## Practice Facilitation SKILLS WORKSHOP

### Accelerating Improvement Towards Targets Part 2 - October 12<sup>th</sup>, 2017

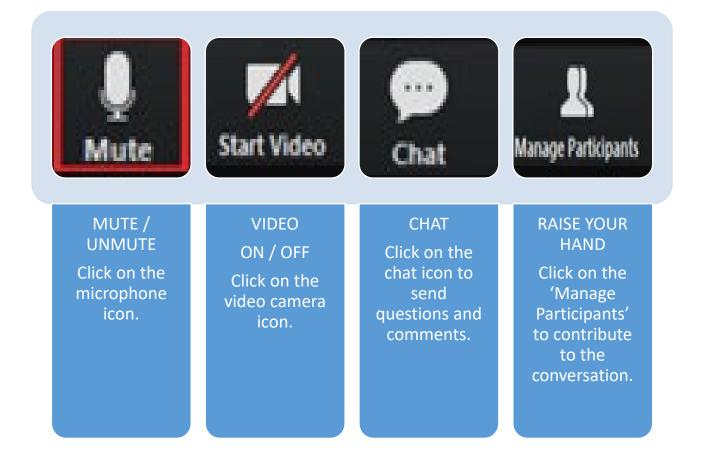


## Tech Tips – Zoom Meetings

2.

Invite

Manage Participants Share Screen



Chat

 $\bigcirc$ 

Record







## Crystal Eubanks



Breakthroughs for Better Healthcare

## Hello and welcome!















St. Joseph Heritage Medical Group













## Today's Agenda

- 1. Touch base from previous workshop
- 2. Review today's topic and objectives
- 3. Share 2018 technical assistance plan
- 4. Tackle PDSA Common Challenges
- 5. Discussion & Wrap-up



## STORYTELLING FOR CHANGE

Identify a story to share with practices.

Tell/use a story in your coaching.

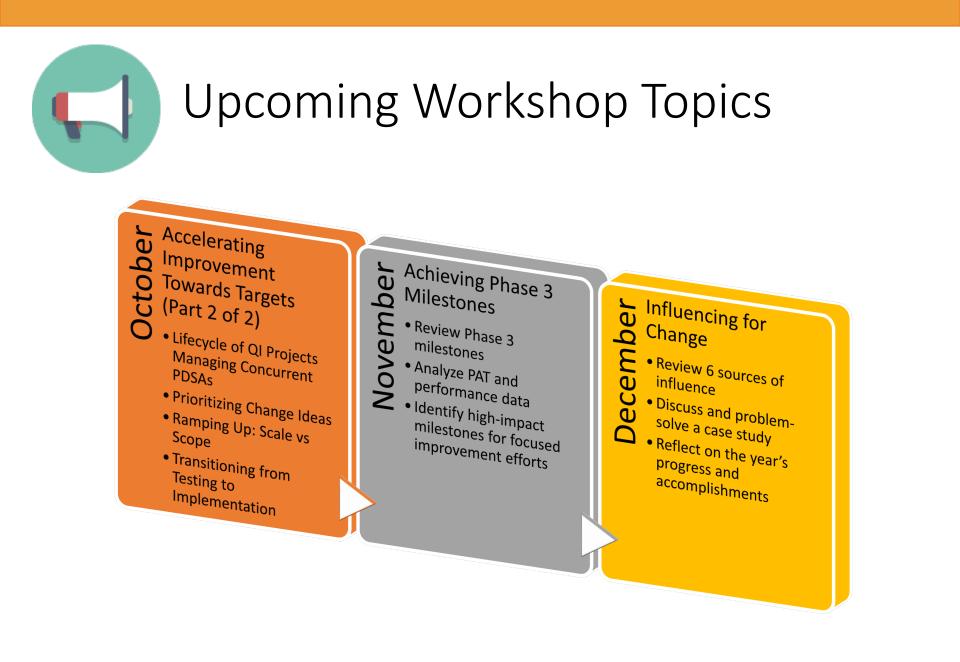
What were you successful at transferring into your work?

POLL:

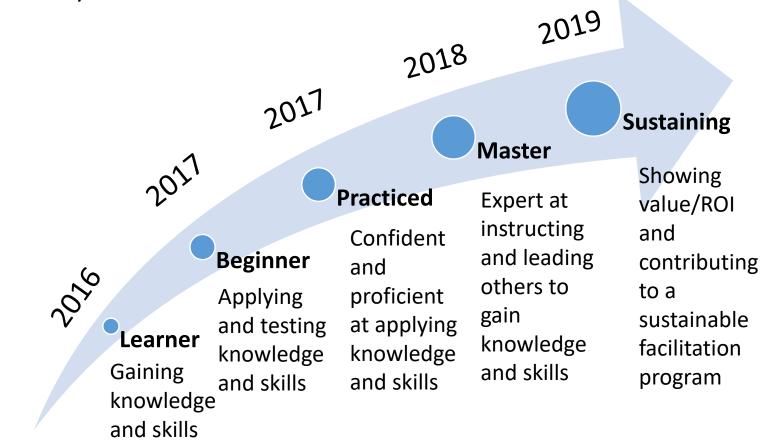
Support a practice to tell their own story. Detail the learning by a practice in their efforts.

Be a role model for vulnerability.

Something else?



Our hope is that we have provided the support necessary to develop coaches to the "practiced" stage by the end of 2017 and that 2018 will be the year of mastery.





## POLL:

### As a practice facilitator,

## what is your current level of capability?

Learner	Beginner	Practiced	Master	Sustaining	Not sure
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What support (for coaches and/or organization) would help you overcome these barriers or challenges so that your coaches feel confident and proficient to accelerate and expand practice engagement?



Breakthroughs for Better Healthcare

12/5/2019

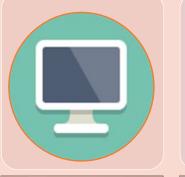
### PRACTICE FACILITATION TECHNICAL ASSISTANCE





2-day Learning Session:

ABCs of Quality Improvement & Practice Facilitation Basics



VIRTUAL

RESOURCE

LIBRARY

Online repository of

curated resources

related to practice

facilitation,

including training

materials, virtual

workshop

recordings, case

studies, and tools.

ornia Quality Collaborative Breakthroughs for Better Healthcare



#### COMMUNITY OF PRACTICE WORKSHOPS

Case-based peer learning through inperson and virtual sharing and support.

- Quarterly Virtual
   Workshops
- Quarterly PTI Convening inperson Workshops

#### ACE COLLABORATIVE

Peer Support & 1:1 Master Coaching for a small group of Aspiring Coaches of Excellence (selected through application and interview) to develop QI leaders in practice improvement, learning design, and facilitation program sustainability.

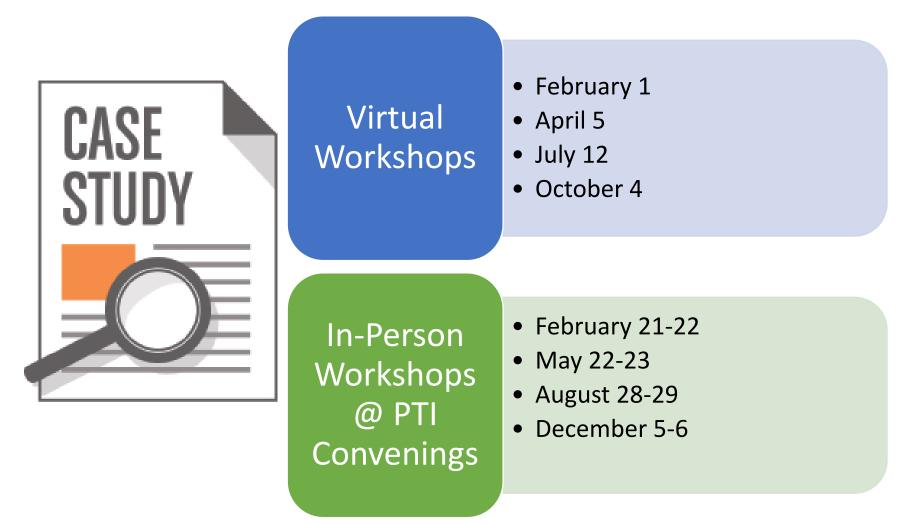


#### CONSULTATION

Personalized support (training, strategic planning, program design, connection national experts) for your organization and team by experienced Improvement Advisors.



## 2018 Community of Practice Workshops



# 100

## **ACE Collaborative** Aspiring Coaches of Excellence

#### 18-month Leadership Development and Peer Support Program





ACE

Collaborative

IMPORTANT

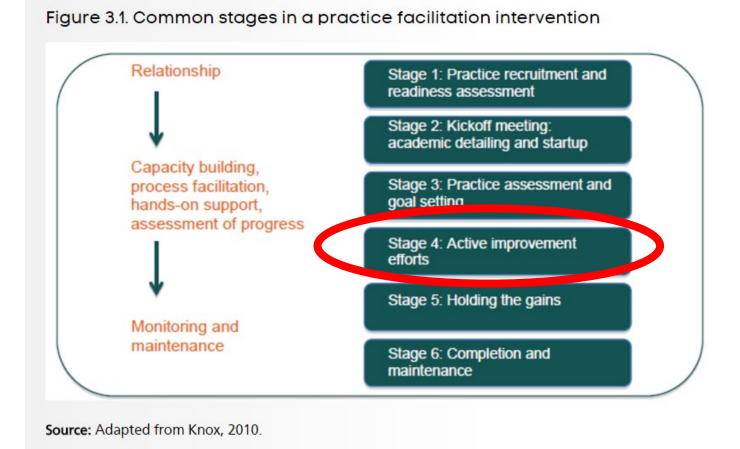
DATES

## • 10/19 - Informational Webinar and Applications Opened **OCTOBER 19** • Applications Due **NOVEMBER 17** Interviews **NOVEMBER 27 DECEMBER 8** Announcement **DECEMBER 20**

## How to Avoid Pitfalls that Derail Improvement Momentum







AHRQ Practice Facilitation Handbook: https://www.ahrq.gov/professionals/preventionchronic-care/improve/system/pfhandbook/mod3.html



## **PDSA Common Challenges**

PDSA: Testing or Implementing a Change? Eliciting and Prioritizing Change Ideas

Ramping up PDSAs: Scope vs Scale Accelerating with concurrent PDSAs



## PDSA Type: Testing or Implementing a Change?



### LIFECYCLE OF A QUALITY IMPROVEMENT PROJECT

#### **INNOVATION**

Gather ideas for changes.

#### PILOT

Test changes on small scale.

#### **IMPLEMENTATION**

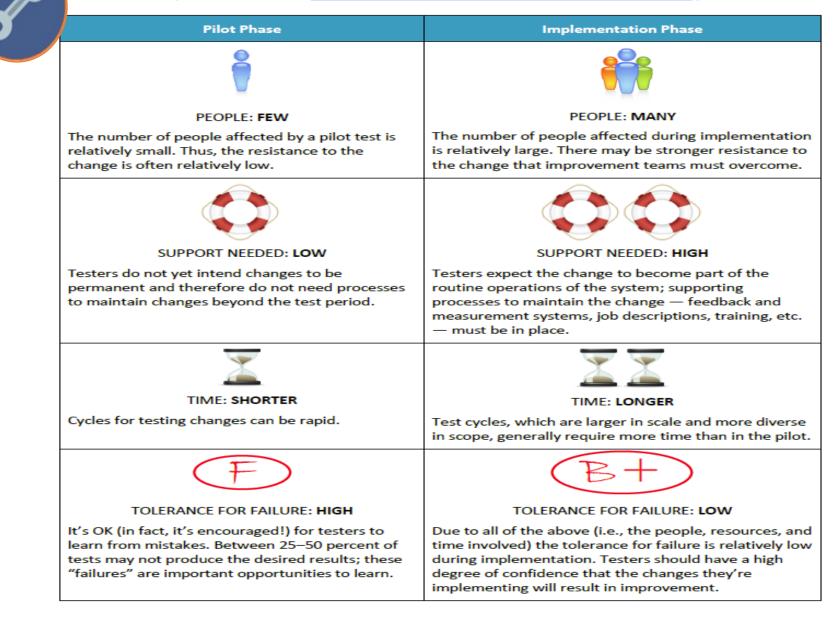
Make the change a standard process in 1 setting.

#### **SPREAD**

Implement the new process in several settings.

#### PDSA Comparison: Pilot vs. Implementation

(To learn more, see QI 104: The Life Cycle of a Quality Improvement Project.)





### CHAT:

## You are working with a 2 provider practice where staff time for QI is limited, as staff is already stretched thin.

## How can you work with this practice on a PDSA?

\*Please unmute or chat in to share your thoughts.\*

## Eliciting & Prioritizing Change Ideas







#### **Driver Diagram**

Primary Challenges

Changes that might lead to an improvement?

AIM: What are we trying to accomplish? Increase from \_\_% to \_\_% the percentage students, alumni, and faculty, across institutions working on PoPs in NICs by MEASURES: How do we know if a change is an improvement? Integrated Healthca California Quality Collaborative INNOVATIONS Breakthroughs for Better Healthcare

ASSOCIATION

ÓCOC	Primary Drivers	Secondary Drivers		
California Quality Collaborative Practice Transformation	— 1. Leadership & Vision	<ul> <li>Leaders at all levels</li> <li>Org/practice-wide vision</li> <li>Measurable goals and objectives</li> </ul>		
Initiative DRIVER DIAGRAM	2. Data	<ul> <li>Data systems that collect information related to measures</li> <li>Actionable data displays, regularly updated data</li> <li>Data shared widely</li> </ul>		
<b>AIM:</b> To measurably improve <b>quality</b> of	3. Empanelment	<ul> <li>Each patient linked to PCP/care team</li> <li>Panel size standards and measurement</li> </ul>		
care while decreasing <b>cost</b> for <b>4 million Californians</b> by working with <b>4,800 clinicians</b> across	4. Team-Based Care	<ul> <li>Other health care professionals part of team</li> <li>Standing orders for uncomplicated patients</li> <li>Dyads/teamlets within practices</li> <li>Co-location</li> <li>Daily huddles</li> </ul>		
<b>16 Provider Organizations</b> in a Practice Transformation Network.	Clinical Guidelines	<ul> <li>Clinician training/education on evidence-based clinical guidelines for specific chronic illnesses</li> <li>Standard work flows by patient diagnosis</li> </ul>		
Measurements: Quality & cost improvements demonstrated by	— 5. Patient Engagement	<ul> <li>Shared decision-making</li> <li>Agenda-setting</li> <li>Patient satisfaction data</li> </ul>		
an average of 15% improvement across a set of indicators for: Diabetes, hypertension & asthma management	6. Population Health	<ul> <li>Health coaching for subset of patients</li> <li>Panel stratification</li> <li>Panel management</li> <li>Complex care management</li> </ul>		
<ul> <li>ED &amp; hospital utilization</li> <li>Back pain imaging</li> <li>Cervical cancer screening</li> </ul>	— 7. Continuity 4	<ul> <li>Tracking of continuity measures</li> <li>Support of practice staff for continuity</li> </ul>		
Patient feedback Practice Assessment Tool	— 8. Access 🗸	<ul> <li>Collecting and tracking data for 3NA</li> <li>Accommodating patient preference for seeing own provider vs same day access</li> </ul>		
Phase of Transformation towards APM	9. Coordination	<ul> <li>Automatic notification of hospital discharge or ED visit</li> <li>Care/referral coordinator</li> <li>Maximization of specialist referrals; diagnostics secured in advance</li> </ul>		
#s 1-9: CMS Change Package drivers that align with 10 Building Blocks	Aligning Financial In	Staff Vitality & Joy in Work centives for Improvement / Sustainable Business Operations		

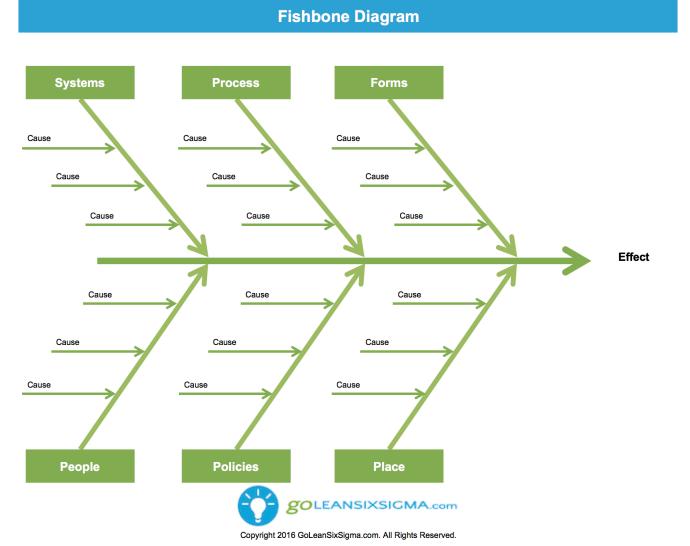
align with 10 Building Blocks

Aligning Financial Incentives for Improvement / Sustainable Business Operations

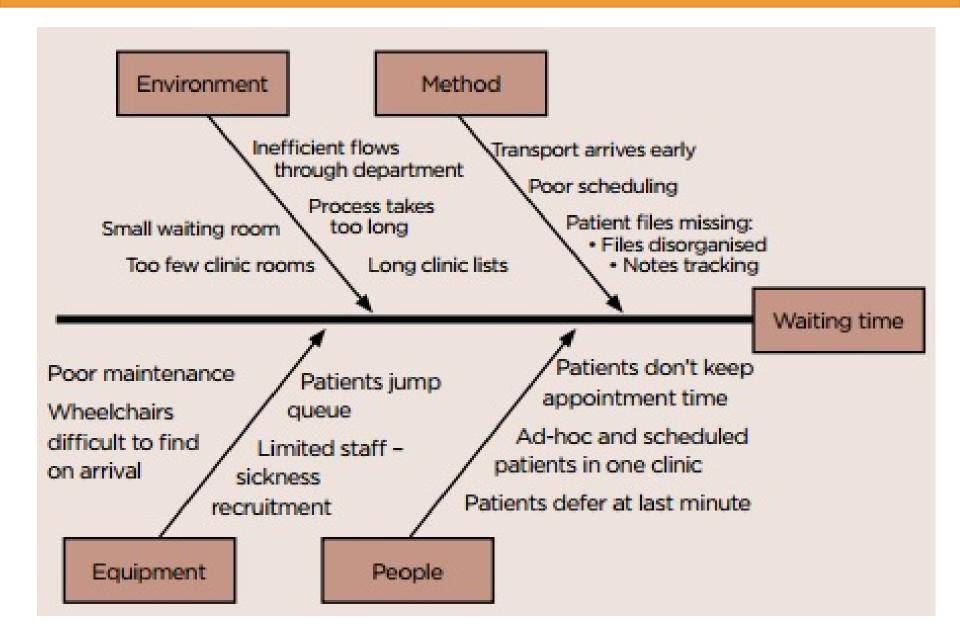
## Change Ideas List

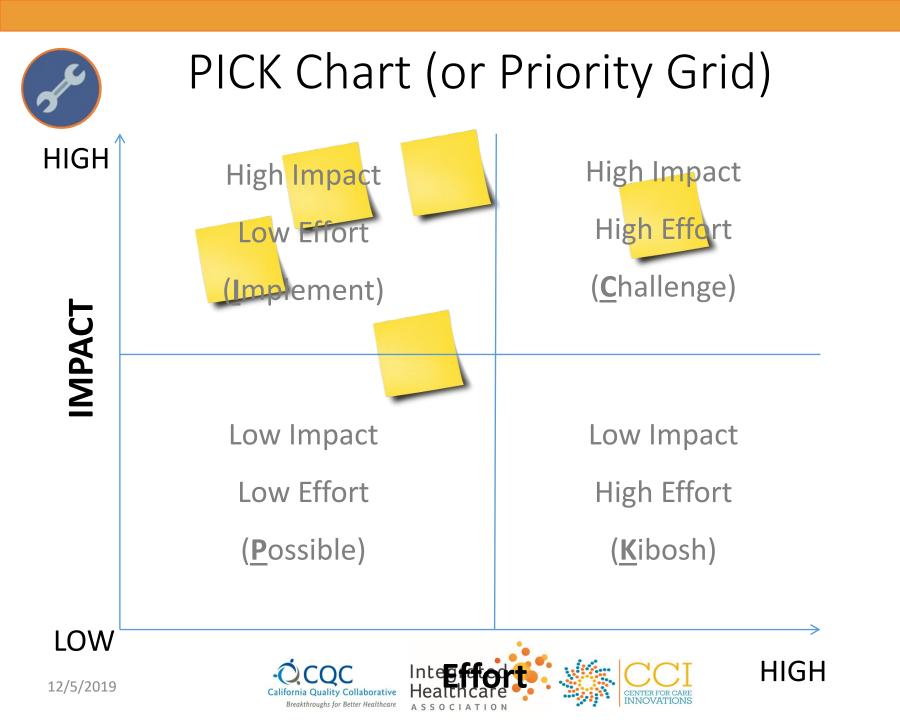
ee lir	ıks for addi	CARE PAT+ itional resources in the Change Concept columr tools and resources for PAT milestones, go to: h				
	Change Concept Ref & Links	Milestone	Scoring Considerations / Logic	Score	Current Area of Focus? (Yes / No)	Change Concept(s) (Select all that apply one at a time; All selections will populate in cell) <u>MACROs must be enabled to select multiple</u> <u>concepts (see 1. Instructions)</u>
			Results related			
13	151	Practice and/or provider organization follows up via phone, visit, or electronic means with patients within a designated time interval (24 hours/ 48 hours/ 72 hours/ 7 days) after an emergency room visit or hospital discharge.	Opportunity for a provider organization to support practices centrally.			Assign responsibility for care management of individuals at high risk for emergency department visits or hospital readmission
	1. Instruct	Practice clearly defines care coordination	A practice can achieve a score of 1 if it has achieved Milestone 6 (Care Team Roles) score Scoring 5. Export Phase Logic ()			

## Fishbone Diagram – Root Cause Tool *"Help me understand what's going on"*



- Team picks a pain point or problem.
- PF facilitates and documents causes.
- Team chooses a cause to change.









## **Priority Matrix**

CHANGE IDEA	Impact / Importance	Within Span of Control	Ease to Implement	Cost Effectiveness	Speed
Consolidate referral process for multiple services into one process/form	Consider For whom: clients, patients, staff, other stakeholders? What type: experience, quality of care, access? Which root cause does this address?	Consider Of whom: QI team, organization, practice, department, unit?		Consider Resource needs: people, technology, materials/supp lies? Waste prevented: time, supplies, people involved?	

## When to use...

Priority Grid	Priority Matrix
<ul> <li>Two dimensional: impact x feasibility</li> <li>Process can go more "quickly"</li> <li>More visual and interactive</li> </ul>	<ul> <li>Multi-dimensional</li> <li>Allows for team to be more specific when clarifying their perspectives</li> </ul>
<ul> <li>Consider using when:</li> <li>Lots of ideas to sort through</li> <li>Initial first pass and sorting of ideas</li> </ul>	<ul> <li>Consider using when:</li> <li>Have fewer ideas but need to delve deeper into ideas</li> <li>Team having trouble agreeing on top 1-2 ideas</li> </ul>



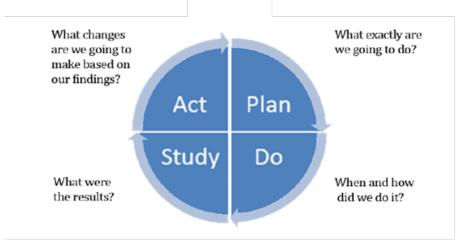
### CHAT:

## An office is expecting change ideas from you, the coach.

What would you do to get their ideas instead?

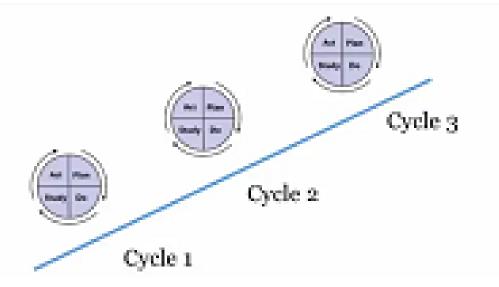
\*Please unmute or chat in to share your thoughts.\*

## Ramping Up: Scale vs Scope



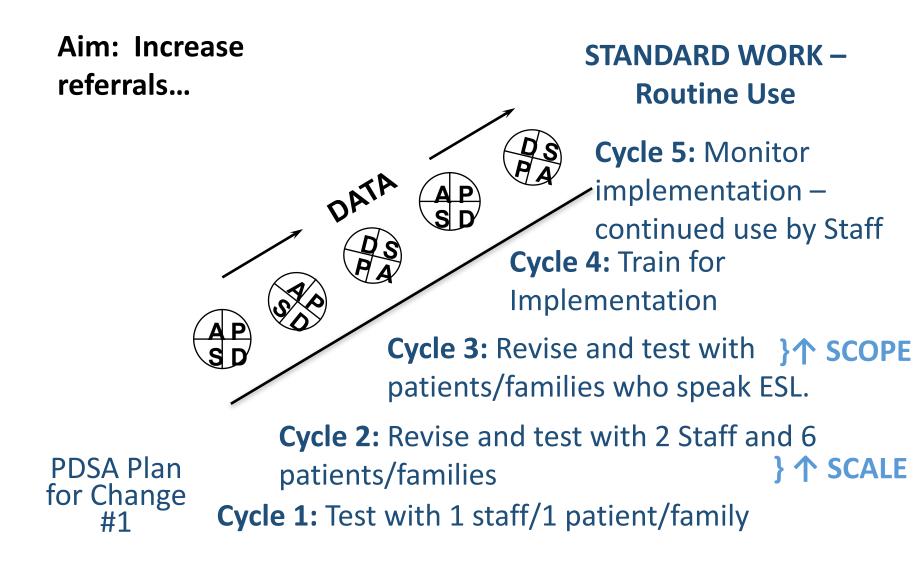


## Ramping Up PDSA: 个 Scale vs. Scope



#### Scale = more (clients, time, encounters)

Scope = difference (patients, time, staff, place)

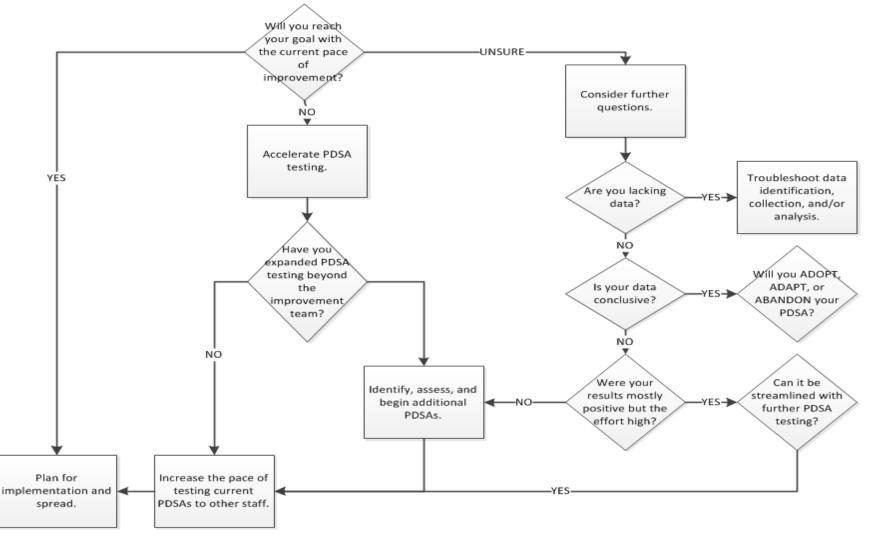


--Safety Net Medical Home Initiative (www.safetynetmedicalhome.org)

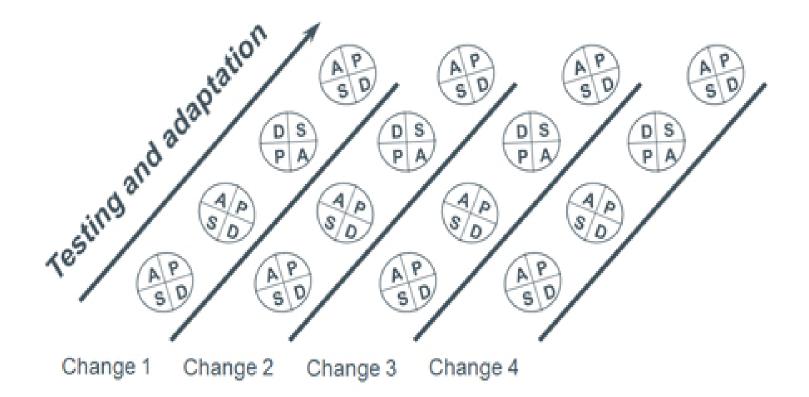
## 2°

## PDSA Acceleration:

When to transition from testing to implementation?



## ACCELERATED IMPROVEMENT: FROM MULTIPLE PDSA CYCLES to CONCURRENT PDSA CHANGES





POLL:

Think about a practice that is currently working on PDSAs and has the most momentum for change...

Where is the team?

Testing just with the improvement team

Expanding testing to more staff

Considering whether and how to implement across the practice

Implementing an improvement tested at and spread from another practice

Identifying more ideas for testing

Somewhere over the rainbow – concurrent PDSAS!



## CHAT:

## How can you guide that team to the next step?

\*Please unmute or chat in to share your thoughts.\*





What more do you want to know?



What else do you need?

12/5/2019





## CHAT:

## What will you transfer into your work from this workshop today?

\*Please chat in to share your response.\*





October 19<sup>th</sup> @ 1pm: ACE
 Collaborative Informational
 Webinar

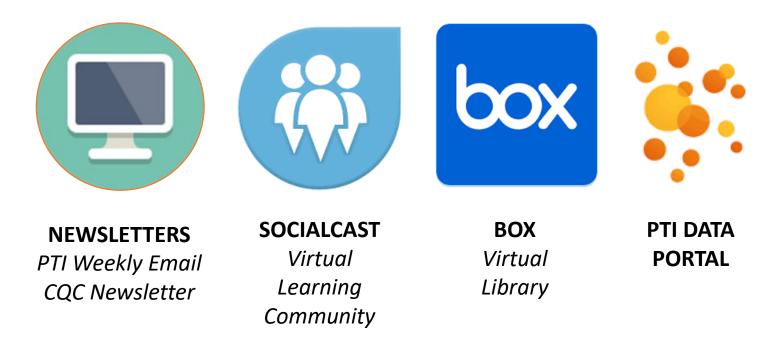
## UPCOMING EVENTS

- November 2<sup>nd</sup> @ 10am:
- **Practice Facilitation Skills Workshop**
- Achieving Phase 3 Milestones
- November 15<sup>th</sup>: <u>Share & Learn</u> <u>Webinar</u>
- December 7<sup>th</sup> @ 10am: <u>Practice</u> <u>Facilitation Skills Workshop –</u> <u>Influencing for Change</u>

## 2017 Practice Facilitation Skills Workshops



## Stay Connected







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## Help us improve our offerings!

Share your feedback here:

https://www.surveymonkey.com/r/PFSW 2017-10-12

