California Quality Collaborative's Practice Transformation Initiative Learnings & Impact

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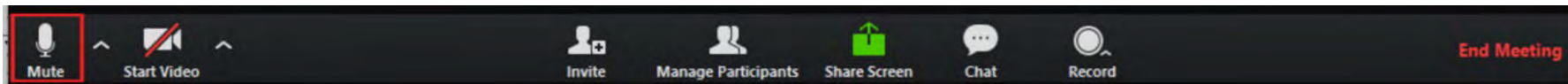CALIFORNIA QUALITY COLLABORATIVE

Tech Tips – Zoom Meetings

Attendees are automatically MUTED upon entry

Refrain from using the hold button

Use the chat box, if you have questions or would like to participate

Direct messages to Michelle if you have any technical issues

Mute   Start Video   Invite   Manage Participants   Share Screen   Chat   Record   End Meeting

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Zoom Tips & Tricks

Chat box so you can ask questions and insert comments

Click here to join audio

Video control – you can click to show your video or turn it off

Participants list allows you to see who else has joined

Practice Transformation Initiative Learning & Impact

Jose Ordonez
Program Coordinator

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Who is the California Quality Collaborative (CQC)?

- Healthcare improvement organization

- Advance the quality and efficiency of the healthcare delivery system in California

Today's Objectives

By the end of this webinar, participants will have:

- Heard and reacted to the results and learnings that came from the Practice Transformation Initiative program

- Heard about CQC's next phase of work in practice transformation

- Acquired access to the PTI Resource Library and Lessons in Scaling Transformation Report

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What you will get after this webinar

- Presentation slide deck

- Recorded webinar

- Website link to the PTI Resource Library

- Document with Q/A from the webinar

- Lessons in Scaling Transformation: Impact of California Quality Collaborative's Practice Transformation Initiative

Lessons in Scaling Transformation:

Impact of California Quality Collaborative's Practice Transformation Initiative

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Breakthroughs for Better Health Care

Figure 1

Network characteristics, including number of clinicians, number of practices, and payer mix, is represented in Figure 1.

PT. Participating Provider Organizations
- Allied Pacific IPA
- AppleCare Medical Group
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Organization Cohort
- Medical Foundations
- FHC Consortium/Health Plan
- IPA/MSO

IPAs represent more than 40% of the medical group market in California.[1]

[1] More information on the Next Generation Accountable Care Organization model can be found on the CMS Innovation Center website: innovation.cms.gov/initiatives/next-generation-aco-model

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Practice Transformation Initiative's overview and aim statement

April Watson
Director,
Practice Transformation Initiative

Who's in the (virtual) room today?

- Polling questions:
  - Where are you joining from?
    - Northern California
    - Southern California
    - Outside of California
  - What type of organization are you a part of?
    - An organization that delivers care to patients
    - An organization that supports those providing care to patients
    - A government agency
    - Other (please specify in chat box)

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Practice Transformation Initiative

✓ 4-years (2016-2019)

✓ CMMI's Transforming Clinical Practice Initiative

- **Lead organization:**
  - Pacific Business Group on Health (PBGH) / California Quality Collaborative (CQC)
- **Partner organizations:**
  - Center for Care Innovations (CCI)
  - Integrated Healthcare Association (IHA)

- **Collaborators:**
  - Elevation Health Partners
  - UCSF Center for Excellence in Primary Care
  - PFCCpartners
  - Denise Armstorff Consulting

What were we trying to accomplish?

Improve quality of care while decreasing cost for 4 million Californians by:

- Working with 4,800 clinicians
- Across 16 Provider Organizations

- 15% ave. RI across clinical quality measures
- $242M cost savings

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What did we *actually* accomplish?

Improved quality of care while decreasing cost for 3 million Californians by:
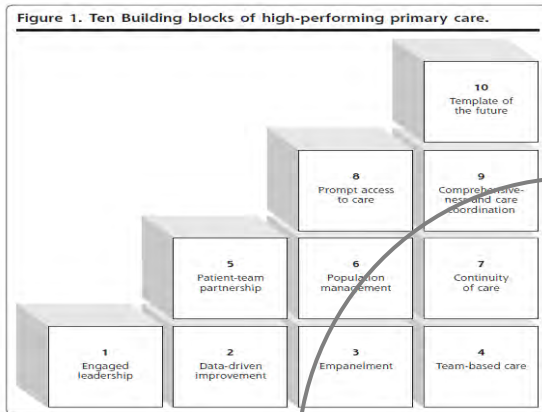
- Working with 4,800 clinicians
- Across 16 Provider Organizations

- Worked with 4,400 clinicians
- Across 13 Provider Organizations

- 15% ave. RI across clinical quality measures
- $242M cost savings

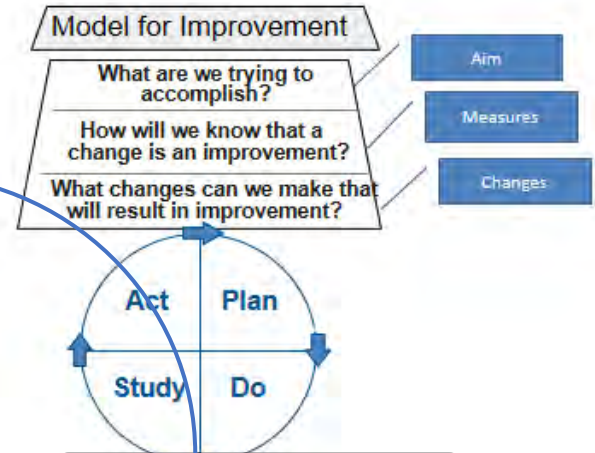- 14% ave. RI across clinical quality measures
- $186M cost savings

Models and frameworks

Figure 1. Ten Building blocks of high-performing primary care.

			10 Template of the future
	8 Prompt access to care	9 Comprehensiveness and care coordination	
5 Patient-team partnership	6 Population management	7 Continuity of care	
1 Engaged leadership	2 Data-driven improvement	3 Empanelment	4 Team-based care

Bodenheimer, T et al: 10 Building blocks of high-performing primary care. Ann Fam Med...

10 Building Blocks of High-Performing Primary Care

Model for Improvement

Model for Improvement
- What are we trying to accomplish? → Aim
- How will we know that a change is an improvement? → Measures
- What changes can we make that will result in improvement? → Changes

Act — Plan
Study — Do

Dialogue Education

Kotter's 8 Steps

IMPLEMENT AND SUSTAIN CHANGE
- STEP 8 INCORPORATE CHANGE INTO THE CULTURE
- STEP 7 NEVER LET UP

ENGAGE AND ENABLE THE WHOLE ORGANIZATION
- STEP 6 GENERATE SHORT-TERM WINS
- STEP 5 EMPOWER BROAD-BASED ACTION
- STEP 4 COMMUNICATE THE VISION FOR BUY-IN

CREATE A CLIMATE FOR CHANGE
- STEP 3 DEVELOP A CHANGE VISION
- STEP 2 CREATE THE GUIDING COALITION
- STEP 1 ESTABLISH A SENSE OF URGENCY

Leading Change

The Learning Tasks HOW?
The Content WHAT?
The Achievement-Based Objectives WHAT FOR?
The Time & Timing WHEN?
The Anticipated Change SO THAT?
The Place & Space WHERE?
The People WHO?
The Current Situation WHY?

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Technical assistance to build a learning collaborative

PTI Learning Collaborative

- Practice Coaching
- Improvement Advising
- Webinars
- Quarterly Meetings
- Quarterly Trainings
- Data Infrastructure

Build data analytics capabilities

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13 Provider Organizations

Allied Pacific IPA

MedPOINT MANAGEMENT
Pointing Healthcare In The Right Direction

Riverside Physician Network

APPLECARE MEDICAL GROUP
Part of OptumCare

MOLINA HEALTHCARE

St.JosephHealth
St. Joseph Heritage Medical Group
A member of the St.Joseph Hoag Health alliance

CVC
CENTRAL VALLEY COLLABORATIVE

PHYSICIANS MEDICAL GROUP
OF SAN JOSE

Sutter Health
Palo Alto Medical Foundation

EPIC MANAGEMENT, LP.

PROSPECT MEDICAL

Sutter Health
Sutter Pacific Medical Foundation

HealthCare Partners.
A DaVita Medical Group

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13 Provider Organizations

How do we know change is an improvement?

Peter Robertson
Senior Manager,
Data Use and Reporting

How do we know change is an improvement?

Measurement Domains

| Clinical | Utilization | Practice Assessment |

Measures

Clinical
- Diabetes
  (6 measures)
- Cardiovascular
  (1 measure)
- Asthma
  (1 measure)

Utilization
- Hospital Utilization
  (2 measures)
- Unnecessary Testing
  (2 measures)

Practice Assessment
- 10 Building Blocks
  of Primary Care

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Program Achievements

1. Improved Patient Outcomes

2. Reduced Hospital Utilization

3. Lowered Performance Variation

4. Positive Return on Investment

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Improved Patient Outcomes

Domain	Measure	NQF ID	
Diabetes	HbA1c Good Control <8%	NQF 0575	+ 12.88%
	HbA1c Poor Control >9%	NQF 0059	+ 8.46%
	Blood Pressure Control	NQF 0061	+ 1.61%
	HbA1c Testing	NQF 0057	+ 17.83%
	Nephropathy Screening	NQF 0062	+ 10.67%
Hypertension	Controlling Blood Pressure	NQF 0018	+ 2.44%

90th Percentile (Commerical HMO)

Performance Rate (%): 50% 60% 70% 80% 90%
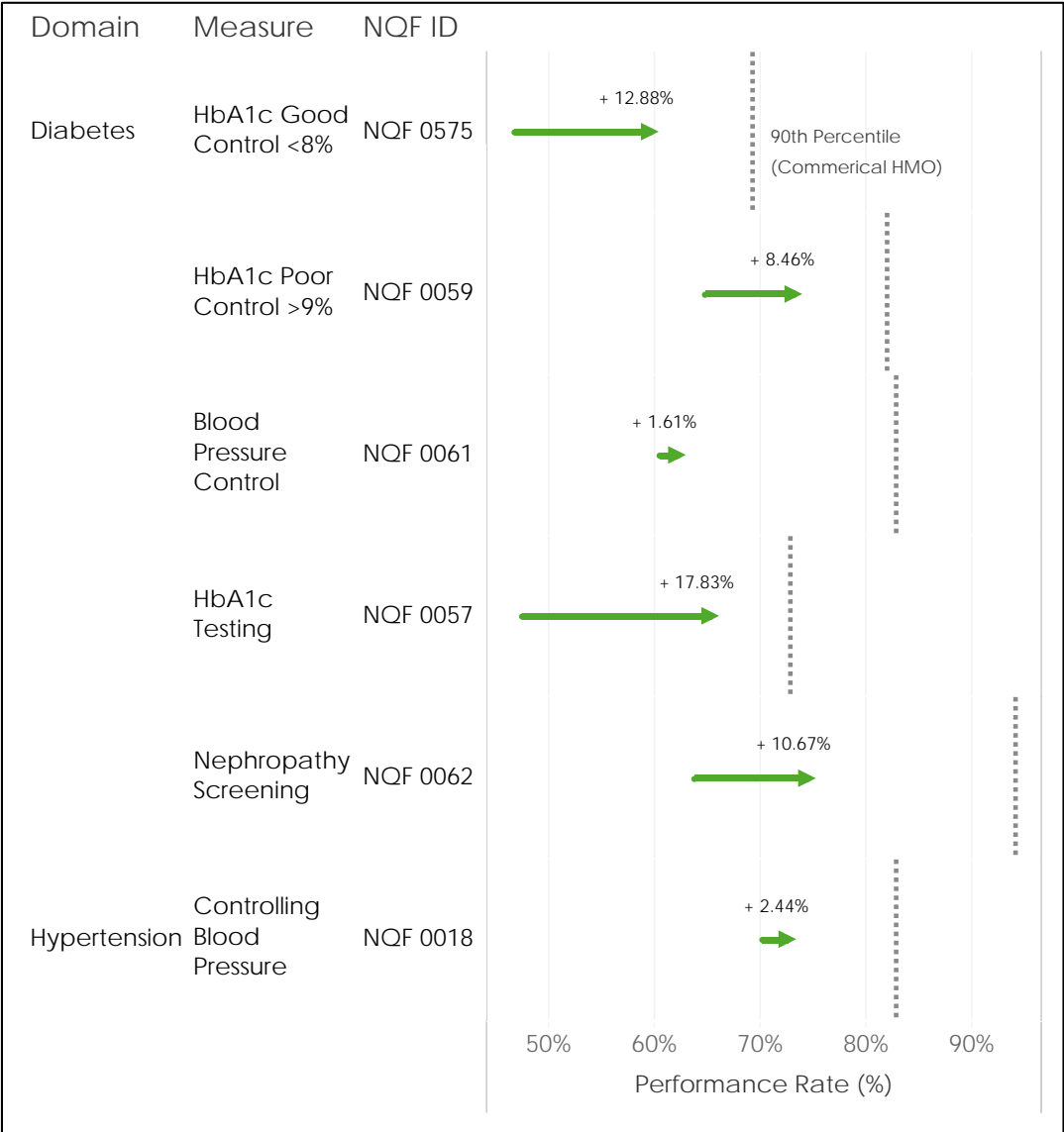
Network wide improvement in chronic disease management

Additional,
- 40,000 diabetics with improved HbA1c control
- 45,000 patients receiving regular screenings & testing

Reduced Hospital Utilization
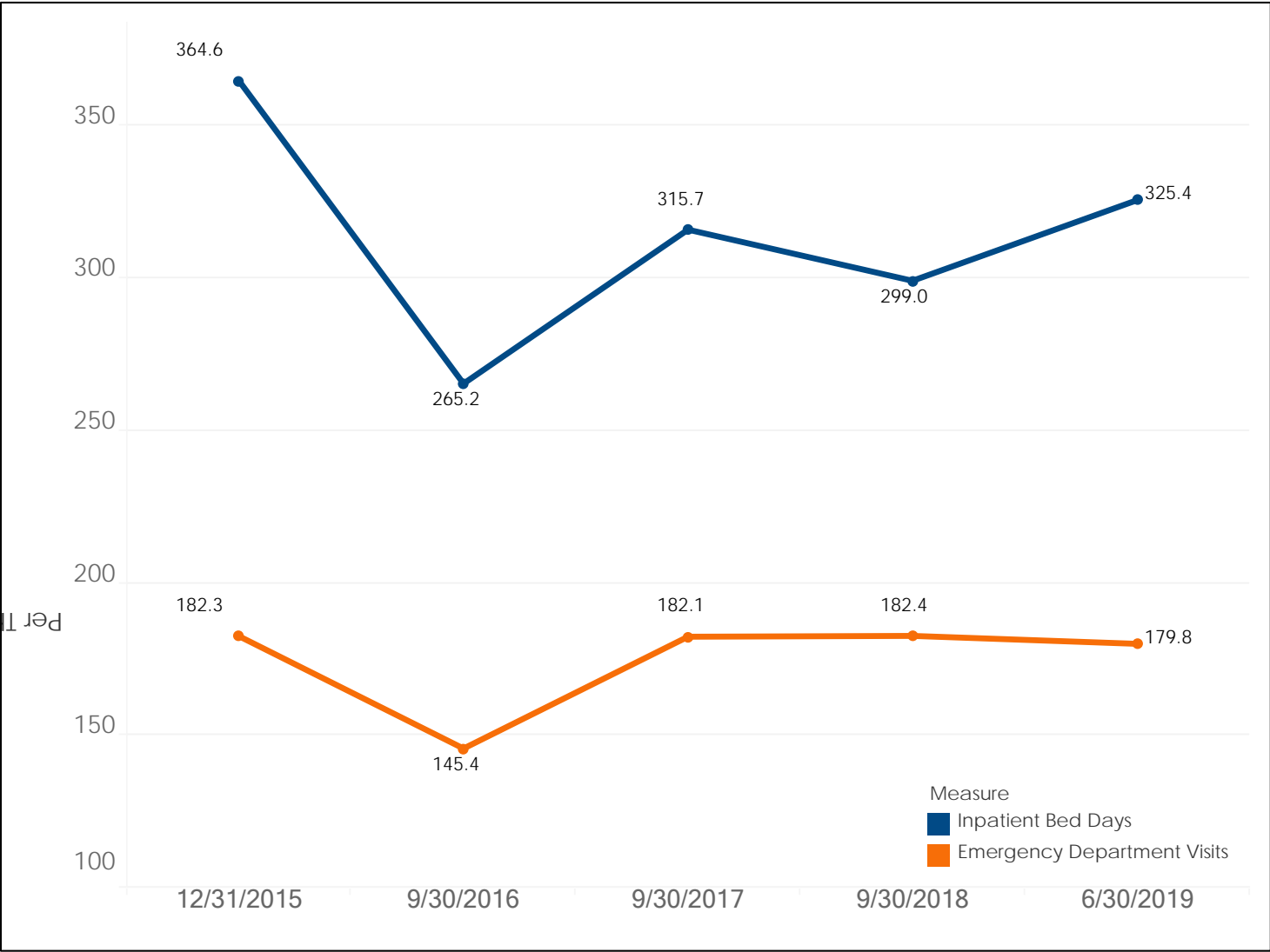
Lowered Performance Variation
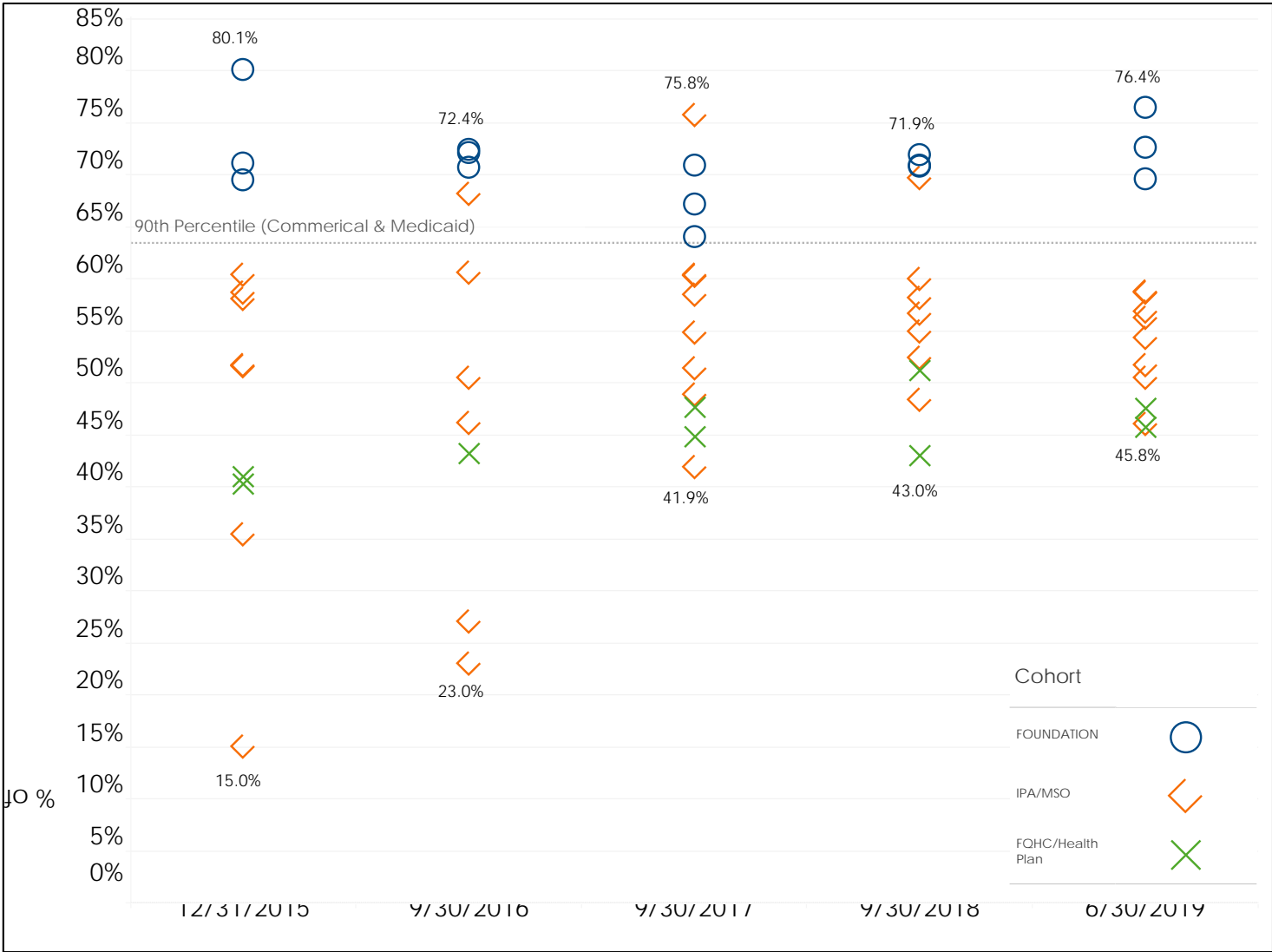
Positive Return on Investment

$186 Million
in Total Cost Savings

$10.11
returned to the health care
system for each grant
dollar awarded
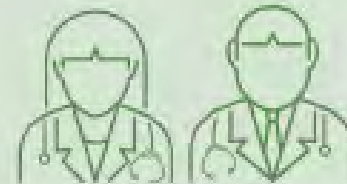
$42,000
saved per enrolled clinician

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What changes did we make that resulted in an improvement?

Crystal Eubanks
Senior Manager,
Practice Transformation

What changes did we make that resulted in improvement?

Primary Drivers	Secondary Drivers
1. Leadership & Vision	• Leaders at all levels • Org/practice-wide vision • Measurable goals and objectives
2. Data	• Data systems that collect information related to measures • Actionable data displays, regularly updated data • Data shared widely
3. Empanelment	• Each patient linked to PCP/care team • Panel size standards and measurement
4. Team-Based Care	• Other health care professionals part of team • Standing orders for uncomplicated patients • Dyads/teamlets within practices • Co-location • Daily huddles
Clinical Guidelines	• Clinician training/education on evidence-based clinical guidelines for specific chronic illnesses • Standard work flows by patient diagnosis
5. Patient Engagement	• Shared decision-making • Agenda-setting • Patient satisfaction data
6. Population Health	• Health coaching for subset of patients • Panel stratification • Panel management • Complex care management
7. Continuity	• Tracking of continuity measures • Support of practice staff for continuity
8. Access	• Collecting and tracking data for 3NA • Accommodating patient preference for seeing own provider vs same day access
9. Coordination	• Automatic notification of hospital discharge or ED visit • Care/referral coordinator • Maximization of specialist referrals; diagnostics secured in advance

Staff Vitality & Joy in Work

Aligning Financial Incentives for Improvement / Sustainable Business Operations

Most Improved Capabilities
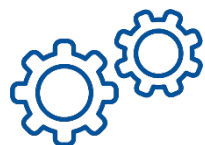
	Improvement (Avg.)	Final Score (Avg.)
QI Capability (M.20)	1.04	1.99
Practice Aims (M.18)	1.02	2.17
Care Management of High-Risk Patients (M.10)	0.91	2.36
Shared Decision Making (M.4)	0.72	2.04
Risk Management Processes (M.9)	0.72	2.42

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Change Levers
Correlated with Improvement

Shared Decision Making
(M.4)

Care Management of High-Risk Patients
(M.10)

QI Approach
(M.19)
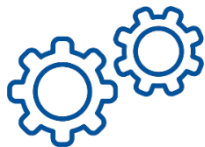
QI Capability
(M.20)

Performance Reports
(M.21)

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Practice Facilitation Model

STAFF COACHES WITHIN PROVIDER ORGANIZATIONS

- 100+ coaches trained through the PTI and employed by provider organizations

- Coached 1500+ practices

- Long-duration, encompassed all measures and drivers

- Built QI expertise in local organizations for sustainability

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Improvement Coaching:
What Matters Most for Practice Transformation

Build Improvement Infrastructure

- Construct a Firm Foundation
- Define the Role of Improvement Coach
- Design an Impactful Coaching Model
- Make Practice Transformation a Priority

Engage Practices through Collaboration

- Develop the Mindset of a Servant Leader
- Invest the Time Needed to Build Relationships
- Walk Care Teams through the Improvement Process

Invest in Coach Mastery

- Provide Access to Technical Assistance
- Learn and Apply Improvement Methodology
- Build Skills for Practice Improvement
- Develop the Coach through Peer Learning

For more details, visit the **PTI Online Resource Library**

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Design an impactful coaching model

Diabetes Poor Control >9%
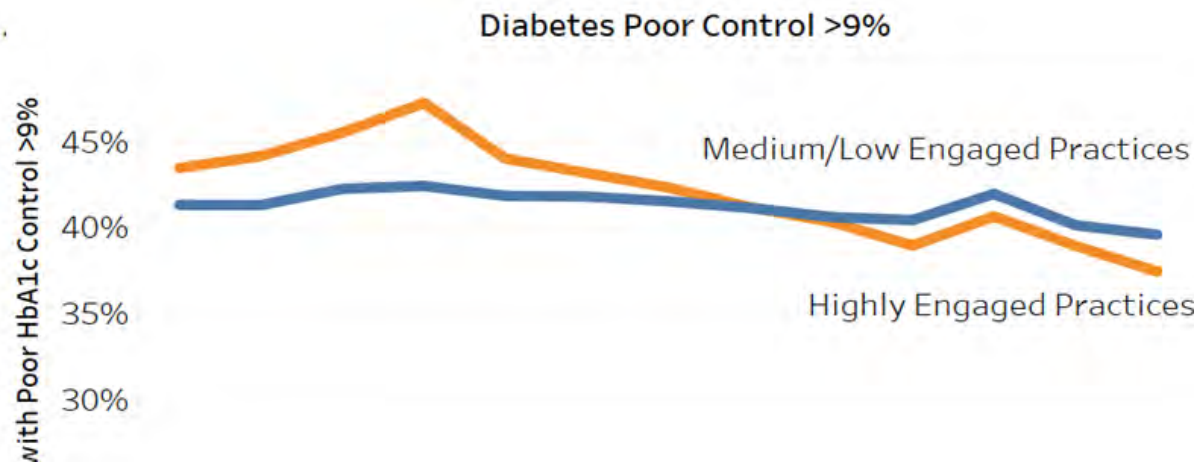
- Focus support on high-priority measures, rather than addressing all measures.

- Create coaching roles among existing HEDIS and QI Staff.

- Target coaching support on engaging low-performing and high-membership practices instead of using resources for practices that are already highly engaged.

- Use a tiered practice engagement plan with specific coaching activities for each level of engagement, ensuring that limited coaching resources are deployed to practices where they could have the greatest impact.

Reflections from a PTI participant

How did PTI impact you and/or your organization?

Chloe Tang
Quality Care Improvement Team Supervisor
Practice Coach Supervisor

Michael Au
Project Manager

The future of practice transformation

1. **Primary Care Fundamentals:**
   - 3-year program beginning in 2020

2. **Behavioral Health Integration**:
   - Scheduled to launch in late 2020

3. **Centers for Medicare and Medicaid Services Clinician Quality Improvement Contractor (CQIC)**:
   - Proposal submitted in August 2019

PTI Resource Library

Engaged Leadership

Organization Level Resources	Practice Level Resources	Select External Resources

Making the Business Case for Practice Transformation:

- Developing a Business Case for Practice Transformation Worksheet - How to calculate the impact on patients & in dollars
- How Doctors Get Paid
- Aligning Compensation with Transformation - how to calculate the impact on providers/practices
    - PowerPoint
- Supporting the Small Practice Resource Compendium

Communicating for Change:

- Planning
    - Leadership Forum Communication Planning Worksheet - Map out key messages, dissemnation techniques, & audience
- Storytelling for Change:
    - PTI Hook'em - tips for telling an impactful story
    - Story Blueprint/Guide (Developed by Blank Page Studios)

Adaptive Leadership:

- Adaptive Leadership Workbook 1 - Identifying your adaptive challenge
- Adaptive Leadership Workbook 2
- Adaptive Leadership 2017 Share & Learn
- The Theory Behind the Practice - A Brief Introduction to the Adaptive Leadership Framework

Communicating for Change:

- Engagement Scenario - how to think through engaging senior leadership in practice transformation as a practice facilitator
- Six Sources of Influence - understanding your sphere of influence

Spreading Successes and Lessons Learned:

- Capturing stories with examples
    - Interview with a practice
    - Trading Card Template & Instructions
    - Comic Strip
    - Storyboard guidelines

- Case Studies of Leading Practice Transformation
- Storytelling helps leaders communicate patient centered goals

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Lessons in Scaling Transformation:

Impact of California Quality Collaborative's
Practice Transformation Initiative

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Breakthroughs for Better Health Care

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Upcoming Events

Save the date for CQC's next **Improvement Coaching Workshop** coming up mid-April 2020

For more questions email cqcinfo@calquality.org

California Quality Collaborative

- Please stay connected through our **CQC newsletter** for more updates, future events and programs.

- Visit us at www.calquality.org

- If you have any questions, email us at cqcinfo@calquality.org

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CQC Team

April Watson
awatson@pbgh.org

Crystal Eubanks
ceubanks@pbgh.org

Peter Robertson
probertson@pbgh.org

Michelle Mah
mmah@pbgh.org

Jose Ordonez
jordonez@pbgh.org

Michael Au
mau@pbgh.org

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