



# Advancing HEDIS Measures (AHM) Program

## Embedding and Sustaining Change

October 30<sup>th</sup>, 2018

Webinar recording available at [IHQC.org](http://IHQC.org)

Facilitated by:



# AHM Program Timeline

## Problem Assessment and Project Design Phase

**March – April 2018**

- Assess current workflows, challenges, measures
- Narrow and prioritize improvement opportunities
- Create project work plan, outlining improvement strategies, deliverables.

**Submit to IHQC by April 30**

## Pilot and Implementation Phase

**May – December 2018**

- Pilot improvement efforts
- Attend IHQC webinars
- Share project updates with IHQC + sponsored coach. Work with coach to plan next improvement activities
- Scale-up improvement efforts

# To date, AHM webinars have covered:

## PDSAs and Piloting Our Improvement Ideas

Change Ideas

- Reminder calls
- Check lists
- Documentation/ Coding
- Health Education
- New Huddles
- New processes

Test the Change Ideas - Figure out what works



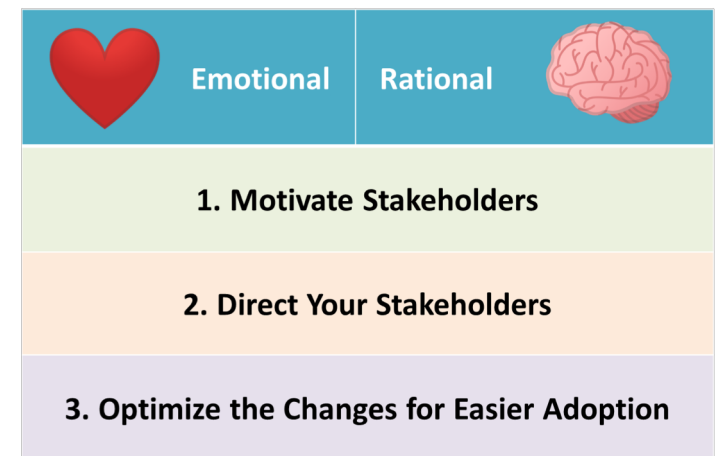
Refine and Optimize, then Scale Up



## 3 Keys to Managing a QI Initiative



## Change Management



# Today's Webinar – Embedding and Sustaining Change

- **Strategies to help you and your team move beyond piloting your projects by:**
  - ❑ *Improving your project readiness for implementation*
  - ❑ *Approaches to implement and embed your project*
  - ❑ *Considerations for spreading your project to new providers, teams, and/or sites*
- **Review Calendar and Next Steps**

# Improvement Project Timeline

1. Getting Started

2. Defining the Problem

3. Understanding the systems


4. Designing and testing solutions

**STOP**

5. Implementing and sustaining change

6. Spreading change

# Implementation Checklist

**Implementation Checklist** 

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**Demonstrate That Your Project Has Led To Improvement**

- Your project improvement measures have shown improvement and have been sustained (there are enough data points to suggest that the improvements made weren't temporary)
- Data, staff testimonials, and patient stories help demonstrate the value of the change, and this information has been clearly articulated to staff affected by the new ways of working.
- The project can demonstrate improvement in terms of time, money, energy

**Perceived Value**

- The change was inspired by credible sources (evidence-based guidelines, leading research entities, or credible practitioners).
- The impact on staff has been assessed. Change either has minimal impact on staff workflows and responsibilities, or the pilot team has taken multiple approaches to streamline new processes, reduce variability, and make these new processes staff/user-friendly.


**Sponsorship & Leadership**

- Change/idea aligns with strategic priorities and organizational goals; the intended impact on affected department(s)/clinic site(s) is defined
- Leadership is involved in the change, understands it, and promotes it

**Processes, Equipment, and Technology**

- Workflows, processes, and other project efforts have been refined and updated to ensure that any changes brought about by this project as clear and efficient as possible.
- Trainings, checklists, workflows, scripts, and reminder systems have been created to help staff learn/adopt these changes.
- Training requirements are identified including content, duration, faculty, and delivery mechanism (e.g., conference, classroom, simulation). Staffing plans to support training are identified (e.g., replacement staff as necessary)
- Facilities, equipment, and technology needs have been clearly defined and funding/budget is available to address any facility, equipment, or technology needs.
- IT systems have been modified/optimized to support this change.

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**Implementation Checklist** 

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**Formalize Measurement, Management and Oversight Structure**

- A measurement plan has been created and outlines how improvement measures will be collected and monitored. Staff are trained in how to collect/track this data.
- There is a feedback system for staff to share progress and challenges.
- There is an oversight/management team in place that will monitor project performance measures, review progress, and adjust changes and resources as needed
- Project manager(s) and champion(s) are identified, have the requisite passion, time, and commitment to support the change

**Staff's Capacity, Competency, and Training**

- Staff have been given an opportunity to ask questions, share ideas, and voice concern about this project. Questions and concerns have been addressed in a timely and considerate manner.
- Capacity: Staff have the capacity to work in the new way. There are no competing projects or priorities that might detract from staff being able to implement/sustain this initiative.
- Competency: Staff have the technical knowledge and skills needed to work in the new way
- Training requirements are identified including content, duration, faculty, and delivery mechanism (e.g., conference, classroom, simulation, orientation and onboarding for new staff)
- Job descriptions and training guides have been updated to reflect new roles and responsibilities

**Clinical, Operational, Regulatory, and Financial Considerations**

- Assessed the impact and implications this project will have across existing clinical guidelines, operations, contracts, regulations, grant requirements, finance, etc.
- Leadership from these departments (clinicians, operations, finance, and senior leadership) have reviewed these assessments and given approval to implementing/spreading this project.

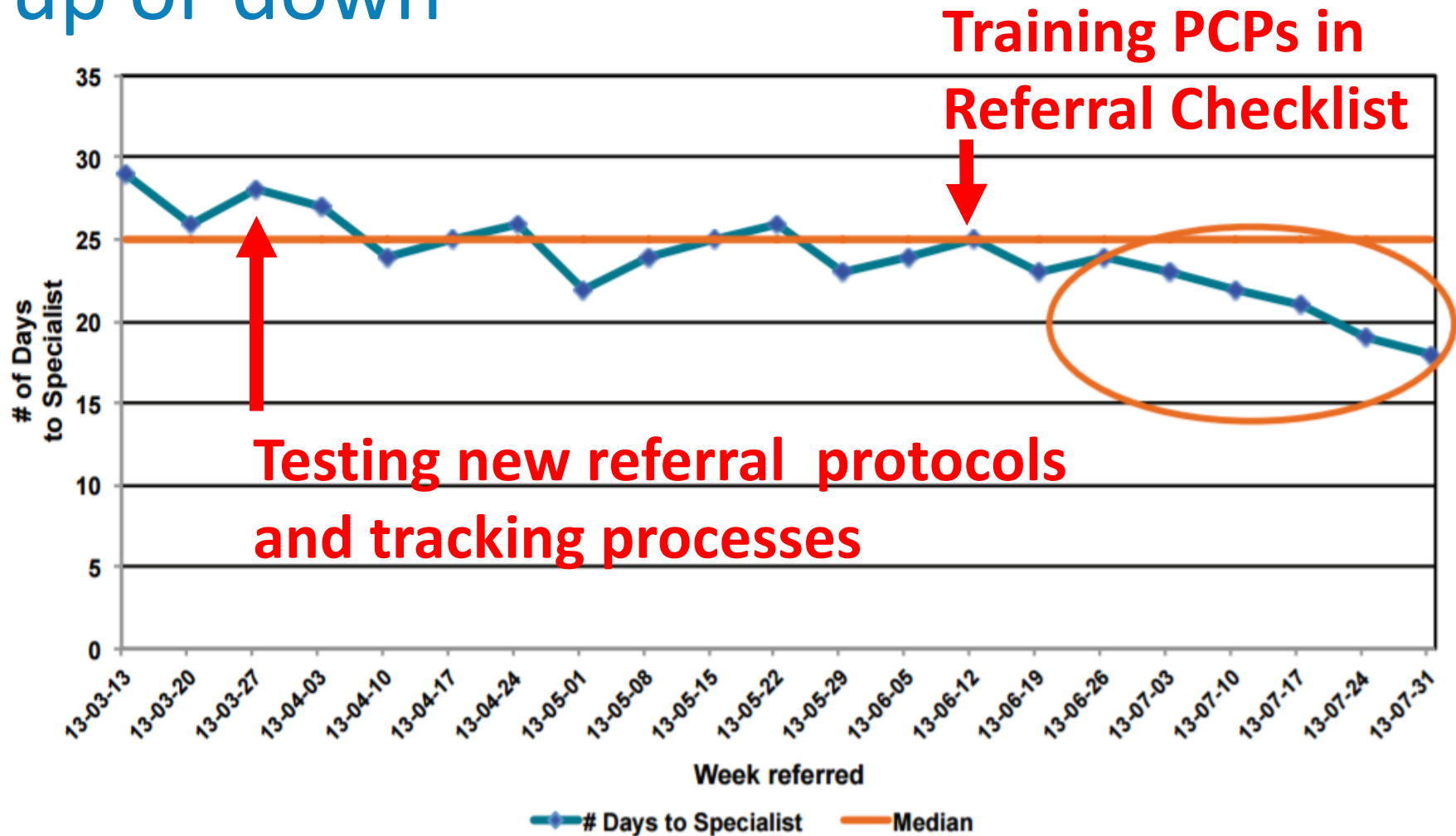
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# Improving Your Readiness To Implement

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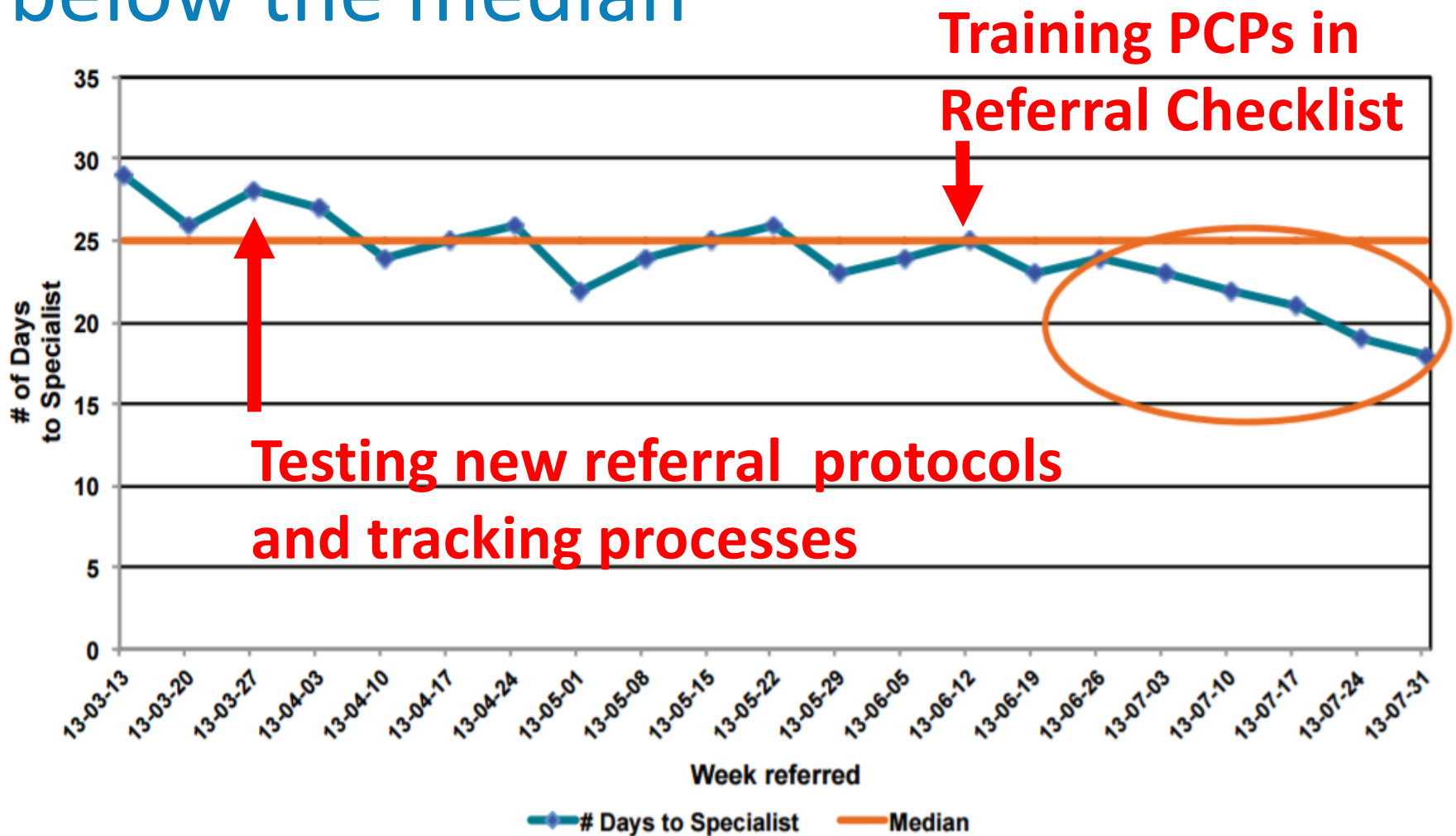
- ❑ **Data:** Demonstrable Improvements & Perceived Value
- ❑ **Leadership** buy-in and support
- ❑ **Efficient:** Processes, Technology, and Equipment
- ❑ **Oversight:** Measurement, management
- ❑ **Skills:** Staff's Capacity, Competency, and Training
- ❑ **Communications and Change Management**
- ❑ **Organization:** Clinical, Operational, Regulatory, and Financial Implications

# Trend: 5 or 6 consecutive points going up or down



Source: HQ Ontario QI Measures Primer

# Shift – 6+ consecutive points above or below the median



Source: HQ Ontario QI Measures Primer

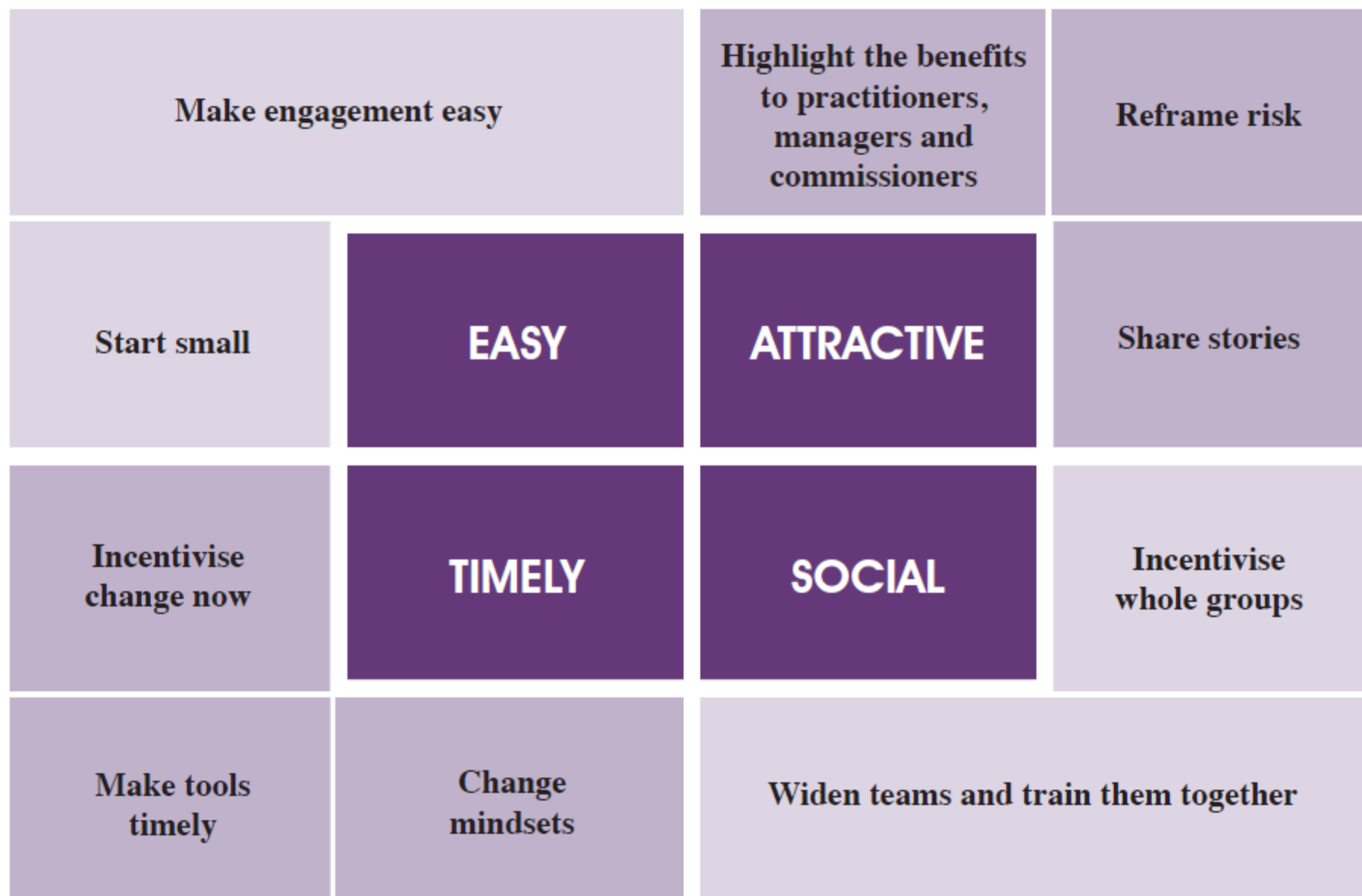
# AHM Data Example

	<b>Numerator:</b> # of Assigned Health Net patients who completed CCS screening	<b>Denominator:</b> # of assigned Health Net patients eligible for CCS screening	<b>%</b>	<b>Goal</b>
May 2018	4	20	20%	40%
June 2018	10	20	50%	
July 2018	6	20	30%	
Aug 2018	3	20	15%	
Sept 2018	6	20	30%	
Oct 2018	4	20	20%	

# AHM Data Example

	<b>Numerator:</b> Peds patients seen who completed immunizations	<b>Denominator:</b> Peds patients seen who are due for immunizations	<b>%</b>	<b>Goal</b>
June 2018	4	20	20%	60%
July 2018	?	?	?	
Aug 2018	10	20	50%	
Sept 2018	13	20	65%	
Oct 2018	11	20	55%	

Diagram 2: Spreading person- and community-approaches in health and care



# Optimize the Changes for Easier Adoption

## *AMH Project Examples*

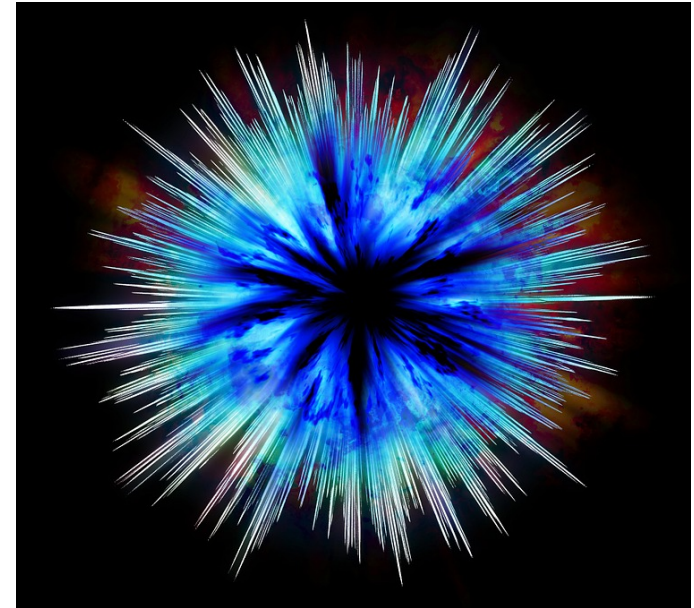
- Time to complete outreach calls → Block 15-minutes after lunch for Alyssa to do reminder calls to 5 patients
- Hesitant to lead morning huddle discussions → Create Huddle Guide w/ checklist of things to review and discuss
- New patient education script is complicated and wordy → Have MA rewrite script using more natural phrasing; test on 2 patients
- Too many places to document screening in EMR – tough to remember → Create 1-page cheat sheet for documenting screenings (w/ pictures); tape new computer screen

# Implementation/Spread Models



Photo: Flickr, Steven Guzzardi

**Linear**



**Big Bang**



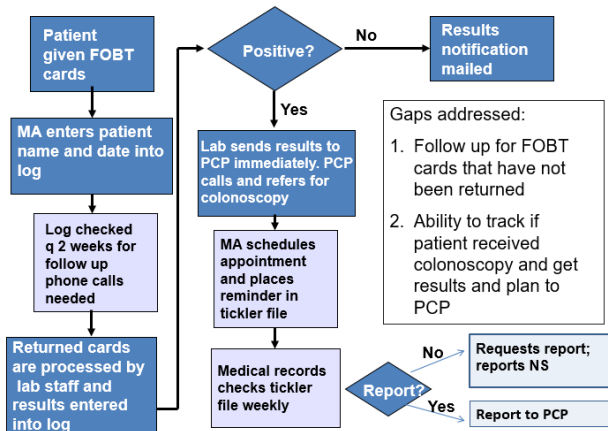
**Exponential**

# Improving Your Readiness To Implement

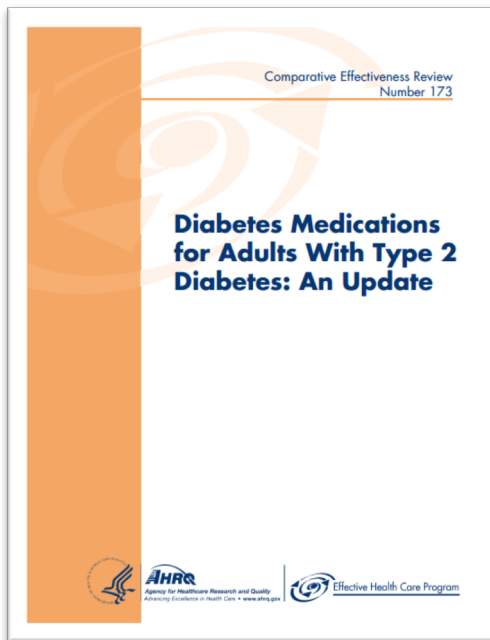
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- ❑ **Data:** Demonstrable Improvements & Perceived Value
- ❑ **Leadership** buy-in and support
- ❑ **Efficient:** Processes, Technology, and Equipment
- ❑ **Oversight:** Measurement, management
- ❑ **Skills:** Staff's Capacity, Competency, and Training
- ❑ **Communications and Change Management**
- ❑ **Organization:** Clinical, Operational, Regulatory, and Financial Implications

# Efficient Processes, Equipment, Tech



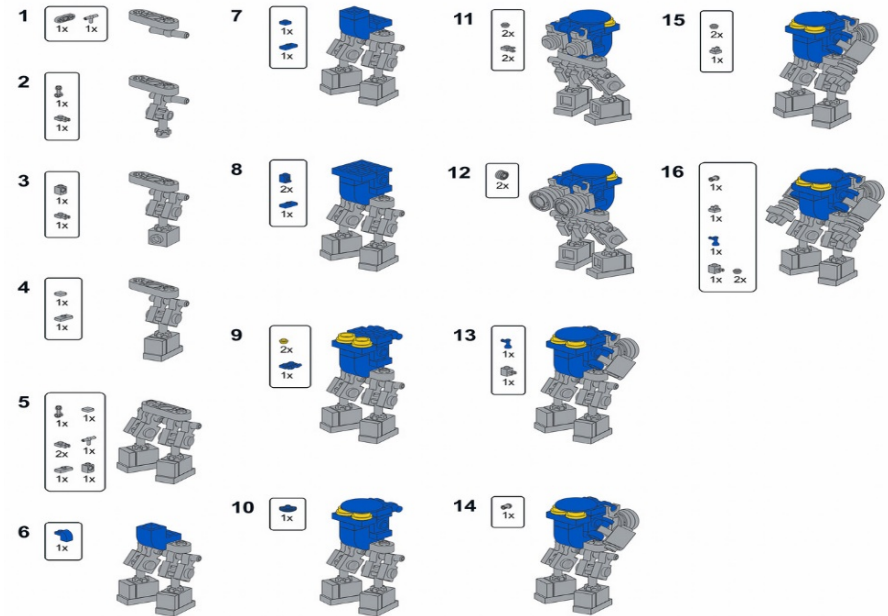
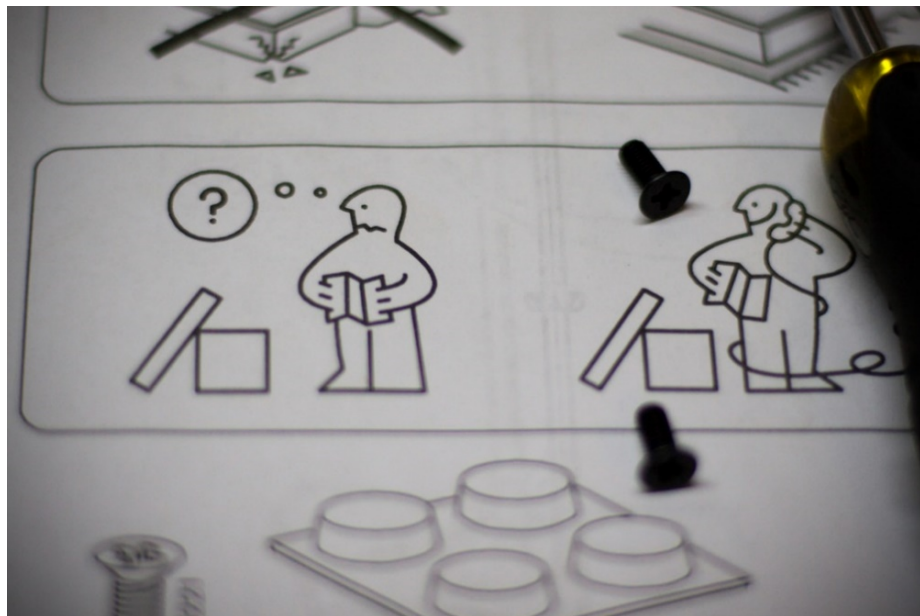
- ❑ **Efficient changes** – any new workflows, processes, and other project changes have been refined and updated to ensure they are as clear and efficient as possible.
- ❑ **Trainings, checklists, workflows, scripts, and reminder systems** have been created and tested to help staff learn/adopt these changes.
- ❑ **Training requirements** are identified including content, duration, faculty/coaches, and delivery mechanism
- ❑ **IT systems** have been modified/optimized to support this change.



# Standard Work

**VISUAL, SIMPLE and EFFECTIVE**

Standard work is a method where you define and standardize the sequence, timing, supplies, people, space and equipment used in a particular task.



### 3. GAPS IN CARE CHECKED FOR ALL PATIENTS AND MADE AVAILABLE FOR PROVIDER IN TIMELY FASHION (MAMMOGRAM, PAP SMEAR, LAB WORK, IMMUNIZATIONS)

<b>❑ MAMMOGRAM</b>		<b>❑ PAP SMEAR</b>	
<b>PROVIDER</b> Discuss mammogram and encourage patient to have mammo same day if possible or make an appt soon.	<b>MA/LVN/RN</b> I will assist member with booking an appointment, will check if SD are available. Instruct patient how to prepare. Advise MD to code exclusions if needed.	<b>PROVIDER</b> If member prepared for pap, I will perform pap.	<b>MA/LVN/RN</b> Tell member ahead of time if due for pap. I will prepare room ahead of time for pap, when MD advises Pap will be performed. If member does not want pap this day, I will arrange for pap appt.
<b>❑ HYPERTENSION</b>		<b>❑ LABS</b>	
<b>PROVIDER</b> If second set of vitals are WNL, document as new set of vitals in HealthConnect.	<b>MA/LVN/RN</b> Take BP – if over 139/89, will take again at end of visit. If diabetic or kidney disease patient goal is 129/79	<b>PROVIDER</b> If nurse pends labs, I will sign so patient can go to the lab prior to appointment if possible.	<b>MA/LVN/RN</b> I will pend labs needed to close gaps.. If possible before appointment for patient to be able to have lab the day of the appointment.
<b>❑ DIABETES</b>		<b>❑ ASTHMA</b>	
<b>PROVIDER</b> Review labs and logs when patient arrives. (if available)	<b>MA/LVN/RN</b> Pre-encounter: Instruct patient of labs due and ask patient to bring in logs and medication list. Encounter: Instruct patient to remove socks and shoes for examination.	<b>PROVIDER</b> If PCP, discuss Asthma with patient when nurse documents patient has responded “yes” to any asthma questions.	<b>MA/LVN/RN</b> I will ask Asthma patients the three asthma questions. If they answer “yes” to any I will let the MD know.
<b>❑ COLORECTAL</b>		<b>❑ IMMUNIZATIONS</b>	
<b>PROVIDER</b> Advise nurse to give FOBT kit if available in the dept. Sign order for FOBT test, patient pick up FOBT in lab.	<b>MA/LVN/RN</b> Pend order for MD to sign. Provide FOBT kit if available in your dept.	<b>PROVIDER</b> Sign orders and advise patient to have it done on the way out (if available in your area).	<b>MA/LVN/RN</b> Review with MD, Pend order, gives immunization if in your scope.



# Standardizing Work in Our AHM Project

- Reminder calls
- Check lists
- Health Education
- Documentation/ Coding
- New huddle protocols
- Referral tracking and monitoring

# How Can We better Manage Change?



**Emotional**

**Rational**



**1. Motivate Stakeholders**

**2. Direct Your Stakeholders**

**3. Optimize the Changes for Easier Adoption**

# Plan for Setbacks

Issue	Causes
<b>Failure to Launch</b>	<ul style="list-style-type: none"> <li>• Employees resistant to change</li> <li>• Rationale for “why change” not communicated across organization, nor are benefits of change credible to the organization</li> </ul>
<b>Failure to Sustain</b>	<ul style="list-style-type: none"> <li>• New changes are not supported by change in day-to-day behaviors</li> <li>• Change agents – <b>not line leaders</b> – lead the change</li> <li>• Staff are not given new skills and capabilities to make the change</li> <li>• Managers are not held accountable for performance</li> <li>• Senior leaders do not role model desired new way of working</li> </ul>
<b>Failure to Scale and Continuously Improve</b>	<ul style="list-style-type: none"> <li>• No overarching blueprint for change across the organization with crystal clear objectives and priorities</li> <li>• Competing priorities</li> <li>• Limited leadership capacity to manage the process</li> <li>• Waning focus from senior team</li> </ul>

# Using the Implementation Checklist

Use *Implementation Checklist* to identify at least 2-3 areas that your team should work on to help with implementation. Then use *Implementation Plan Template* to outline your action plan and next steps

**Implementation Checklist** **IHQ** INSTITUTE FOR HIGH QUALITY CARE

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Implementation Areas	Action Plan
<b>Measurement</b>	
<b>Standard Work</b>	
<b>Communication</b>	
<b>Staff Training</b>	
<b>Other:</b>	

# PLANNING FOR SPREAD

# Spreading Improvement is Notoriously Challenging

- Research in UK hospitals and health centers showed that
  - 1/3 of projects reverted back to the status quo after 12 months
  - 1/3 maintained improvements at pilot sites but did not spread
  - 1/3 maintained improvements and showed some signs of adoption organization-wide.
    - Source: Dr Lynne Maher, Counties Manukau Health, Sept 2014
- Fortune 100 companies success rates of spreading initiatives company-wide reported to be between 20% & 50%
  - Source: Strubel. Why do employees resist change? HBR 1996

# Why is Spreading Improvement Notoriously Challenging?

- Resistance to change – tough to change status quo, especially when next steps are unclear
- Beyond needing a strong project team, it also takes strong leadership – vision and align resources
- Requires testing changes under enough circumstances to know if it will really work
- Requires testing with front line staff/end users rather than champions

# Planning for Spread

## Pilot Site

- Team responsible for maintaining/monitoring changes?
- Measurement/monitoring system in place?
- Leadership buy-in?  
Confidence that program should be spread?

## Spread Site

- Staff have the skills & competency needed to adopt changes?
- Project management and oversight?
- Measurement system in place for tracking progress?
- Different space, operations considerations?

**IHQC Spread Readiness Assessment**  
**Project & Organizational Readiness For Spread**



Spread Project: \_\_\_\_\_

Elements	Not Yet Prepared 1.....2	Moderately Prepared 3.....4	Highly Prepared 5.....6	Score
<b>Project has been Successfully Tested and Implemented at a Pilot Site</b> <ul style="list-style-type: none"> <li>Change is tested under multiple conditions</li> <li>Data collected over time</li> <li>Pilot team has addressed social aspects of change</li> <li>Optimized processes, IT, and support systems so the change(s) can be maintained</li> </ul>	Project has only been tested under one or two conditions. Data has been collected for less than a month and the team has not looked into additional ways to optimize processes or technologies to support these efforts.	Project has been tested under a couple of conditions and there is limited data to support that the project created improvement(s). Some processes and systems have been optimized but the team has yet to analyze how this project impacts staff.	Project has been tested under multiple of conditions and project measures (trended over >1 month) supports that the project created improvement(s). Workflows, processes, and systems have been optimized to support the implementation and maintenance of the project.	
<b>Sponsorship &amp; Leadership</b> <ul style="list-style-type: none"> <li>Establish genuine commitment and support for changes, rather than simple compliance</li> <li>Get involved in the change, understand it, and promote it</li> <li>Take personal responsibility and allocate sufficient time and resources to ensure the change is sustained</li> <li>Trustworthy, influential, respected and believable</li> </ul>	The defined sponsor behaviors have not been exhibited and there is no desire to sponsor this initiative  - or - limited evidence to support that the defined sponsor behaviors have been exhibited and there is little desire to sponsor this initiative	The defined sponsor behaviors have been exhibited <u>but</u> performance has been inconsistent and there is only some desire to sponsor this initiative	The defined sponsor behaviors have been exhibited and sustained over time and there is strong desire to sponsor this initiative	

\* This tool was adapted from the Kaiser Permanente Spreading for Effectiveness Toolkit (Kaiser Permanente, Care Management Institute, National Performance Improvement, 2010) and the Organization Change Manger Model Factors developed by Molfenter et al. ("Prospective Eval of a Bayesian Model to Predict Organizational Change." 2005)



Not Yet Prepared 1.....4	Highly Prepared 5.....6	Score
<p>Leadership oversight for this initiative</p> <p>There is no leadership oversight for this initiative with defined "Oversight Infrastructure" elements sustained over time.</p> <p>There is sufficient capacity and capability to take on this initiative</p>	<p>There is a leadership oversight group appropriate for this initiative with defined "Oversight Infrastructure" elements sustained over time.</p> <p>There is sufficient capacity and capability to take on this initiative</p>	
<p>Alignment of the initiative with the organization's goals and priorities</p> <p>There is no alignment of this change with the strategic priorities and goals of the organization. The benefits are not meaningful, and the impact on affected department(s) /clinic site(s) is <u>minimal</u></p>	<p>There is complete alignment of this change with the strategic priorities and goals of the organization. The benefits are meaningful, and the impact on affected department(s) /clinic site(s) is <u>substantial</u></p>	
<p>Project manager(s) and project champion(s) are identified, have a track record of success, possess the requisite passion, time, and commitment to support this initiative, and will be supported by a process to escalate and resolve emerging issues to help ensure the initiative's success</p>	<p>Project manager(s) and project champion(s) are identified, have a track record of success, possess the requisite passion, time, and commitment to support this initiative, and will be supported by a process to escalate and resolve emerging issues to help ensure the initiative's success</p>	

passion, time, and commitment to lead/support the change

- There is a process in place to escalate and resolve issues

# Scale-Up and Sustainability Resources

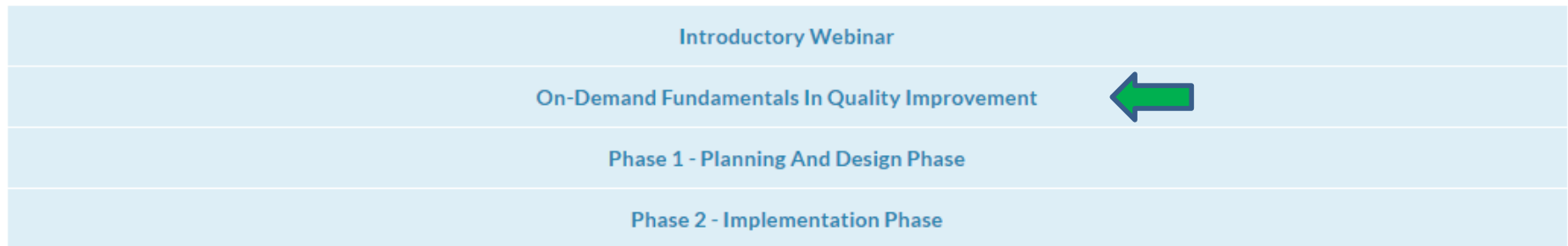
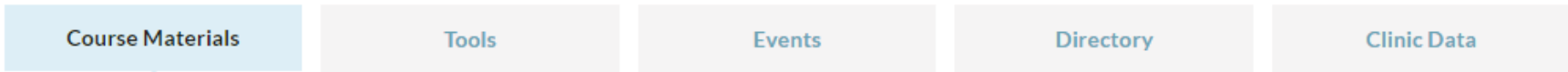
## Spread and Sustainability Toolkits:

- IHQC Spread Assessment – Login to your cohort page at IHQC.org
- Implementation and Spread Primer from Health Quality Ontario:  
<http://www.hqontario.ca/Portals/0/Documents/qi/qi-implementing-and-sustaining-changes-primer-en.pdf>
- Spreading Improvement Primer from Health.org:  
<http://www.health.org.uk/sites/health/files/SpreadingImprovementIdeas.pdf>
- Assessment of Spread Frameworks: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4731989/>
- Spread and Sustainability Toolkit for NHS:  
<http://www.qihub.scot.nhs.uk/media/596811/the%20spread%20and%20sustainability%20ofquality%20improvement%20in%20healthcare%20pdf%20.pdf>
- Detailed Tips for Leading and Spreading Improvement:  
[http://www.qihub.scot.nhs.uk/media/835521/spread%20and%20sustainability%20study%20review%20\(web\).pdf](http://www.qihub.scot.nhs.uk/media/835521/spread%20and%20sustainability%20study%20review%20(web).pdf)
- Kaiser Permanente Spread Toolkit:  
[http://ep50.eventpilotadmin.com/doc/clients/IHI/IHI2011/library/M6\\_presentation\\_Spreading\\_Effective\\_Practices.pdf](http://ep50.eventpilotadmin.com/doc/clients/IHI/IHI2011/library/M6_presentation_Spreading_Effective_Practices.pdf)

## Change Management

- Stick by Chip and Dan Heath
- Change Management Primer: <http://www.hqontario.ca/Portals/0/Documents/qi/qi-change-management-primer-en.pdf>

# Access AHM Resources on IHQC.org



**Username:** ahm2018  
**Password:** improvement



# On-Demand Fundamentals in QI

- Six 25-30 minute web-based modules aimed to give you additional skills, strategies, and techniques to support your HEDIS Improvement Projects; and address gaps found in your QI Capacity Assessment Results
  1. Problem Assessment
  2. Project Planning
  3. PDSAs
  4. Measurement & Data
  5. Embed & Sustain
  6. Project Management

**Accessible Now on IHQC.org!**

**Username: [ahm2018](#)**

**Password: [improvement](#)**

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**Username: ahm2018      Password: improvement**