Sustaining Success: Developing an Ambulatory Practice Toolkit to Maintain Quality Improvement Gains

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Sustaining Success:
Developing an Ambulatory Practice Infrastructure to Maintain Quality Improvement Gains

Johnny Stoeckle, MD
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1. Identify the core elements in a quality toolkit that assist with driving ambulatory quality improvement.

2. Identify methods on how to display, interpret, and utilize data to empower and engage practice leaders to monitor quality over time to assist with meeting quality goals without leading to staff/clinician burnout at the practice level.

3. Identify key elements needed to build a culture of quality that is supported by leadership and engaging for clinicians and staff.
Outline

- Challenges of sustaining quality improvement
- Pathways: LVHN’s Template for Process Improvement
  - Standard Protocols
    - Policy Tech
  - Practice Outreach
  - Clinician/staff education on standard work
    - Peer-to-peer support
    - Video Vignettes
- Data Visualization & innovative methods of abstraction
  - risk-based stratification
- A Culture of Quality
- Group Case Study with Feedback
- Group Discussion on Overcoming Barriers & Shared Experiences
Two Landmark Reports: a Roadmap for Success

Organizational Factors for Well-Functioning Clinics

1. Use of best practice systems
2. Better IT
3. Improving workforce knowledge and skills
4. Consistent development of teams
5. Better coordination across care settings
6. Robust measurement and performance


What are the clinical problems that keep you up at night?

(We will return to this at the end!)
Sustenance is Hard!

- It Takes Vigilance
- It Takes Right Culture
Pathways: LVHN’s Template for Process Improvement

- **Foundation**
  - Assign a Multidisciplinary Team
  - Use Data Analytics
  - Secure Organizational Development Support (Project Management)

- **Process**
  - Develop Standard Protocols
  - Pilot Test
  - Hold a Rapid Improvement Event
  - Recalibrate
  - Fully Implement
  - Educate
  - Track Outcomes Over Time
It takes a TEAM

- Clinical Expert(s)
- Project Champions
  - Physicians
  - APC’s
- Information Technology Support
  - Data Analytics
  - Clinical Business Intelligence Analyst
  - Clinical Informaticist
  - EMR Build
- Clinical Quality
  - Director
  - Educators

- Project Manager
  - Administrative support
- Risk Management
- Clinical/Revenue Applications + Supply Analyst
- Patient Education Resource Personnel
- Chief Value officer
- Chief Medical Officer
You Need Protocols for Best Practices

- Everyone doing the same *standard work*

- Implementation is key
  - Strong Leadership/Management
  - Staffing ratios
CHF Clinical Support Staff Protocol – Pre-visit Planning
Texas Medication Algorithm

STAGE 0
Patient Assessment
Discussion of Treatment options

STAGE 1
SSRIs, Buproprion SR/IR, Mirtazapine, SNRI's

STAGE 2
Based on provider discretion, Stage 2 may be repeated more than once before moving to Stage 3.

STAGE 3
Consider Psych Consult
SSRI/SNRI + Buproprion, SSRI/SNRI + Mirtazapine, SSRI + Tricyclic antidepressant, Or Tricyclic antidepressant + Lithium, MAOI's

STAGE 4
If combo antidepressant therapy at 3A, use tricyclic antidepressant + Lithium or MAOI. If tricyclic antidepressant or MAOI at 3A, use combo antidepressant, SSRI/SNRI + Clonazapine or Risperidone, SSRI + Lamotrigine, or Electroconvulsive Therapy

Stage 1A
Response
Continuation

Stage 2A
Alternate antidepressant monotherapy from different class from above.
Response
Continuation

Stage 3A
Augment with one of the following: SSRIs, SNRIs, Buproprion, Mirtazapine, Buspirone or Lithothryonine. Choose a different mechanism of action than the Stage 1 drug.
Response
Continuation

Response
Continuation

Response
Continuation

Response
Continuation
Practice Outreach

- Clinician/staff education on standard work
  - proactive instead of reactive
- Peer-to-peer support
- Pathway Champion Clinicians
- Clinical Quality Educators
  - 2 FTEs for ~40 practices
- Video Vignettes
Implementation

Video Vignettes on TLC
Data

- Dashboards - created for each initiative
- Encouraging a culture of transparency starts with leadership
- Visibility – the right data, at the right time, in the right place
  - EMR
  - Leveraging BPA’s
**Childhood Obesity - Overview**

Owner: Dr. Kimberly Brown

Overview of patients with a completed well visit at a Pediatric, Family Medicine, or Internal Medicine practice who were between the ages of 2 and 18 at the time of the visit. Statistics are based on the most recent BMI% in the selected date range. Dashboard data goes back to January 2018.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Visit Date</th>
<th>Entity</th>
<th>Specialty</th>
<th>Practice</th>
<th>Visit Provider</th>
<th>Payor</th>
<th>Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>(All)</td>
<td>LVPG</td>
<td>(All)</td>
<td>(All)</td>
<td>(All)</td>
<td>(All)</td>
<td>(All)</td>
</tr>
</tbody>
</table>

**Total Patients**: 20,887  
**Total Visits**: 20,900  
**Currently Overweight**: 3,191  
**Currently Obese**: 3,379

**Age Range**:  
- 2 to 5: 71.7%  
- 6 to 11: 63.8%  
- 12 to 18: 60.7%

**Ethnicity**:  
- Not Hispanic or Latino: 67.3%  
- Hispanic or Latino: 20.3%  
- Unknown: 12.4%

**Race**:  
- White or Caucasian: 67.0%  
- Asian: 7.9%  
- Black or African American: 6.5%  
- Other: 11.5%  
- Native Hawaiian or Other Pacific Islander: 0.3%  
- American Indian or Alaska Native: 0.6%  
- Unknown: 11.4%  
- Patient Declined or Refused: 4.5%  
- Unavailable: 0.1%

**Currently Overweight**: 15.3%  
**Currently Obese**: 16.2%
Congestive Heart Failure Ambulatory Clinical Pathway

Owner: Nael Hawwa/Matt McCambridge
Includes alive patients with CHF on the problem list and an appointment with a LVPG PCP or Cardiologist in the last 24 months.

Provider Parameter
PCP Practice

Total Patients
13,103

Age Range
Chronic Disease Registries

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 20-29</td>
<td>0.32%</td>
</tr>
<tr>
<td>Age 30-39</td>
<td>1.17%</td>
</tr>
<tr>
<td>Age 40-49</td>
<td>3.02%</td>
</tr>
<tr>
<td>Age 50-59</td>
<td>10.28%</td>
</tr>
<tr>
<td>Age 60-69</td>
<td>21.77%</td>
</tr>
<tr>
<td>Age 70-79</td>
<td>28.69%</td>
</tr>
<tr>
<td>Age &gt;80</td>
<td>34.26%</td>
</tr>
<tr>
<td>Age under 20</td>
<td>0.02%</td>
</tr>
</tbody>
</table>

Gender

<table>
<thead>
<tr>
<th>Sex</th>
<th>Total Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>42.36%</td>
</tr>
<tr>
<td>Male</td>
<td>57.64%</td>
</tr>
</tbody>
</table>

Primary Payor

Payer Mix
Risk Stratification

- **Multiple Methods**
  - Inpatient/TOC: LACE+
  - Populytics: Claims, Cost data
Building a Culture of Quality

- Encouraging a culture of transparency starts with leadership
  - Dyad structure (practice lead and practice manager)
    - Invest in Leadership Development
  - Communication and Buy in
  - Aligning initiatives
  - Engagement
  - Teamwork
    - Clinical Coordinators
    - Recognition
    - Incentives
Building a Culture of Quality:
Engagement at all levels

- Macrosystem: buy-in
- Mesosystem (management) engagement
- Microsystem (front lines) accountability

Outline

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Now back to what keeps you up at night...

- Get a handout
- Populate the handout
- Share with your neighbor
- Share with the group
- Take concept home to your colleagues
Case Study

- Underperforming Practice

- Provide Handout

  - Summary of Case: “You are leading a depression QI initiative at your health system. You notice that Practice X is underperforming and you hear through others that the clinicians are really not fans of the initiative.

  - Questions
    - How do you handle this situation?
    - What would you do first?
    - What would you say to the lead clinician at the underperforming practice?
Thank You

- Questions?
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