The Importance of Engagement:

Highlighting Progress in First STEPS Phase 3 and Spreading Quality Improvement Work throughout the Practice

What is the Holy Grail of Engaging Providers and Practice Staff in order to spread quality improvement efforts in a time of great change and transformation?

Challenges to Engagement and Transformation

- Quality goals and care coordination not always supported by the payment system*
- More investment is needed to support time and skill building*
- Competing Priorities
- “Change fatigue”
- Practices are more nimble than health information technology in adapting to change
- “Nothing is Ever Simple” is our motto for metrics and data that guide quality improvement. They are being constantly refined as we move from claims and chart review to EMR-based measures (Meaningful Use)

Participation in a medical home learning collaborative alone stimulates but does not complete transformation.*

Transformation requires:
1. A culture of continuous quality improvement
2. Family-centered care with parents as improvement partners
3. Team-based care: teamwork and attitude critical to quality improvement
4. Care coordination


**Engagement: What Drives Change in the Pediatric PCMH?**

**Engaging Providers in Long Term System Change:**

What incentives work?

- Financial
- Social
- Ethical

“Key to Long Term System Change is Larger than Financial”*

*(Dr. Jay Want, Owner/Consultant, WantHealthcare, in Colorado, 8/19/2013 ME HAF Blog)

**Engagement: What is Your Truth North?**

- What drives our involvement in QI projects?
- Why is it important?
  - Doing our best to provide the best evidenced based care for children
  - Keeping kids healthy and active
  - Maintaining healthy smiles
  - Screening early to get kids help as early as possible

How do we achieve something larger than ourselves, together?
First STEPS

is guided by the mission and vision of
Maine Child Health Improvement Partnership (ME CHIP)

Mission
To optimize the health of Maine children by initiating and supporting measurement-based efforts to enhance child health care by fostering public/private partnerships.

Vision
All practices providing health care to children will have the skills, support, and opportunities for collaborative learning needed to deliver high quality health care.

Engagement requires Clear Goals:
Aim Statement for Oral Health

Between April 2013 and November 2013, we aim to improve oral health for children between ages 6 months and 4 years (EMR/chart review) by 50%:

– Oral health risk assessment
– Documented dental home
– Fluoride varnish applied to children who had a moderate/high oral health risk assessment (excluding children who have a dental home)

Between April 2013 and April 2014, we aim to increase by 5 percentage points the number of fluoride varnish applications documented in Maine Care claims.

REFER

Risk Assessment
Examination of the teeth
Fluoride varnish application
Education of parents and child
Referral to dental home

Attempt to repeat all steps every 6 months!
4 Wishes for First STEPS:

- Pilot Oral Health Risk Assessment Template
- Give Feedback on From the First Tooth Resource Guide
- Map out Office Workflow
- Display “Baby Teeth Matter” Campaign

Engagement requires Clear Goals: Healthy Weight Aim Statement

Between April 2013 and November 2013, we aim to improve healthy weight screening, treatment and referral (EHR/chart review data) to show > 80% of children over the age of 2:
- Body Mass Index (BMI%) percentile rate
- Counseling for nutrition and counseling for physical activity (e.g. utilizing the 5-2-1-0 Healthy Habits Questionnaire)

4 Asks for Let’s Go!

- Complete 3 Basic Components of Let’s Go! and Map out Workflow
  - Hang Let’s Go! Posters in your office and exam rooms
  - Do a BMI% on all kids ages 2 and up
  - Use 5-2-1-0 Healthy Habits Questionnaire to start a conversation
- Feel confident addressing obesity in your practice- be comfortable with at least 5/19 planned themed visits
Engagement: Using Data to Creating Champions of Change

- "Clean Data and Committed Peers"= Physician Change*
- Clean Data is composed of reliable data streams and analytics; the translation of information into knowledge*
- In order for practices to use data to drive improvement, they need to trust the data

*(Source: Dr. Jay Want, Owner/Consultant, WantHealthcare, "HealthCare Reform: Managing Directionally Correct Chaos, 7/23/2013 Presentation")

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Phase 3 DATA: BMI% Assessment

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<th>CIR* DATA</th>
<th>Manual Chart Review</th>
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*Clinical improvement Registry, MaineHealth Practices
Population based data;
Manual Chart Review- cohort data-20 charts/practice/month

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Phase 3 DATA: Data-5-2-1-0 Survey

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Phase 3 DATA->85% BMI%

Healthy Weight Plan
Manual Chart Review Only

Phase 3 DATA: Dental Home

CIR DATA  Manual Chart Review

Phase 3 DATA-Oral Risk Assessment

CIR DATA  Manual Chart Review
Phase 3 DATA: Fluoride Varnish

**CIR DATA**

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**Manual Chart Review**

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One more point up and we will have a trend in both!!

Engagement: Creating Champions of Change

- Look to Committed Peers who are physician leaders willing to speak the hard truths and model group behavior*
- Build Trusting Relationships*
- Recognize the Value of Mentoring
- Make it Fun!!

(*Source: Dr. Jay Won, Owner/Consultant, WonHealthcare, "HealthCare Reform: Managing Directionally Correct Chaos, 7/23/2013 Quality Counts Presentation")

Engagement: Making QI Fun!!

Games and Prizes

Prize Categories for Today (Vote by 2 pm today!):

- Nomination for QI Hero
- Nomination for QI Buddy
- Most Intriguing Work Flow (Voted on by QI Coaches)
- Best Idea to Engage Providers in QI Work
- Best Idea to Engage Patients in QI Work
- Drawing for Completed Evaluation Form
- Practices that brought a parent partner
Outstanding Performance in Immunizations for First STEPS Phase 1 Gold Awards (July 2013 Data)

2 yr Immunizations: 90% (Rota, Hep A, Flu not counted)
13 yr: 80% MCV, 75% Tdap

Gold Award Immunizations First STEPS Phase 1
Kennebec Pediatrics
Husson Pediatrics
Penobscot Pediatrics
PCHC
Waterville Pediatrics-Skowhegan
MMP Saco Pediatrics
MMP Falmouth
MMP Family Medicine Falmouth

More Winning Teams!

• Teams that submitted all Data and PDSA Cycles:
  – EMMC Family Medicine
  – Husson Pediatrics
  – Kennebec Pediatrics
  – MMP Family Medicine Falmouth
  – MMP Family Medicine Portland
  – MMP South Portland
  – Pen Bay Pediatrics
  – PCHC
  – Winthrop Pediatrics

• 1st team to enroll in the Learning Session: Bayview Pediatrics
Engagement: The Importance of Involving Patients, Parent Partners, and Consumers

- Provide the most important perspectives about the experience of care
- Provide insights on how systems really work
- Inspire and energize staff
- Keep us honest and grounded in reality
- Provide timely feedback and ideas
- Bring connections with the community
- Help us sustain our changes

Source: National Initiative for Children’s Healthcare Quality (NICHQ)
Powerful Partnerships Handbook

Conclusion:
Patient- and family-centered care involve collaborative relationships between those who give and those who receive care. When these partnerships are extended into the realm of quality improvement, everyone benefits: patients, families, providers, and organizations.

When this work is focused on improving the quality of care for the smallest and most vulnerable patients—our children—the rewards are perhaps the most profound of all.

Website: http://www.nichq.org/how_we_work/family_engagement.html