

# Southwest Pediatric Practice Transformation Network TCPI Learning Collaborative September 9, 2017



# Thank you to our Sponsors



# Grateful for our supporting Sponsors



*We're here for you.*



# Special Welcome to . . .

- CMS National Faculty TCPi Parent Leaders:
  - Desiree Collins-Bradley
  - Susan Brown
- Parent Leaders from CHOC, Rady Children's and TCPi
- Los Angeles PTN Representatives
- Institute for Healthcare Excellence
- HCD International
- Health Services Advisory Group
- Consumers Advancing Patient Safety

# Southwest Pediatric Practice Transformation Network TCPI Learning Collaborative September 9, 2017



## Welcome and Introductions

- Domonique Hensler, Director of Care Redesign, Rady Children's Hospital – San Diego
- Lucy Morizio, Manager of Population Health – Quality, CHOC Children's
- Michael Weiss, DO, Vice President of Population Health, CHOC Children's

**Michael Weiss, DO**  
Vice President of Population Health  
CHOC Children's

# CMS Innovation Grant Transforming Clinical Practice Initiative (TCPi)





# TCPi National Goals

CHOC & Rady Children's

- Support clinicians



- Improve health outcomes



- Reduce unnecessary hospitalizations



- Evidence-based on practice transformation

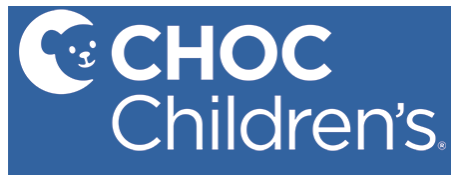


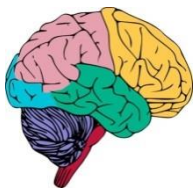
- Reduce unnecessary testing and procedures



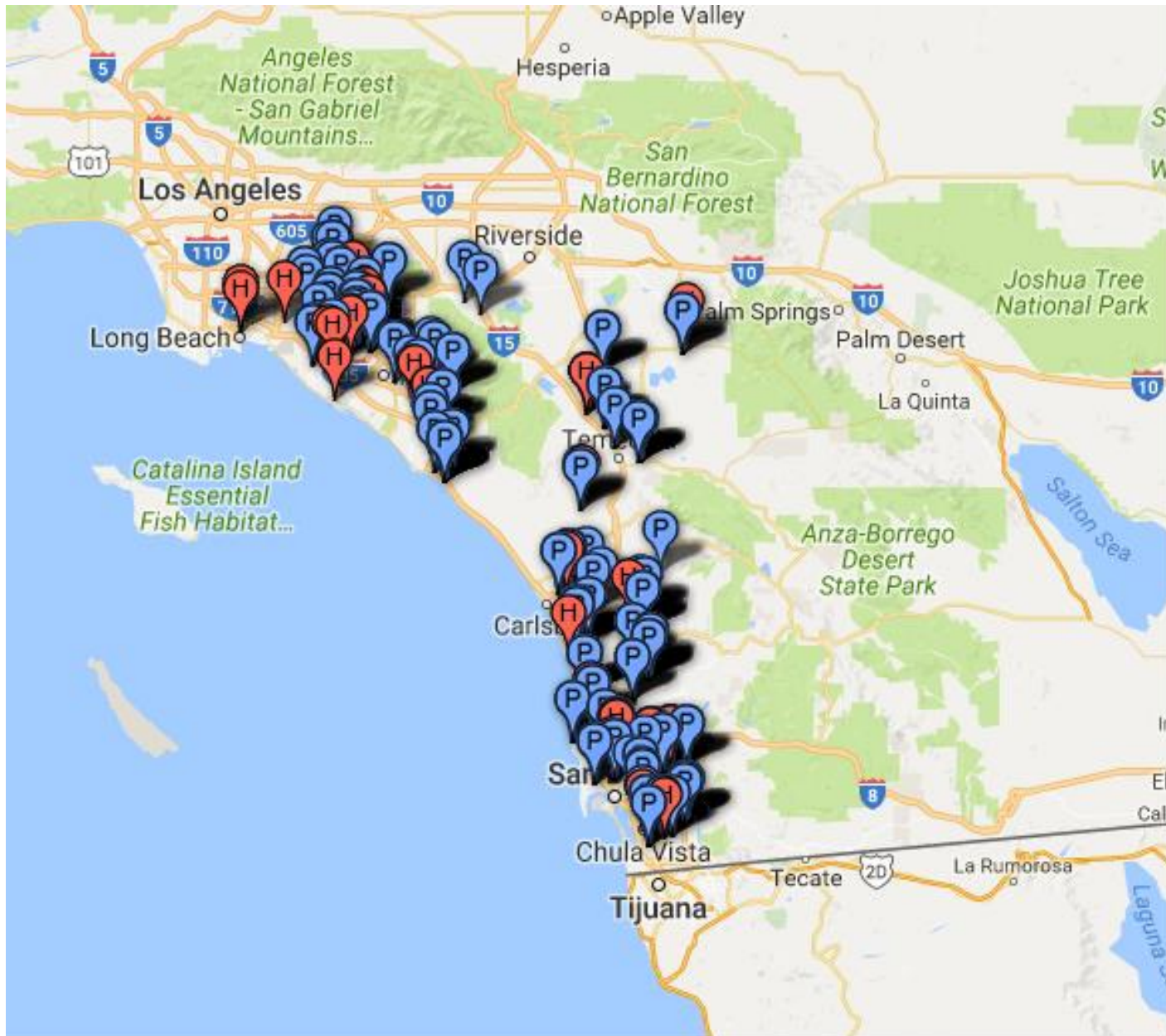
- Generate savings





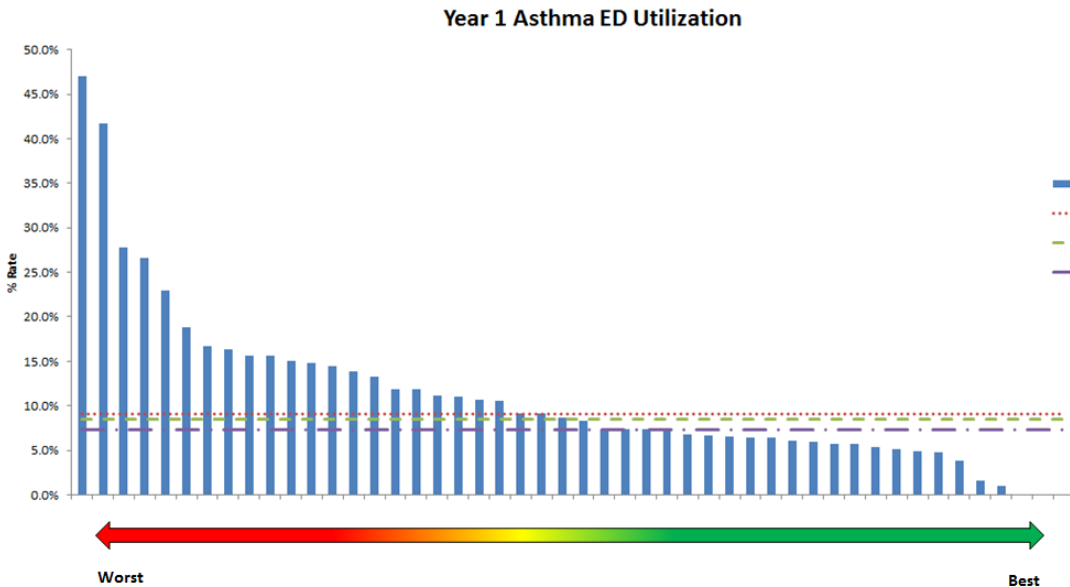


# TCPI participants throughout Southern California



## Key Concepts:

- Person and Family Engagement
- Communication
- Evidence-based approach
- MOC 4
- Use Data to Drive Change



DATA



KNOWLEDGE



ACTION

*Each bar represents a practice; in the queue is provider-specific data.*



## Parent Voices Panel

**Moderator: Jean Drummond, MA, PA, President, HCD International**

- **Desiree Collins-Bradley**
- **Susan Brown**
- **Marla Dorsey**
- **Tai Knight-Zaluske**



# How the Quality Payment Program Affects Providers, Office Teams, and Patient Wellness

**Kim Salamone, Ph.D., MPA**

Vice President, Health Information Technology  
Health Services Advisory Group



# How the Quality Payment Program Affects Providers, Office Teams, and Patient Wellness

Kim Salamone, PhD  
Vice President, Health Information Technology  
Health Services Advisory Group (HSAG)  
September 9, 2017



# Disclosure

I have nothing to report, nor are there any real or perceived conflicts of interest, implied or expressed, in the following presentation.

Kim Salamone, PhD

Vice President, Health Information Technology

# Agenda

- Introduce HSAG
- The Quality Payment Program defined
- Overview of the Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs) tracks
- Participation eligibility and special considerations
- Identify quality measures and improvement activities (IAs) appropriate for CHOC/Rady providers
- Advancing Care Information (ACI) requirements and scoring methodology
- Questions

# HSAG: Your Partner in Healthcare Quality

- HSAG is the Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.
- Medicaid's External Quality Review Organization (EQRO)
  - EQR-related services in 17 states
  - Serves as the designated EQRO in 15 states
- The Quality Payment Program Technical Support contractor in California



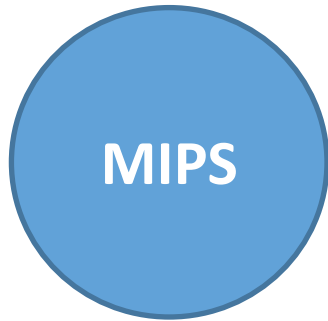
# What Is MACRA?

MACRA stands for the Medicare Access & CHIP\* Reauthorization Act of 2015, bipartisan legislation signed into law on April 16, 2015.

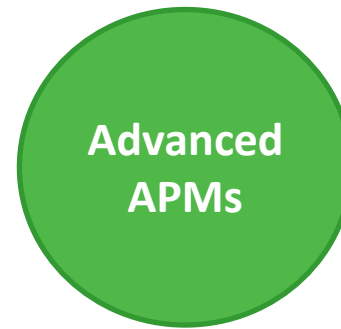
\* Children's Health Insurance Program

# The Quality Payment Program (QPP)

Clinicians have two tracks from which to choose:



OR



## MIPS

*If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.*

## Advanced APMs

*If you decide to participate in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.*

# Advanced APMs in 2017

For the **2017 performance year**, the following models are Advanced APMs:

Comprehensive End Stage Renal  
Disease Care Model  
(Two-Sided Risk Arrangements)

Comprehensive Primary Care Plus (CPC+)

Shared Savings Program Track 2

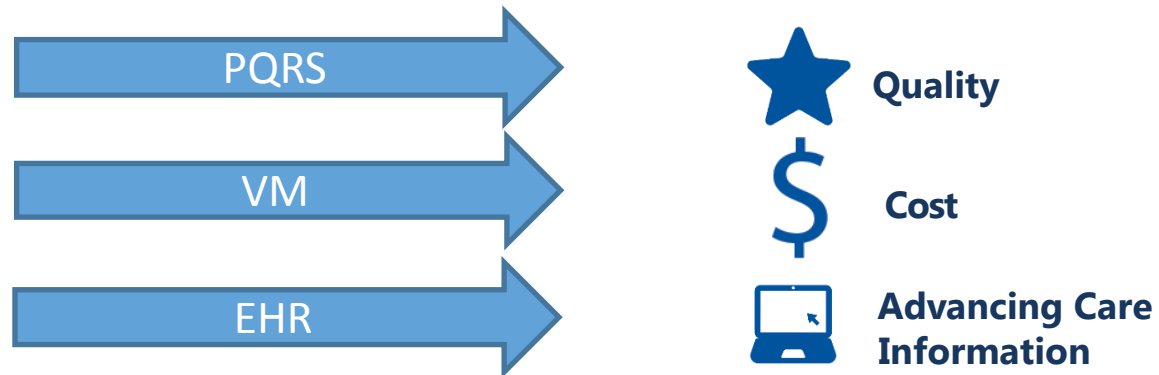
Shared Savings Program Track 3

Next Generation ACO Model

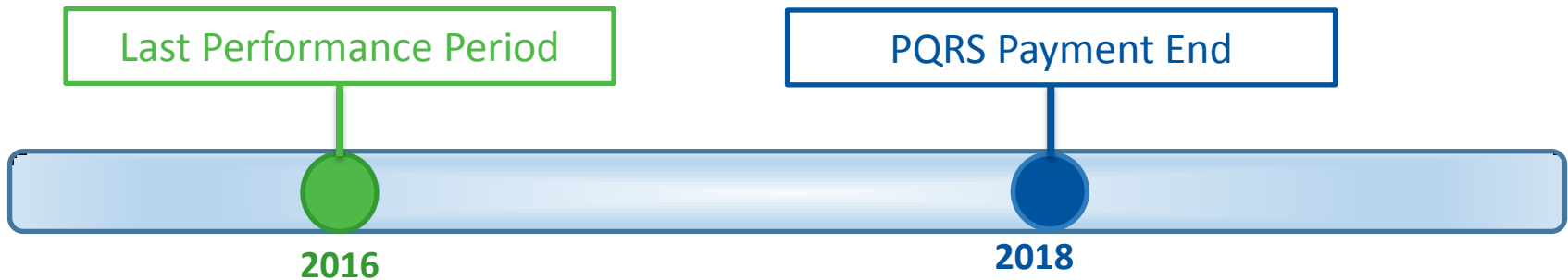
Oncology Care Model  
(Two-Sided Risk Arrangement)

# MIPS Visualization

A visualization of how legacy programs streamline into the MIPS performance categories



## Example of legacy program phase out for PQRS



Source: The Centers for Medicare & Medicaid Services

PQRS = Physician Quality Reporting System  
VM = Value-Based Payment Modifier  
EHR= Electronic Health Record



# Who Is Exempt From MIPS?

## Clinicians who are:



### Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



### Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year
- OR**
- See 100 or fewer Medicare Part B patients a year

### Advanced APM

### Significantly participating in Advanced APMs

- Receive 25% of Medicare payments
- OR**
- See 20% of Medicare patients through an Advanced APM



# Participation Basics: Group Level

## Options



### Individually

(Assessed at the TIN/NPI level)



### Group

(Assessed at the TIN level)



Dr. "A"

- Billed \$100K
- Saw 100 patients

**Included** in MIPS



Dr. "B"

- Billed \$100K
- Saw 80 patients

**Exempt** from MIPS



Nurse Practitioner

- Billed \$50K
- Saw 40 patients

**Exempt** from MIPS



As a Group  
(Dr. A, Dr. B, NP)

- Billed \$250K
- Saw 230 patients

**ALL** included in MIPS

**Remember: To participate**

**BILLING**  
**>\$30,000**

AND

**>100**

# Getting Started: MIPS Participation Look-Up Tool

1. Visit [www.qpp.cms.gov](http://www.qpp.cms.gov).
2. Enter your NPI into the search field and click “Check NPI.”

Quality Payment  
PROGRAM

MIPS ▾

Merit-based Incentive  
Payment System

APMs ▾

Alternative Payment  
Models

About ▾

The Quality  
Payment Program

Modernizing Medicare to provide better care and smarter spending for a healthier America.



Check your participation status

Enter your National Provider Identifier (NPI) number

Check NPI >

# Eligibility for Clinicians: Specific Facilities

- Rural Health Clinics (RHC) and Federally Qualified Health Centers (FQHC)
  - ***Eligible clinicians billing under the RHC or FQHC payment methodologies are not subject to the MIPS payment adjustment.***

*However...*

- Eligible clinicians in a RHC or FQHC billing under the Physician Fee Schedule (PFS) are required to participate in MIPS and are subject to a payment adjustment.

Please note: MIPS-eligible clinician types who do not exceed the low-volume threshold will be **exempt** from MIPS.

# Eligibility for Clinicians in Specific Facilities (cont.)

- Critical Access Hospitals (CAHs)

1

For MIP-eligible clinician types practicing in Method I:

- MIPS payment adjustment would apply to payments made for items and services that are Medicare Part B charges billed by the MIPS-eligible clinicians.
- Payment adjustment **would not** apply to the facility payment to the CAH itself.

2

For MIPS-eligible clinician types practicing in Method II (who assigned their billing rights to the CAH):

- MIPS payment adjustment would apply to the Method II CAH payments.

3

For MIPS-eligible clinician types practicing in Method II (who have not assigned their rights to the CAH):

- MIPS payment adjustment would apply similar to Method I CAHs.

# Participation for Clinicians in Specific Facilities

- Hospital-based
  - Clinicians are considered hospital-based if they provide **75 percent or more** of their services in an:
    - Inpatient hospital,
    - On-campus outpatient hospital, or
    - Emergency room
  - Hospital-based clinicians **are subject to MIPS** if they exceed the low-volume threshold and should report the Quality and Improvement Activities performance categories.
    - Hospital-based MIPS-eligible clinician types qualify for an automatic reweighting of the **Advancing Care Information** performance category to zero. However, they can still choose to report if they would like, and, if data is submitted, CMS will score their performance and weight their Advancing Care Information performance accordingly.

# Pick Your Pace for Participation for the Transition Year

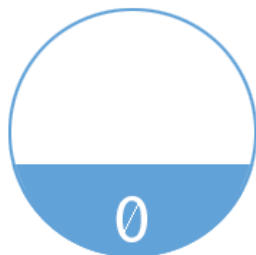
## Participate in an Advanced APM



- Some practices may choose to participate in an Advanced APM in 2017

## MIPS

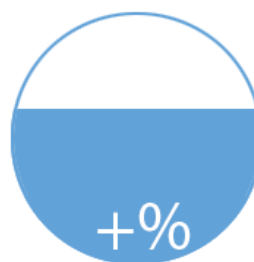
### Test Pace



#### Submit Something:

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

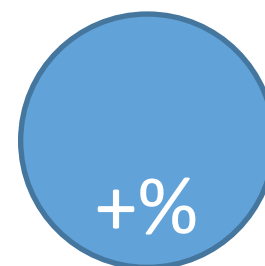
### Partial Year



#### Submit a Partial Year:

- Report for 90-day period after January 1, 2017
- Some positive payment adjustment

### Full Year



#### Submit a Full Year:

- Fully participate starting January 2017
- Modest positive payment adjustment

Not participating in the QPP for the Transition Year will result in a negative 4 percent payment adjustment.

# What Are the Performance Category Weights?

- Weights assigned to each category is based on a 1 to 100 point scale.

## Transition Year Weights



Quality

60%



Cost

0%



Improvement  
Activities

15%



Advancing Care  
Information

25%

Note: These are default weights; the weights can be adjusted in certain circumstances.

# MIPS Performance Category: Quality

60%

60% of the  
final score

Select 6 of about 271 quality measures (minimum of 90 days to be eligible for maximum payment adjustment); 1 must be:

- Outcome measure; OR
- High-priority measure—defined as outcome measure, appropriate use measure, patient experience, patient safety, efficiency measures, or care coordination.

Different requirements for groups participating via CMS Web Interface or those in MIPS APMs

May also select specialty-specific set of measures

The all-cause hospital readmission measure will be scored for groups that have  $\geq 16$  clinicians and a sufficient number of cases (no requirement to submit).



# Pediatric High-Priority Quality Measures

- Submission method is only Registry
  - NQF 0576: Follow-Up After Hospitalization for Mental Illness (FUH)
  - NQF 1799: Medication Management for People with Asthma
- Submission method Claims or Registry
  - NQF 0654: Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy—Avoidance of Inappropriate Use
  - NQF 0653: Acute Otitis Externa (AOE): Topical Therapy

# Pediatric High-Priority Quality Measures (cont.)

- Submission method: EHR or Registry
  - eMeasure CMS146v5: Appropriate Testing for Children with Pharyngitis
  - eMeasure CMS154v5: Appropriate Treatment for Children with Upper Respiratory Infection (URI)
- Submission method: EHR only
  - NQF 1365: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

# MIPS Performance Category:

## Cost



- No reporting requirement; 0 percent of final score in 2017
- Clinicians assessed on Medicare claims data
- CMS will still provide feedback on how you performed in this category in 2017, but it will not affect your 2019 payments.

### *Keep in mind:*

Uses measures previously used in the Physician Value-Based Modifier program or reported in the Quality and Resource Use Report (QRUR)

Only the scoring is different

# MIPS Performance Category: Improvement Activities (IAs)



- Attest to participation in activities that improve clinical practice
  - Examples: Shared decision making, patient safety, coordinating care, increasing access
- **Groups choose** from 90+ activities under 9 subcategories:

1. Expanded Practice Access

2. Population Management

3. Care Coordination

4. Beneficiary Engagement

5. Patient Safety and  
Practice Assessment

6. Participation in an APM

7. Achieving Health Equity

8. Integrating Behavioral and  
Mental Health

9. Emergency Preparedness  
and Response

# MIPS Performance Category: IA—Special Consideration



15 or fewer participants, non-patient-facing clinicians, or if you are in a rural or health professional shortage area: Attest that you completed up to **2 activities** for a minimum of 90 days.

Participants in certified patient-centered medical homes, comparable specialty practices , or an APM designated as a Medical Home Model: You will automatically earn full credit.

Participants in certain APMs, such as Shared Savings Program Track 1 or the Oncology Care Model: You will automatically receive points based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the APM scoring standard, the assigned score will be at least half credit.

# MIPS IAs for Pediatricians: High Weighting

ACTIVITY NAME	ACTIVITY DESCRIPTION	ACTIVITY ID	SUBCATEGORY NAME
Consultation of the Prescription Drug Monitoring program	Clinicians would attest that, 60 percent for first year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) <b>opioid</b> prescription that lasts for longer than 3 days.	IA_PSPA_6	Patient Safety & Practice Assessment
Engagement of new <b>Medicaid</b> patients and follow-up	Seeing new and follow-up Medicaid patients in a timely manner, including individuals <b>dually eligible</b> for Medicaid and Medicare.	IA_AHE_1	Achieving Health Equity
Participation in <b>CAHPS</b> or other supplemental questionnaire	Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets).	IA_PSPA_1_1	Patient Safety & Practice Assessment
Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	Provide <b>24/7 access</b> to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care that could include one or more of the following: Expanded hours in evenings and weekends; Use of alternatives, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.	IA_EPA_1	Expanded Practice Access
RHC, IHS or <b>FQHC</b> quality improvement activities	Participating in a RHC, IHS, or FQHC in ongoing engagement activities that contribute to more formal quality reporting, and that include receiving quality data back for broader quality improvement and benchmarking improvement which will ultimately benefit patients.	IA_PM_3	Population Management
<b>TCPI</b> participation	Participation in the CMS Transforming Clinical Practice Initiative.	IA_CC_4	Care Coordination

# MIPS Performance Category: Advancing Care Information (ACI)



- Promotes patient engagement and the electronic exchange of information using certified EHR technology (CEHRT)
- Ends and replaces the Medicare EHR Incentive Program (also known as Medicare Meaningful Use)
- Greater flexibility in choosing measures
- In 2017, there are **2 measure sets for reporting based on EHR** edition:

Advancing Care Information  
Objectives and Measures

2017 Advancing Care  
Information Transition  
Objectives and Measures

# MIPS Performance Category: ACI Base Measures



## Advancing Care Information Objectives and Measures:

Base Score Required Measures

Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept a Summary of Care

## 2017 Advancing Care Information Transition Objectives and Measures:

Base Score Required Measures

Objective	Measure
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Health Information Exchange



# MIPS Performance Category: ACI—Additional Measures



## Advancing Care Information

### Objectives and Measures:

Performance Score\* Measures

Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download and Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient-Generated Health Data
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/Accept a Summary of Care*
Health Information Exchange	Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting

## 2017 Advancing Care Information Transition Objectives and Measures

Performance Score Measures

Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	View, Download and Transmit (VDT)
Patient-Specific Education	Patient-Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health Information Exchange*
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting

\*Performance Score: Additional achievement on measures above the base score requirements

# Need Help?

- Children's Hospital of Orange County and Rady Children's Hospital-San Diego were awarded a CMS grant to implement the Transforming Clinical Practice Initiative (TCPI) for pediatric populations in 2015.
- The quality advisors collaborate with HSAG in ensuring all of your questions are answered.



# Thank you!

Kim Salamone, PhD

Vice President, Health Information Technology

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This material was adapted by Health Services Advisory Group, the Medicare Quality Improvement Organization for Florida, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, based on original content from CMS. The contents presented do not necessarily reflect CMS policy.

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Creating A Culture Of Excellence To Deliver Value And Restore  
Joy And Resiliency To The Practice Of Medicine

**William J. Maples, MD**

President

The Institute for Healthcare Excellence

# Creating A Culture Of Excellence To Deliver Value And Restore Joy And Resiliency To The Practice Of Medicine

TCPi Regional Learning Collaborative &  
Rady Children's Hospital – San Diego  
September 9, 2017



# Top Ten Priorities for Healthcare Organizations

1. **Culture**
2. **Grow**
3. **Trust**
4. **Teamwork**
5. **Quality/Outcomes**
6. **Safety**
7. **Efficiency**
8. **Patient Experience**
9. **Employee and Physician Experience**
10. **Restore Joy**

Physician Experience

Grow

Restore Joy

Culture

Quality Outcomes

Trust

Safety

Efficiency

Teamwork

Patient Experience



# The Answer...

## *RELATIONS*<sup>™</sup> for Healthcare Transformation A Communication Approach

# Communication in Healthcare Program Journey



# Communication in Healthcare Program Journey



*CIH course delivered to World Medical Association, May 2016  
All continents and 15 countries represented.*



# The Institute for Healthcare Excellence

## Mission

The Institute for Healthcare Excellence (IHE) is a collection of industry experts and thought leaders focused on improving the design of patient, family, and caregiver experiences to create a culture of excellence through improved communication.

## Vision

To improve the healthcare outcomes, safety, and experience for patients, families, and caregivers by creating a relationship based culture embracing trust, respect, safety, and compassion.

## Tactics

Develop and deploy the nation's leading communication in healthcare program to create a patient-centered team-based culture emulating compassion, empathy, trust, and excellence.

# A Call To Action



# A National Dialogue

## Physician Burnout

- 30% of primary care physicians ages 35-49 expect to leave the industry
- 75% of physicians would not recommend the profession to their children
- Physicians are more likely than general public to commit suicide

# Signs and Symptoms of Caregiver Burnout

- 50% of providers working today experience some aspect of burnout
  - Depressed
  - Overwhelmed
  - Depersonalized
  - Emotional exhaustion
  - Feelings of professional inadequacy

# Burnout is associated with:

## **-Patient Satisfaction**

Aiken et al. *BMJ* 2012;344:e1717

Vahey, Aiken et al. *Med Care*. 2004 February; 42(2 Suppl): II57-II66.

## **-Infections**

Cimiotti, Aiken, Sloane and Wu. *Am J Infect Control*. 2012 Aug;40(6):486-90.

## **-Medication Errors**

Fahrenkopf et al. *BMJ*. 2008 Mar 1;336(7642):488-91.

## **-Standardized Mortality Ratios**

Welp, Meier & Manser. *Front Psychol*. 2015 Jan 22;5:1573.





Contents lists available at ScienceDirect

# American Journal of Infection Control

journal homepage: [www.ajicjournal.org](http://www.ajicjournal.org)

AJIC  
American Journal of  
Infection Control

## Major article

# After controlling for pt severity and nurse and hospital characteristics, **only nurse burnout was associated with the clinical outcomes**

**Key Words:**  
Hospital  
Workload  
Cost  
PHC4

**Background:** Each year, nearly 7 million patients are hospitalized for other conditions. Nurse staffing has been associated with health care–associated infections while being treated for other conditions. Nurse staffing has been associated with health care–associated infections within hospitals, yet little evidence is available to explain this association.

**Methods:** We linked nurse survey data to data from the National Health Care Cost Containment Council report on hospital infections and the American Hospital Association Annual Survey. We examined urinary tract and surgical site infection, the most prevalent health care–associated infections reported and those likely to be acquired on any unit within a hospital. Linear regression models were used to estimate the effect of nurse and hospital characteristics on health care–associated infections.

**Results:** There was a significant association between patient-to-nurse ratio and urinary tract infection (0.86;  $P = .02$ ) and surgical site infection (0.93;  $P = .04$ ). In a multivariate model controlling for patient severity and nurse and hospital characteristics, only nurse burnout remained significantly associated with urinary tract infection (0.82;  $P = .03$ ) and surgical site infection (1.56;  $P < .01$ ) infection. Hospitals in which burnout was reduced by 30% had a total of 6,239 fewer infections, for an annual cost saving of up to \$68 million.

**Conclusions:** We provide a plausible explanation for the association between nurse staffing and health care–associated infections. Reducing burnout in registered nurses is a promising strategy to help control infections in acute care facilities.

# Caregiver Burnout

## At Risk Population

- Tenacity
- Dedication
- Strong Sense of Responsibility

## Contributing Factors

### Getting Satisfaction from Conversations with Others

- Poor Boundaries Between Home/Work Life

## Solutions

- Spending Time With Spouse
- Social Support
- Positive Learning Environment
- Having a Clinician as a Parent
- Being a Parent
- Getting Satisfaction from Conversations with Others
- Control Over Days Off
- Quality of Working Relationships

# The Journey to Excellence

Outcomes, Safety, Service, Quality

## RHT

- *RELATIONS*<sup>TM</sup> for Healthcare Transformation
- Skills-based curriculum to lay a foundation for successful, sustainable results

High Reliability

Culture Of Safety

Quality Improvement

Employee Engagement  
Action plans

Physician Engagement

Turnover Rates

TeamSTEPPS

Culture Interventions  
Transformation

## Quality Pillars

- Do Not Harm Me (patient safety)
- Cure Me (patient outcomes and effectiveness)
- Treat Me With Respect (patient satisfaction)
- Navigate My Care (efficiency and care coordination)
- Keep Us Well (population health and preventative medicine)

# Delivering on Our Promise of Excellence

Health System

“Enabling Promises”

Employee Engagement  
and Developing Skills

“Making Promises”

Getting each patient to the  
desired outcome, without  
harm, without waste, and  
with a great experience

Providers/Employees

Patients

“Keeping Promises”

# Reaching Excellence in Delivery of Care

*The single most important factor in  
Patient Experience  
is the interaction/relationship  
with the physician.*

# What Patient's Value in Their Healthcare Provider

	Extremely Important (%)	Describes Your Doctor Well (%)	Gap*
Treats you with dignity and respect	85	73	-12
Listens carefully to your health care concerns and questions	84	68	-16
Is easy to talk to	84	69	-15
Takes your concerns seriously	83	69	-14
Is willing to spend enough time with you	81	62	-19
Truly cares about you and your health	81	63	-18
Has good medical judgment	80	65	-15
Asks you good questions to really understand your medical conditions and your needs	79	61	-18
Is up-to-date with the latest medical research and medical treatment	78	54	-24
Can see you at short notice, if necessary	71	53	-18
Responds promptly when you call or email with questions or concerns	60	38	-22
Has a lot of experience treating patients with your medical condition(s)	58	45	-13
Could get you admitted to a leading hospital when you need it	55	46	-9
Has been trained in one of the best medical schools	27	25	-2
Is of your own sex or gender	15	36	+21
Is of your own race or ethnic background	10	30	+20

Harris Interactive Poll of 2,267 US Adults, 2004

# Communication and Sentinel Events

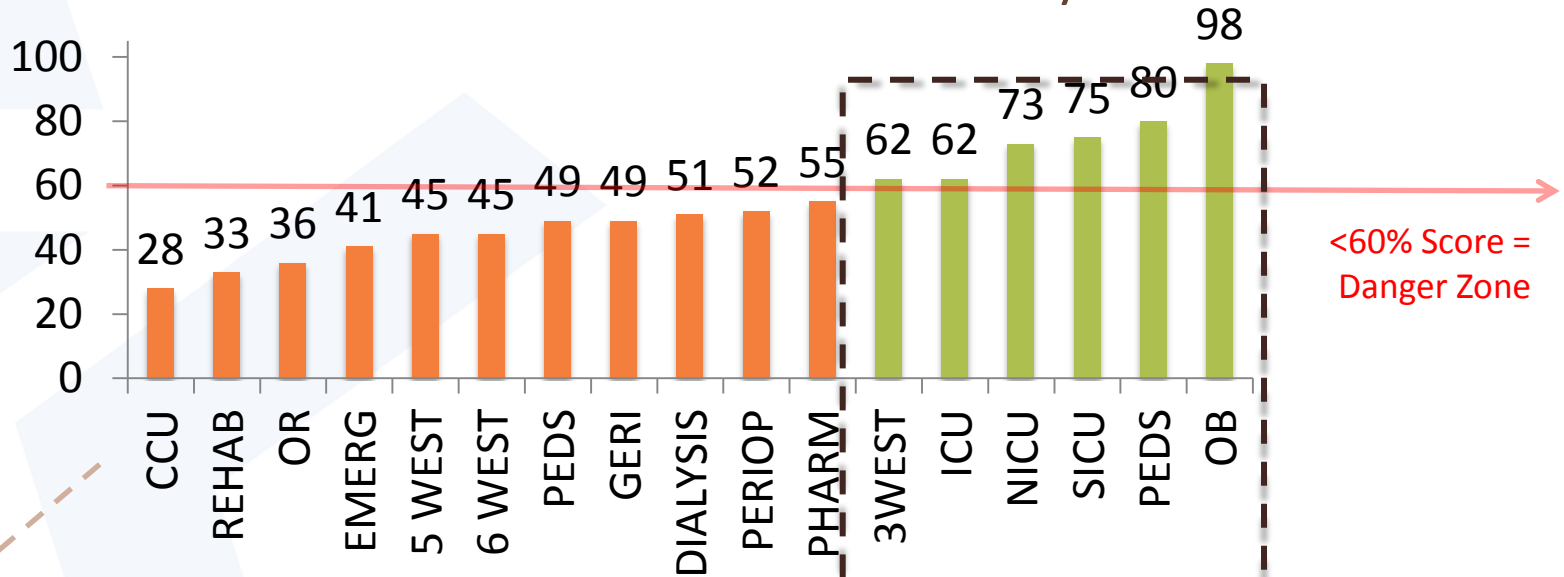
2011 (N=1,243)		2012 (N=901)		2013 (N=887)		2014 (N=2,378)	
Human Factors	899	Human Factors	614	Human Factors	635	Human Factors	547
Leadership	815	Leadership	55	Communication	563	Leadership	517
Communication	76	Communication	532	Leadership	547	Communication	489
Assessment	689	Assessment	482	Assessment	505	Assessment	392
Physical Environment	309	Information Management	203			Physical Environment	115
Information Management	233	Physical Environment	150			Information Management	72
Operative Care	207	Continuum of Care	95			Care Planning	72
Care Planning	144	Operative Care	93			Health Information technology	59
Continuum of Care	137	Medication Use	91			Operative Care	58
Medication Use	97	Care Planning	81			Continuum of Care	57

## Joint Commission Data



# CULTURE ANALYTICS PREDICT AND PREVENT HARM ....

## Teamwork Climate Scores Across Facility



HCAHPS	50	92
Medication Errors per Month	6.1	2.0
Days between C Diff Infections	40	121
Days between Stage 3 Pressure Ulcers	18	52

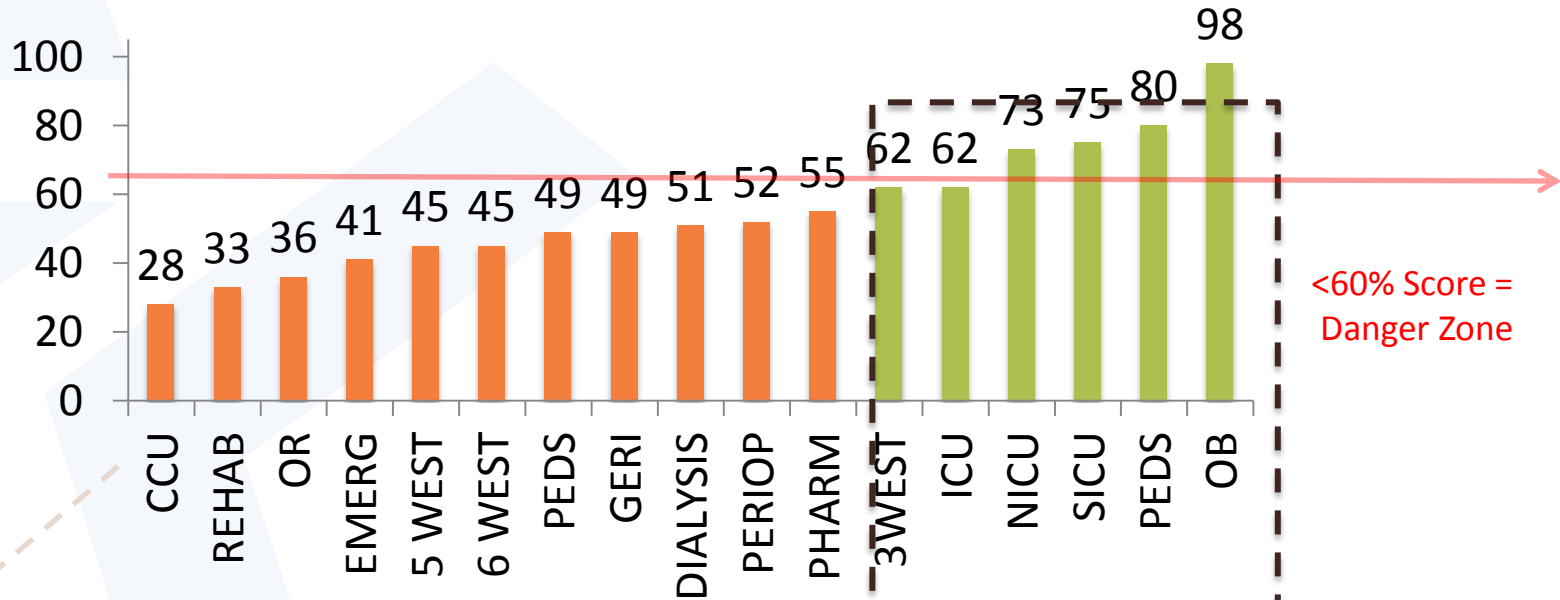
*Illustrative Data:  
Extracted from  
Blinded Client Data*

*Michael Leonard, M.D.,  
Safe and Reliable Healthcare*



# ... AND UNFAVORABLE EMPLOYEE OUTCOMES

## Teamwork Climate Scores Across Facility



<60% Score = Danger Zone

Employee Satisfaction	55	91
Employee Injury per 1000 days	16	0.1
Employee Absenteeism per 1000 days	15	10
RN Vacancy Rate	9	1

Illustrative Data:  
Extracted from  
Blinded Client Data

Michael Leonard, M.D.,  
Safe and Reliable Healthcare

# Program Design

## PROGRAM DESIGN

### *Interactive Small Group Learning*



**1 Faculty per 6 Participants**

## COURSE ELEMENTS

# RELATIONS™

- ✓ Interactive/immersive training style
  - ✓ Peer to peer teaching (e.g. MD to MD)
  - ✓ 1 Faculty per 6 colleagues
  - ✓ Didactic discussions and video
  - ✓ Longitudinal experience
  - ✓ CME accredited
- ✓ Mindfulness/Presence
  - ✓ Reflective listening
  - ✓ Information gathering
  - ✓ Negotiating an agenda
  - ✓ Connecting with patients and team
  - ✓ Appreciative inquiry/debrief

# The IHE Difference

- Curriculum developed by physicians and caregivers for physicians and caregivers
  - Therefore immediately relevant to the individual and team
- Curriculum can be delivered over 4 hours with proven impact/results
- Curriculum is facilitated by trusted physicians and colleagues breaking down barriers to learning

# The IHE Difference

- Curriculum can be diffused to the entire healthcare team in a financially feasible and sustainable fashion.
- Skills based format
  - Participants can apply learned skills immediately with immediate feedback and results
- Proven Return on Investment

# Creating Value



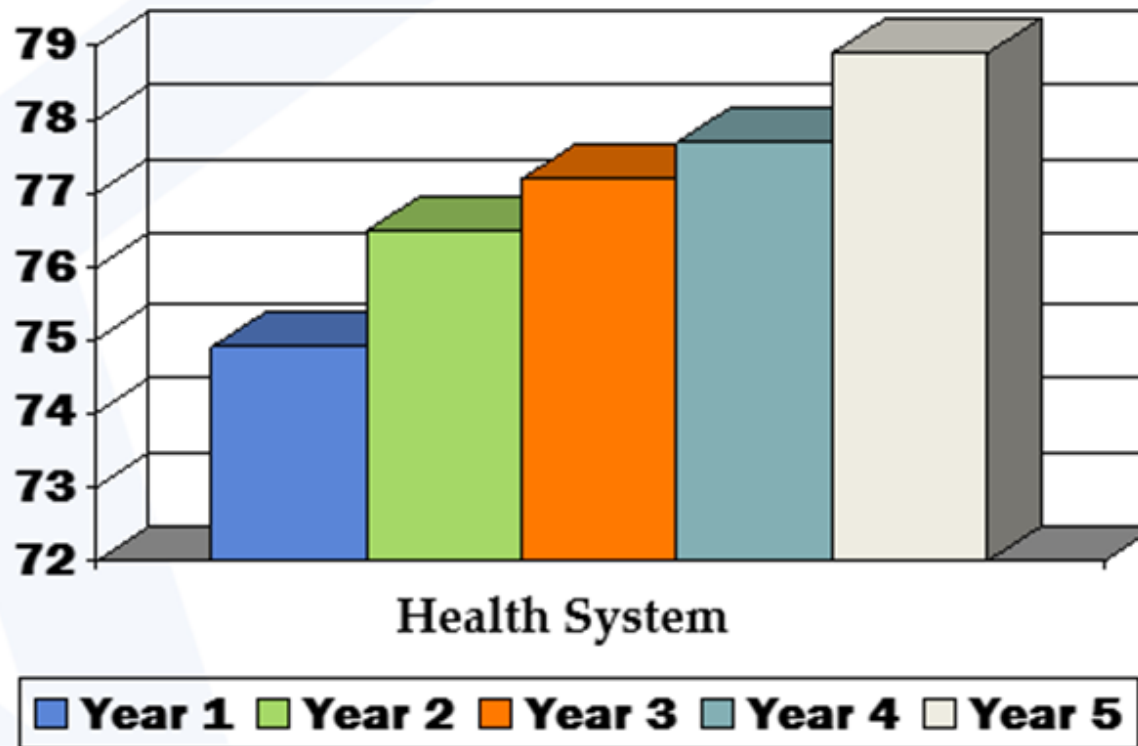
# Overall Quality of Care



# Patient Experience Results

## Outpatient Overall Quality of Care

### % Excellent

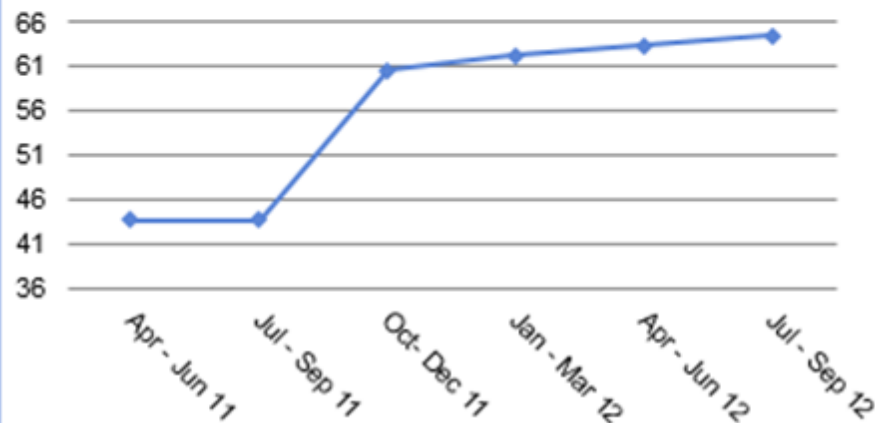


# Patient Experience Results

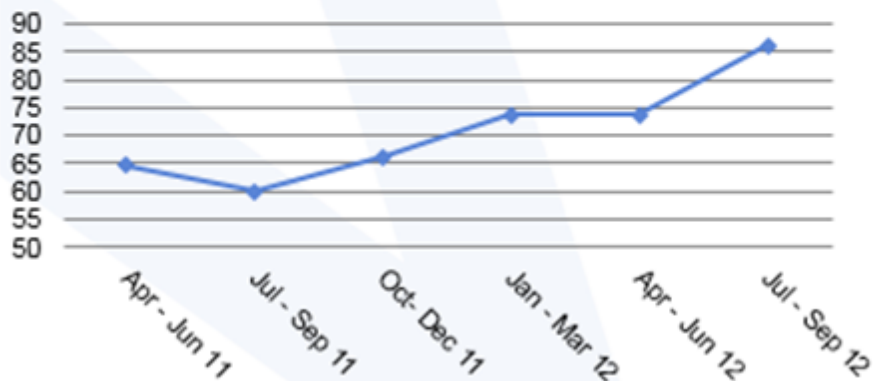
## Doctor's Involving Patient in Decision-Making Process



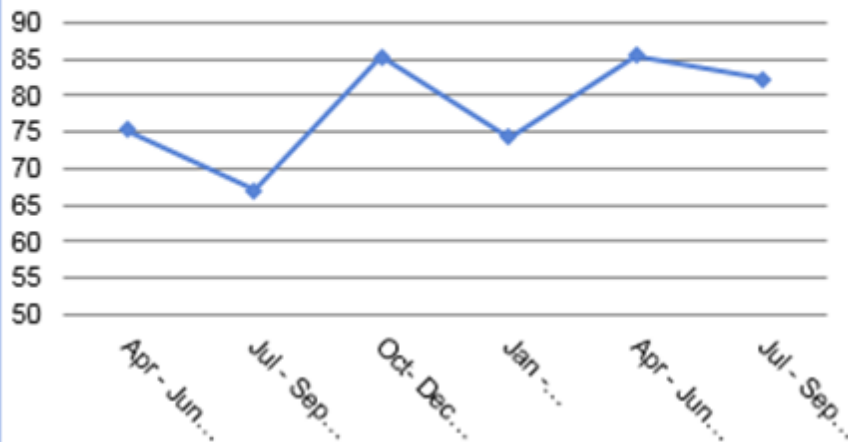
## Doctor's Understanding and Caring



## Doctor's Communication / Keeping Patient Informed



## Nurse Listen

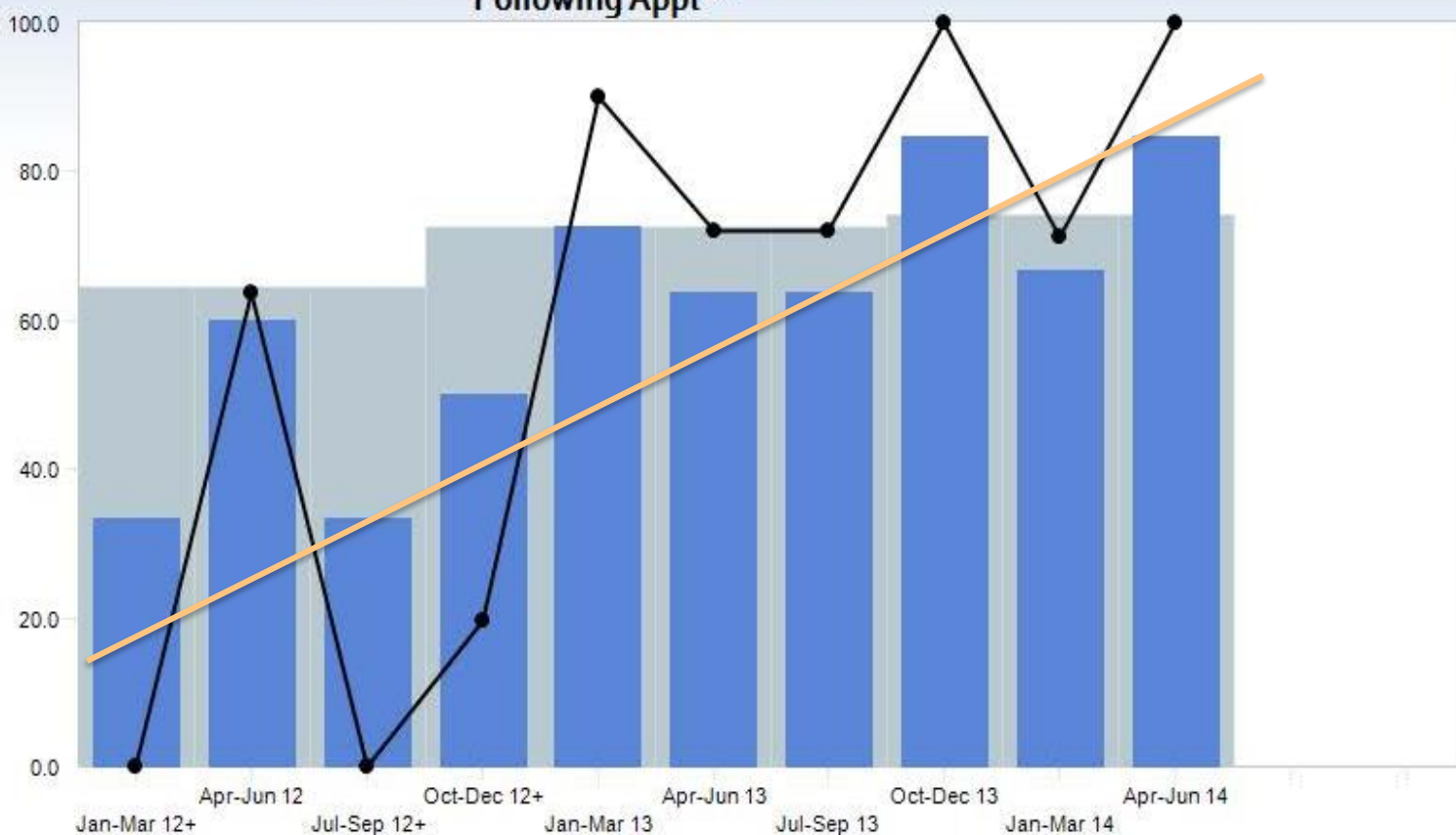




# Individual Provider Communication



## Doctor Giving Instructions About What Patient Should do Following Appt\*\*



● Prov-Cardio % Excellent Rank *	0.0	63.8	0.0	19.6	90.1	72.1	72.1	100.0	71.2	100.0	
■ % Excellent	33.3	60.0	33.3	50.0	72.7	63.6	63.6	84.6	66.7	84.6	
■ Prov-Cardio 90th Percentile	64.6	64.6	64.6	72.7	72.7	72.7	72.7	74.2	74.2	74.2	
N of Cases	9	10	9	12	11	11	11	13	12	13	
Norm Year	2011	2011	2011	2012	2012	2012	2012	2013	2013	2013	

\* Rankings are based on PRC Norm data.

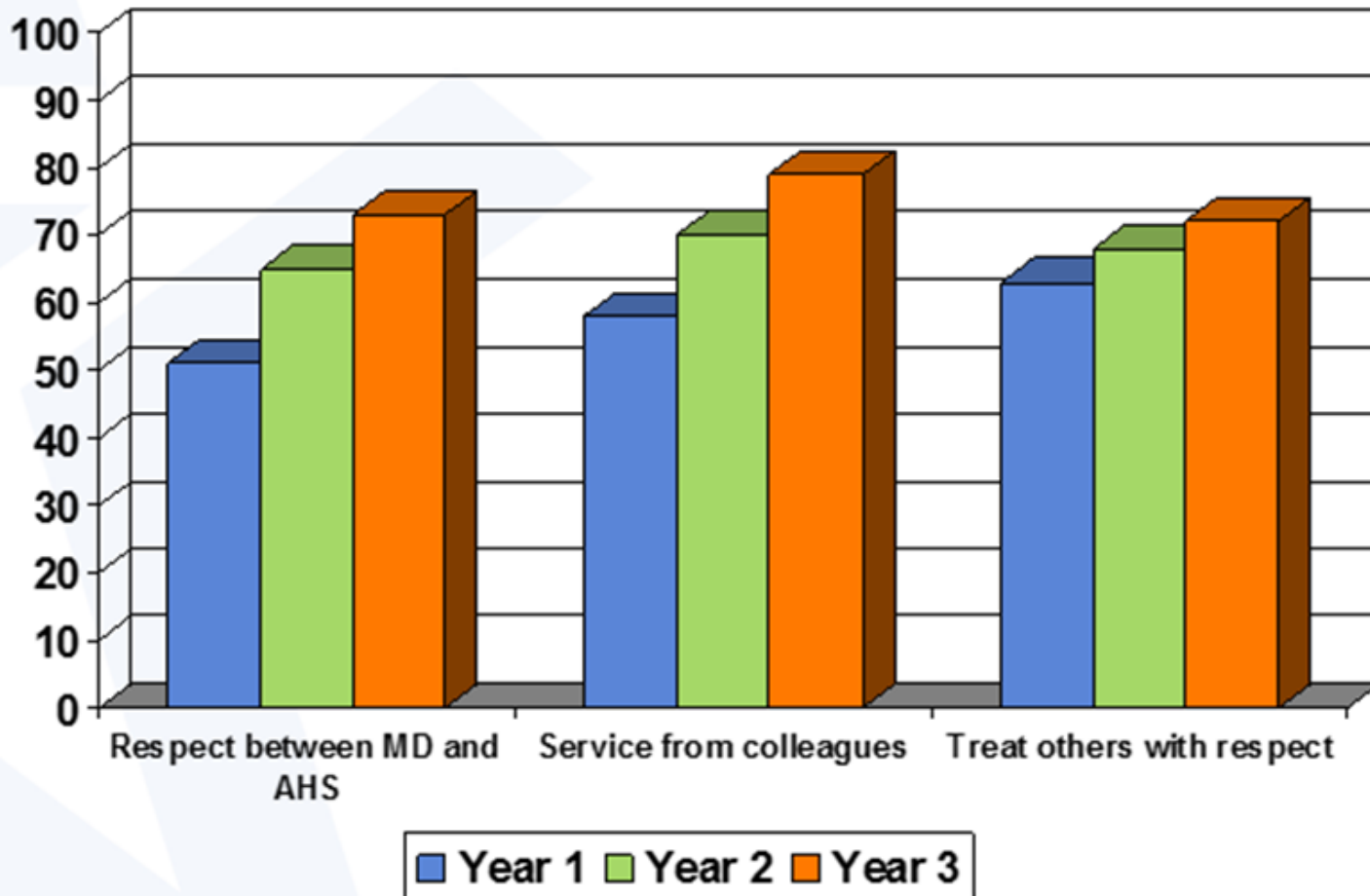
\*\* The data in this chart has been filtered.

+ Marked bars are Statistically Significant

# Employee Satisfaction



# Staff Satisfaction



# Course Evaluations



# Physician Program Evaluation

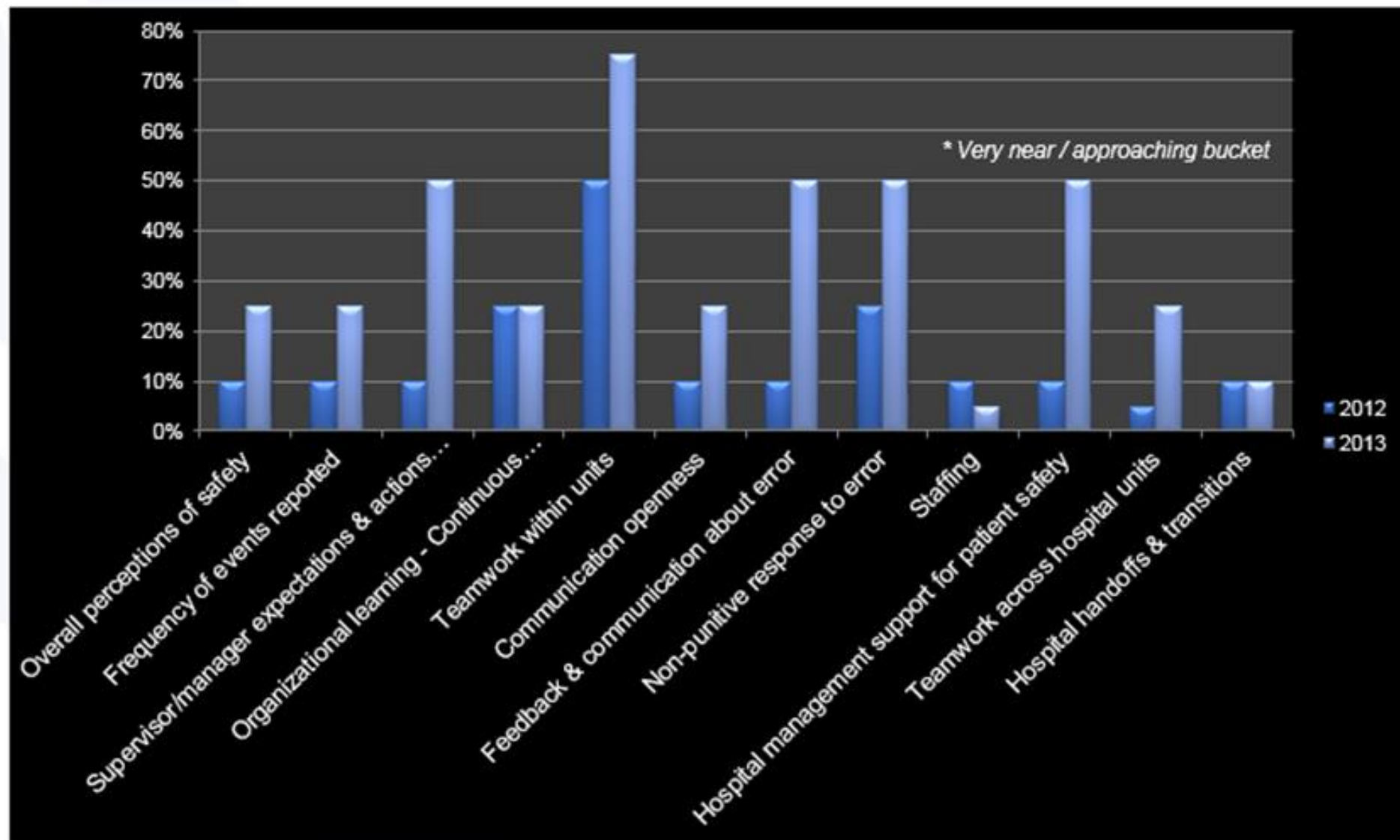
Scale of 1-5

- Overall, program useful 4.1
- Is good for institution 4.5
- Was worth the time for me personally 4.1
- Ability to help learners become actively engaged with exercise 4.5
- Ability to maintain a safe and trusting environment 4.6
- Ability to help others accomplish learning goals 4.5

# Culture of Safety



# Percentile Ranking Nationally

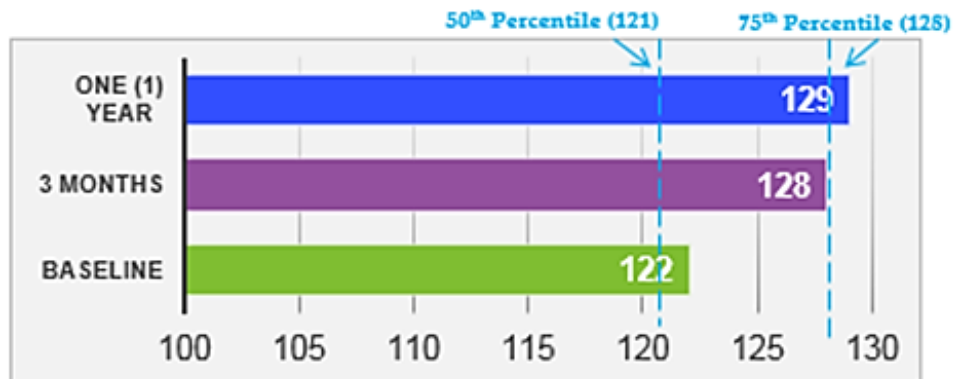




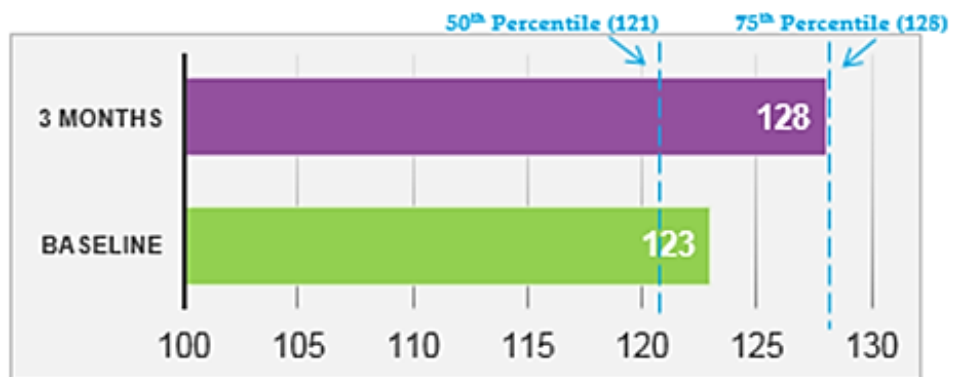
# Empathy



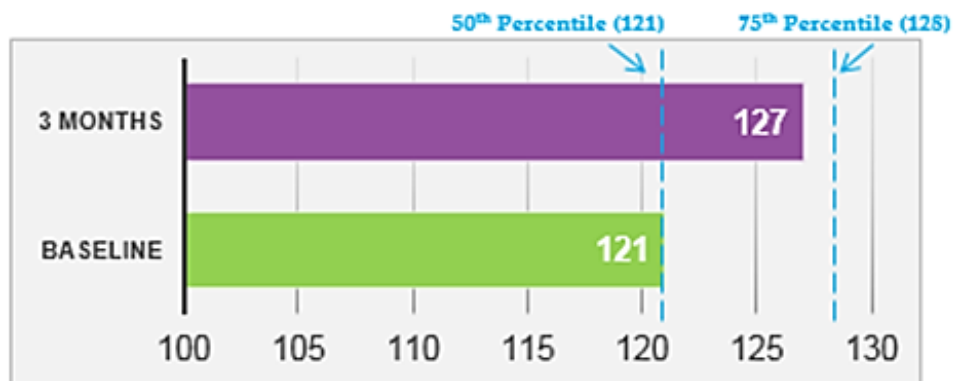
## Combined Physician and Allied Health Staff Empathy Scores



## Allied Health Staff Empathy Scores



## Physician Empathy Scores



Results for 30  
Communication in  
Healthcare Faculty

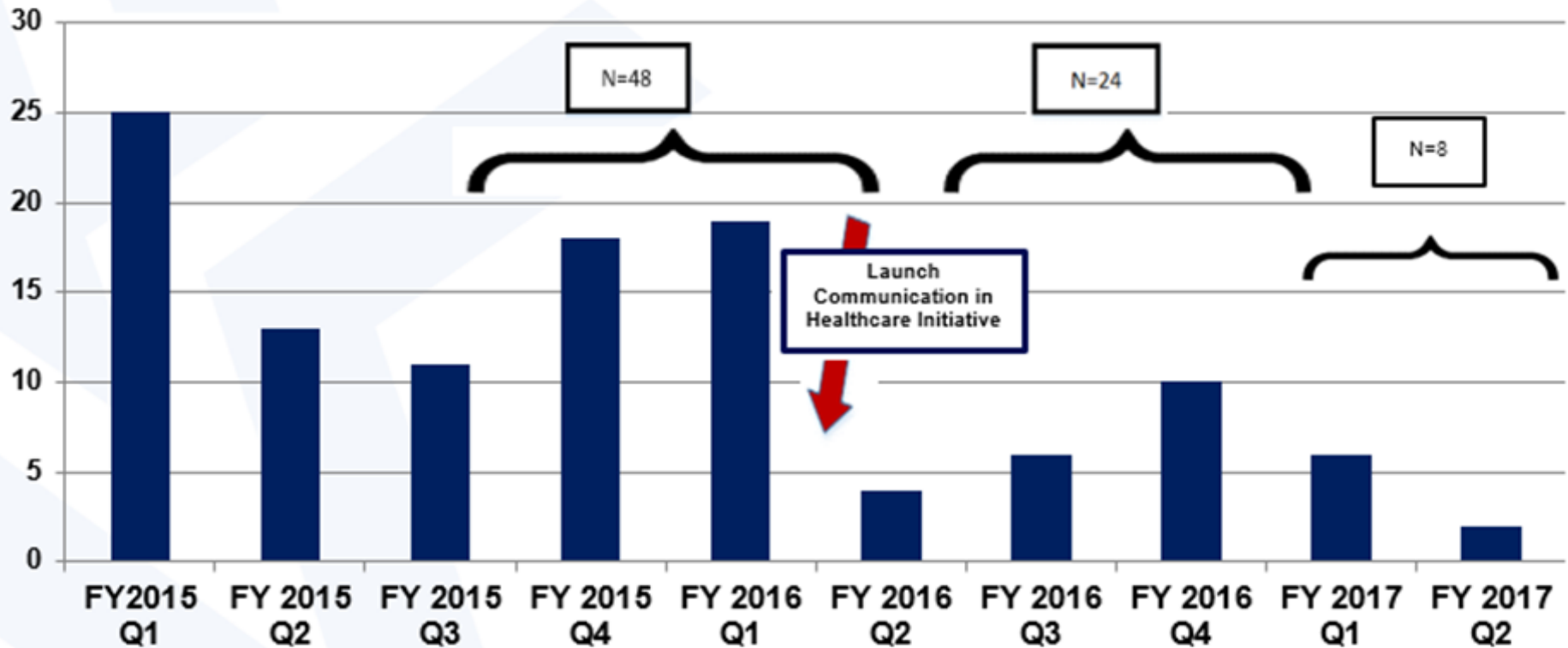
\* Empathy Survey received from Thomas Jefferson University

# Grievances



# Washington, DC Community Hospital

# Grievances Citing Physician Communication



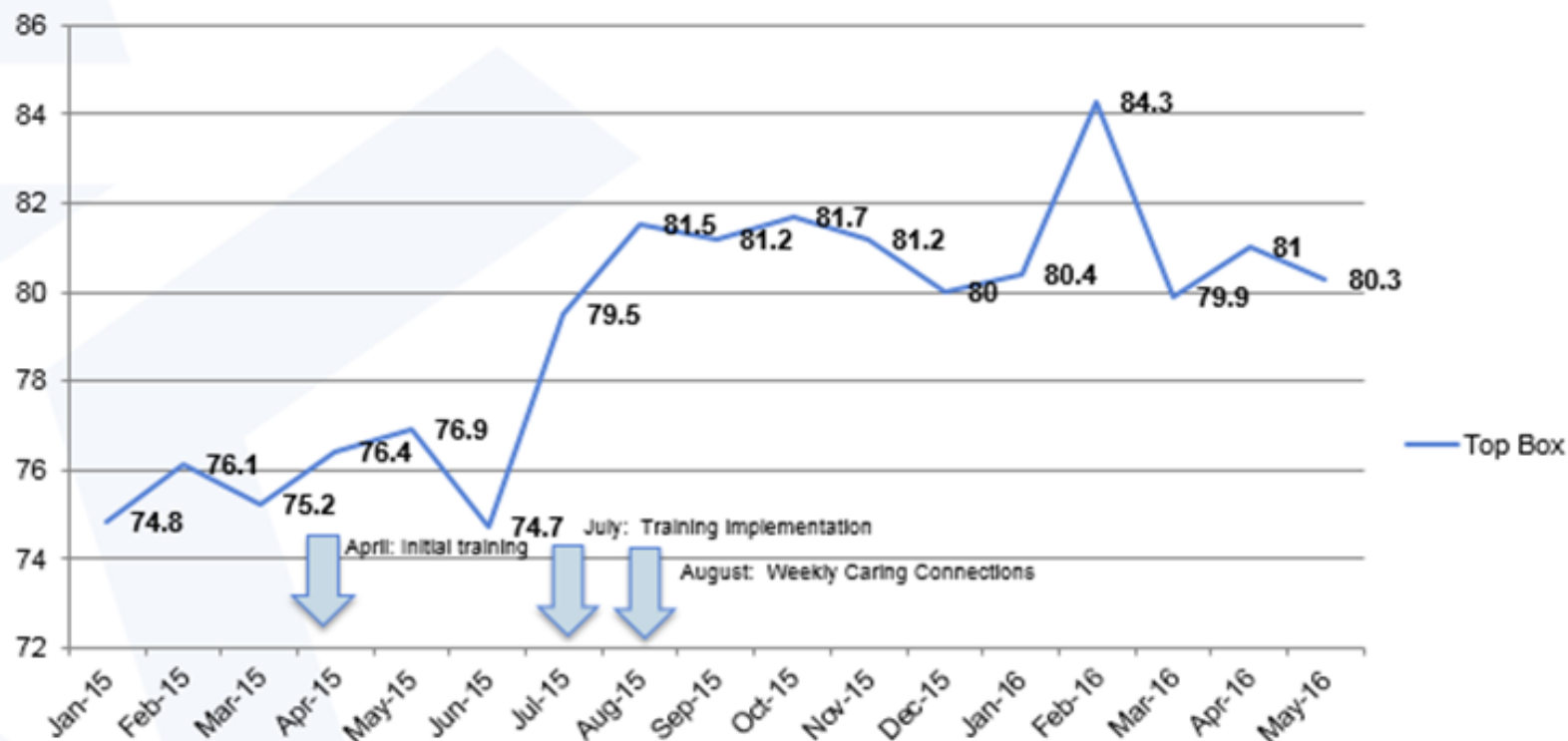
Total grievances citing physicians total led 39 for Fiscal Year 2016. More than half of patient grievances cited communication as the issue. With the mandatory attendance requirement of the Communication in Healthcare Program, the number of grievances per quarter steadily decreased. Between FY 2015 and Q2 of FY 2017, the number of grievances have decreased eight-fold.

# HCAHPS



# Beaumont Hospital - Troy

# Communication with Nurses HCAHPS Domain



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	16-Mar	16-Apr	16-May
— Top Box	74.8	76.1	75.2	76.4	76.9	74.7	79.5	81.5	81.2	81.7	81.2	80	80.4	84.3	79.9	81	80.3

Scores report by date of service



# Communication with Doctors HCAHPS Domain

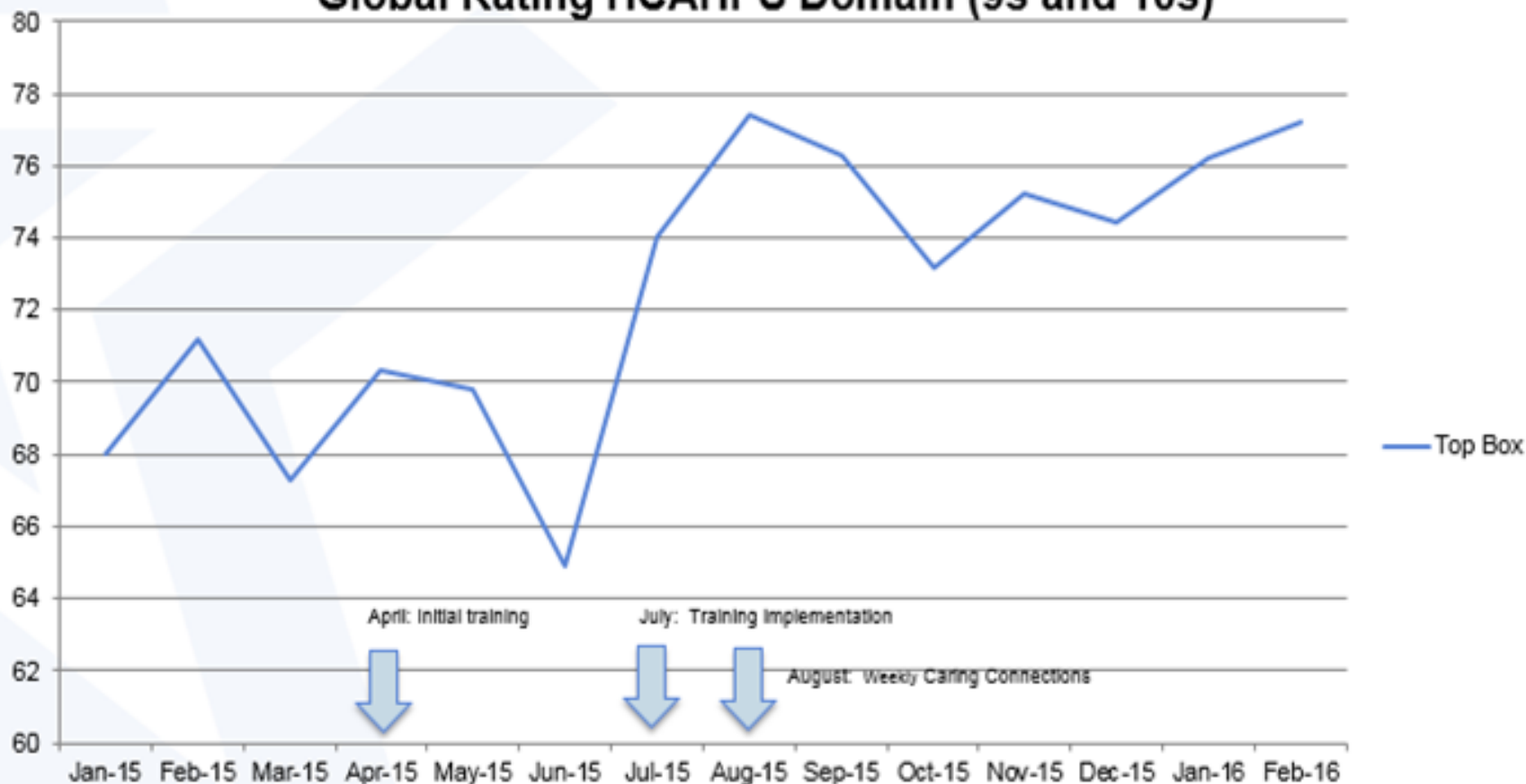


	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	16-Mar	16-Apr	16-May
— Top Box	75.6	75.8	74.5	78.5	75.7	75.1	77.3	78	78.4	77.8	79	77.8	79	80.2	78.9	79.9	77.7

Scores report by date of service

# Patient Satisfaction Data

## Global Rating HCAHPS Domain (9s and 10s)



	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
— Top Box	68	71.2	67.3	70.3	69.8	64.9	74.0	77.4	76.3	73.2	75.2	74.4	76.2	77.2

# IMPROVEMENT

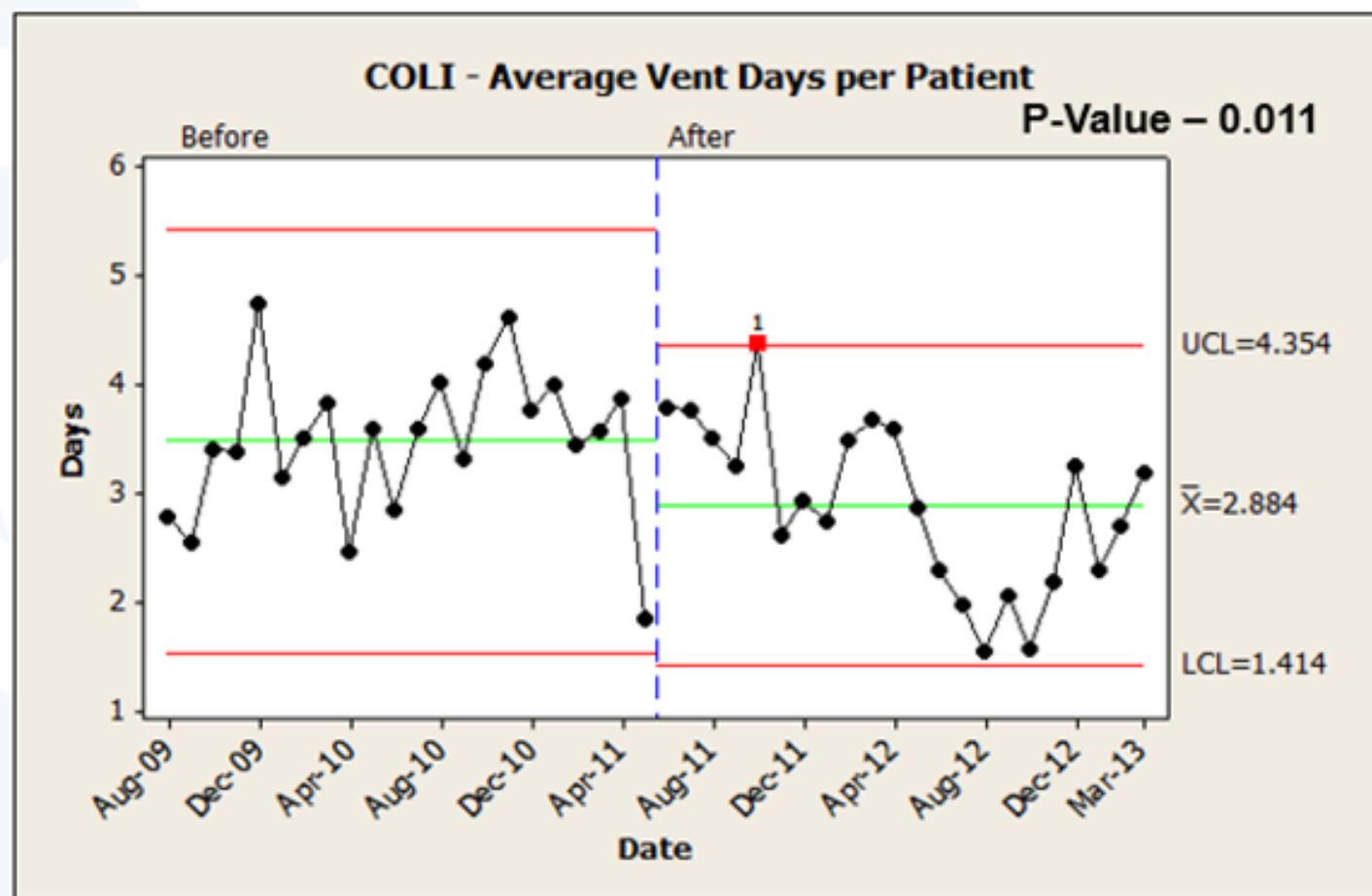
Technical  
Capabilities

Cultural  
Capabilities

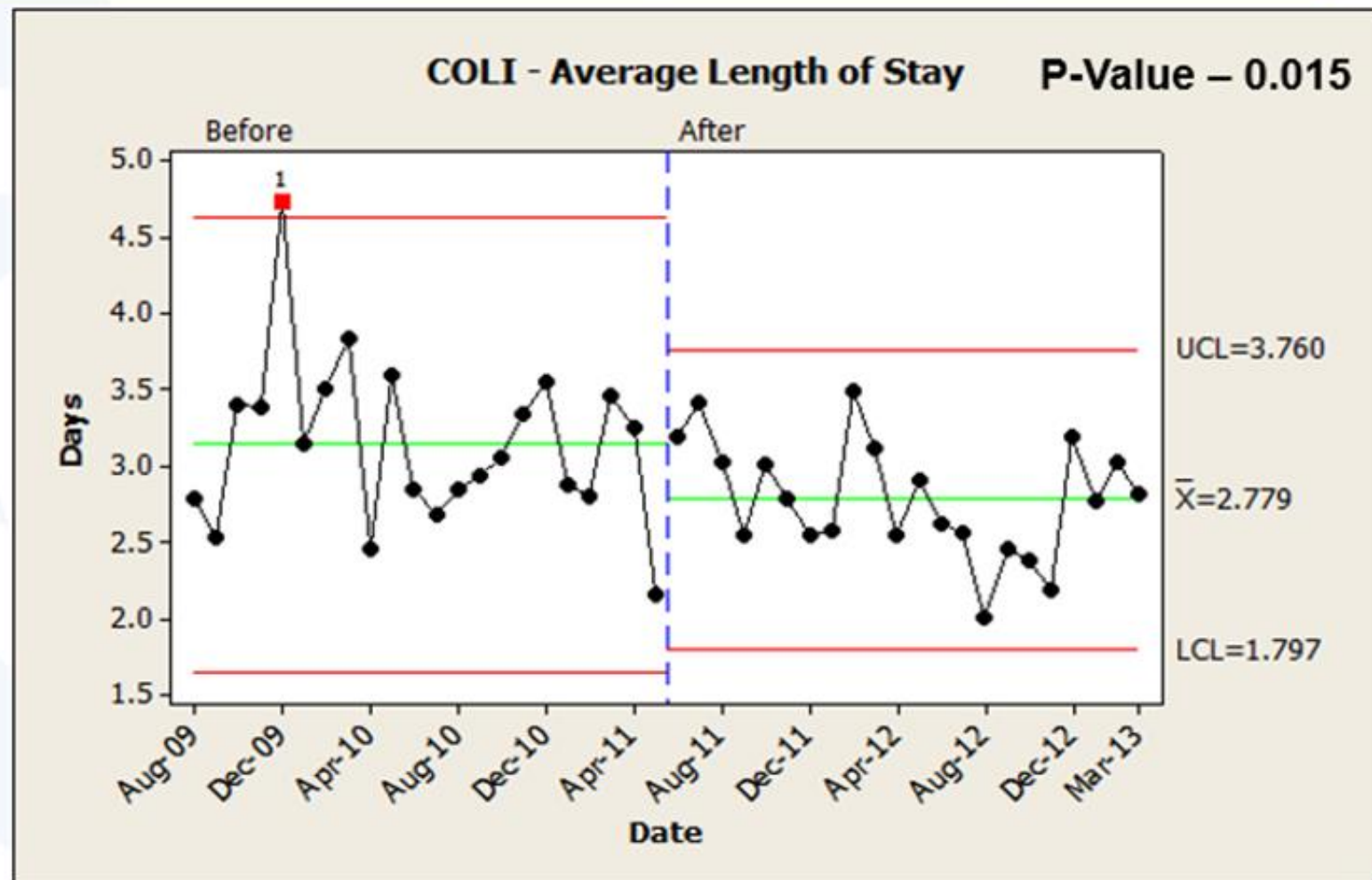
$$I = TC \times CC$$

George Eckes

# ICU – Average Vent Days per patient

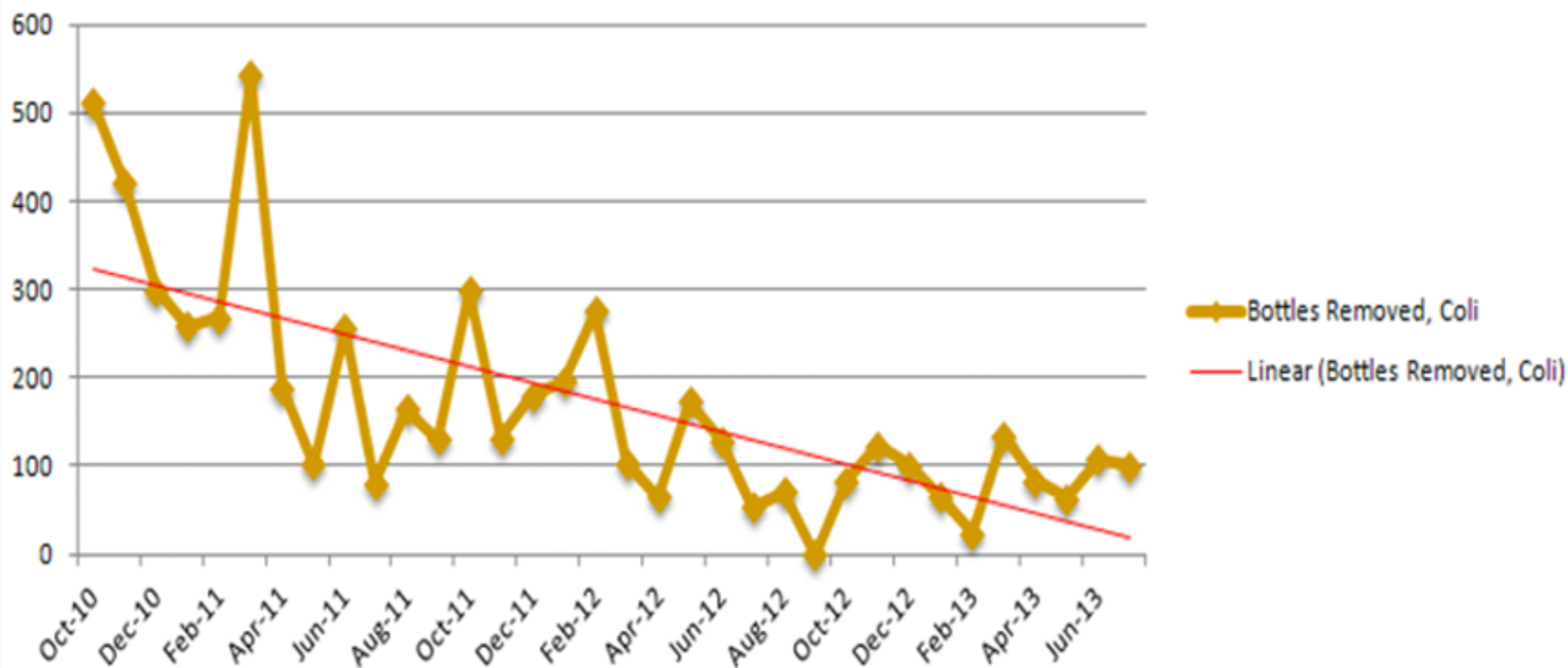


# ICU – Average Length of Stay

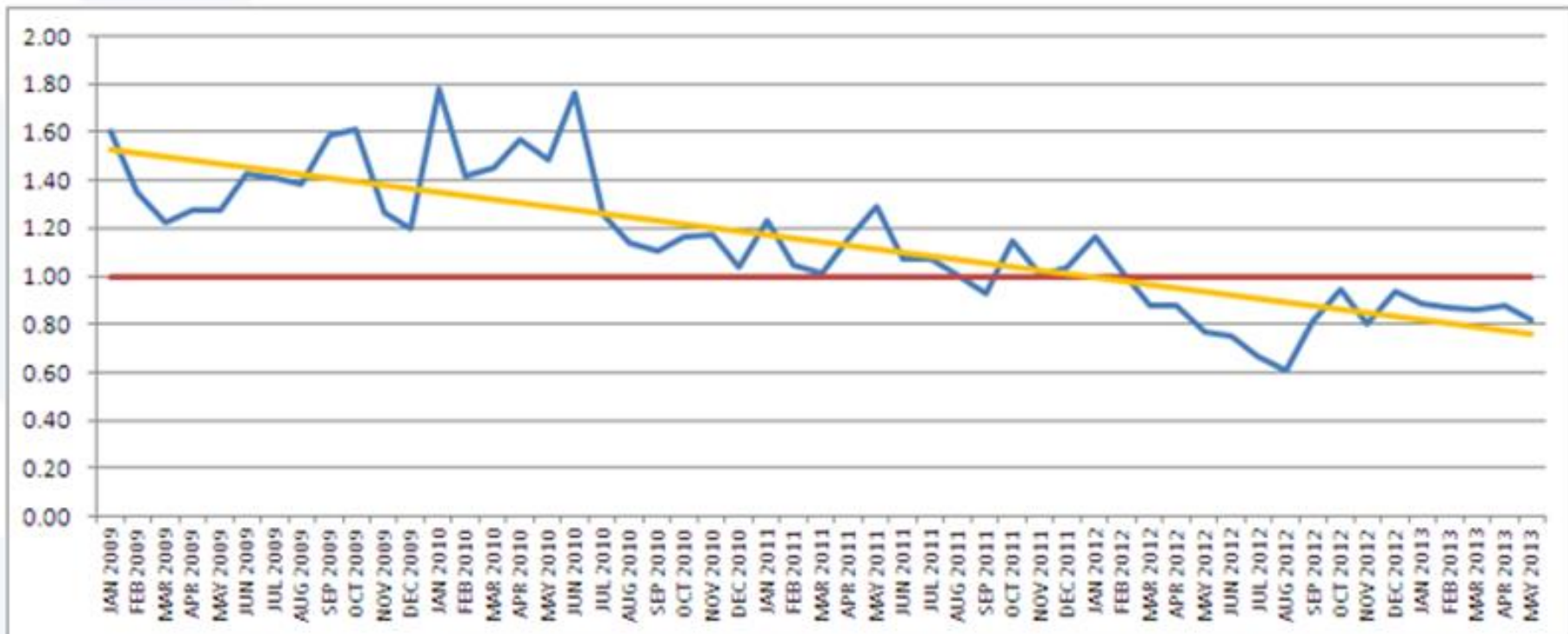


# Reduced ICU Propofol Use

## Propofol Bottles Removed - Coli



# Risk Adjusted Mortality

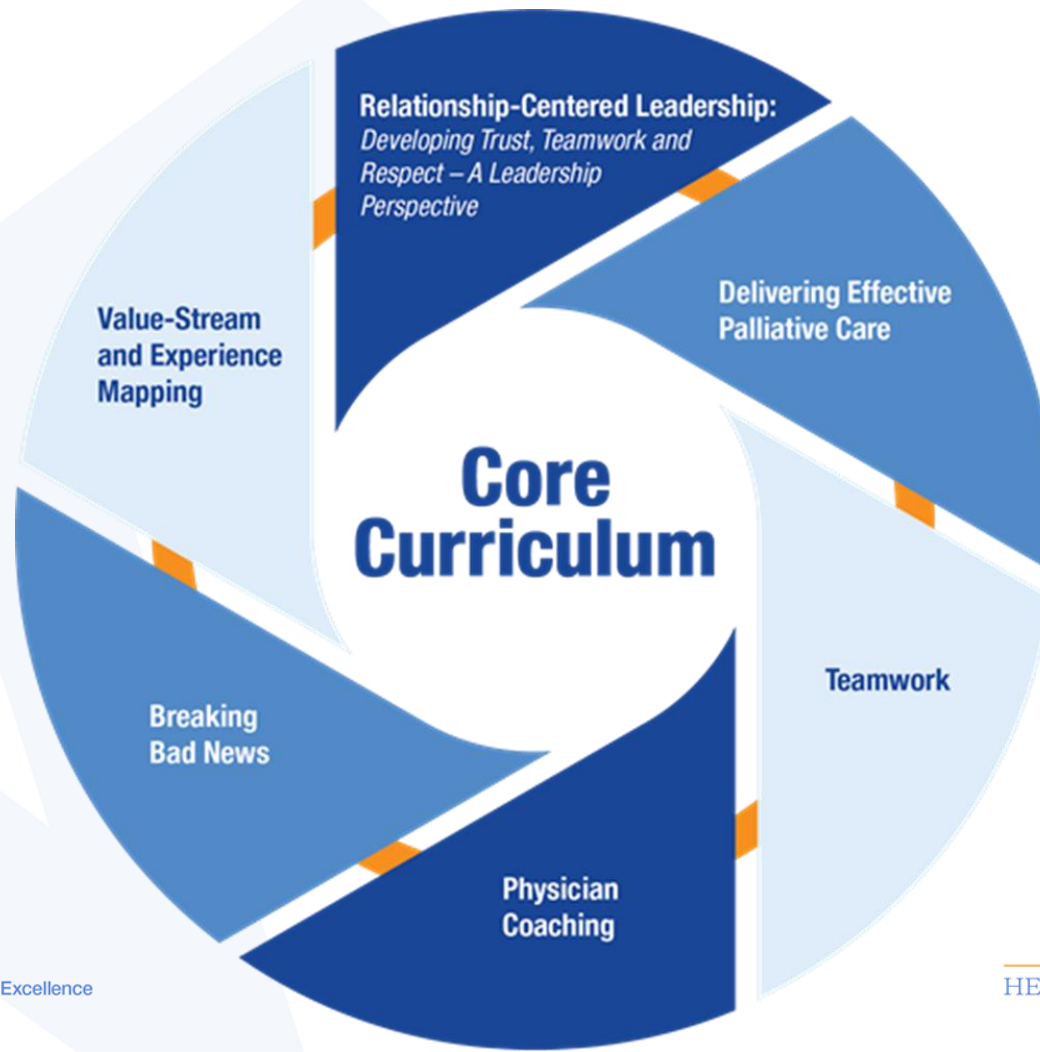


**>500 FEWER Deaths per Year than 2010**



# Relationship-Based Communication

*Creation of a series of curriculum and standards for relationship-based communication, teamwork, and leadership*





# The Key to Optimal Human Experience



# The Journey to Excellence

Outcomes, Safety, Service, Quality

## RHT

- *RELATIONS*<sup>TM</sup> for Healthcare Transformation
- Skills-based curriculum to lay a foundation for successful, sustainable results

**Culture Interventions**  
**Transformation**

High Reliability

Culture Of Safety

Quality Improvement

Employee Engagement Action plans

Physician Engagement

Turnover Rates

TeamSTEPPS

## Quality Pillars

- Do Not Harm Me (patient safety)
- Cure Me (patient outcomes and effectiveness)
- Treat Me With Respect (patient satisfaction)
- Navigate My Care (efficiency and care coordination)
- Keep Us Well (population health and preventative medicine)



## Keynote Presentation:

# Finding Your Purpose

**Dr. Bertice Berry**

Sociologist, Author, Lecturer, Educator

