QI 201
Learning Session #3

Planning and Doing: From Aims to Interventions

November 22, 2013

1:00 pm – 2:00 pm (ET)

Agenda

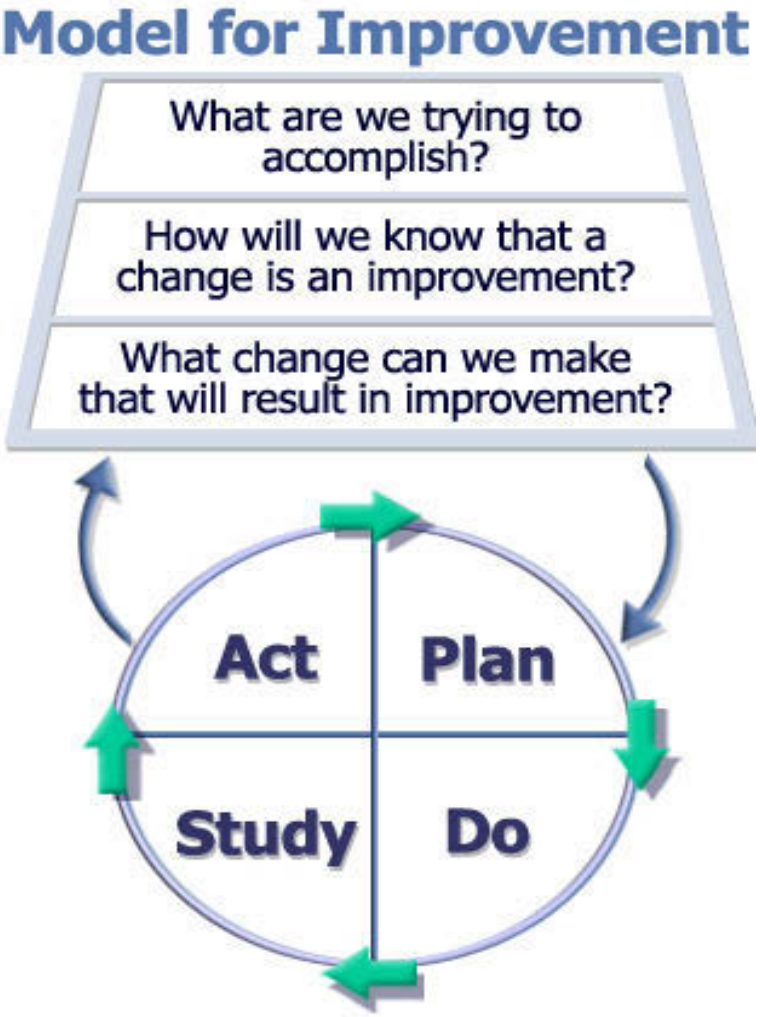
- Welcome and Introductions
- Brief Review
- Beyond Aim Statements
- Developing Roadmaps
- Designing Interventions that Work
- Next Steps

Review – QI 201 to Date

- LS 1 Review of QI 101 and the 7-Task Improvement Process
- LS 2 Stakeholders, Aims, and Changes (Driver Diagrams)
- LS 3 More on Aims and Identifying Interventions

Today's Focus

- How will we know a change is an improvement?
- What changes or interventions will make a difference?



The Improvement Process

PLAN

- Task 1: Identify a QI Project
- Task 2: Engage Stakeholders
- Task 3: Organize the Effort
- **Task 4: Create the Aim,** Measures, **and Changes**

DO

- Task 5: Start Your Project

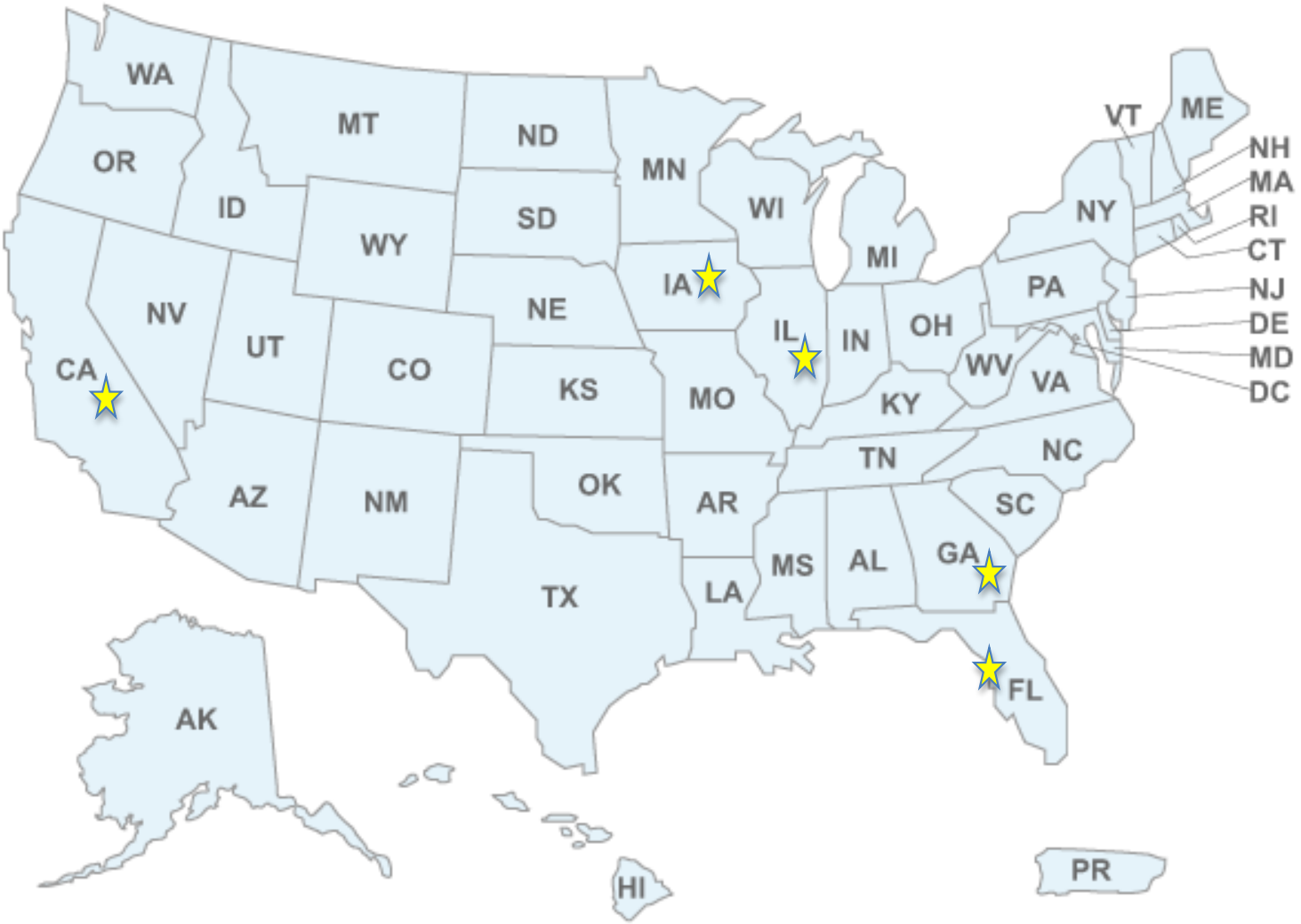
STUDY

- Task 6: Assess, Share Outcomes, and Results

ACT

- Task 7: Develop Response Based on Outcomes

Resources for QI Teams: One-on-One TA



Medicaid/CHIP Health Care Quality
Strengthening Maternal and Infant Health

Questions, Comments and Discussion

Recap: Aim Statements

The aim statement should be easy to remember:

- What will we improve?
- For whom?
- How much? (specify number goals for outcomes)
- By when?

Advanced Concepts for Aim Statements

- Consider both a population health and an improvement aim with different time frames and goals
- Set a bold goal: differentiate between longer term population health goals and shorter term improvement goals
- Considerations for setting the baseline:
  - Population health data
  - Improvement data and role of earliest data points
  - 50% rule
- Solicit buy in and commitment from stakeholders
- Consider your statement from the target population's perspective

Example Aim Statement - California

"Under construction" – helping women sustain smoking cessation after birth

- By May 1, 2014 Davis Community Clinic, a FQHC, will increase the number of women who sustain smoking cessation after the birth of their children.

  We expect that the changes we make will increase by 50% the number of women who sustain cessation at the 6 week post natal visit and the 4 month well child visit.

  We plan to start with one provider, scale up to 5 providers by May, then to 3 other clinics by September 2014, and create a spread plan for Northern California FQHCs that will begin in January, 2015.

Poll 1

- In developing your aim statement for QI 201 projects which element was most challenging to articulate? (Select one)
  a) What to improve
  b) For whom (targeting a population)
  c) How much (setting numerical goals)
  d) By when (setting a deadline)
  e) Other

Questions, Comments and Discussion

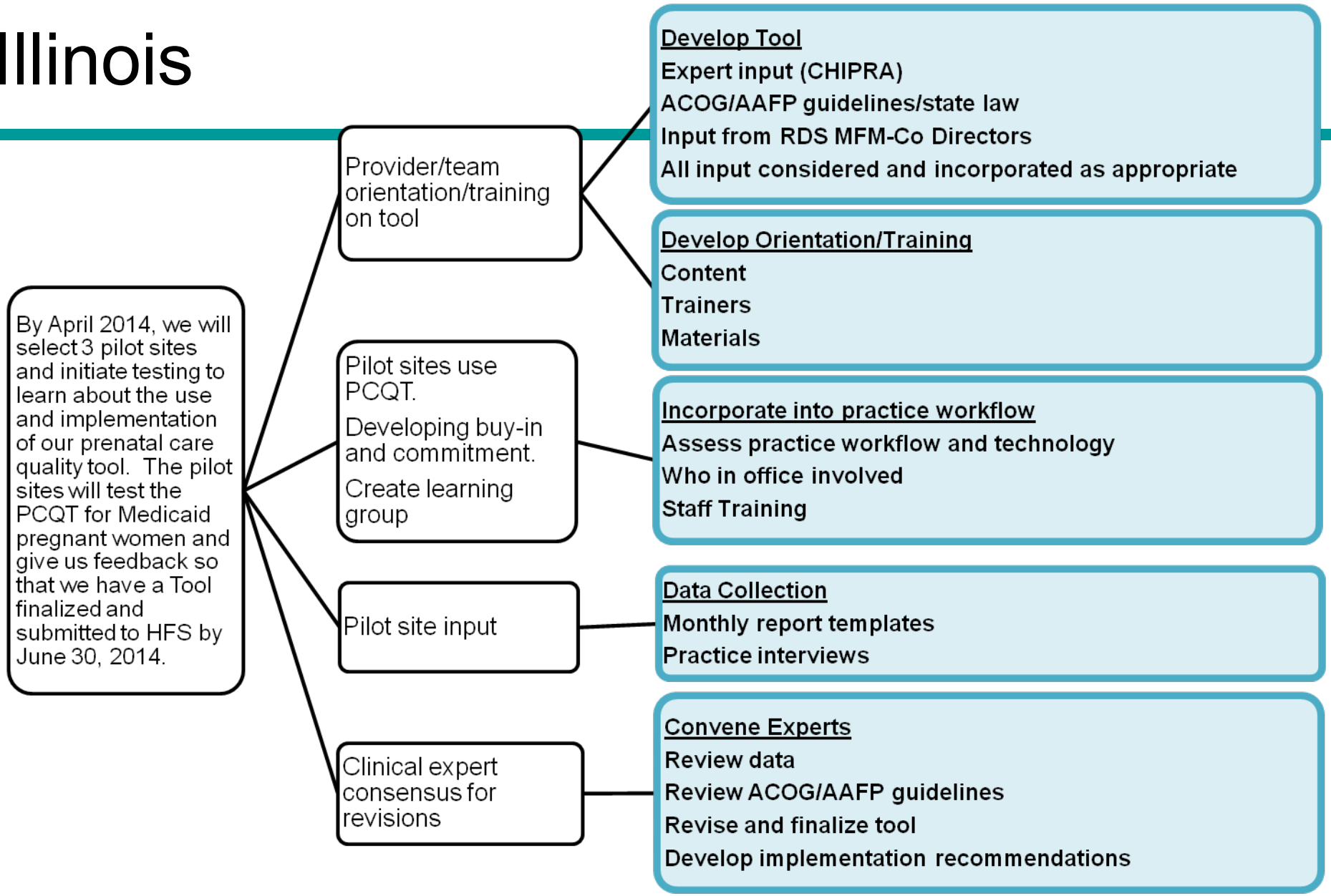
Developing Road Maps and Designing Interventions

Developing a Road Map: Driver Diagrams

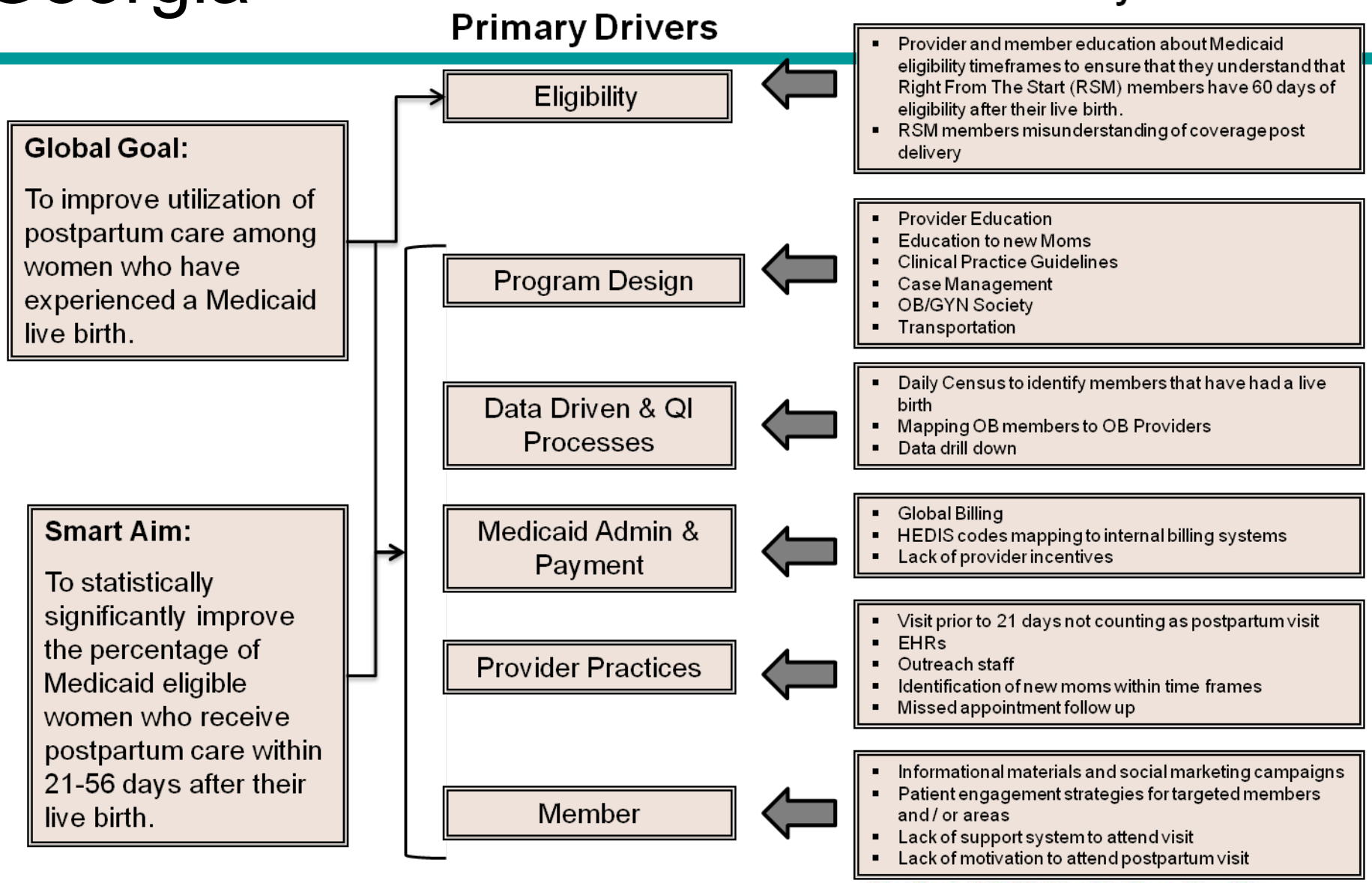
- The driver diagram represents the best theory to date on how to succeed with your project
- It guides your interventions
- The sequence, scale, and tempo of change requires expertise, finesse, and ability to learn and revise as you go
- A useful driver diagram moves from broad concepts to specific interventions
- You don’t have to jump immediately from the world of testing interventions to large-scale implementation.

Driver Diagrams:
Examples from QI Teams

Illinois


By April 2014, we will select 3 pilot sites and initiate testing to learn about the use and implementation of our prenatal care quality tool. The pilot sites will test the PCQT for Medicaid pregnant women and give us feedback so that we have a Tool finalized and submitted to HFS by June 30, 2014.
Provider/team orientation/training on tool
Pilot sites use PCQT.
Developing buy-in and commitment.
Create learning group
Pilot site input
Clinical expert consensus for revisions
Develop Tool
Expert input (CHIPRA)
ACOG/AAFP guidelines/state law
Input from RDS MFM-Co Directors
All input considered and incorporated as appropriate
Develop Orientation/Training
Content
Trainers
Materials
Incorporate into practice workflow
Assess practice workflow and technology
Who in office involved
Staff Training
Data Collection
Monthly report templates
Practice interviews
Convene Experts
Review data
Review ACOG/AAFP guidelines
Revise and finalize tool
Develop implementation recommendations

Georgia


Primary Drivers
Secondary Drivers
Global Goal:
To improve utilization of postpartum care among women who have experienced a Medicaid live birth.
Smart Aim:
To statistically significantly improve the percentage of Medicaid eligible women who receive postpartum care within 21-56 days after their live birth.
Eligibility
Program Design
Data Driven & QI Processes
Medicaid Admin & Payment
Provider Practices
Member
Provider and member education about Medicaid eligibility timeframes to ensure that they understand that Right From The Start (RSM) members have 60 days of eligibility after their live birth.
RSM members misunderstanding of coverage post delivery
Provider Education
Education to new Moms
Clinical Practice Guidelines
Case Management
OB/GYN Society
Transportation
Daily Census to identify members that have had a live birth
Mapping OB members to OB Providers
Data drill down
Global Billing
HEDIS codes mapping to internal billing systems
Lack of provider incentives
Visit prior to 21 days not counting as postpartum visit
EHRs
Outreach staff
Identification of new moms within time frames
Missed appointment follow up
Informational materials and social marketing campaigns
Patient engagement strategies for targeted members and / or areas
Lack of support system to attend visit
Lack of motivation to attend postpartum visit

Iowa

By April 14, 2014 we want to improve Maternal Tobacco Cessation for Iowa Medicaid members to achieve the following results:

- Reduce percentage of maternal smoking during 3rd trimester from 22.2% to 19%
- Increase the number of provider referrals to Quitline by 50% for Medicaid members who are pregnant
- Increase the use of cessation medication by 25% by April 2014, and 50% by December 2014

Outreach and educate OB/GYN Providers on the importance of prescribing smoking cessation medication

- Provide statistics on how many pregnant Medicaid members continue to smoke throughout pregnancy
- Provide educational materials on alternatives to smoking
- ACOG Chair will provide an article for providers on the safety profiles of nicotine replacement and cessation medications
- Perinatal article will be placed on DHS and IDPH website encouraging providers to stress the safety profiles of nicotine replacement and cessation medications during pregnancy.

Educate OB/GYN providers on the Quitline for Medicaid members who are pregnant

- Provide Quitline materials to providers
- Write an informational letter for OB/GYN providers informing them about the reimbursement for Quitline referrals and the educational toolkit

Engage providers in working with women to stop smoking

- Use motivational interviewing
- Use teach back
- Message Quitline
- Share information about successes

California

By May 1, 2014 Davis Community Clinic, a FQHC, will increase the number of women who sustain smoking cessation after the birth of their children.

We expect that the changes we make will increase by 50% the number of women who sustain cessation at the 6 week post natal visit and the 4 month well child visit.

- Engage patient, family and friends
  - Co-set goals and quit date
  - Use Motivational Interviewing at first postpartum follow up
  - Advise mother and father about role of partnership support and not smoking (include other adults in the home in non-smoking)
- Engage Care team
  - Offer Rx
  - Refer to Helpline
  - Pediatricians and OB providers message importance of cessation
  - Provider message value and success rate of Helpline
  - Co-set quit date
  - Use Teach Back
  - Follow Stages of Change Model
  - Use motivational interviewing
  - Inform Home Visitation of women who have stopped smoking
- Home visitation
  - Check on Rx
  - Problem solve
  - Message
  - Offer support structures
- Community support
  - Enlist WIC to reinforce message
  - Suggest support groups to mother
- Helpline

Questions, Comments and Discussion

Designing your Intervention

Relationship of Aims to Interventions

- The aim is like a “true north” but cannot be your step-by-step navigation for interventions
- What do interventions depend on?
  - Pilot site to help design/implement intervention
  - Cooperative nature of relationship with the pilot site
  - Ability to make the case of learning as you go to develop a ‘let’s see what we can learn’ attitude with pilot site(s)
  - A focus on usefulness and what works
  - Willingness to learn from experience

Spectrum of Interventions

Passive (share information) ⟷ Active (shape behavior)

General Publications	Personal Touch	Two-way Exchange	Public Events	Face-to-face
•flyers	•letters	•telephone	•road shows	•one-to-one
•newsletters	•cards	•email	•fairs	•mentoring
•videos	•postcards	•visits	•conferences	•seconding
•articles		•seminars	•exhibitions	•shadowing
•posters		•learning sets	•mass meetings	
		•modeling		

Adapted from Ashkenas, 1995

Poll 2

Think of a preliminary intervention your QI team has identified. Where on the Passive-Active spectrum does that intervention fall? Select one:

a) Very passive (general publications)
b) Somewhat passive (personal touch communications)
c) Neither passive nor active (two-way exchanges)
d) Somewhat active (public events)
e) Very active (face-to-face engagement)
f) None of the above

Discussion – Rounding Out an Intervention Plan

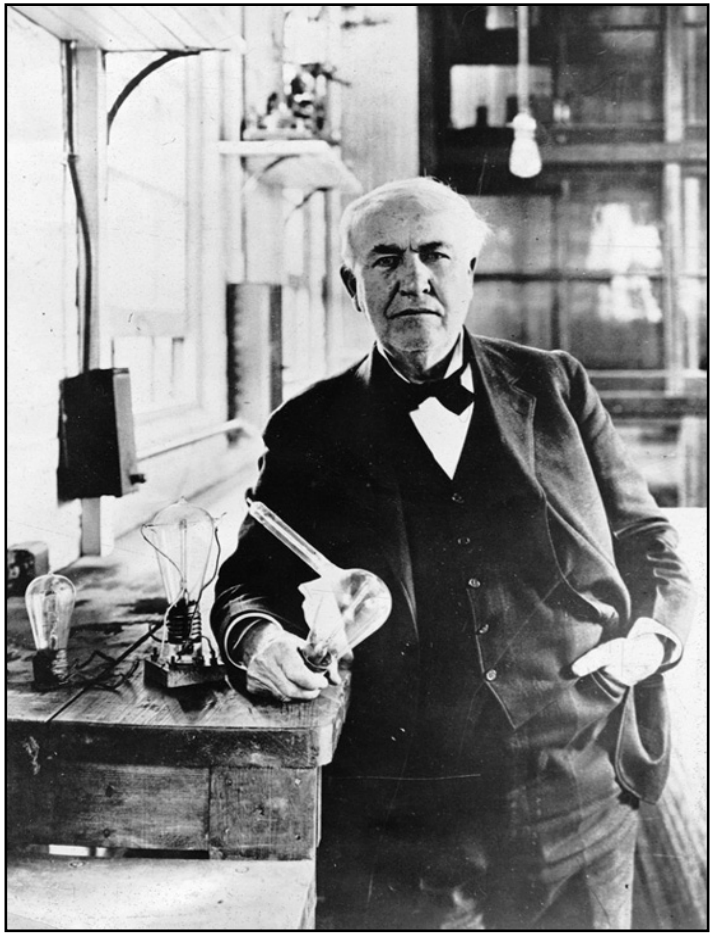
Discussion Topics

- How would you describe your QI Team's main intervention(s)?
- Is your intervention plan weighted more toward active or passive changes?
- Are there any "gaps" that you'd like to fill in your intervention plan?

The Value of “Failed” Tests

“I did not fail one thousand times; I found one thousand ways how not to make a light bulb.”

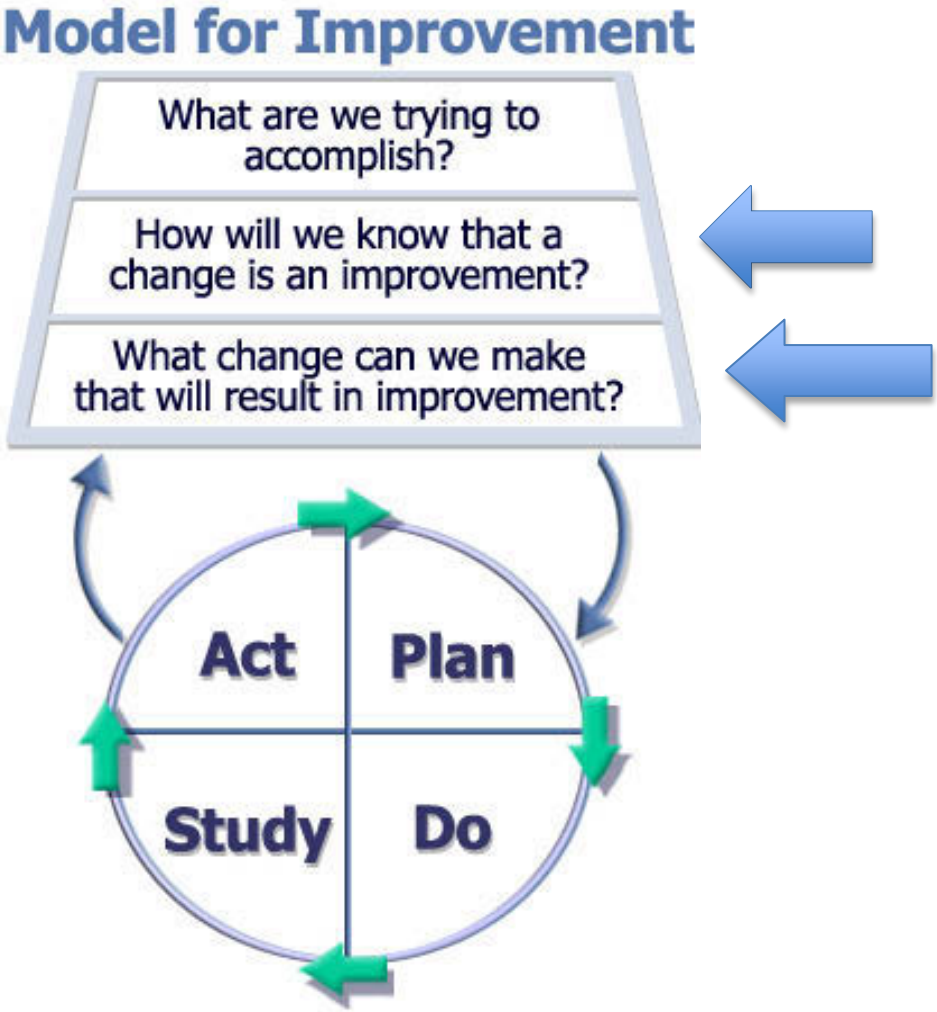
Thomas Edison



From IHI/Hret-HEN Improvement Advisor Fellowship Track 1

Coming Attractions

- Small-scale tests of change:
  - Selecting an intervention
  - Time-bound tests
  - Encouraging buy-in
- Monitoring change:
  - Measure selection
  - Tracking progress
  - Sharing results
  - Measurement systems, challenges, and solutions



Next Steps

- We are available for individual TA discussions about your team's specific needs
- Please contact us through the TA Mailbox to schedule a TA discussion or for other support: MACqualityTA@cms.hhs.gov
- Our next session will focus on scaling interventions and measurement

Thank you for participating in today's Learning Session.