  - Strategies for Getting Buy-in from the Care Team, Patients, and Partners on Clinical-Community Linkages

- **Wednesday, September 20, 2017**
  - Strategies for Strengthening Relationships with Existing Partners and Identifying and Exploring New Ones

- **Thursday, September 28, 2017**
  - Using Data to Inform Improvement of Clinical-Community Linkages

- **Friday, September 29, 2017**
  - Time reserved for unique Physician Organization Topics

All sessions 12:00-1:00 PM ET | Online Registration
MI PCMH Initiative Practice Transformation Collaborative

Peer Coaching Call

July 18-21, 2017
Peer Coaching Call/Webinar Aims

- Share successes
- Share challenges
- Share learning
- Get support from others
- Hear new ideas
- Share documents, products, or develop together (can facilitate this if know in advance!)
- Time and space dedicated to you!
Welcome

Your Role

- Attend with a spirit of transparency, curiosity and willingness to share
- Who is on? A trip around the virtual room😊
Tell us about your data…

- What do you collect related to Clinical Community Linkages?
- How do you collect and report data?
- How do you share the data?
- Can snap a picture of your data and send it to Julia Nagy (jnagy@IHI.org)?
<table>
<thead>
<tr>
<th>Day</th>
<th>Schedule</th>
<th>Staffing</th>
<th>Updates</th>
<th>Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Openings</td>
<td>OK</td>
<td></td>
<td>Walk-ins to schedule</td>
</tr>
<tr>
<td></td>
<td>Provider meeting at 9:00</td>
<td>Kelly leaving at 11:45</td>
<td></td>
<td>encourage MyHealth</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Openings</td>
<td>No nurse</td>
<td>Chris - magic meeting in breakroom at 2:30</td>
<td>DO SHL's!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MA's to cover</td>
<td></td>
<td>CP6 Labs not getting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Wednesday</td>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
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<td></td>
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<tr>
<td>Aspect</td>
<td>Improvement</td>
<td>Accountability or Judgment</td>
<td>Research</td>
<td></td>
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<td>-------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
<td>---------------------------------------------------</td>
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<tr>
<td><strong>Aim:</strong></td>
<td>Improvement of care processes, systems and outcomes</td>
<td>Comparison for judgment, choice, reassurance, spur for change</td>
<td>New generalizable knowledge</td>
<td></td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td>Test observable</td>
<td>No test, evaluate current performance</td>
<td>Test blinded</td>
<td></td>
</tr>
<tr>
<td><strong>Bias:</strong></td>
<td>Accept consistent bias</td>
<td>Measure and adjust to reduce bias</td>
<td>Design to eliminate bias</td>
<td></td>
</tr>
<tr>
<td><strong>Sample Size:</strong></td>
<td>“Just enough” data, small sequential samples</td>
<td>Obtain 100% of available, relevant data</td>
<td>“Just in case” data</td>
<td></td>
</tr>
<tr>
<td><strong>Flexibility of Hypothesis:</strong></td>
<td>Hypothesis flexible, changes as learning takes place</td>
<td>No hypothesis</td>
<td>Fixed hypothesis</td>
<td></td>
</tr>
<tr>
<td><strong>Testing Strategy:</strong></td>
<td>Sequential tests</td>
<td>No tests</td>
<td>One large test</td>
<td></td>
</tr>
<tr>
<td><strong>Determining if a Change is an Improvement:</strong></td>
<td>Run charts or Shewhart control charts</td>
<td>No focus on change</td>
<td>Hypothesis, statistical tests (t-test, F-test, chi square, p-values)</td>
<td></td>
</tr>
<tr>
<td><strong>Confidentiality of the Data:</strong></td>
<td>Data used only by those involved with improvement</td>
<td>Data available for public consumption</td>
<td>Research subjects’ identities protected</td>
<td></td>
</tr>
<tr>
<td><strong>Frequency of Use</strong></td>
<td><strong>Daily, weekly, monthly</strong></td>
<td>Quarterly, annually</td>
<td>At end of project</td>
<td></td>
</tr>
</tbody>
</table>

Measures for Accountability

- SIM PCMH Initiative Semi-Annual Practice Transformation Report
  - Social Determinants of Health
    - Screening Plan, Procedure, and Tool
  - Clinical Community Linkage Methodology
    - Roles and Responsibilities, Information Sharing, Training Approach, Partnerships, Documentation
  - Quality Improvement Activities
    - Process Reviews, Documentation Reviews, Addressing Gaps
Reporting requirements and improvement...not mutually exclusive!

- Reporting requirements

**CCL Part I: ASSESSING PATIENTS’ SOCIAL DETERMINANTS OF HEALTH**

Provide a copy of your organization’s Social Determinants of Health screening plan, include the following information within the plan:

- The circumstances/visits during which PCMHs will administer screening
- Anticipated time it will take to complete the first screening across the attributed population
- The timing and process for ongoing patient screening
- The approach to monitoring screening completion and closing screening gaps
Okay, now listen up. Nobody gets in here without answering the following question: A train leaves Philadelphia at 1:00 p.m. It's traveling at 65 miles per hour. Another train leaves Denver at 4:00... Say, you need some paper?

Math phobic’s nightmare
Plot data over time: “Tracking a few key measures over time is the single most powerful tool a team can use.”
Kind of Like Connecting the Dots...
The Headlines Scream
- Great News!

Tennessee highway fatalities drop for third straight year

Associated Press

NASHVILLE — Traffic fatalities in Tennessee are dropping for the third straight year, the state Department of Safety says.

So far this year, Tennessee has recorded 962 traffic fatalities and likely will finish 50 to 75 below last year’s 1,223, state Department of Safety spokesman Anthony Kimbrough said.

Tennessee recorded 1,239 traffic deaths in 1996 and 1,259 in 1995.

“We like to think that more active law enforcement has been a factor,” Kimbrough told the state House highway safety subcommittee.

Other contributors to the lower number of traffic deaths included:

- Safety administration representative told legislators on Monday that Tennessee needs a mandatory seat belt law. Fourteen other states have such a law.

- It’s too early to say whether the subcommittee will recommend a primary seat belt law, said chairman Don Ridgeway, a Democratic representative from Paris.

- Subcommittee members also are investigating safety at railroad crossings.

- Tennessee has about $3.5 million for railroad safety. Subcommittee members are looking at safer crossing devices including longer, but more expensive, crossing arms and video monitors to record gate-runners.

Kimbrough also reported:

<table>
<thead>
<tr>
<th>Year</th>
<th>Highway Deaths</th>
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</thead>
<tbody>
<tr>
<td>1997</td>
<td>1,223</td>
</tr>
<tr>
<td>1996</td>
<td>1,239</td>
</tr>
<tr>
<td>1995</td>
<td>1,259</td>
</tr>
<tr>
<td>1994</td>
<td>1,214</td>
</tr>
<tr>
<td>1993</td>
<td>1,177</td>
</tr>
<tr>
<td>1992</td>
<td>1,158</td>
</tr>
<tr>
<td>1991</td>
<td>1,113</td>
</tr>
<tr>
<td>1990</td>
<td>1,177</td>
</tr>
<tr>
<td>1989</td>
<td>1,266</td>
</tr>
<tr>
<td>1988</td>
<td>1,247</td>
</tr>
<tr>
<td>1987</td>
<td>1,250</td>
</tr>
<tr>
<td>1986</td>
<td>1,101</td>
</tr>
<tr>
<td>1985</td>
<td>1,101</td>
</tr>
</tbody>
</table>

NASHVILLE — Traffic fatalities in Tennessee year-by-year since 1972:
Reality

Traffic Fatalities
State of Tennessee 1974 through 1997

Year

Highway Deaths


Avg=1179.08
Projected 1998
Run Charts—Best way to display data to inform improvement

Example Run Chart

% of Eligible Patients Assessed for SDoH Needs
9/1/2017-current

9/1/2017 - 11/20/2017
Week Ending
Two Levels of Measures with the MFI

- Global: focus at the project level and are maintained throughout the life of the improvement project.
  - Quantitative Data
    - % of patients with SDoH completed
    - % of patients linked to support
    - % w/ feedback loop closed

- PDSA-level: Measures are done on an as needed basis for diagnosis and for assessment of the changes tested
  - Qualitative and/or quantitative
    - % patients answering f/u phone calls to check on linkage
    - Patient and staff feedback on various process things tested in pursuit of improving outcome measures
Measurement is used Throughout the Sequence of Improvement

Sustaining improvements and spreading changes to other locations

Make part of routine operations

Testing a change

Implementing a change

Test under a variety of conditions

Theory and Prediction

Developing a change

Testing a change

Act

Plan

Study

Do

Data are used throughout the sequence
CCL-Operational Definition/Objective—What are we trying to accomplish?

- Develop documented partnerships between a Practice (or PO on behalf of multiple Practices) and community-based organizations which provide services and resources that address significant socioeconomic needs of the Practice’s population following the process below:
  1. Assess patients’ social determinants of health (SDoH) to better understand socioeconomic barriers using a brief screening tool with all attributed patients.
  2. Provide linkages to community-based organizations that support patient needs identified through brief screening, including tracking and monitoring the initiation, follow-up, and outcomes of referrals made.
  3. As part of the Practice’s ongoing population health and quality improvement activities, periodically review the most common linkages made and the outcome of those linkages to determine the effectiveness of the community partnership and opportunities for process improvement and partnership expansion.
“In God we trust. All others must bring data”.

W. Edwards Deming
Stages of Facing Reality: Reactions to Data

- “The data are wrong”
- “The data are right, but it’s not a problem”
- “The data are right; it is a problem; but it is not my problem.”
- “I accept the burden of improvement”

Patients Screened for the First 6 Months

43% of the POs/practices have started the screening process

- 18 out of the 42 POs/practices have started the screening process
- 4 POs/practices have screened over 1,000 patients within the first 6 months for the PCMH Initiative
Assessing Patients’ Social Determinants of Health

<table>
<thead>
<tr>
<th>Domain</th>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare</strong></td>
<td>In the past month, did poor physical or mental health keep you from doing your usual activities, like work, school or a hobby?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>In the past year, was there a time when you needed to see a doctor but could not because it cost too much?</td>
<td>No</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Do you have a dependable way to get to work or school and your appointments?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Clothing &amp; Household</strong></td>
<td>Do you have enough household supplies? For example, clothing, shoes, blankets, mattresses, diapers, toothpaste, and shampoo.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>Would you like to receive assistance with any of these needs?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Are any of your needs urgent?</td>
<td>No</td>
</tr>
</tbody>
</table>

Biggest gap identified: monitoring screening completion.
Questions?
What is something that could help you with data collection, reporting and analysis?
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