

# FORHP Policy Updates – February 2018

- **CMS Finalizes Changes to Hospital-based Bundled Payment Programs**
  - Cancels the Episode Payment Models (EPMs) for cardiac care
  - Comprehensive Care for Joint Replacement (CJR) participation voluntary for hospitals in 33 of the 67 selected metropolitan statistical areas (MSAs) and low-volume or rural hospitals in any of the 67 MSAs
  - More information is available in the [fact sheet](#)
- **CMS - Request for Nominations: Advisory Panel on Hospital Outpatient Payment**
  - More information is available at this [link](#)
  - Submit nominations electronically to [APCPanel@cms.hhs.gov](mailto:APCPanel@cms.hhs.gov)
- [Medicare EHR Incentive Program Payment Adjustment Fact Sheet for CAHs](#)
- **New Bundled Payments for Care Improvement Advanced (BPCI Advanced)**
  - CAHs are excluded; More information available at this [link](#)
- **RHCs**
  - [Updated Policy Manual for RHCs and FQHCs](#)
  - [NACRHHS Brief on RHCs](#)

# RQITA Updates

- **Abstracting for Accuracy:** Enrolling CAHs now! Promotional Materials Here:  
<https://www.ruralcenter.org/resource-library/abstracting-for-accuracy-project>
- **EDTC Technical Expert Panel:** Launched in January 2018. Recommendations expected later this spring.
- **eCQM Pilot:** Wrapping up work with a handful of states. Focus on understanding CAH TA needs related to eCQM submission.
- **MBQIP VKG:** Thursday, February 15<sup>th</sup> 2:00 – 3:30 Central.

# MBQIP Resource Updates

## Recently updated:

- MBQIP Reporting Guide  
<https://www.ruralcenter.org/resource-library/mbqip-quality-reporting-guide>
- CAH Quality Improvement Implementation Guide & Toolkit  
<https://www.ruralcenter.org/resource-library/quality-improvement-implementation-guide-and-toolkit-for-cahs>

## In process:

- Flex Resource Guide: Using Patient and Family Engagement Strategies for HCAHPs Improvement
- CAH eCQM Resource List
- Interpreting MBQIP Hospital Data Reports for Quality Improvement

# Outputs and Outcomes for Flex Program Success

**Jane C Pederson, MD, MS**  
**Chief Medical Quality Officer**  
**Stratis Health**

**February 14, 2018**



# Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Mission: Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Working at the intersection of research, policy, and practice



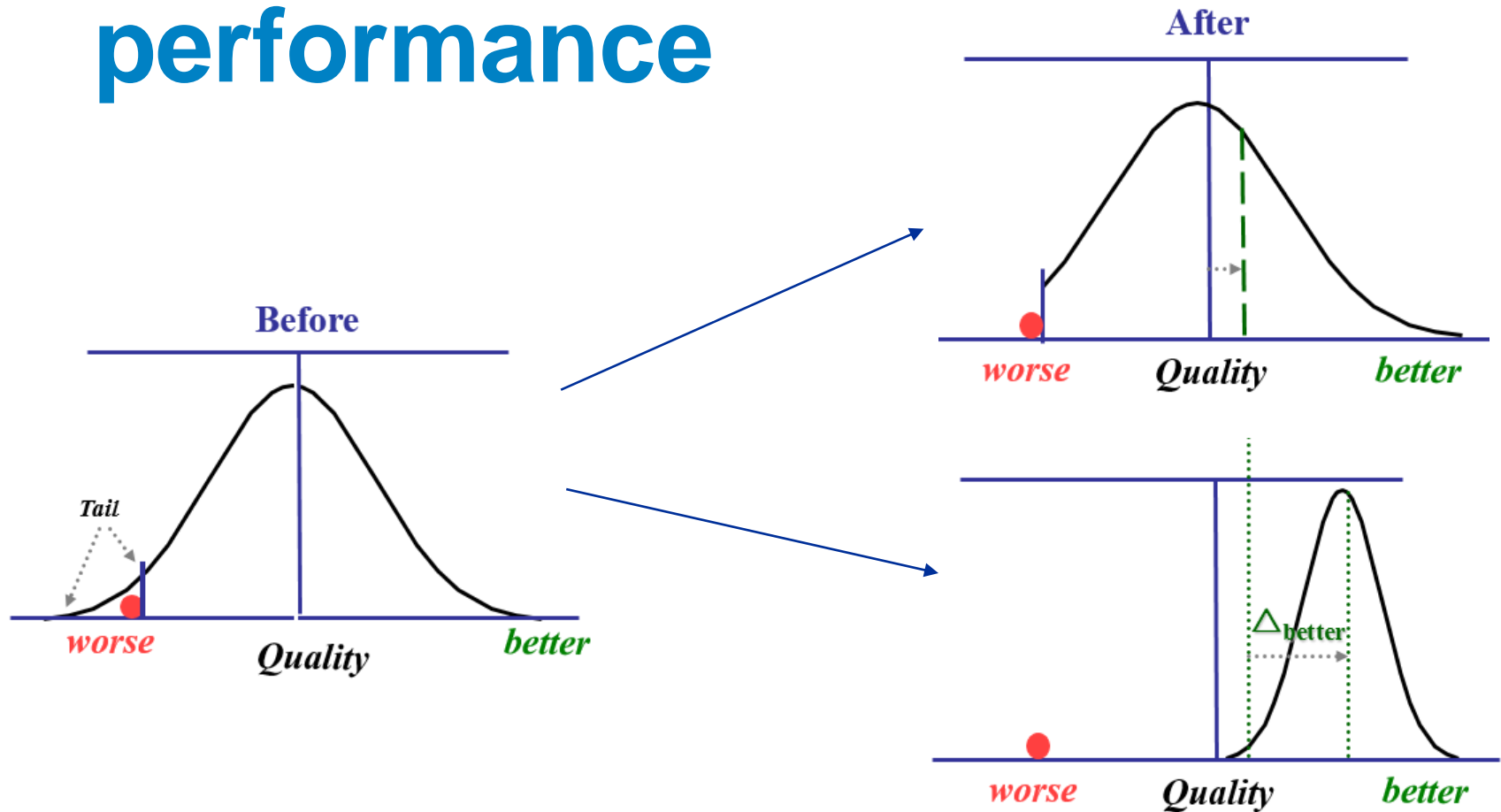
# Objectives

- Understand the history, theory and integration of process improvement in health care
- Learn the difference between outputs and outcomes for Flex activities
- Discover where outputs and outcomes fit within Flex Program work and activities

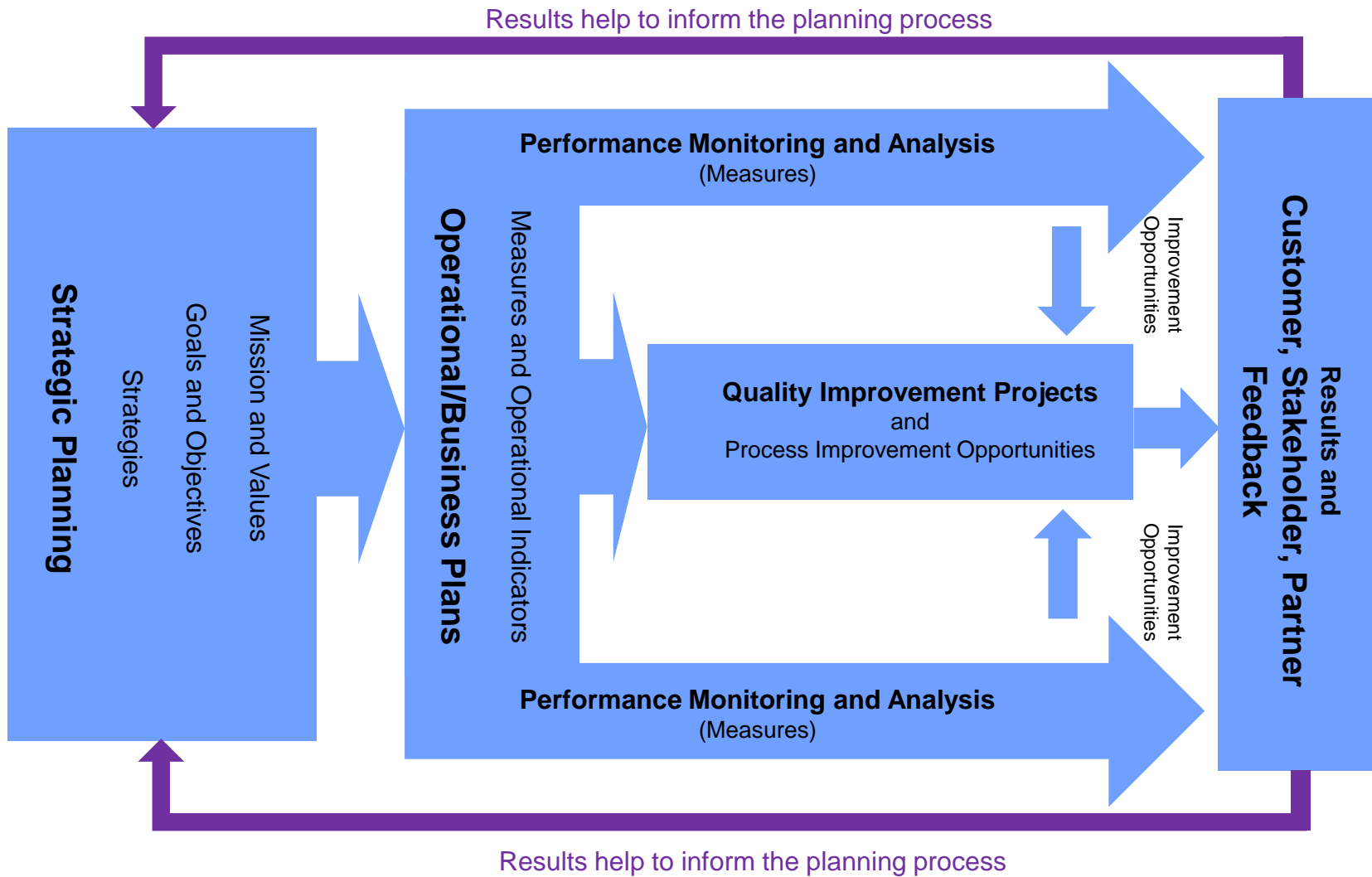
# Improvement terminology

- Quality assurance
- Performance improvement
- Quality improvement
- Patient safety
- Diagnostic safety
- High reliability

# Goal is to improve overall performance





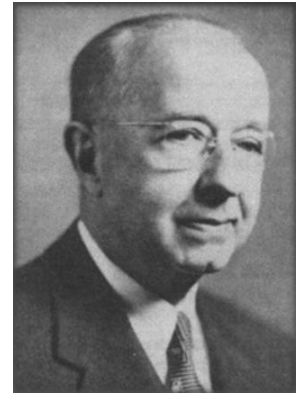


# Improvement – how we do our work

# Improvement pioneers

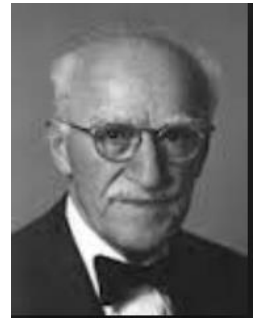
- W. Edwards Deming (1900-1993)
- Walter A. Shewhart (1891-1967)
- Joseph Juran (1904-2008)

# Walter Shewhart



- Physicist
- 1918 – joined Western Electric Company to improve quality of telephone hardware (Hawthorne plant in Cicero, IL)
  - Met and influenced Deming and Juran
- Described the first control chart which launched statistical process control and quality improvement
  - Identified categories of variation (special cause and common cause)
- Shewhart cycle: PDCA. Combined management thinking with statistical analyses
- Hawthorne effect

# Joseph Juran



- 1924 graduate of the U of MN , degree in electrical engineering
- Worked at Western Electric Hawthorne plant from 1924-41. Advanced the science of QI
- At the time, managing for quality emphasized statistics and production techniques. Juran: the field really depended on human factors, especially the work of managers, and that quality problems should be solved systemically
- Advanced leadership in quality with Juran trilogy:
  - quality planning, quality control, quality improvement
- Pareto chart – Juran stated 80/20 principle applied to defects

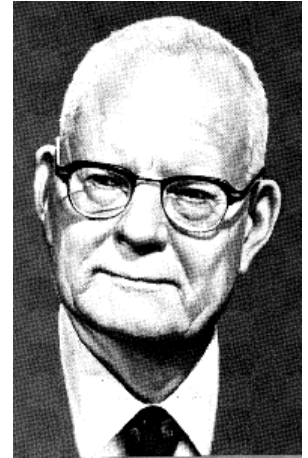
# Joseph Juran

- 1954, Dr. Juran heavily influenced the development of companies in Japan's postwar economy to develop a culture of quality. Helped lead to Japan's preeminence in quality achievement in the 1970s and beyond
- 1979 – created the Juran Foundation
- Active in creating and supporting the Malcolm Baldrige National Quality Award (1987)
- 1997 – Juran Foundation renamed the Juran Center for Leadership in Quality after being transferred to the U of MN Carlson school of management

# Juran artifacts



# Edward Deming



- Electrical engineer and physicist
- Interned at Western Electric plant in Hawthorne
- Championed the work of Shewhart: PDSA and application of statistical methods to industrial production and management
- Worked with post WWII industry leaders in Japan
- 1993 - founded the W. Edwards Deming Institute
  - Washington, D.C.



# Edward Deming

- System of Profound Knowledge, consisting of four parts:
  1. Appreciation of a system: understanding the overall processes involving suppliers, producers, and customers (or recipients) of goods and services
  2. Knowledge of variation: the range and causes of variation in quality
  3. Theory of knowledge: the concepts explaining knowledge and the limits of what can be known (views of the world, theories that people have in place)
  4. Knowledge of psychology: concepts of human nature (why people act as they do)

# Deming 14 points for management

1. Create constancy of purpose toward improvement
2. Adopt the new philosophy... and take on leadership for change
3. Cease dependence on inspection to achieve quality
4. End the practice of awarding business on the basis of price tag
5. Improve constantly and forever the system of production and service
6. Institute training on the job
7. Institute leadership
8. Drive out fear, so that everyone may work effectively for the company
9. Break down barriers between departments...must work as a team
10. Eliminate slogans, exhortations, and targets for the work force asking for zero defects
11. Remove barriers that rob the hourly worker of his right to pride of workmanship
12. Remove barriers that rob people in management and in engineering of their right to pride of workmanship
13. Institute a vigorous program of education and self-improvement
14. Put everybody in the company to work to accomplish the transformation

# Why is this history important?

- Highlights the intellectual foundations of improvement
- These individuals did not envision to quality to be a task or just the work of the “QI/I team”
- To them, improvement tools and techniques were foundational to how work was done
- It is a philosophy and a science

# Learning from history

# What healthcare can learn from this history

- Greater attention to consumers – their values and expectations
- Greater attention to system designs and processes
- Greater role by management
- Development of appropriate applications of statistical process control
- Greater education and training in improvement for all staff

# This can happen by:

- Taking the time to define the problem we are trying to solve
- Knowing how to use QI tools and putting them in proper perspective
- Clearly linking actions/outputs with outcomes and impacts
- Understanding measurement
- Balancing time spent in monitoring/controlling, improving and innovating.

# Taking time to define the problem

**“If I had only one hour to solve a problem, I would spend up to two-thirds of that hour in attempting to define what the problem is.”**

*~unknown*

# Keep in mind

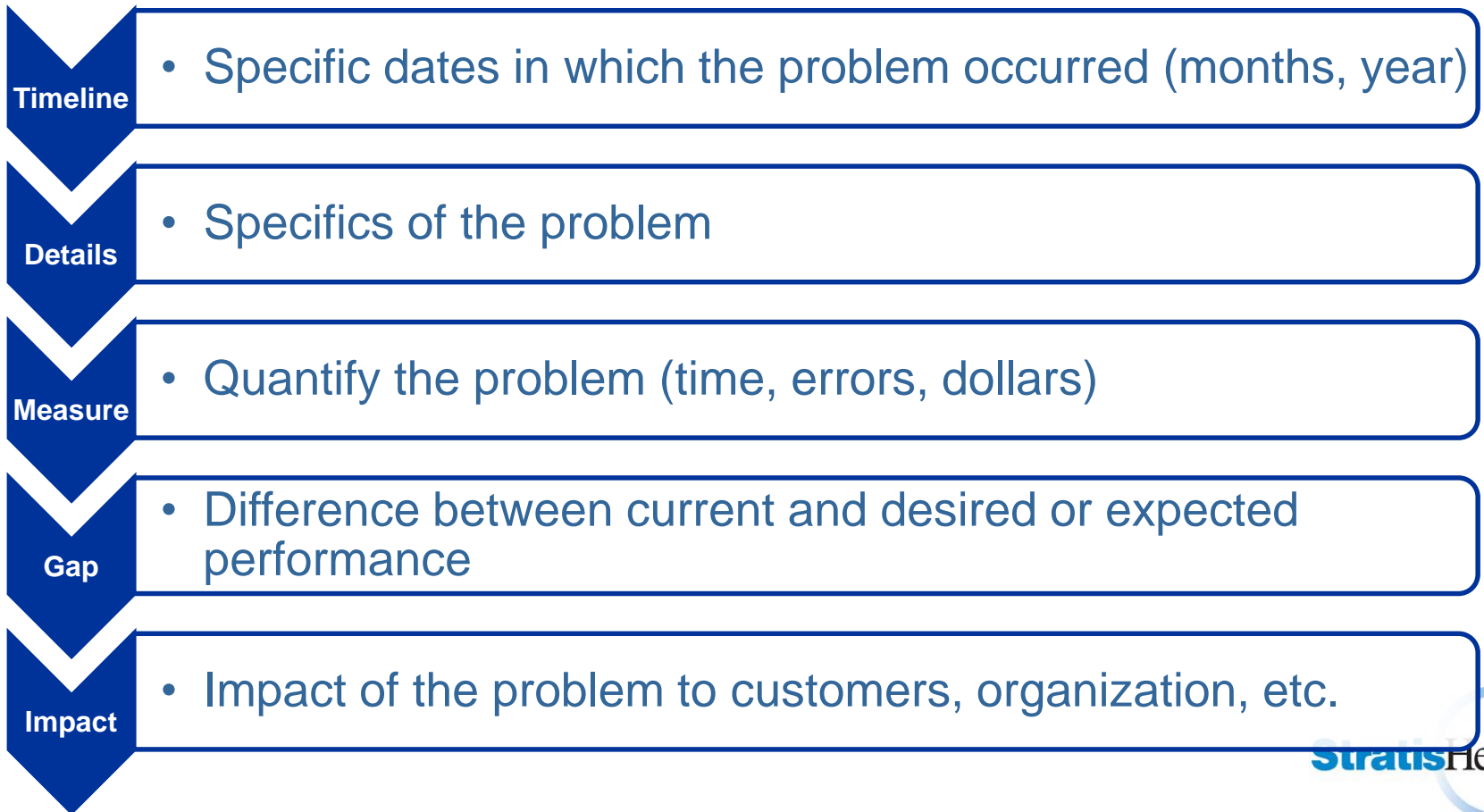
- It is easy to confuse problems with solutions
- Often we make the mistake of implementing a solution before we have clearly identified the problem
- Harder the farther you get away from the action



# Problem statement – defining the problem

- Starting point for successful improvement
- “A problem well stated is half solved”
- Promotes a common, shared understanding of the problem
- May require gathering information
  - What is wrong?
  - When and where does the problem occur?
  - How big is the problem?
  - What is the gap between knowledge and practice?
- A problem statement is not built on a solution

# Elements of a problem statement



# Knowing how to use improvement tools

- Planning
  - FMEA
  - RCA
- Improvement
  - PDSA
  - Process mapping
- Monitoring/controlling
  - Checklists
  - Audits

# Tools are not improvement

- Just tools
  - Doing an RCA is not making improvement
- Same tools whether you are a critical access hospital or Amazon
- Often more than one tool will work once you understand the problem

# The Model for Improvement



Associates in Process Improvement (API) Consultants

# Clearly link actions/outputs with outcomes – Logic Model

## Inputs

- Resources
- Usually a Noun

## Activities

- What is done to the resources
- Usually a Verb

## Output

- Volume of work done
- Usually a quantity

## Outcomes

- Benefits or changes
- Usually a Change
- Can also be thought of as goals

## Impact

- Long term result
- Fundamental change

# Flex program logic model

## Flex Program Logic Model—Measure Framework

*This measure framework provides additional details about what kinds of data measure different outcomes and when and how data should be collected to monitor outcomes and show changes.*

Type of Measure	Output	Short Term Learning Outcome	Medium Term Behavior Change Outcome	Long Term Conditions Outcome	Impact
Definition	Counts the number of products produced from an activity. States use this type of measure to monitor progress on activities. Of the number of planned events, how many were completed?	Measures knowledge increase as a result of the activity. Did the activity have an immediate effect on the participants' knowledge? This could mean a pre-test and a post-test or some other method.	Measures changes in hospital/EMS agency policy, processes or staff behavior. Did the increase in knowledge effect hospital/EMS agency policy, processes or staff behavior over the course of the year? Could be as simple as asking the hospital or EMS agency policy processes or staff behavior changed from this activity.	Measures changes in quality of care, financial stability. Did the changes in policy, processes or staff behavior result in changes in quality or financial metrics over the three-year project period?	High quality health care is available in rural communities and aligned with community needs. Rural health care delivers high value to patients and communities. Healthier rural people. Did the change in conditions influence patient outcomes over the long term?
When to measure	Flex Coordinators continuously measure as activities and products are completed	Before and after an activity and reported in yearly progress reports	Measured a few weeks or months after the activity ends and reported in yearly progress reports	Continuously collected and reported, discuss in Competing Continuation Application.	Long term trend analysis, state Flex programs are not required to report this (but bonus points if you can link Flex activities to patient outcomes)
When to expect change		Immediately after the activity is completed	Within the one year budget period	Within the three-year project period	5+ years

# Activities

- What we do with the inputs or resources we have available
- For example:
  - Chart audits to gather data
  - Obtain feedback from patients and staff
  - Review any synthesize literature related to the topic
  - Prepare education and other resources



# Outputs

- What we do to make the change or achieve the outcome
- For example:
  - Provide monthly feedback to prescribers on antibiotic prescriptions
  - Deliver 12 educational sessions on fall risk screening

# Outcomes

- The changes we want our activities to make
- Identify Who we want the change for
- What the change will be
- In What Way should there be a change
  - Example: 75% of hospitals participating in the xyz activity see a ROI of  $\geq 5\%$

# Outcomes can be directed to different levels

- Patient
- Family
- Group – patients with cognitive impairment
- Organization – may link back to mission statement or to the strategic plan
- Community

# Impact

- Big picture
- What can be fundamentally different because of this work?
- For example: Patients presenting with stroke symptoms will receive a CT/MRI reading within 45 min of ED arrival in order to increase eligibility for therapy and decrease % of patients with resulting deficits from stroke

# Measures – different but complimentary

- Measures for accountability
  - Research based measures that when improved have been shown to have an impact on patient outcomes
  - Meet criteria
- Measures for improvement
  - Process, outcome and balancing
  - Effect of the change

# Choosing goals and measures

- Overall program goals and measures
- Goals and measures for activities, outputs and improvement work
- Key is to clearly state and describe what the organization or team intends to accomplish
- SMART formula helpful

# SMART formula

- Specific
  - What do we want to accomplish, who will be involved/affected, where will it take place?
- Measurable
  - What is the measure you will use, what is the current data for that measure and what do you want to decrease or increase that number to?
- Attainable
  - Based on best practice, average or benchmark? Too low (not challenging)? Too high (unreasonable)?
- Relevant
  - Addresses an important business problem
- Time-bound
  - Includes a target date for achieving the goal

# Example

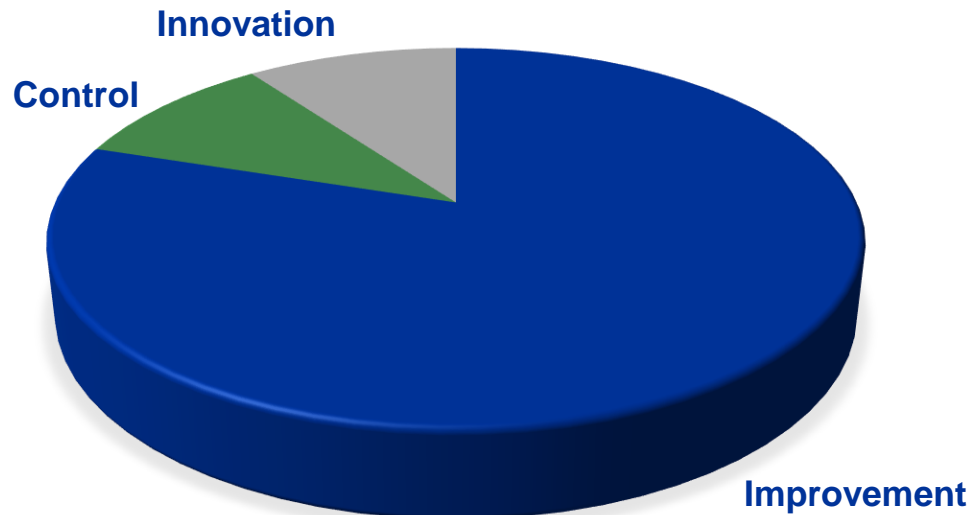
- In order to prevent wrong site surgery and protect patients from additional procedures, the use of safe surgery checklists will be increased from 70% to 95% by July 1, 2018.
- S – increase use of checklists
- M – 70% to 95% or greater
- A – attainable - yes
- R – relevant - yes (should tie to problem statement)
- T – by July 1, 2018



# Measurement challenges

- Often get hung up on measurement
- Common cause vs special cause variation not clearly identified
- Run charts are great, but have their limits
- Control charts are better but not as easily taught
- Okay to ask for help

# Balancing time spent in monitoring/controlling, improving and innovating



# Questions?

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