DOM Quality and Safety Program Update

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Vice Chair for Quality
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IOM Definition of Quality

“the extent to which health services provided to individuals and patient populations improve desired health outcomes and are consistent with current professional knowledge”

- IOM Domains of Quality
  - Effective
  - Efficient
  - Safe
  - Timely
  - Patient-centered
  - Equitable
Mission of the DOM

Patient Care

Education/Training

Research
Size and Scope of DOM Clinical Practice
The Context
How to get across?
Mission

- To empower DOM faculty and trainees to innovate, educate, and generate new knowledge in QI/PS.
- To identify synergies and integrate QI/PS activities across the DOM.
- To foster an atmosphere in which QI/PS activities are valued as essential to the academic medical enterprise.
Vision

DOM will be a national and local leader in QIPS by:

- Providing the highest standard of patient-centered care
- Developing trainees and faculty who function effectively in the evolving healthcare environment.
- Advancing the science of QIPS
Values

- Respect the three-fold mission
- Balance local governance with central framework and tools
- Empower and value front line providers
- Alignment and synergy of activities
DOM quality program framework

**Inputs**
- Peer Review
- Performance Measures
- Institutional Priorities
- Grass Roots

**Activities**
- DOM Performance Improvement Activities

**Outputs**
- Patient Outcomes
- Culture
- ACGME
- Licensure/ABIM
- Academic Output
1. Peer Review/ Safety Initiative

*Ethics of the Physician*

Ishap bin Ali al-Rahawi (854–931)
al-Raha, Syria
The Road to Redesign: Philosophy

Rare Diseases
Diagnostic Dilemmas
Therapeutic Debates

Harm, Error, Systems
Case Review leading to Improvement
Collaboration
### Attributes of DOM M&M Activity

<table>
<thead>
<tr>
<th>Best Practice</th>
<th>Summer 2012 (n=14)</th>
<th>Summer 2013 (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interdisciplinary</td>
<td>57% (6 always, 2 sporadically)</td>
<td>75%</td>
</tr>
<tr>
<td>Standardized case finding</td>
<td>29%</td>
<td>50%</td>
</tr>
<tr>
<td>Standardized analysis</td>
<td>28%</td>
<td>64%</td>
</tr>
<tr>
<td>Leads to PI Projects</td>
<td>57% (5 routinely, 3 ad hoc)</td>
<td>80% (7 routinely, 4 ad hoc)</td>
</tr>
<tr>
<td>Use of reporting form</td>
<td>14%</td>
<td>58%</td>
</tr>
</tbody>
</table>
The Peer Review Process (Benson, Wald, Wiler)

**STEP 1**
Identification of Cases

- **Mortalities**
- **Morbidity** (e.g. IHI global trigger tool, other events)
- **(Metric Variance)** (specialty specific metrics)
- **Other care concerns** (provider referral, self report, incident reports)

**STEP 2**
Peer Review Process

- Systems Concern
- Provider Concern
- No Concern

**STEP 3**
Disposition

- **Performance Improvement** (Division, Department, SOM, UCH)
- **Individual remediation**
- **Closed Case**

**STEP 4**
Reporting

- Department
- Risk
- GME

Conference (M and M)
Case Identification
Peer Review Committee
Hospital Medical Group

- **Committee:**
  - Physician lead
  - Staff MD (rotating)
  - IM Resident (rotating)
  - QI RN
  - Medical Nursing
  - Pharmacy
  - others
Human Error
Inadvertent action, slip, lapse, mistake

Manage through:
- Changes in Procedures
- Design
- Environment
- Training

At-risk Behavior
A choice. Risk not recognized or believed to be justified.

Manage through:
- Removing incentives for at-risk behavior
- Creating incentives for healthy behaviors
- Increasing situational awareness

Reckless Behavior
Conscious disregard of unreasonable risk.

Manage through:
- Remedial action
- Punitive action

Console
Coach
Punish
“The patient in the next bed is highly infectious. Thank God for these curtains.”
DOM Patient Safety Plan AY2013

- Continue to disseminate systems M&M
- Pilot hospitalist collaborative case review
- Perform patient safety culture baseline survey
- Implement faculty development for peer reviewers
- Plan team training
2. Performance Measurement

Not everything that counts can be measured. Not everything that can be measured counts.
### Provider-specific Outpatient Dashboard

#### Primary Care Provider Dashboard
For patients with visits between 10/1/2011 and 10/31/2012

<table>
<thead>
<tr>
<th>Metric</th>
<th>Provider</th>
<th>Clinics</th>
<th>PC Combined</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Diabetes Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A1C in past 13 Months</td>
<td>78</td>
<td>100%</td>
<td>53%</td>
</tr>
<tr>
<td>A1C &lt; 7%</td>
<td>51</td>
<td>65%</td>
<td>59%</td>
</tr>
<tr>
<td>A1C &lt; 8%</td>
<td>68</td>
<td>87%</td>
<td>79%</td>
</tr>
<tr>
<td>A1C &gt; 9%</td>
<td>4</td>
<td>5%</td>
<td>11%</td>
</tr>
<tr>
<td>Blood Pressure &lt; 140/90</td>
<td>59</td>
<td>76%</td>
<td>71%</td>
</tr>
<tr>
<td>Blood Pressure &lt; 130/80</td>
<td>25</td>
<td>32%</td>
<td>40%</td>
</tr>
<tr>
<td>Lipids in past 13 Months</td>
<td>69</td>
<td>88%</td>
<td>81%</td>
</tr>
<tr>
<td>Non HDL &lt; 130</td>
<td>57</td>
<td>73%</td>
<td>74%</td>
</tr>
<tr>
<td>Microalbumin in past yr</td>
<td>56</td>
<td>72%</td>
<td>53%</td>
</tr>
<tr>
<td>Foot Exam in past yr</td>
<td>19</td>
<td>24%</td>
<td>23%</td>
</tr>
<tr>
<td>Retinal Exam in past yr</td>
<td>29</td>
<td>37%</td>
<td>30%</td>
</tr>
<tr>
<td>Active Tobacco User</td>
<td>14</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Tobacco Users Csnld in past yr</td>
<td>3</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Hypertension Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Pressure &lt; 140/90</td>
<td>222</td>
<td>70%</td>
<td>69%</td>
</tr>
<tr>
<td>Depression Care (PHQ2-3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed PHQ2</td>
<td>9</td>
<td>82%</td>
<td>66%</td>
</tr>
<tr>
<td>All Patients</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Tobacco Screening</td>
<td>528</td>
<td>99%</td>
<td>98%</td>
</tr>
<tr>
<td>Tobacco Users Csnld in past yr</td>
<td>7</td>
<td>12%</td>
<td>20%</td>
</tr>
<tr>
<td>Depression Screening - PHQ2</td>
<td>163</td>
<td>31%</td>
<td>33%</td>
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<tr>
<td>Health Maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumovax</td>
<td>201</td>
<td>81%</td>
<td>57%</td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td>92</td>
<td>68%</td>
<td>55%</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>223</td>
<td>63%</td>
<td>54%</td>
</tr>
<tr>
<td>Mammography</td>
<td>170</td>
<td>70%</td>
<td>61%</td>
</tr>
</tbody>
</table>
Unit-specific dashboard
Align with Reporting Requirements

- OPPE
- CMS
  - PQRI
  - E RX
  - MU
- JC
- IM RRC
- NCQI PCMH
  - CICs (3)

- Process
  - VC Quality
  - Division MD Champion
  - MSO Director
  - MSO OPPE Staff
  - Clinical Data Analyst
  - EPIC Report Writer
Data Governance
3. MOC / Licensure
ABMS MOC Standards (2006)

- Part I
  - Professional Standing
- Part II
  - Self-Assessment of Medical Knowledge
- Part III
  - Secure Examination
- Part IV
  - Self-Assessment of Practice-Performance Improvement Modules (PIM)

→ 100 points of self-assessment q 10 years
Current State of PIM
### Changing Regulatory Context

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Proposed</th>
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</thead>
<tbody>
<tr>
<td><strong>ABIM MOC</strong></td>
<td>100 points every 10 years</td>
<td>100 points <em>every 5 years</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Some activity every 2 years</em></td>
</tr>
<tr>
<td><strong>CO licensure</strong></td>
<td>No CME requirement</td>
<td>Participate in MOC program or obtain CME</td>
</tr>
<tr>
<td><strong>Medicare</strong></td>
<td>2013 +0.5 adjustment in individual physician fee schedule for MOC participation</td>
<td></td>
</tr>
</tbody>
</table>
Future state of PIM: Getting Meaningful QI to Count
Pilot of Multispecialty MOC Part IV Portfolio Approval Program (PAP)

ABMS member boards designate Portfolio Sponsors

- to evaluate and approve quality improvement efforts for MOC Part IV credit
- to attest to meaningful physician participation in these efforts

→ UC SOM is now a portfolio sponsor (1 of 14 nationally)
Rationale for UCSOM Participation

- Decreases administrative burden on individual physicians.
- Gives physicians credit for what they’re already doing
- Integrates Quality and MOC/MOL/CME
- Incentivizes projects with high organizational priority.
- Provides return on investment to the enterprise (UCH and UPI) by improving payments (P4P) and decreasing waste.

→ First 2 years funded by SOM/UPI
Required Features of a QI Project for Portfolio Approval via UCSOM

- Studies an area of clinical care that is of high priority and provides clear benefit to patients.
- Has appropriate leadership and management and resources.
- Addresses one or more IOM dimensions of patient care.
- Uses good QI methodology.
- Free from commercial bias.
Attestation of meaningful participation

Must meet 2 of the 4 criteria:
1. involved in the initial project design
2. involved in the implementation of strategies and interventions.
3. involved in the data collection and/or analysis to assess the impact of the interventions
4. documented participation in meetings to continue the process for improvement

Minimum participation: at least one full cycle of assessment, intervention, and re-assessment (e.g., PDSA cycle) for at least three months duration.
Hand Hygiene on 12 West
UCSOM MOC-PAP Program Details

- 1 application for project AND attestation form for each participating physician
- No additional fees (at least through first 2 years)
- Committee review and appeals process
  - DOM representative on committee: Heidi Wald
- Manager: Heather Hallman
  heather.hallman@ucdenver.edu
- www.ucdenver.edu/academics/colleges/medicalschool/facultyAffairs/moc
Goals for 2014

- Program Infrastructure
- Patient Safety Activities
- Quality Data Governance
4. DGIM UCH Ambulatory Practices

Patient Safety Activities
- Shared Learning
  - M and M
  - Do no harm
- Reporting
- Peer review
- Patient safety culture survey

QI Activities
- Initiatives
  - IHQSE team
  - Small Grants
  - PCMH
- Provider Level Dashboard
Thank you!
Questions?

- heidi.wald@ucdenver.edu
Senge’s Five Disciplines

- Monitor and Promote Safety Culture
- Shared Vision
- Systems Thinking
- Team Learning
- Personal Mastery
- Mental Models

- Continuous Systems Improvement
- Learning Organization
- Team Training
- Transparent, Robust, and just safety event review