Continuous Quality Improvement

WEBINAR FOR DEAP QUALITY COORDINATORS

OCTOBER 11, 2018

Presenter

Jodi Lavin-Tompkins, MSN, RN, CDE, BC-ADM
Director of Accreditation
American Association of Diabetes Educators

Announcements

- Quality Coordinator Practice Discussion Group now open for members on myAADE network!

Announcements

- Next DEAP webinar will offer 1.0 CEU
- Tuesday, November 13
- 1:00 – 2:00 pm ET
- Will be an overview of DANA (Diabetes Advanced Network Access), AADE's tech hub

- December webinar is scheduled for Tuesday, December 11
- 12:30-1:00 pm ET
- Topic TBD

What is Quality Improvement?

- Is a formal process or plan that is ongoing and has several steps
- Requires that you collect data
- Is done by a team
- Is proactive, not reactive. Data for the CQI plans is collected and used to make positive changes – even when things are going well, rather than waiting for something to go wrong and then fixing it
- Answers these questions:
  - Why is the problem there?
  - What is the extent of the problem?
  - What are possible solutions?
  - Which solutions work and what was the impact?

Quality Improvement

- Why is this important?
  - Formal quality improvement strategies can lead to improved diabetes outcomes.
    - Tricco A, Ivers N, Grimshaw J, et al. Effectiveness of quality improvement strategies on the management of diabetes: a systematic review and meta-analysis. Lancet. 2012;379(9833):22522261.
  - Positive results from quality initiatives can be used in marketing efforts and shared with administration, which helps with sustainability.
  - CMS-quality payment program in place for organizations and clinicians – these are where a lot of our DSMES programs live.

Quality Improvement and Accreditation

- Is related to Standards 9 and 10
- Is required to achieve and maintain accreditation

Standard 9: Participant Progress

- The provider(s) of DSMES services will monitor and communicate whether participants are achieving their personal diabetes self-management goals and other outcome(s) to evaluate the effectiveness of the educational intervention(s), using appropriate measurement techniques.
- Goal Setting and other measurements
- Compare outcomes after engagement in DSMES services with a baseline

Standard 9 documentation

- SMART goals and follow up on goals with measured achievement in participant chart
- At least one clinical outcome measure to determine effectiveness of the education documented in the chart

Standard 10: Quality Improvement

- "The DSMES services quality coordinator will measure the impact and effectiveness of the DSMES services and identify areas for improvement by conducting a **systematic evaluation** of process and outcome data."

The components of Standard 10 include:

1. Evidence of a procedure to collect and aggregate data for analysis of outcomes.

- *Clinical outcomes: A1c, foot and eye exams, ER visits, newborn weight, C-section delivery rate, hospitalization days, etc.
- *Behavioral outcomes: participant satisfaction, behavioral goal achievement, reduction in diabetes distress, etc.
- Process outcomes: wait times, program attrition, referrals, education process, reimbursement issues, follow up, etc.

*Standard 9 requires that you track at least one behavioral goal and one clinical outcome

Collecting Data

- Describe how you will collect the data
  - Report from EMR
  - A7s system or other software platform
  - Excel spreadsheet
  - Other program or method
- Make sure you can show the source of the data in case of an audit
- At the beginning of the accreditation period, make sure you know what data you will need to report

Aggregating data

- You will need to report aggregated data for all participants seen in the program (those that you provided DSMES and/or billed G0108 or G0109 for)
  - Ideal is to have that built in so you don't have to do it manually
- In order to show the impact of DSMES, AADE asks you to report success for "completers"
- You need to have a baseline, a benchmark, and a definition of completion

Continuous Quality Improvement

2. Documentation of a CQI project plan measuring the effectiveness and impact of the DSMES services that identifies areas of improvement through the evaluation of process and outcome data.

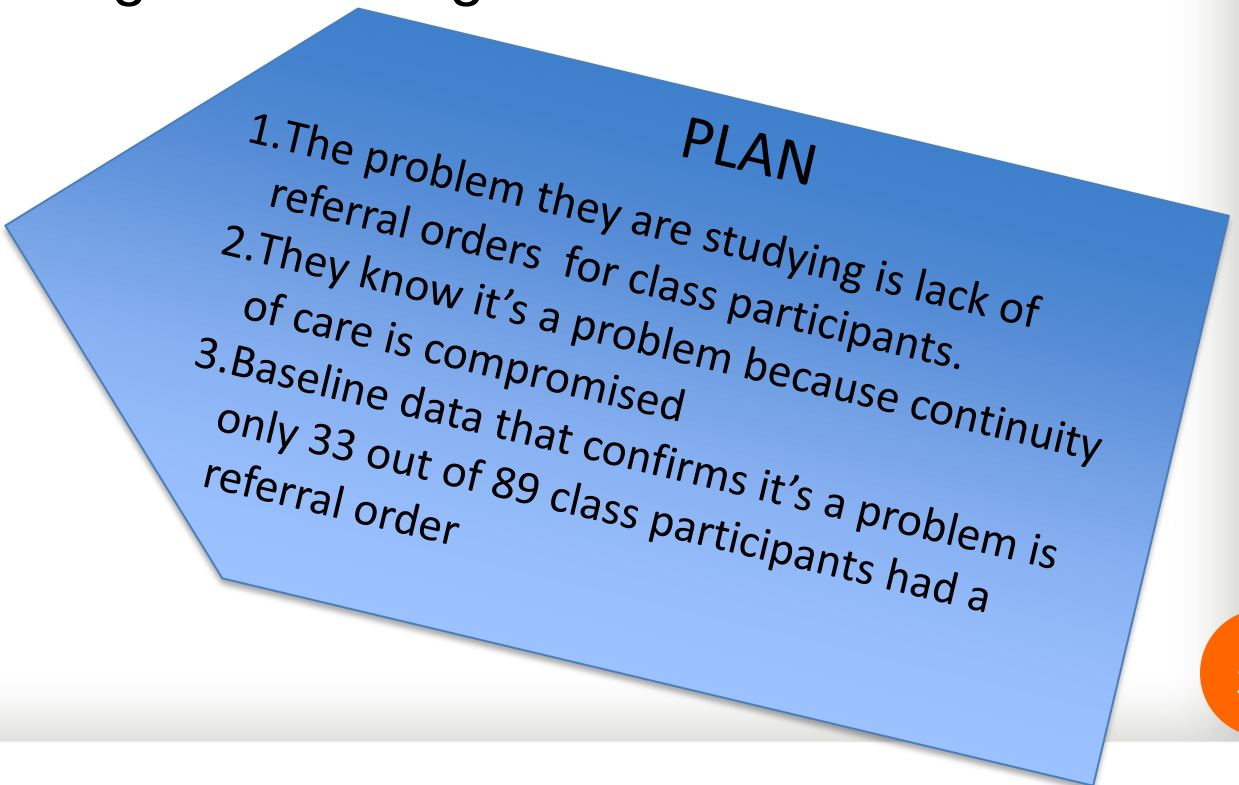
- Once areas of improvement are identified, the QC determines the timelines and important milestones, including data collection, analysis, and presentation of results.
- A variety of methods can be used, such as: Plan Do Study Act, Six Sigma, Lean, Re-Aim, Workflow mapping
- Three fundamental questions should be answered by the CQI project: What are we trying to accomplish? How will we know a change is an improvement? What changes can we make that will result in an improvement?
- The CQI project results must be reported to stakeholders within the first 6 months following accreditation, then annually thereafter.

Plan-Do-Study-Act (PDSA) “Cycles”

- Purpose: to establish a causal relationship between changes and outcomes
- Starts with determining the scope of the problem
- What changes can and should be made?
- A plan for a specific change, who should be involved, what should be measured to understand the impact of the change, and where the strategy will be targeted
- Change is implemented and data and information are collected
- Results are assessed and interpreted as success or failure
- Action is taken on the results by implementing the change or beginning the process again and trying different strategies

Real World Example

Problem Statement: Out of 89 participants in class, only 33 had referrals from a physician. Coordination of care with the medical provider is essential to provide quality care and ensure continuity even though the program does not bill for services due to grant funding.



Real World Example

Possible causes:

1. Participants need primary care provider - Participants cannot afford physician office visits or costs of having form filled out
2. Program had not recently stressed the importance of having a referral order to the referring provider or the participants
3. Frequent changes in support staff who are not as familiar with the need for referrals
4. Physicians provide participants with the flyer for the program but do not complete the referral form
5. Participants lose the referral forms or do not know what to do with the form
6. Program does not request the referral prior to class

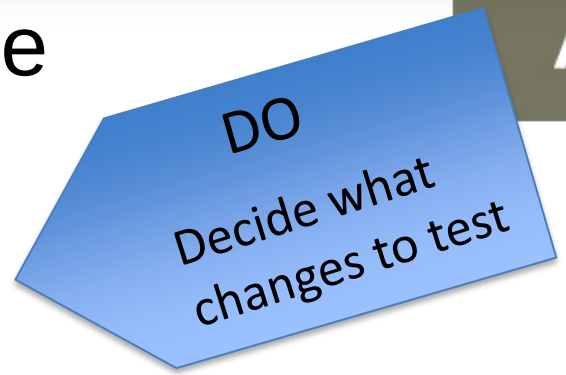
DO

In order to know what solutions to work on, need to know possible causes, then brainstorm based on these

Real World Example

Goal: To increase the number of class participants with a referral from their primary care physician from 37% to 75% by June 30.

Real World Example



Do:

1. Will refer uninsured participants that need primary care to the FQHC
2. Program Coordinator will hold meetings at physician offices to explain the need for a referral for DSME participants. Will offer to do community outreach programs with participants at their office to introduce the concept of the DSME and will encourage them to ask their physician for a referral.
3. Work with the offices to create a training document for new support staff.
4. Program Coordinator will personally visit at least 2 physician's offices per week to provide with referral forms and will request the referral from the physician on behalf of the participant when referral cannot be obtained by participant prior to class.
5. Volunteers will be recruited to follow up with physician's offices to request referrals for participants who attend class initially without a referral.

Real World Example

Study: On a quarterly basis:

1. Monitor the number of class participants that attend with and without a referral from the primary care physician, as well as the number referred to the FQHC.
2. Document the number of participants that referrals are requested for by program staff.
3. Track source of referrals for possible need for follow up training and reinforcement
4. Record feedback from providers and staff at physician office meetings to determine if need to try something else.

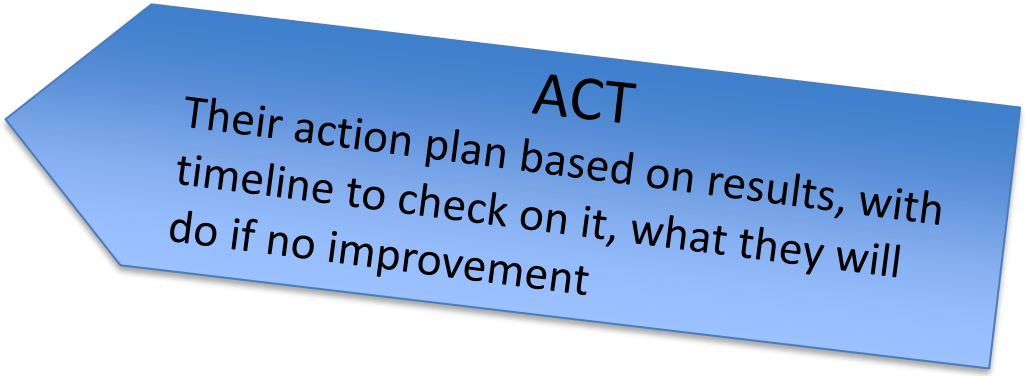
STUDY

This is how they will know if their efforts result in any improvement, outlines how long it will take to determine, what to measure and how to analyze

Real World Example

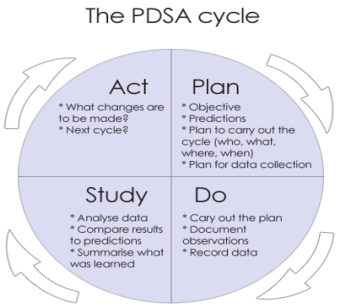
Act:

1. After determining which method or combination of methods was effective in getting more referrals, make those part of program policies, coordinator's job description and continue to monitor quarterly with target achievement date of June 30 next year.
2. If no improvement, do more research with providers and class attendees to determine root cause and next PDSA cycle.



Sample Template

CONTINUOUS QUALITY IMPROVEMENT



Plan What change are you testing with the PDSA cycle(s)? What do you predict will happen and why? Who will be involved in this PDSA? Plan a small test of change. How long will the change take to implement? What resources will they need? What data need to be collected?	List your action steps along with person(s) responsible and time line.
Do Carry out the change on a small scale. Document observations, including any problems and unexpected findings. Collect data you identified as needed during the "plan" stage.	Describe what actually happened when you implemented the change.
Study Study and analyze the data. Determine if the change resulted in the expected outcome. Were there implementation lessons? Summarize what was learned. Look for: unintended consequences, surprises, successes, failures.	Describe the measured results and how they compared to the predictions.
Act based on what was learned from the test: Adapt – modify the changes and repeat PDSA cycle. Adopt – consider expanding the changes in your organization. Abandon – change your approach and repeat PDSA cycle.	Describe what modifications to the plan will be made for the next cycle from what you learned.

Real World Example – what is wrong with this?

- A major concern with the DSMES program is the wait time for an appointment. Patients now wait 2-3 months for an appointment. Consults are triaged and if patients need to be seen sooner, they are scheduled accordingly. Frequency of follow- up care is also a concern. The Diabetes Care Center was approved to hire an additional nurse practitioner to assist with the program. Once a staff person is hired, the board will be notified and a "change of status" update will be sent to AADE DEAP program staff. The goal is to decrease wait time and improve access to care. Our current wait time is 3 months (12-13 weeks). The 2018-2019 goal is to decrease the wait time to less than 1 month (4 weeks).

Reminders about submitting CQI plans

- Newly accredited programs need to report CQI project results to date to their stakeholders within 6 months of accreditation and annually thereafter
  - Submit 6 month stakeholder minutes to AADE
- CQI results should be submitted with Annual Status Report
- Identify project for coming year
- Will need to have it available if audited

My Personal Experience with CQI

- Year long project with multiple PDSA cycles to reduce health disparities in Somali's and African Americans with Type 2 diabetes
- System-wide initiative supported by the organization and through grants
- CDE's were co-leads for teams composed of staff and representatives from the community, interpreters
- One example of our learnings: Somali community called in to an 800# to listen to health information in their language

Thank You!