Diabetes Screening (SSD)/Metabolic Monitoring (APM)
Quality Improvement Workgroup #4

William Riley, PhD

TIP Year 6: Quality Improvement Workgroup Series
April 27, 2022: QIW #4 Session #2

ASU College of Health Solutions — Arizona State University

AHCCCS — Arizona Health Care Cost Containment System | Targeted Investments

ASU College of Health Solutions — Arizona State University — Center for Health Information and Research

Disclosures

CEU Disclosures:

There are no disclosures.

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All templates, slides, and session materials can be found: https://tipqic.org/QIWorkgroups.html

Learning Objectives (for CEUs)

1. Describe use of Plan-Do-Study-Act (PDSA) cycle intervention to achieve key metrics
2. Apply PDSA cycle to achieve key metrics

Agenda

TIME	TOPIC
12:00 to 12:02 PM	Overview
12:02 to 12:05 PM	Review Aim Statement, Interventions, and Metrics
12:05 to 12:10 PM	Overview of Plan-Do-Study-Act (PDSA) Cycle
12:10 PM to 12:40 PM	Plan-Do-Study-Act (PDSA): • Create PDSA Cycles • Establish PDSA Ramps • Develop Project Plan • Launch Multiple PDSA Ramps
12:40 PM to 12:50 PM	Discussion and Q&A
12:50 PM to 1:00 PM	Homework and Next Steps

Last Session's Suggested Next Steps

1. Develop Aim Statement
2. Identify and Prioritize Obstacles (what to change)
3. Identify Intervention (how to change)
4. Establish Measures (measuring progress of change)

Priorities	Prioritized Obstacles	Intervention	Metrics

Today's Goal

1. Plan-Do-Study-Act (PDSA)
   - Plan: Develop
   - Do: Implement
   - Study: Evaluate
   - Act: Lock-in or Revise & Re-do
2. Establish PDSA Ramp
3. Launch Multiple PDSA Ramps

Plan-Do-Study Act (PDSA)

- PDSA is a model for carrying our change to improve quality
  - Plan: define the objectives and outline the steps
  - Do: implement the activity
  - Study: analyze the results
  - Act: apply the results to your next cycle or implement the activity on a full scale
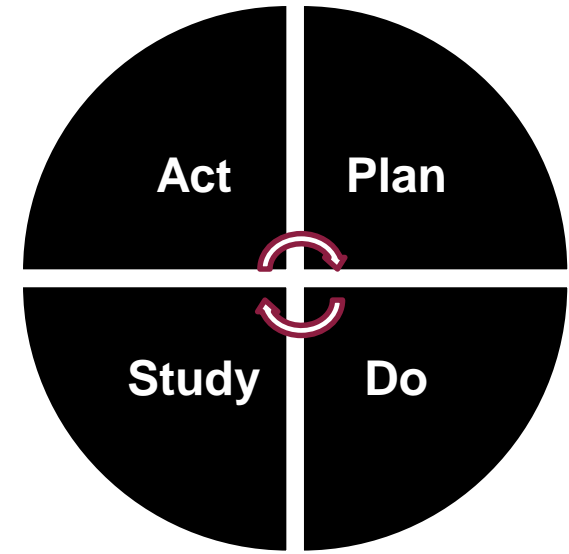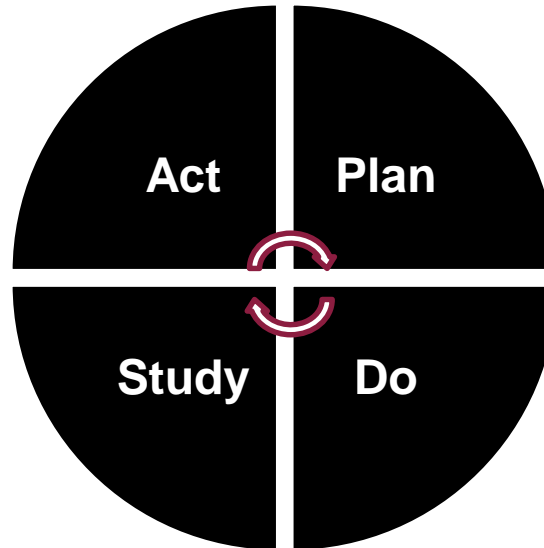
Quality Improvement Framework*

Aim Statement

Identify & Prioritize Obstacles
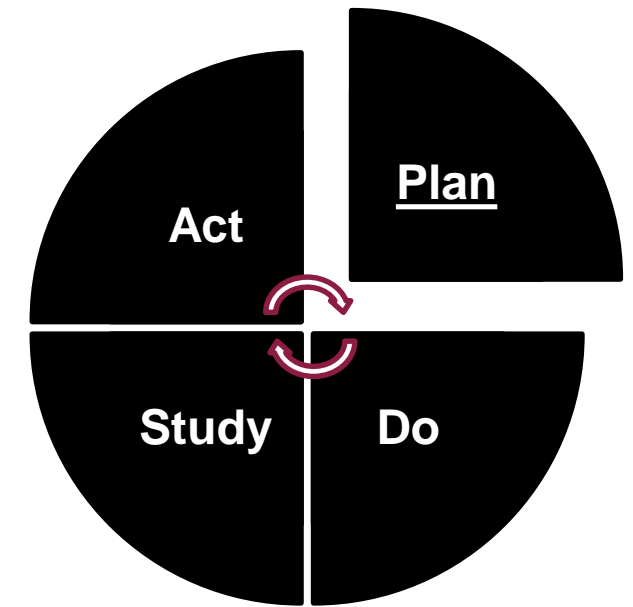
Identify Interventions

Establish Measures

*Modified from the IHI Model for Improvement

Plan-Do-Study-Act

- Plan: Identify intervention and determine tasks needed to implement intervention
  - Who will implement the plan?
  - What exactly will be done?
  - Where will they implement the plan?
  - When will the plan be implemented and how long will it take?

Quality Improvement Workgroup Today's Case Study Organization

Copa Health (Partners in Recovery)

Latrice Hickman, Vice President, Compliance & Risk: Latrice.Hickman@copahealth.org

Dr. Michael Franczak, Director of Population Health: michael.franczak2@copahealth.org

Dr. Jacqueline Webster, Assistant Director of Population Health: Jacqueline.Webster@copahealth.org

Derrick Baker, Quality Improvement Manager: Derrick.Baker@copahealth.org

Aaron Scrignar, Data Analyst: aaron.scrignar@copahealth.org

Ashok Kumar, Sr. Director of Systems & Data Engineering: Ashok.Kumar@copahealth.org

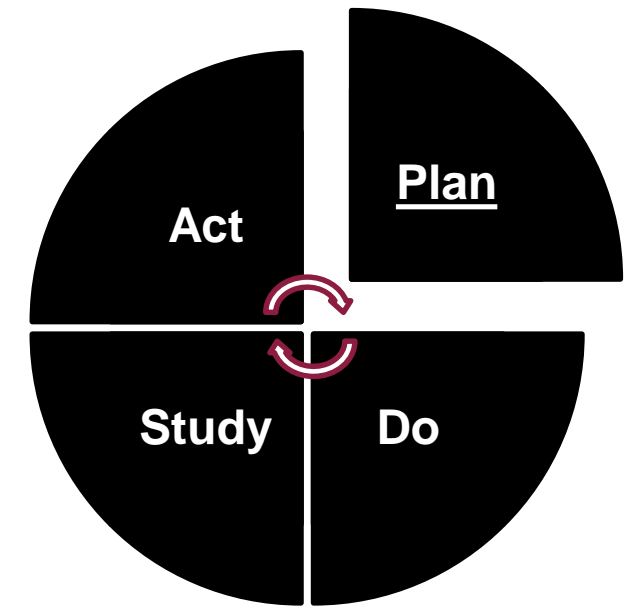# COPA Aim Statements

- <u>Aim Statement:</u>
  - MARC Community Resources
    - Increase the **Adult BH SSD** rate 5 percentage points (64% to 69%) from April 13, 2022 to August 30, 2022
      - TIP Target = 66%; 215 patients (counseling only)

  - Partners in Recovery
    - Increase the **Adult BH SSD** rate 5 percentage points (66% to 71%) from April 13, 2022 to August 30, 2022
      - TIP Target = 66%; 2,076 patients
    - Increase the **Adult PCP SSD** rate 3 percentage points (68% to 71%) from April 13, 2022 to August 30, 2022
      - TIP Target = 66%; 1,216 patients

COPA Obstacles, Interventions, Metrics

Priorities	Prioritized Obstacles	Intervention	Metrics
1	• <u>No Show Members</u>: **Getting members in for appointments (members with high no show rates)**	• **Develop report for no-show rate for members with no A1Cs** • **Develop prediction model for no-show members** • **Stratify no-show members by no-show status/type** • **Create process for each no-show members prediction "type"**	• **Individuals who require A1c lab values who have high no show rates for appointments** • **After interventions are implemented measure whether no show rates improve and whether that has an impact on A1c completion for members ith high no show rates**
2	• <u>In-House Lab Draws</u>: PCP's unable to conduct lab draws; MA's/staff not comfortable with lab draws; no full-time phlebotomist		
3	• <u>Accurate Receipt of Lab Results</u>: Difficulty with ensuring Lab Core/Sonora Quest Records are correctly recorded/received in COPA's EMR/EHR; sometimes would have to manually secure lab records and manually input into EMR/EHR		
4	• <u>Lab Ordering Efficiency</u>: COPA initiative focused on reduction of duplicate labs. Many members have had annual labs that did not capture the A1C appropriately		

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COPA Plan-Do-Study-Act

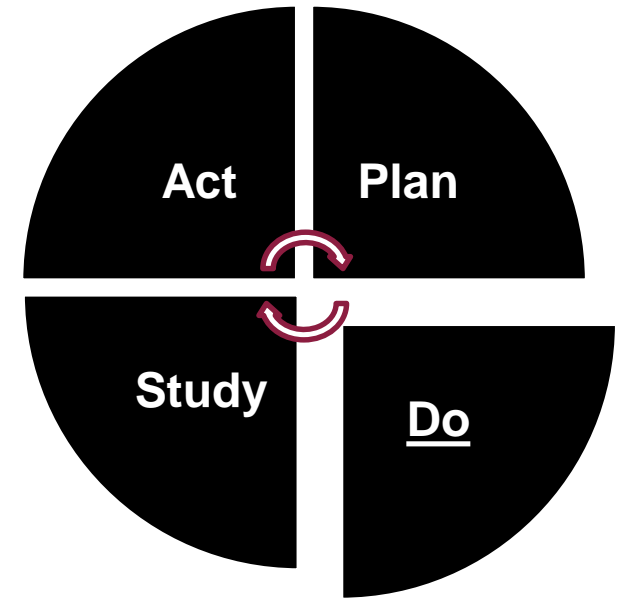| Aim: Increase the SSD rates		
Goal: Getting members in for appointments (members with high no show rates)		
		Cycle 1: Implement *prediction model* for no-show members with no A1c
Plan	Who?	Ashok Kumar
	What?	No-show A1C report developed. Implement a no-show prediction model. Refine as data presents itself.
	Where?	COPA
	When?	Implementation Date = TBD

Plan

Act

Study   Do

Cycle =
Intervention

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Plan Discussion

- To the audience:
  - Can an action plan, which describes who/what/where/when be useful for your TIP QI team?
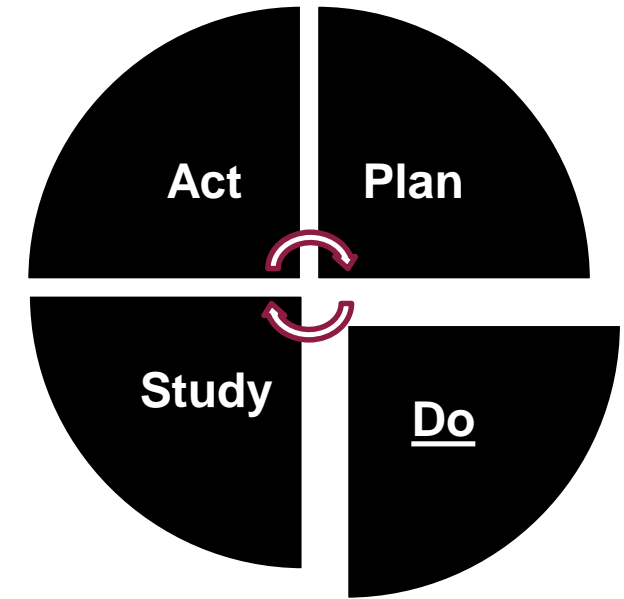
Plan-<u>Do</u>-Study-Act

- Do
  - Execute your plan
  - Collect data to measure change
  - Observe what happens
    - How did staff, patients, react?
    - How did the change fit into the process?
    - Did you have to modify the plan?
  - Identify unexpected problems

COPA Plan-Do-Study-Act

Aim: Increase the SSD rates		
Goal: Getting members in for appointments (members with high no show rates)		
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Plan	Who?	Ashok Kumar
	What?	No-show A1C report developed. Implement a no-show prediction model. Refine as data presents itself.
	Where?	COPA
	When?	Implementation Date = TBD
Do	How?	Implement prediction model

Plan-Do-Study-Act

- Study
  - Study the effect of the change
  - Evaluate the results and how they compared to the predictions
  - Did you meet the goal?
  - What did you learn?

COPA Plan-Do-Study-Act

Aim: Increase the SSD rates		
Goal: Getting members in for appointments (members with high no show rates)		
		Cycle 1: Implement *prediction model* for no-show members with no A1c
Plan	Who?	Ashok Kumar
	What?	No-show A1C report developed. Implement a no-show prediction model. Refine as data presents itself.
	Where?	COPA
	When?	Implementation Date = TBD
Do	How?	Implement prediction model
Study	Evaluate	Prediction Model Created (**Yes**/No); Prediction Model Implemented (**Yes**/No); Prediction Model Monitoring (Weekly – **Yes**/No)

Act | Plan

Study | Do

Plan-Do-Study-<u>Act</u>

- Act
  - If plan met, lock it in and monitor
    - Expand; scale-up
  - If plan not met, revise and re-do
    - Describe what modifications to the plan will be made for the next cycle from what you learned
    - If it did not work, what can you do differently in your next cycle?

COPA Plan-Do-Study-Act

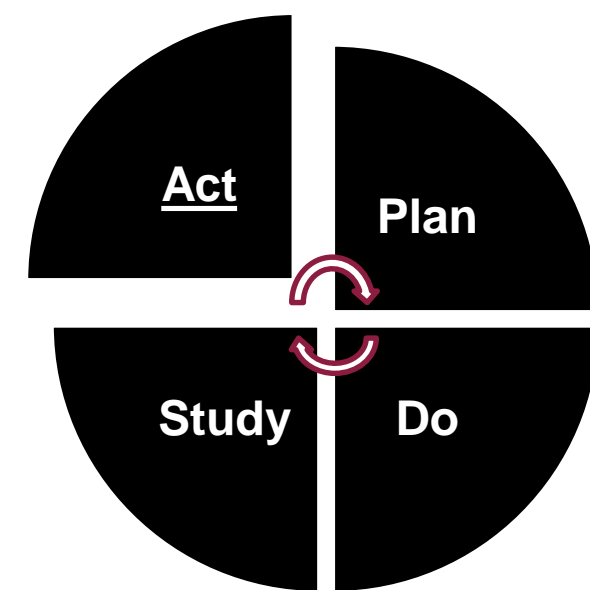| Aim: Increase the SSD rates		
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	What?	No-show A1C report developed. Implement a no-show prediction model. Refine as data presents itself.
	Where?	COPA
	When?	Implementation Date = TBD
Do	How?	Implement prediction model
Study	Evaluate	Prediction Model Created (**Yes**/No); Prediction Model Implemented (**Yes**/No); Prediction Model Monitoring (Weekly – **Yes**/No)
Act	Lock-in or Revise & Re-do	If plan met = *Monitor; Continue revising and refining prediction model* If plan not met = revise and do-over

PDSA Cycle Discussion

- To the audience:
  - Have any organizations used PDSA cycles to improve performance?
  - Was it a positive or negative experience?

PDSA Ramp

- A conceptual illustration that represents progressive development and improvement of a specific process to improve an output or outcome
- A PDSA Ramp involves a series of iterative cycles (interventions)
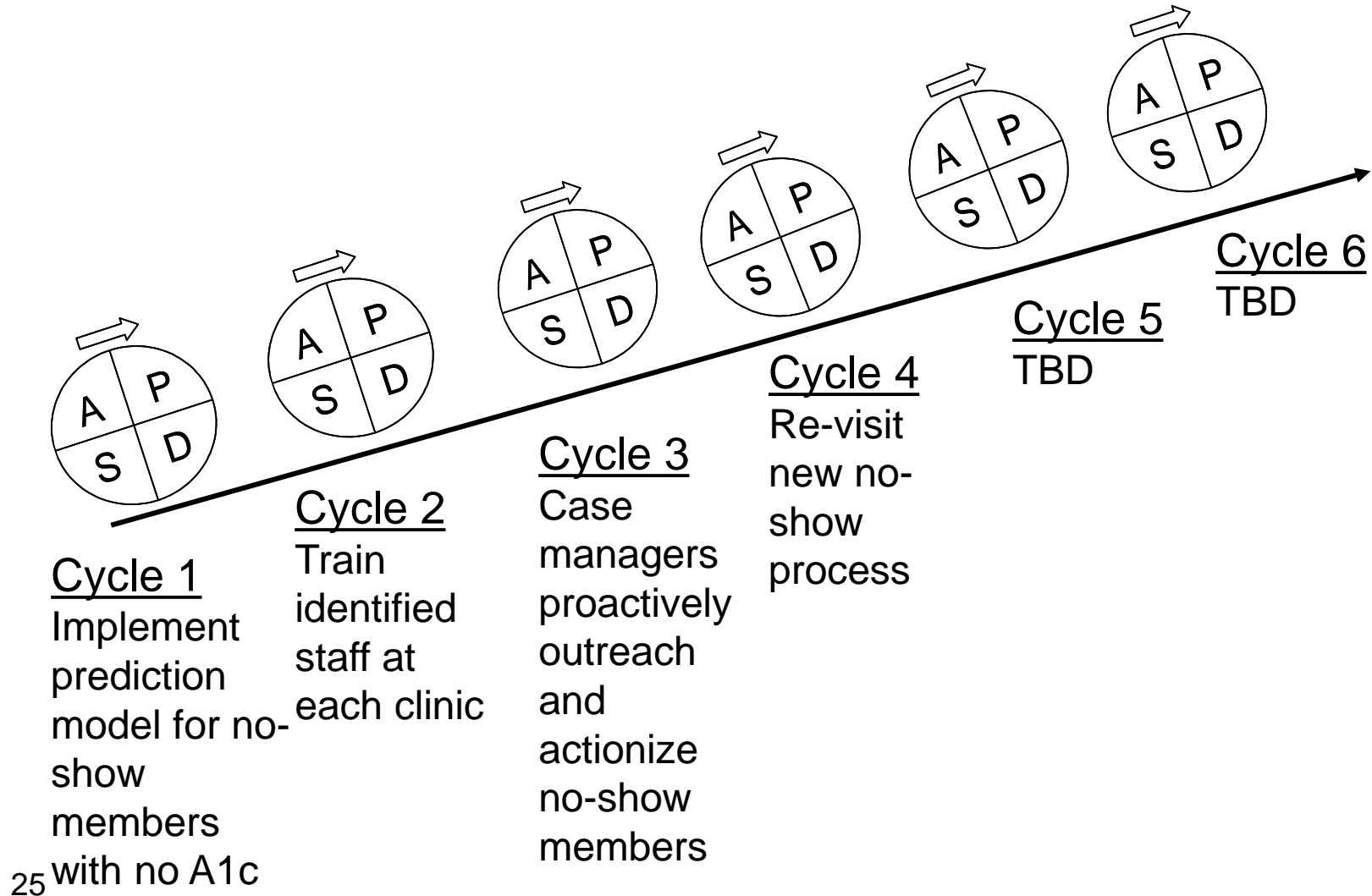
COPA PDSA Ramp

Aim: Increase the SSD rates

Goal: Getting members in for appointments (members with high no show rates)

		Cycle 1: Implement prediction model for no-show members with no A1c	**Cycle 2**: Train identified staff at each clinic	**Cycle 3**: Case managers proactively outreach and actionize no-show members	**Cycle 4**: Re-visit new no-show process
Plan	Who?	Ashok Kumar	Dr. Jacqueline Webster and Derrick Baker	Program Directors, Clinical Directors, Clinical Coordinators	Population Health and Data Analytics Team
	What?	No-show A1C report developed. Implement a no-show prediction model. Refine as data presents itself.	Train Program Directors, Clinical Directors, Clinical Coordinators, Integrated Care Coordinators, Chief Psychiatrists, and Lead RNs on how to use prediction model.	Clinical Coordinators use the prediction model to schedule members and outreach efforts for members w/o an A1C based on no-show rate.	Review and revise no-show process.
	Where?	COPA	COPA; implement 1 clinic at a time	Copa Health clinics and clinical teams within each clinic	Copa data lake
	When?	Implementation Date = TBD	Start with first clinic TBD; train all clinics by TBD	Following Cycle 2 training	Monitor weekly data on individuals A1c completion
Do	How?	Implement prediction model	Create training curriculum; Train the identified staff at each clinic	Implement use of the prediction model	Bi-weekly reports
-Study	Evaluate (Metrics)	Prediction Model Created (**Yes**/No); Prediction Model Implemented (**Yes**/No); Prediction Model Monitoring (Weekly – **Yes**/No)	Training Held at Each Clinic (Yes/No)	# of A1c completions for individuals identified as high no shows	# of A1c completions for individuals identified as high no shows for each clinical team
Act	Monitor or Revise	If plan met = *Monitor; Continue revising and refining prediction model* If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over	If plan met = monitor If plan not met = revise and do-over

COPA Metrics

Metrics														
	Numerator/Denominator	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	Week 11	Week 12
Cycle #1: Implement prediction model for no-show members with no A1c														
Prediction Model Created	Yes/No													
Prediction Model Implemented	Yes/No													
Prediction Model Monitoring	Yes/No													
Cycle 2: Train identified staff at each clinic														
Training Held at Each Clinic	Yes/No													
Cycle #3: Case managers proactively outreach and actionize no-show members														
# of A1c completions for individuals identified as high no shows	# of A1s completions													
	# of patient no shows													

COPA PDSA Ramp

Cycle 1
Implement prediction model for no-show members with no A1c

Cycle 2
Train identified staff at each clinic

Cycle 3
Case managers proactively outreach and actionize no-show members

Cycle 4
Re-visit new no-show process

Cycle 5
TBD

Cycle 6
TBD

PDSA Ramp Discussion

- To the audience:
  - Have any organizations used a PDSA Ramp to improve performance?
  - Was it a positive or negative experience?

Multiple PDSA Ramps

- A PDSA Ramp for each specific priority to improve an outcome

COPA Multiple PDSA Ramps

No Show Members

In House Lab Draws

Accurate Receipt of Lab Results

Lab Ordering Efficiency
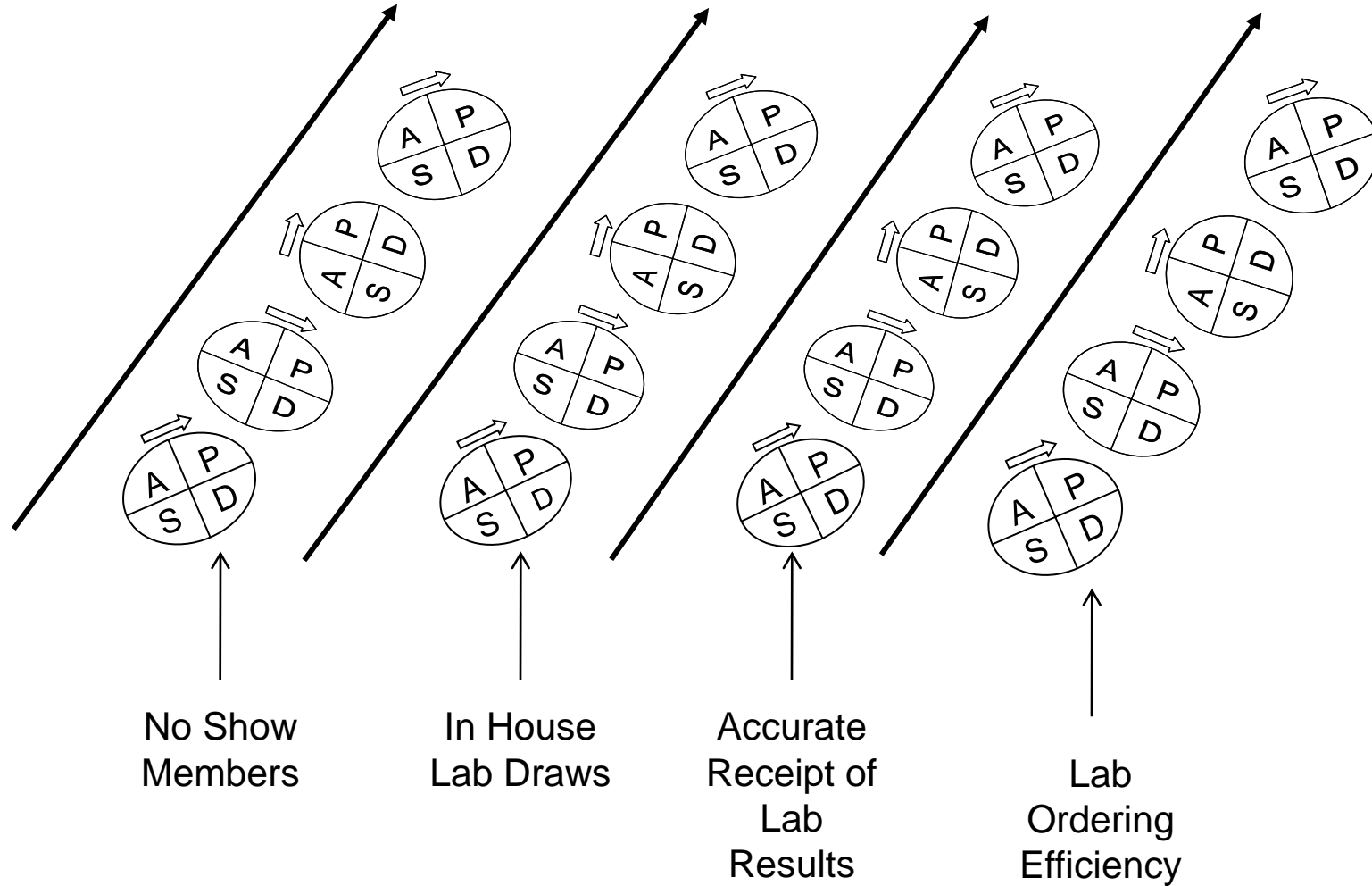
Recommended Next Steps

1. Plan-Do-Study-Act (PDSA)
   - Plan: Develop
   - Do: Implement
   - Study: Evaluate
   - Act: Lock-in or Revise & Re-do
2. Establish PDSA Ramp
3. Launch Multiple PDSA Ramps

Template
Ramp #1: PDSA Cycles

		Cycle 1:	Cycle 2:	Cycle 3:	Cycle 4:
Aim:					
Goal:					
Plan	Who?				
	What?				
	Where?				
	When?				
Do	How?				
Study	Evaluate				
Act	Monitor or Revise				

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Template: Metrics

Metrics													
Cycle #1:	**Numerator/Denominator**	**Week 1**	**Week 2**	**Week 3**	**Week 4**	**Week 5**	**Week 6**	**Week 7**	**Week 8**	**Week 9**	**Week 10**	**Week 11**	**Week 12**
Cycle 2:													
Cycle #3:													
Cycle #4:													

Template
Multiple PDSA Ramps

Cycle 1
TBD

Cycle 2
TBD

Cycle 3
TBD

Cycle 4
TBD

Cycle 5
TBD

Cycle 6
TBD
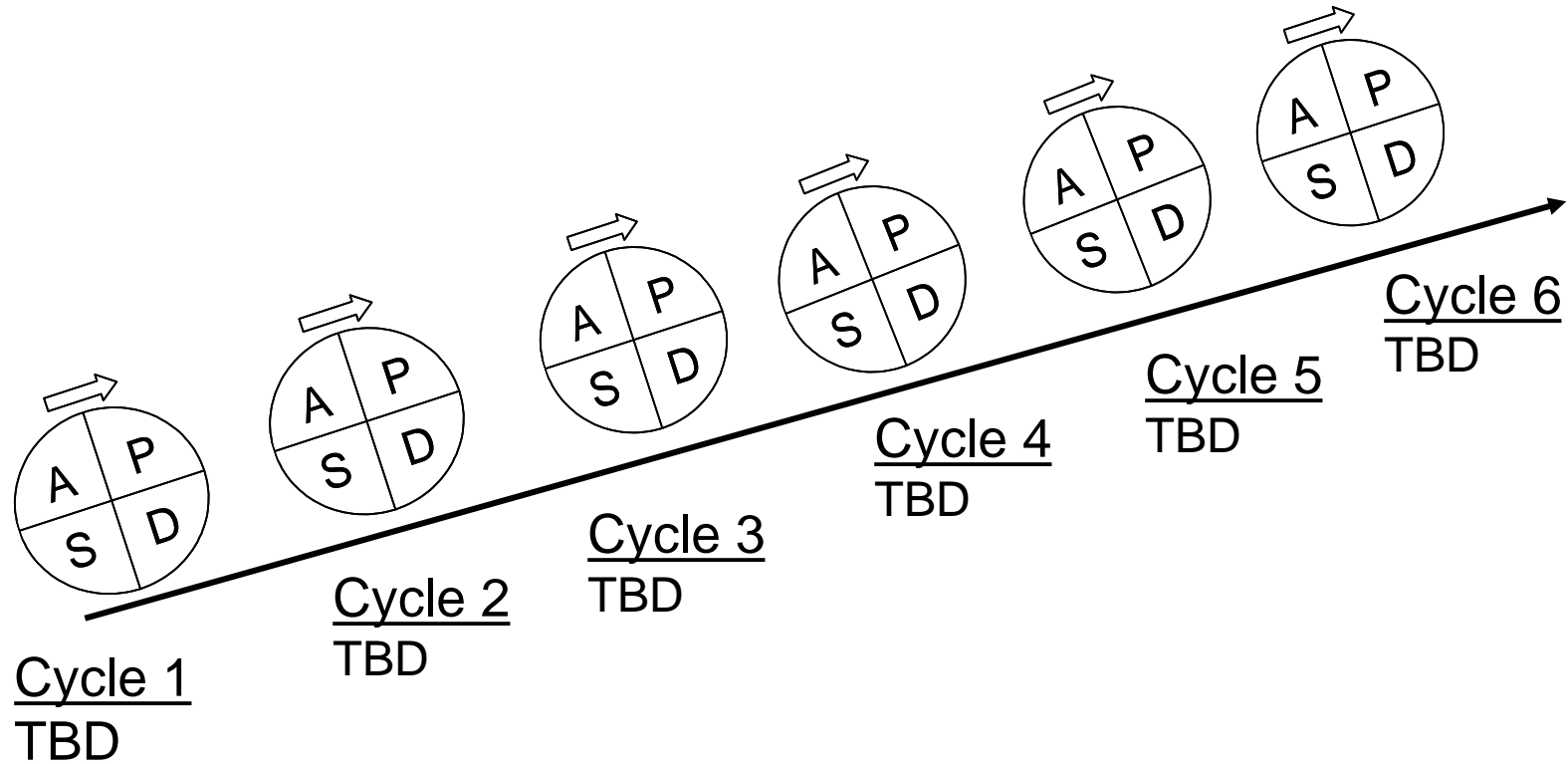
Next Steps

- Continuing Education Units (CEU): Post Event Survey
  - CEU survey available in chat
  - If issues accessing, please email TIPQIC@asu.edu
  - All CEU's for 2022 will be awarded following all 2022 QIC sessions (ETA November 2022)

- Attendees to complete recommended next steps

- Slides and template can be found on the TIPQIC website

- Questions or concerns?
  - Please contact ASU QIC team at TIPQIC@asu.edu if questions or concerns

Thank you!

TIPQIC@asu.edu