RWJF's Aligning Forces For Quality: Humboldt County

Joyful Renewal: *"Building Patient Centered Medical Neighborhoods"*

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The Wright Center for Graduate Medical Education and Primary Care
January 23, 2014

Learning Goals and Objectives

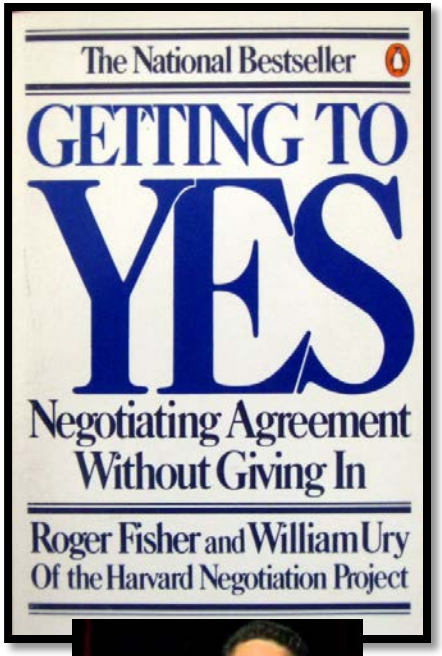
- Inspire all to the balcony of true patient centeredness
- Build shared frame of reference: Culture change and collective accountability are crucial determinants of national healthcare solutions
- Highlight challenges to culture change in healthcare
- Highlight PCMH-N as a natural framework of necessary change
- Empower collaborative stakeholders, promoting skills, tools and support systems, to demonstrate collective action solutions to manage high risk care transitions

Our Collective American Challenge

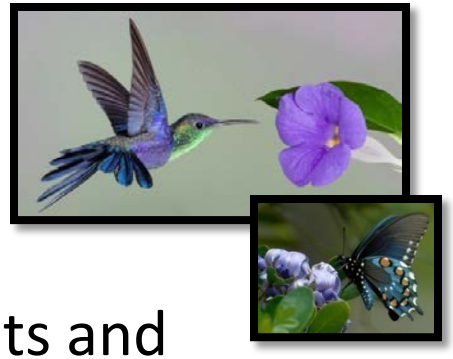
- Intense conflict about and within American healthcare
- National dilemma: Limited mechanisms in place for organizing and coordinating care
- Natural human propensity to conflict and reactive response, exacerbated by traditional medical education
- Deep differences among diverse stakeholders in the trenches of reactive, unaccountable care delivery systems

Conflicts and Dilemmas

- Every conflict can be transformed
- Culture gives context
- Every culture has roots in an origin story
- Resolution comes from a 3rd, unifying side
- Healthcare has a traditional culture
- PCMH-N developments can be the 3rd side



A Few Humble Disclosures

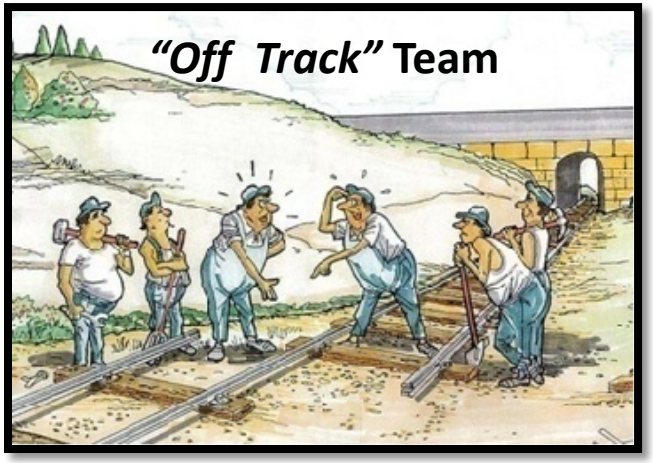


- Extremely short brain circuits between thoughts and speech
- Strong stream of consciousness
- Seek relevance and genuinely relentless
- Love Butterflies and Hummingbirds
- Transforming, probably recovering, *"Woman with Her Hair on Fire,"* newly made executive, still practicing
- Daily catalyst of ongoing culture transformation at The Wright Center and in our community

Sharing My Story

- Pennsylvanian through and through
- Wife/Mom with 3 school age kids
- First generation physician
- Born, raised, practice in Archbald, PA
- MD, Baylor College of Medicine
- Harvard's Combined Internal Medicine/Pediatrics Residency
- Primary care die hard who almost lost her mind in small town practice
- Salvaged by The Wright Center for GME and Primary Care
- Founding Board Member: The Commonwealth Medical College
- President/CEO of The Wright Center Corporations
- Teaching Health Center GME Consortium Lead

My Formative Years: Small Town Primary Care



Greatest Successes

- Daily pre-visit planning and weekly huddle
- Registry management and monthly reporting
- Specified provider teams and Empanelment
- Role specified, EMR driven planned care at EVERY visit
- Care Management: TOC and tracking calendar
- Spiritual Counselor and Social Worker
- Patients as Proofreaders and Team Based Med Reconciliation
- EMR Meaningful Use Application Specialist
- Enhancing Care Coordination with Referral Tracking
- Portal Activation: *“Why call when you can click?”*

Better Information Systems for Better Care

Translating HIT Functionality to Medical Home Implementation

DATA AVAILABILITY

- Collect, track, and manage patient health information through an EHR or registry
- Assist in open-access scheduling; medication management; maintain an up-to-date problem list of current and active diagnoses
- Connect with your medical and community partners to track referrals and follow-up, coordinate with facilities, and ensure transition of care
- Create a Web site with information on office policies and procedures, how to reach staff, after hours care, educational materials, etc

DATA SHARING AND EXCHANGE

- With a privacy framework in place, exchange of key clinical information amongst providers of care and patient authorized entities electronically
- Develop and maintain individual care plans with patients and families
- Create a patient portal that would allow patients and families to:
  - Update demographic information
  - Answer previsit questionnaires and schedule appointments
  - Report data for ongoing management between office visits
  - Access health information (eg, immunization records)
  - Implement telemedicine opportunities to enhance comanagement of care
  - Use text messaging to prompt, remind, or obtain information from patients

INFORMATION AND DATA ASSURANCE

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  - Access health information (eg, immunization records)

QUALITY IMPROVEMENT

- Implement evidence-based clinical guidelines with the aid of electronic prompts before, during, or after visits
- Develop a patient registry
- Utilize a Web-based quality performance reporting system (eg, for quality improvement, assessment, maintenance of certification, research, and program planning)

Care Fragmentation

Primary care providers (PCPs) reporting that they always get information back after a referral:	37%
PCPs routinely notified about discharges:	17-20%
PCP involved in discussion before discharge:	3-23%
Discharge summaries received by PCP within 2 weeks:	20-40%
Discharge summaries without info on pending tests:	65%
Discharge summaries without discharge medications:	21%
Discharge summaries without follow-up plans:	14%

Kripilani, et al. JAMA 2007. Bell, et al. JGIM 2008.

Why Make Care Coordination a Priority?

Happier patients	Patients and families hate it that we can't make this work.
Fewer problems	Poor hand-offs lead to delays, lapses in care, adverse drug effects, and other problems that may be dangerous to health.
Less waste	Enormous waste is associated with duplicate testing, unnecessary referrals, unwanted specialist-to-specialist referrals, and failed transitions from hospitals, EDs, & nursing homes.
Happier physicians & staff	Clinical practice will be more rewarding.

Dr. Ed Wagner, Group Health, SNMHI

What We Changed and Why

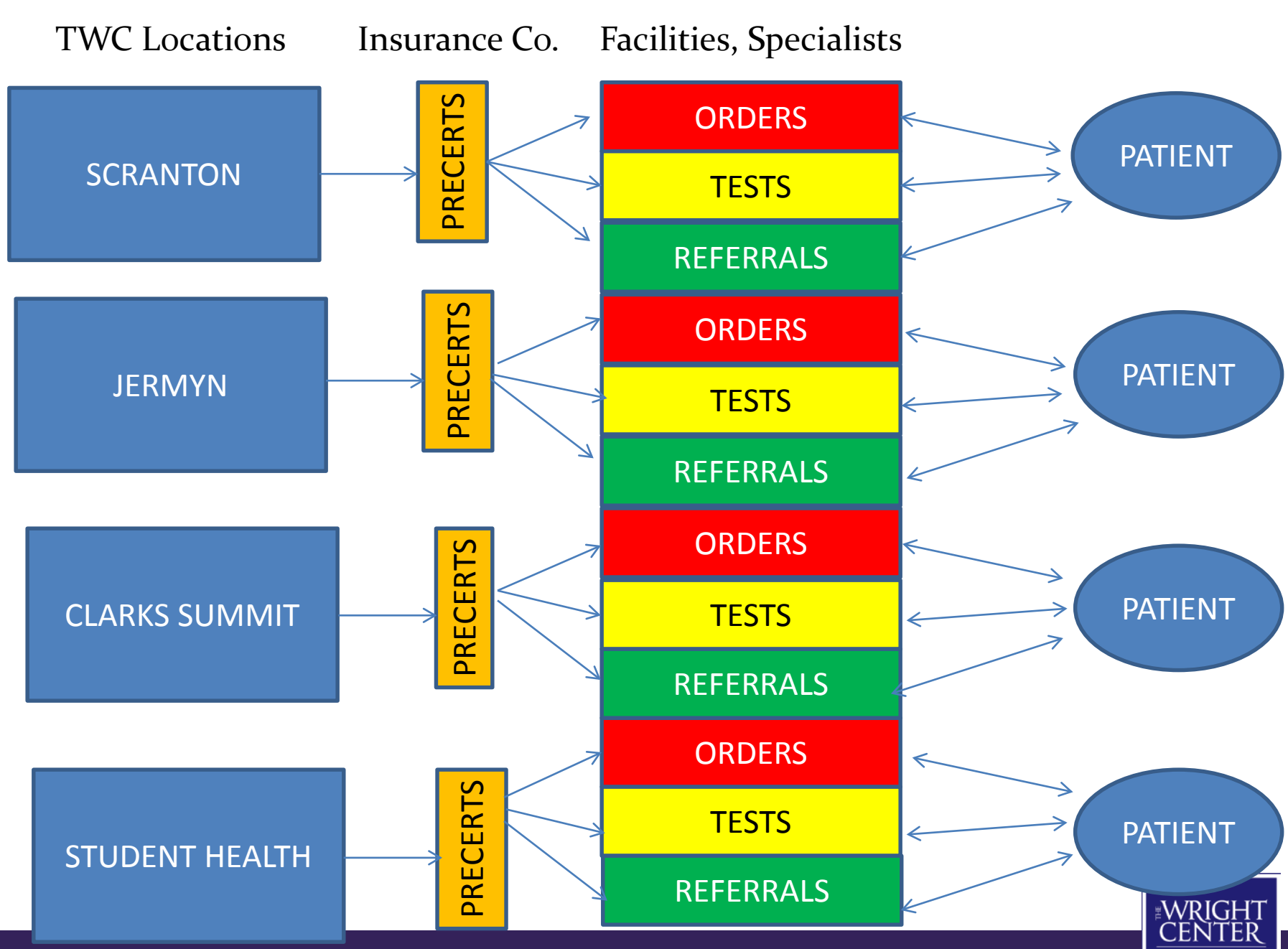
Care coordination: *"Closing the loop"* through referral tracking is one of the greatest benefits we provide as patient advocates

Uncoordinated, "reactive" care

- Causes patient and provider frustration & anxiety
- Diminishes health outcomes
- Redundant & reactive work

Strategic referral tracking

- Care utilization & compliance are enhanced
- Barriers to care are identified & mitigated
- Patients appreciate the organized effort!


TWC Locations
Insurance Co.
Facilities, Specialists
SCRANTON
JERMYN
CLARKS SUMMIT
STUDENT HEALTH
PRECERTS
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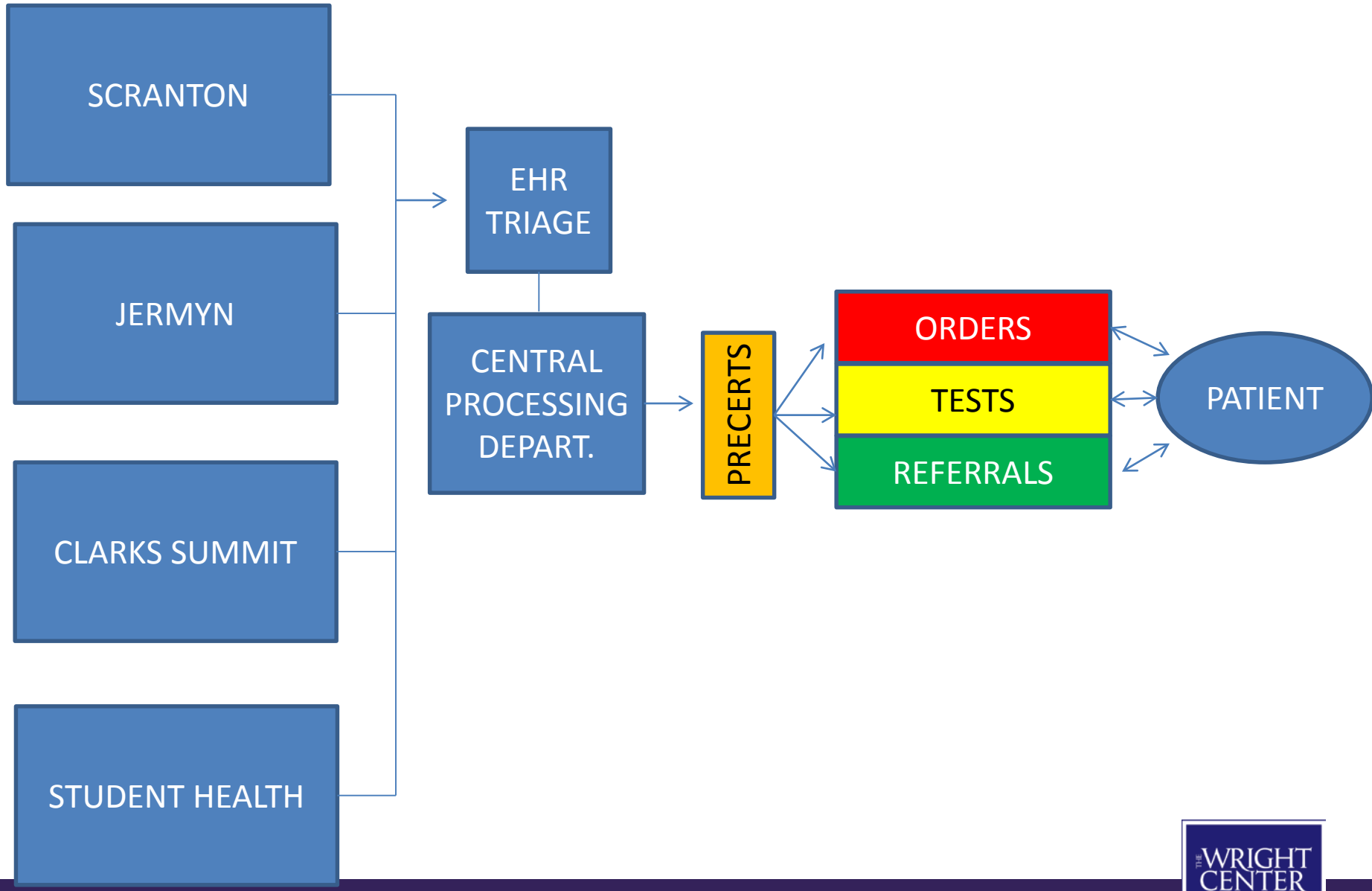
SCRANTON
JERMYN
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STUDENT HEALTH
EHR TRIAGE
CENTRAL PROCESSING DEPART.
PRECERTS
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REFERRALS
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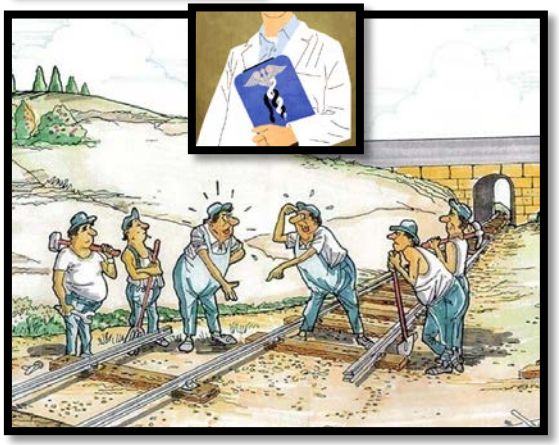
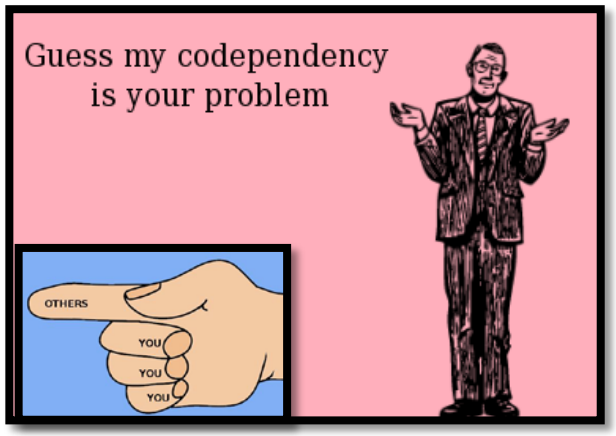


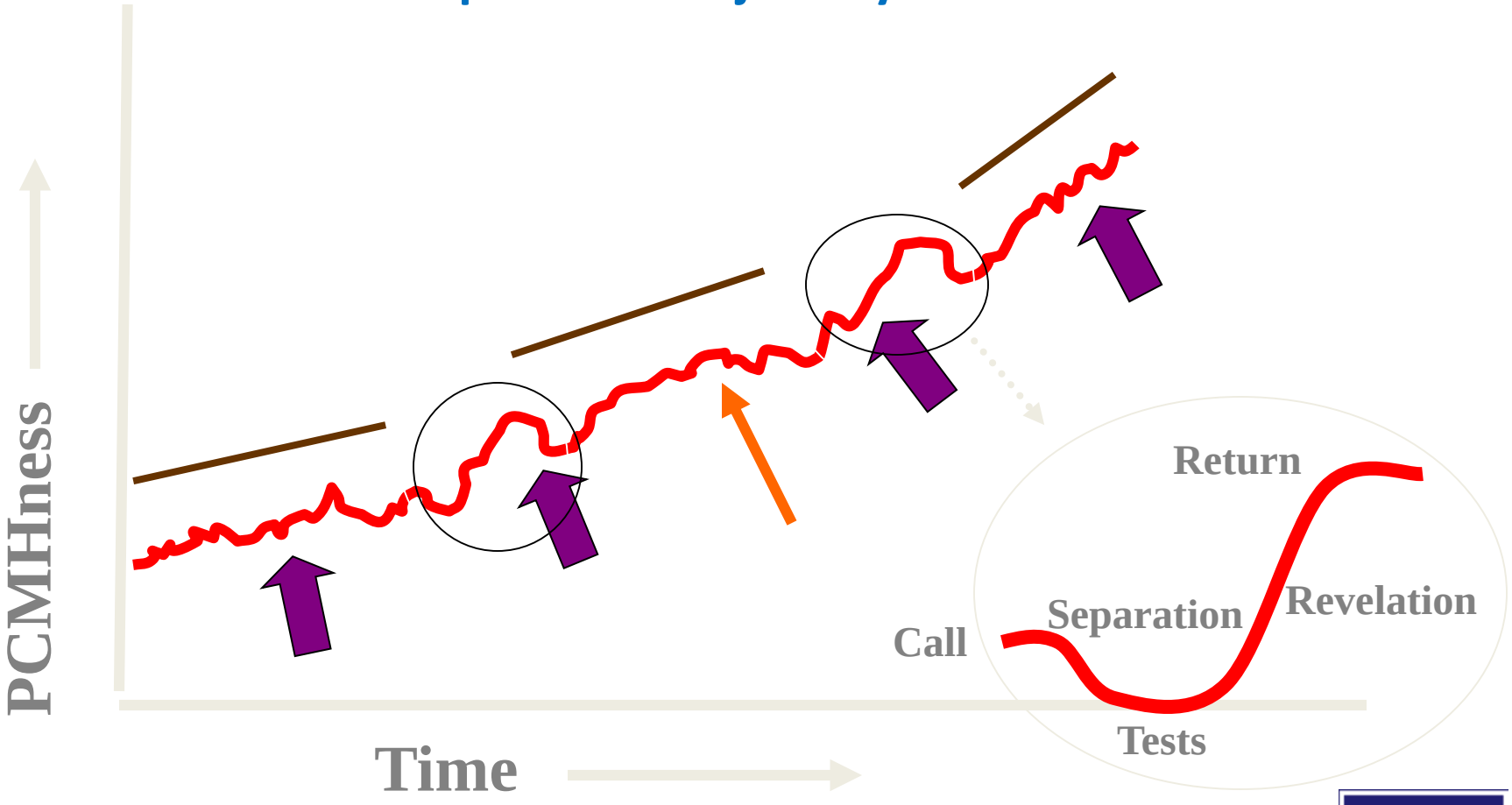


"Problems cannot be solved by the same mindset that created them."

-Albert Einstein

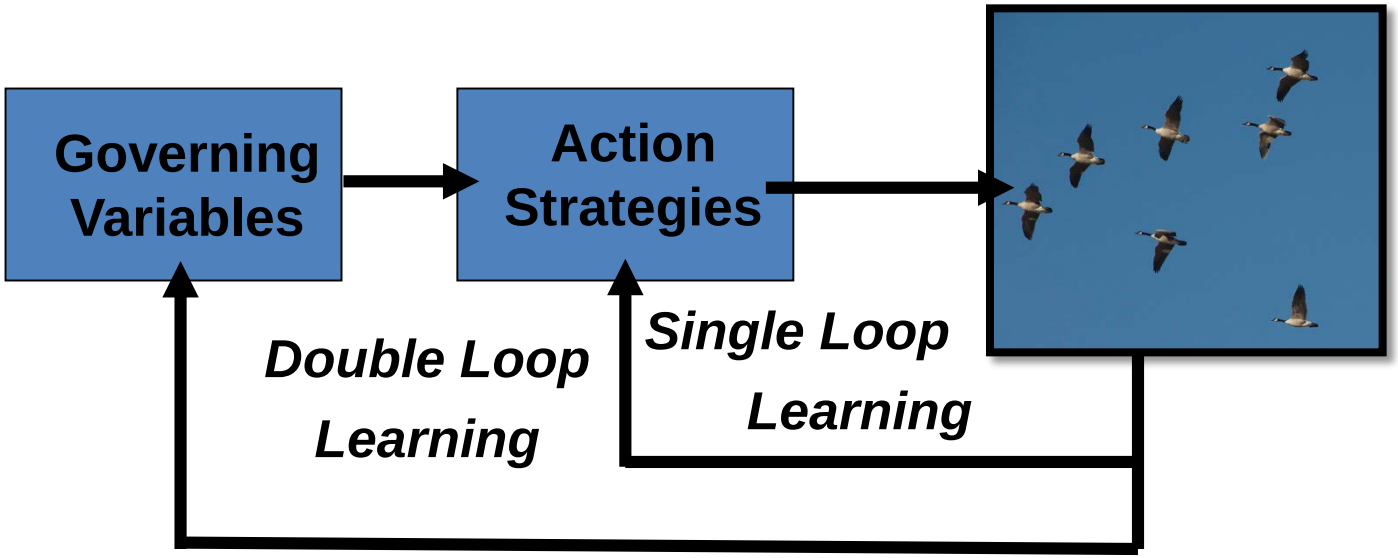
What's Happening to Us?

Non-Linear Developmental Trajectory of Transformation



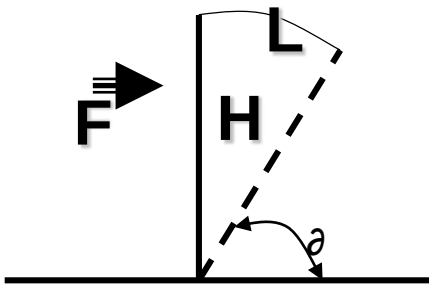
Dr. Will Miller, Lehigh Valley Network

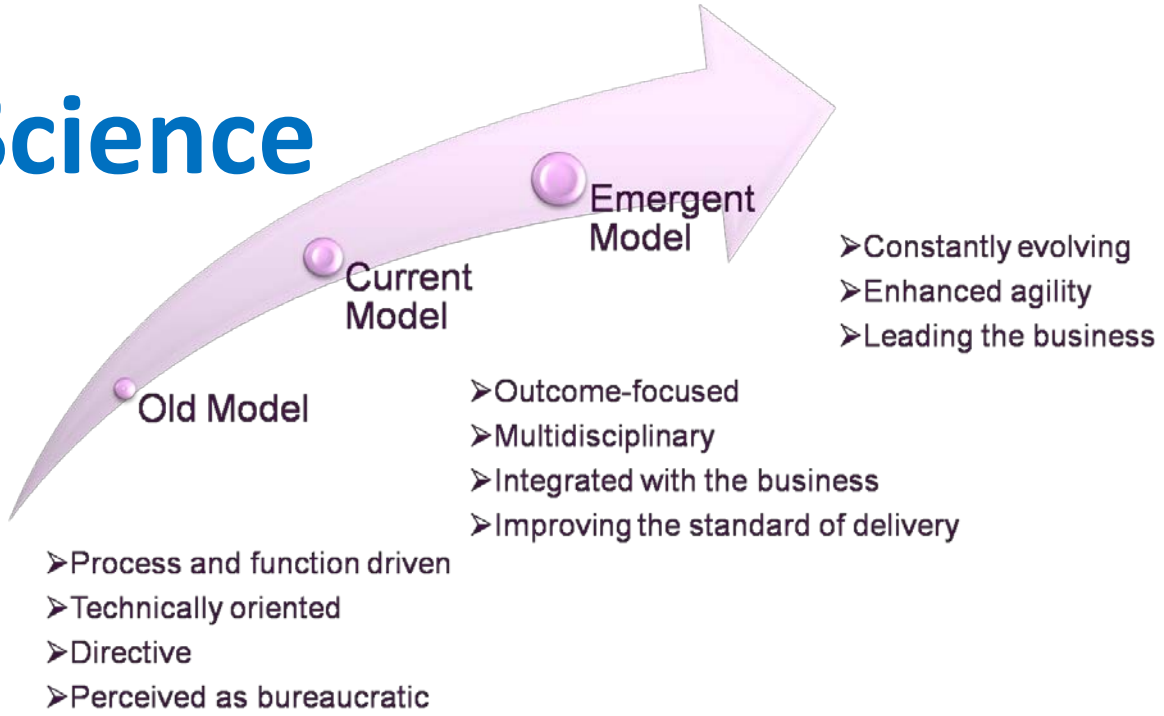
Our "Learning Culture" is Evolving…



Nondiscriminatory Safety Net , NCQA Level 3 PCMH
PA's Practice and Residency/Community Health Center Collaboratives
Pioneering Teaching Health Center for Inter-Professional Workforce
RWJF PCT:LEAP Innovations Learning Community Site

Complexity Science





Robust systems continue functioning in the presence of internal and external challenges without fundamental changes.

Resilient systems can adapt to internal and external challenges by changing operational methods, while continuing to function. While original elements are present, there is a fundamental evolution in core activities reflecting adaptation to the new environment and learning from many fail safe rather than catastrophic events.

Paradigm Change in Premise

A Transformation:

Not incremental or CQI

Not just practice redesign

Not an alteration

A true identity, premise & culture shift

Driven by:

A suboptimal, unsustainable situation

Dramatic external change/forces

New Technology

Collective Imagination Transformation

Mezirow's Transformational Learning Theory

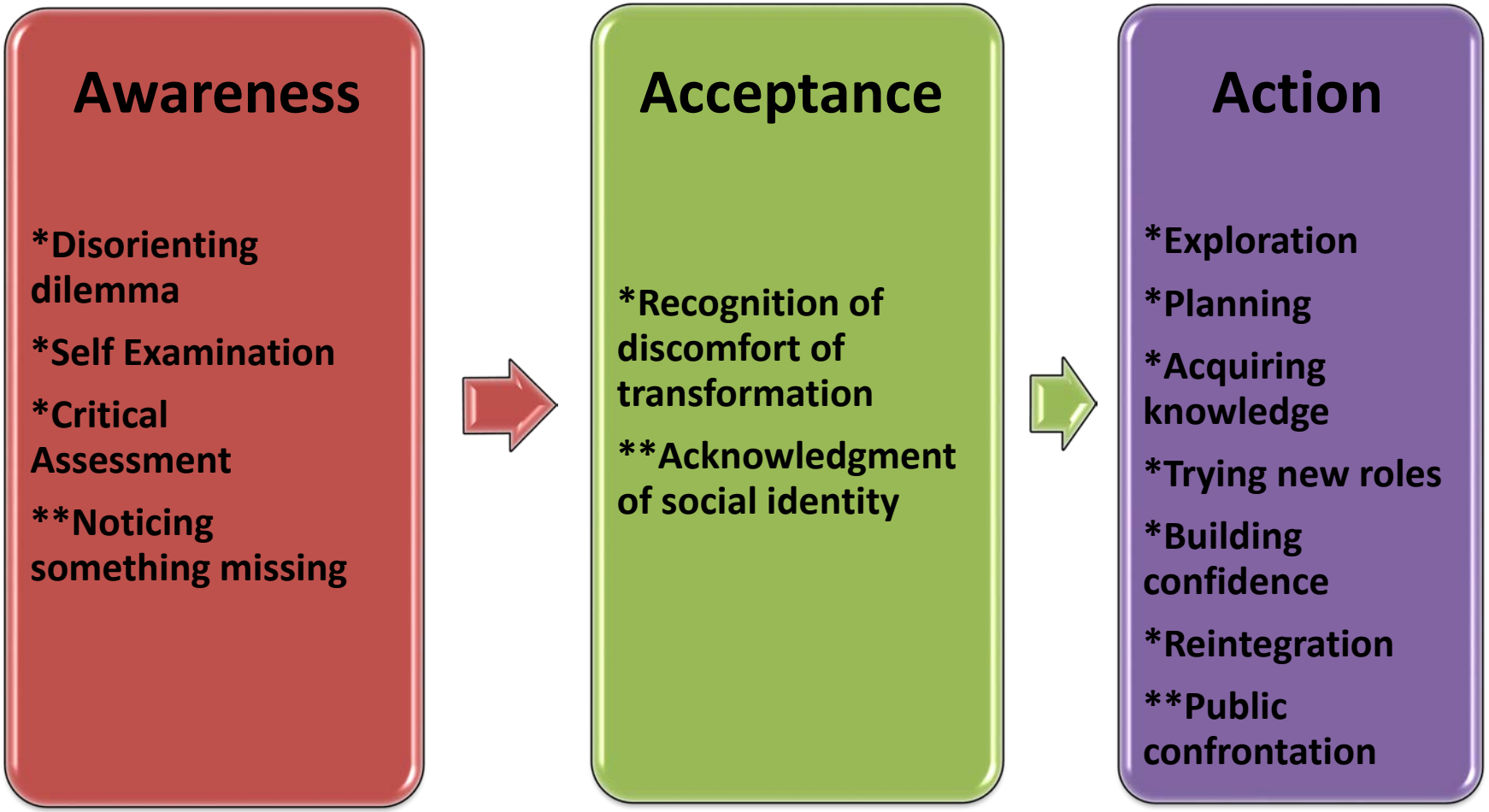
- How learners construe, validate, and reformulate meaning of experiences
- 3 levels of change: content, process and premise (thoughts, feelings and actions)
- Educational methods: transmissible, transactional, transformational
- Meaning schemes: specific beliefs, attitudes and emotional reactions
- Perspective transformation: critical reflection and *"disorienting dilemmas"*
- Transformational Learning ignited when frames of reference have lost meaning or become dysfunctional, fostering enhanced awareness and consciousness of one's being in the world

Reflection and Critical Reflection

- Reflection investigates situational actions with focus on content (how), process (how to) or premise (why) of problem solving
- Critical Reflection scrutinizes premise and relevant social, organizational and cultural conditions of our lives with critique of presuppositions and assumptions in 3 dimensions: Psychological (Self Understanding); Convictional (Belief System Revisions); Behavioral (Changing Actions and Reactions)
- Negative feelings fixate a single frame of reference, but nurturing drives perspective transformation

Transformational Learning

"results from experiencing a deep, structural shift in basic premises of thought, feelings, actions and consciousness that dramatically and irreversibly alters our way of being in the world. Such shift involves self understanding and self-location; relationships with other humans and with the natural world; our understanding of power relations in interlocking structures of class, race and gender; body awareness and visions of alternative approaches to living; and our sense of possibilities for social justice and peace and personal joy."

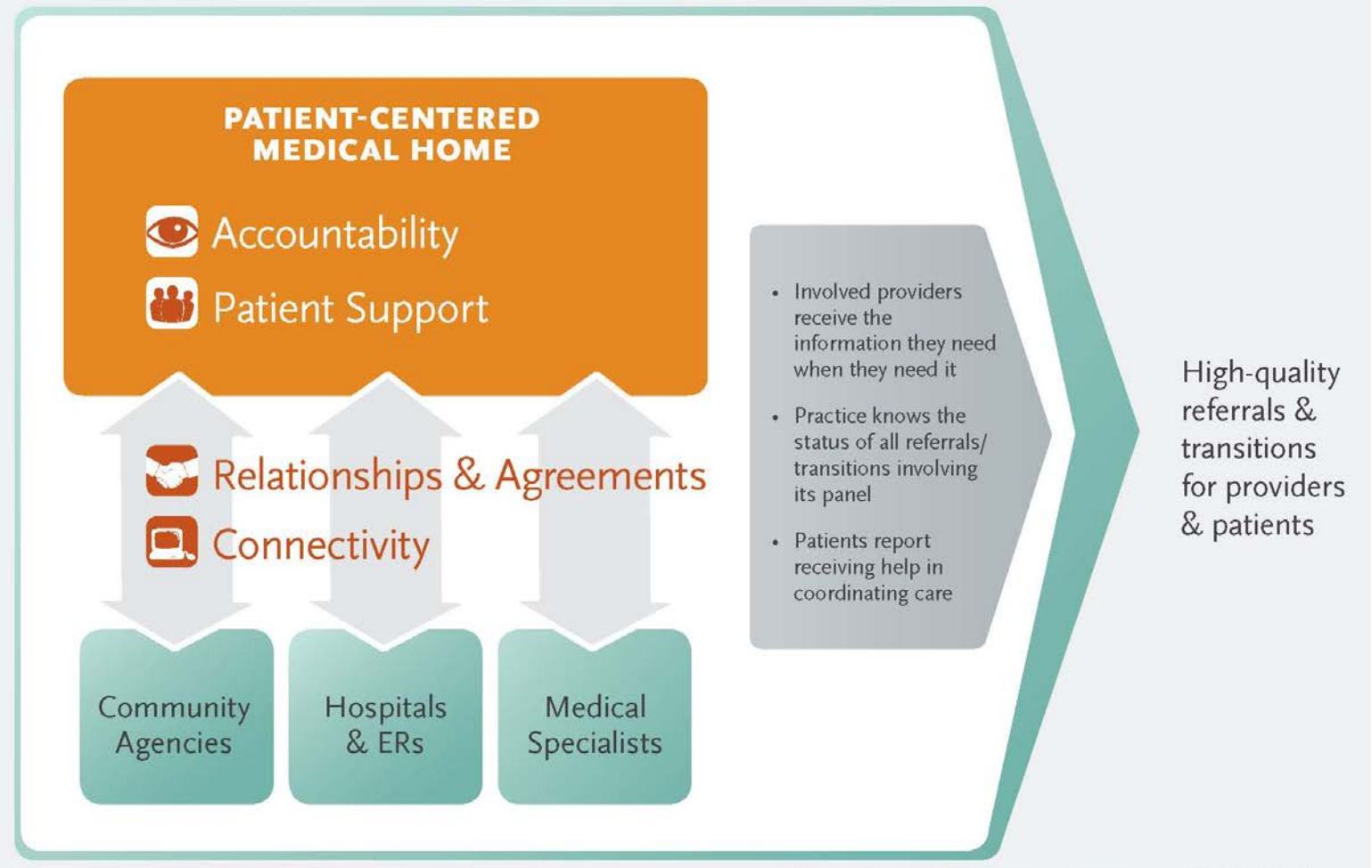


Meghan Godwin, Ph.D., Marywood University

Challenging Vignette

- A 20 year old adolescent, despite repeated guidance, has an unplanned pregnancy
- At 24 weeks, she is hospitalized with a fever, nausea, vomiting, dehydration and multiple electrolyte abnormalities
- My social visit the evening of admission
- Blameless disclosure and RCA challenges
- Audience examples

A *"Hero"* Shouldn't Be Necessary



Dr. Ed Wagner, Group Health, SNMHI

Care Compacts for Strategic Care Transitions

Define a set of actions to ensure coordination and continuity of care as patients transfer between different levels or venues of care. Common themes for effectiveness are:

- Systems thinking
- Accountability
- Timely and effective communication and information transfer
- Empowering engagement of patients and families
- National standards
- Outcomes reporting and continuous quality improvement strategies

Care Compacts

- Types of referral, consultation, and co-management arrangements available
- Pre-consultation exchange to expedite/prioritize care or clarify reason for referral
- Formal consultation for a discrete question or procedure
- Co-management
  - Shared Management for the disease
  - Principal care for the disease
  - Principal care for a consuming illness for a limited period
- Transfer to specialty PCMH-N for entirety of care.

Principles: TOCCC and SUTTP Alliance Initiatives

- Respect PCMH Hub of Care Coordination
- Perspective shift: Discharge push to a seamless PCMH pull back
- Define provider role-specific responsibilities in a collective, comprehensive care plan
- Clear, direct communication of treatment plans and follow-up expectations with attention to logistical arrangements
- Timely feed-forward and feed-back of information
- Preferred modes of communication
- Educated engagement of patient and family in all steps to integrate goals, preferences and social supports
- National standards, outcomes measurement and CQI

Audience Challenge: Define an *"Ideal Transition Record"*

TOCC : *"Ideal Transition Record"*

- Principle diagnosis and problem list
- Medication reconciliation including OTC/ herbals, allergies and drug interactions
- Clearly identifies medical home hub/transferring coordinating physician/institution and their contact information
- Patient's physical and cognitive status
- Test results/pending results
- Emergency plan and contact number and person
- Treatment and diagnostic plan
- Prognosis and goals of care
- Advance directives, power of attorney, consent
- Planned interventions, durable medical equipment, wound care etc.
- Assessment of caregiver status
- Patients and/or their family/caregivers must receive, understand and be encouraged to participate in the development of their transition record, which should be culturally sensitive and take into consideration the patient's health literacy and insurance status

Common Sense

Before my discharge, the following should be true

- I have engaged in decisions about what will take place after my discharge
- I understand where I am going and what will happen to me once I arrive
- I have a person's name/phone # to contact if a problem arises in transfer
- I understand my medications and how to obtain and how to take them
- I understand potential side effects of my medications and whom to call if I develop them
- I understand symptoms to watch out for and whom to call if I notice them
- I understand how to keep my health problems from becoming worse
- My doctor/nurse answered my most important questions before discharge
- My family or caretaker knows I am coming home and what I will need
- If I am going directly home, I have scheduled a follow-up appointment with my doctor and transportation to this appointment

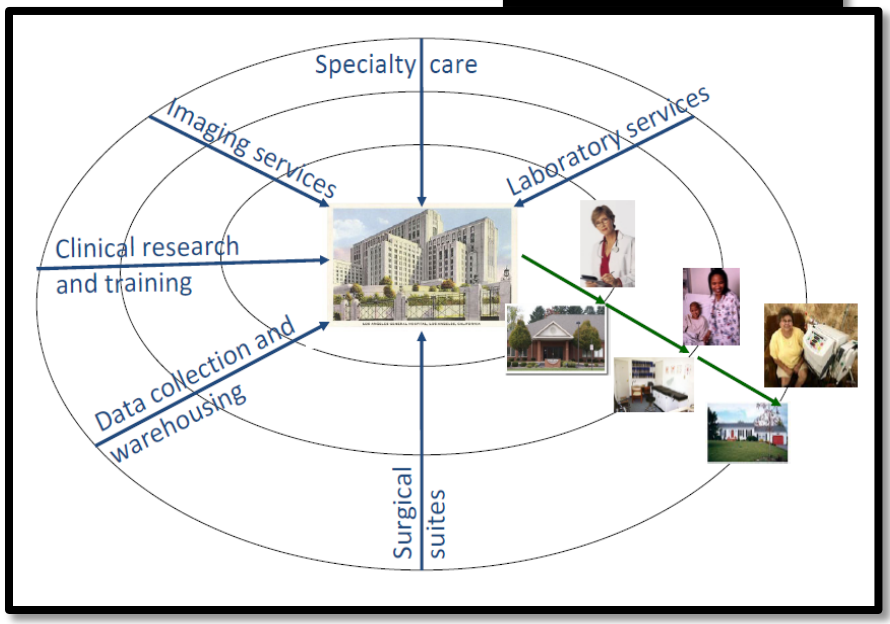
Motivation and Inspiration

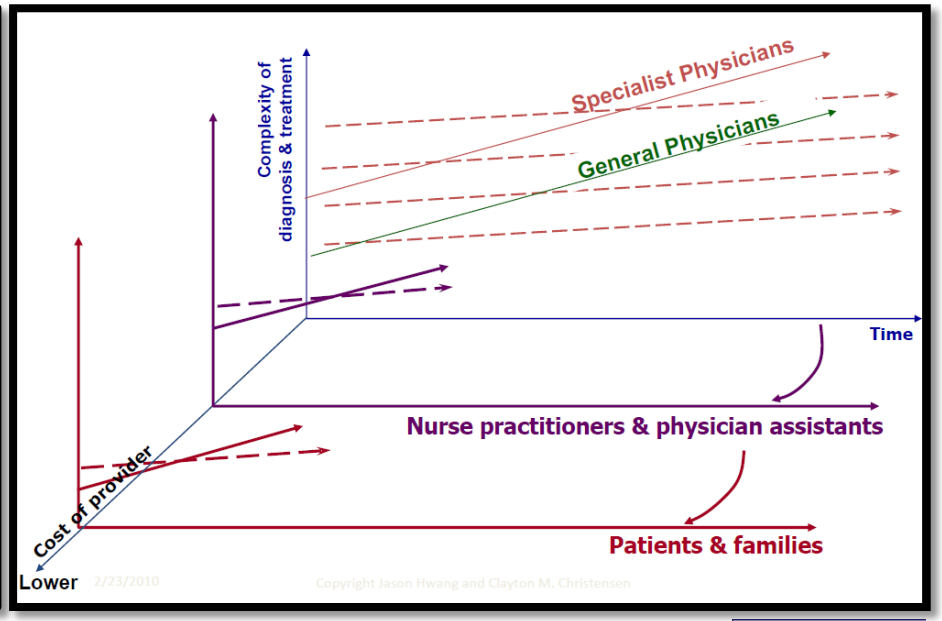
- US tradition: healthcare delivery and educational excellence
- Public good and changing needs
- National health and economic crisis
- Failure can be the best way to enlighten a new game
- Collective Imagination Transformation
- Career success and satisfaction
- Building a better life for our children: *"Not just for our time, but all time"* JFK

Capitalistic Health Care Market Decentralization

The Affordable Care Act is catalyzing culture change.

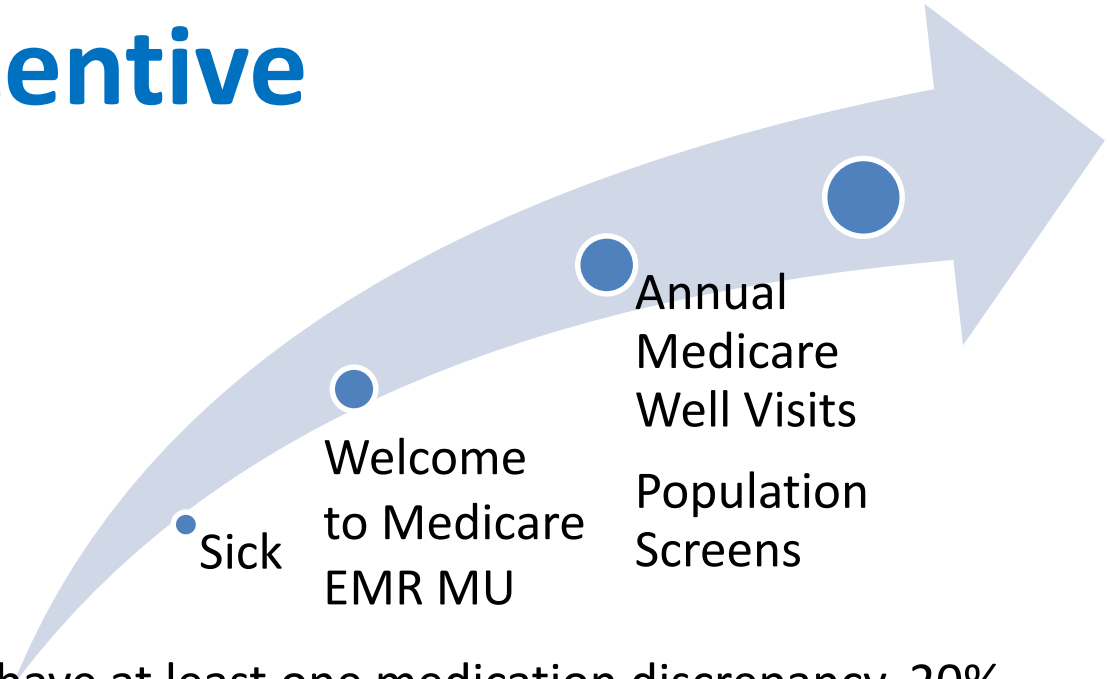
"In a fight between you and the world, bet on the world." Franz Kafka





Jason Hwang 's *"Innovator's Prescription: Disruptive Solutions for Healthcare"*

Financial Incentive



On discharge, 30% of patients have at least one medication discrepancy. 20% discharged home from hospital experienced an adverse event within 3 weeks. 60% of adverse events were medication related and avoidable. Medication errors harm an estimated 1.5 million US people and cost at least $3.5 billion annually.

“For every $1 million communities spend on easing transitions to home, nursing home or hospice care, Medicare saves $4 million on hospital readmission costs.”

Collective Stewardship Vignette

70 yo female for routine visit s/p MVR and AVR for RHD with Afib, a normal EF and excellent functional capacity. She takes Coumadin and digoxin for over 25 years.

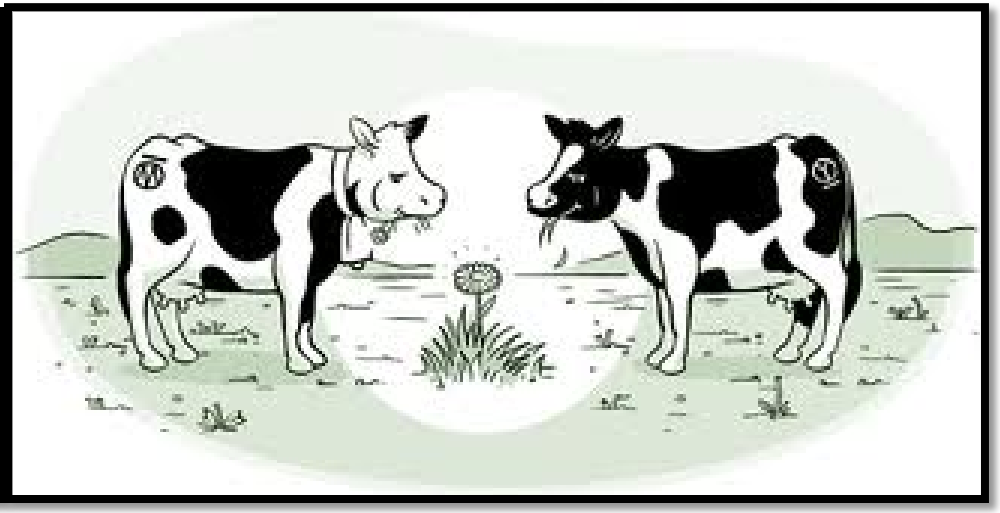
Agenda reveals she saw her cardiologist 1 month ago. Her primary concern: anxiety about his instruction to stop digoxin.

What's the value add?

What's the solution for incentivized waste?

"The Tragedy of The Commons"

-Garrett Hardin, 1968

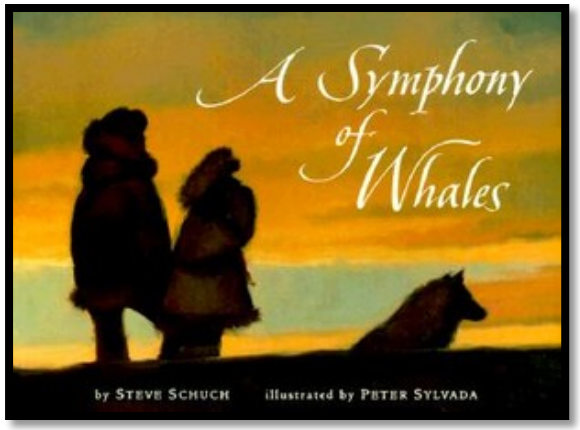


Economic Theories: Competition and Profit

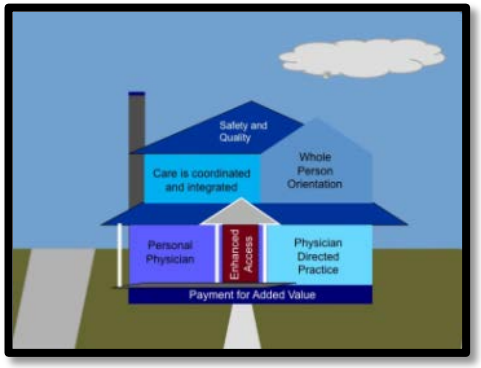
"Successful Management of Commons" -Elinor Ostrom, 2009

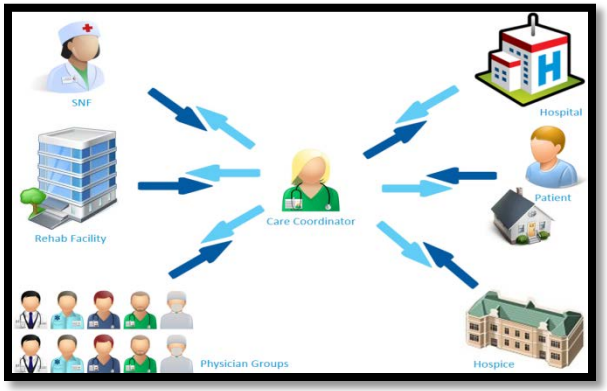
1st Female Nobel Prize Winner in Economics for clear empirical evidence that people can successfully manage commons without only profit motive and without government dominance

Economic Theories: Value Driven Cooperation, Collaboration, and Collective Accountability



Self Organizing Healthcare *"Memes"*





- "An idea, behavior, or style that spreads from person to person within a culture"
- A unit for carrying cultural ideas, symbols, or practices to be transmitted from one mind to another through writing, speech or other imitable phenomena
- Cultural analogues to genes that self-replicate, mutate, and respond to selective pressures to drive cultural evolution

Dr. Will Miller, Lehigh Valley Network

Simple Rules and Natural Power Laws

Micro Level:

(Healing Relationships)

- Promote socialization.
- Be present and give full attention
- Find value in and inspire everyone
- Strengthen, encourage and empower every person.
- Mentor, inspire, energize, and develop staff.
- Cultivate well being, team skills and new leadership at all levels.
- Always respond. Keep dialogue.
- Never do all the relational work in any relationship

Macro Level:

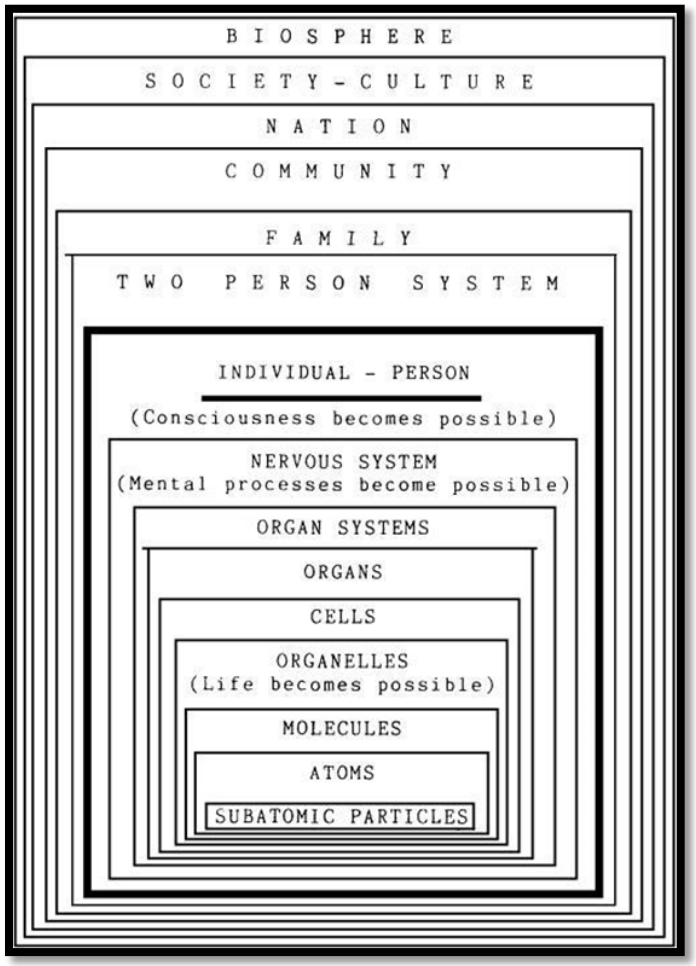
(Population Health)

- Promote 1st contact, easy access
- Assure comprehensiveness
- Keep system relevant, responsive and organic
- Leverage EMR MU
- Sustain community partnerships
- Coordinate & integrate all care
- Unify stakeholders with a patient centered focus on restoring or optimizing health

The Unifying 3rd Side

- Consensus: Current state inadequate and must authentically change
- Our beliefs, thoughts and intentions can determine our future
- We can all intentionally change our frame of reference and brainstorm a compelling vision of a desired, co-created future
- Core strength ideology – mindful presence, unique values & identity for collective genius
- PCMH-N framework unifies in true patient centeredness
- New tools: HIT, Team skills and Care Compacts
- Data can be powerful for CQI. Track referrals and TOC
- Essential Ingredient: Leadership 201

Spread and Impact: Getting to Scale



- Activate PCMH core strengths and build critical mass
- Mindfully embody simple rules of healing relationships and teamwork to rediscover and spread the joy of our profession
- Empower patients and families
- Embrace HIT
- Build effective TOC processes
- Leverage collective accountability for the IHI's Triple Aim

"When Spider Webs Unite, They Can Halt A Lion"

Ethiopian Proverb

References

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