Northern Minnesota Network

Q I Framework
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Background: How we got here

- Evaluation plan in NMN's HRSA HIT grant ⟶ degree the grant-supported EHR facilitates:

  - Improved systems of care
  - Improved quality of care
  - Improved health outcomes

- Thus: Design a durable NMN **QI Framework** to systematically capture this data…for the grant & beyond

Background: How we got here

Starting point:

4-prong quality system 'audit' to determine existing system &perceptions:

- Staff satisfaction survey
- Interviews with Team Leads
- Review members' policies & procedures
- Members' satisfaction survey

What we learned:
Staff Satisfaction Survey

- 72% response rate (proportionately distributed among members & clinical / non-clinical staff

- Focus of survey: quality service provision & performance improvement

What we learned:
Staff Satisfaction Survey

- Explored 5 areas:

  - Patient satisfaction **
  - Patient outcomes & quality of care **
  - Community outcomes
  - Cost effectiveness
  - Evidence-based practices **

What we learned:
Staff Satisfaction Survey

- 88% perceive 'good' or 'high' degree of patient satisfaction (Clinicians ranked higher than non-clinicians)

- 84% satisfied with quality of care delivered

What we learned:
Staff Satisfaction Survey

- Perceived reasons for dissatisfaction:

    - Patient access (wait times, provider availability, availability of open access, etc)
    - Patient barriers to care (cost of co-pays & meds, insufficient coverage for labs & other services)
    - Communication (phone system, timely responses, miscommunication re: policies & services)

What we learned:
Staff Satisfaction Survey (continued)

- Staff: more info on performance & outcome measures
- Staff: EHR: glitches, easier forms, clinician fluency
- Evidence-based practices:
  - 50% of clinicians rate *knowledge of* EBPs as 'good' or 'high'; 44% of clinicians rate *use of* EBPs as 'good' or 'high'

- Proud accomplishment: surviving, using and mastering EHR system ☺

What we learned:
Interviews with EHR Leads

- Interviews with reps from 3 sites (MHSI, SMC & SRHS)
- Purpose: Gain overview of quality-related activities, strengths & opportunities at member level
- Questions focused on:
  - Members QI program, policies, forms, etc
  - Review process for quality efforts
  - Root cause analysis of quality-related problems
  - Disseminating quality-related data

What we learned:
Interviews with EHR Leads

Sites have active QI programs, with:
- Dedicated QI committee
- Clinical & financial foci
- PDSA approach
- Trending across time

What we learned:
Interviews with EHR Leads

Common gaps

- *Written* QI P&Ps
- Tracking QI lessons learned
- Internal & external dissemination of QI reporting
- Real-time reporting of patient & staff sat
- Standardized instruments for root cause analysis to ID gaps in EBPs

What we learned:
Policy & Procedure Review

Checklist developed to review P&Ps as related to quality, looking at:

- Scope & format of P&Ps required to comply with HRSA program expectations
- P&Ps that focus on monitoring & improving quality, service delivery & outcomes

What we learned:
Policy & Procedure Review

General findings:

All have P&Ps…but they…

- Are not formatted for easy identification & version control
- Don't consistently address HRSA program requirements
- Don't use consistent format for QI related policies or performance measures – a template was provided

What we learned:
Member Expectation Survey

60 leaders (admin, medical, dental) invited; 45% response from clinicians, HIT, dental staff, COOs & EDs at 4 sites

Purpose was to discover:

- The extent to which NMN meets the expectation of its members
- Helpfulness of NMN's current activities to its members
- Members' perceptions of NMN's future direction

What we learned:
Member Expectation Survey

NMN fulfills its mission, and

Current activities are highly valued!

Most helpful activities:

- Technical support on-site and remotely
- EHR / MU semi-annual meetings
- EHR clinical application support on-site

What we learned:
Member Expectation Survey

100% of respondents said the following are moderately or very helpful

- Tech support on-site or remotely
- EHR / MU semi-annual meetings
- HIT education: GE CHUG conferences, CySolutions Conferences
- Availability of 24/7 coverage, with back-up & disaster support
- Assistance preparing to achieve MU incentives
- QI team meetings & trainings

What we learned:
Member Expectation Survey

NMN provides appropriate level of support in EHR & PMS implementation

Future direction: Stay the course!
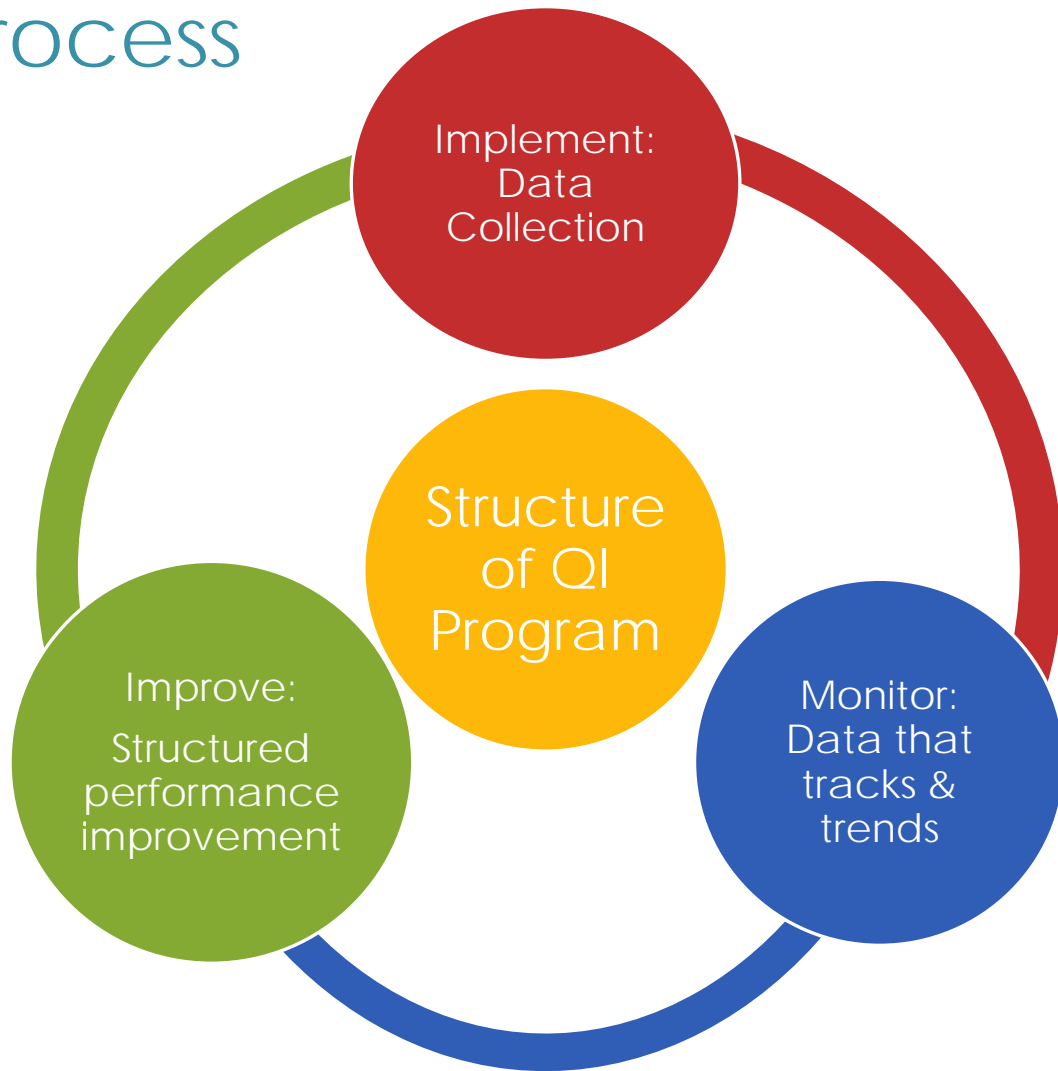
Initiatives most frequently selected:

- Tech support on site (64%)
- On-site EHR clinical app support (59%)
- MU education & assistance (50%)
- Reporting assistance (46%)
- Assistance with HIE (41%)

What we learned:
Member Expectation Survey

Indications:

- High # of 'not applicable' responses indicate the wide scope of NMN activities may be unknown to members

- Respondents appreciate NMN staff *and* express need for more assistance

- Want NMN to set direction that strengthens existing activities rather than expanding into new activities

- Respondents express desire for shared learning opportunities

Where we're going:
The QI Process

Implement:
Data Collection

Structure of QI Program

Monitor:
Data that tracks & trends

Improve:
Structured performance improvement

Where we're going:
The NMN QI Framework

The NMN QI Program focuses on NMN ---

How well NMN meets its goal of providing HIT systems, resources and support to its members …so members can strengthen clinical practices & outcomes

NMN's QI Program differs from the QI programs of its members

Where we're going:
The NMN QI Framework

Designed to:

For NMN itself:

- Gather data on how well NMN is meeting its goals – i.e.: the quality of NMN's services
- Use the data to improve NMN's performance & the impact of the network

For its members:

- Assist members in identifying & addressing quality issues by providing support for clinic-level QI programs

Where we're going:
The NMN QI Framework

PROPOSED **FRAMEWORK:**

Gather data, track & trend: the quality of NMN's services, looking at:

- Financial sustainability
- Membership expansion options
- Achieving planning objectives
- IT system operational metrics
- Members' expectations

Where we're going:
The NMN QI Framework

PROPOSED FRAMEWORK :

Gather data, track & trend: the impact of HIT on care & services at member clinics via:

- Clinic staff feedback on HIT (Post-EHR Implementation Assessment)
- Feedback from EHR leads
- Feedback from patients
- Members' progress towards meeting reporting requirements

Where we're going:
The NMN QI Framework

PROPOSED FRAMEWORK :

Track & trend: NMN support for clinic-level quality programs via:

- Selected clinical quality indicators at network level

- Member feedback on:
  - How well HIT supports tracking performance measures
  - NMN support of quality data extraction & reporting for members

Next Steps:

Today:

- Discuss / fine tune proposed QI Framework

Next 30 - 60 days:

- Finalize metrics
- Develop plan to gather & report

1st quarter of 2012 /implementation in 2012 :

- Finalize procedures for the QI Program
  - Here's what to measure , how & when
- Design tools as needed