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## Continuous Quality Improvement: Principles and Practices

(HHS Regions 6, 7 & 8)  
Learning Community Meeting  
Dallas, TX  
February 23-24, 2015

Day 2 AM

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## Review of first day

- What was the main takeaway from yesterday's discussion and small group brainstorming?
- What idea was raised that has relevance to your current stage in the PBHCI process?
- Anything surprise you?
- Any issue raised that you plan to discuss and explore further back at the ranch?

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## AM Goals

- Employ an organizational self assessment instrument (BHICA) to make informed decisions about improvement objectives/goals
- Understand the BHICA in the context of Continuous Quality Improvement framework
- Each team to leave with at least one improvement goal plan that is meaningful, possible and likely to be sustainable
- Each team will understand how to use the BHICA to develop short and long term goals
- Follow up TA and quarterly calls to focus on these short and long term goals

## PM Goals

- Increase our understanding of client engagement, person activation and behavior change
- Each team will identify 3 approaches to person activation and share and discuss initial steps they may take to strengthen their engagement strategies

## **Primary Goal: Assist organizations to solve problems and systematically implement improvement strategies**

### Topics covered

- Defining quality
- Continuous Quality Improvement (CQI) Framework
- Tools to support systematic quality improvement
- Review BHICA IMPROVEMENT PLANNING GUIDE
- Review SMART improvement template
- Apply CQI approaches to improving a BHICA-related area.

## **What is quality? Anything you do to improve...**

- Safety
- Effectiveness
- Client-Centered
- Timeliness
- Efficiency
- Equity
- Appropriateness
- Coordination
- Accessibility

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*“The ultimate judge of the quality of our work is the patient, end of story.”*

*—Don Berwick*

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Edward Deming process management theory:

*“ ... the best way to reduce costs is to improve quality”*

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## First Law of Quality Improvement

“Every system is perfectly designed to achieve exactly the results it gets”

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## Second Law of Quality Improvement

To change the **RESULTS**  
you must change the **SYSTEM!**

- Working harder won't do it!
- Getting rid of poor performers won't do it!
- Throwing more money at the existing system won't do it!

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## What's an organization to do to prepare for a changing system?

Focus on improving the **quality** of current practices!

Difficult to waste time, make mistakes or misalign efforts to prepare for a changing system when the focus is on quality!

Ask yourself: *What can we do now to improve quality?*

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## Application of basic continuous quality improvement approaches

### FOCUS PDCA

**F**ind an improvement area

**O**rganize a team

**C**larify current practices

**U**nderstand source of variation/problem

**S**elect a strategy

**Plan Do Check Act**

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## Continuous Quality Improvement: FOCUS PDCA Method

**Find:** a process or identify a problem that needs improvement. Problems are pretty easy to identify. Just think about the chronic complaints you get or those things that simply frustrate you at work.

**Organize a team:** a team that understands or works with the process or problem. The team consists of people who know the process well and can speak to what works and what needs changing.

**Clarify** the knowledge. Clarifying the knowledge of the process can help to ensure there's agreement on what the real issues are.

**Understand** what impacts the variations in the quality of the process. There are variations in every process. The trick is to discover what causes the variations so you can minimize the peaks and valleys.

**Select a strategy/solution** that meets many of the criteria associated with practical success.

## Behavioral Health Integration Capacity Assessment (BHICA): Why Important?

Organizational Self-Assessment Tool helps grantees to...

- **FIND** Problems
- **CLARIFY** Knowledge
- **SELECT** an improvement area that is practical, feasible, and likely to have high impact

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**BHICA: A self assessment process is a critical step in making informed decisions and improving performance**

**Section I: Understanding Your Population**

Intended as a reflection tool for your organization. Organizations may find it useful to think through the characteristics of the population.

**Section II: Assessing Your Infrastructure**

Evaluate your organization's current operational and cultural practices in order to identify specific recommendations for continued improvement.

**Section III: Identifying the Population and Matching Care**

This section is intended to help you examine processes to identify the target population and match identified individuals with appropriate care.

**Section IV: Assessing Three Approaches to Integration**

Assess alignment with three approaches to integration: formal or informal relationships with primary care providers and community organizations, co-located care, or in-house primary care capability.

**Section V: Financing Integration**

This section identifies a few questions that may be helpful for organizations to consider as they think about financing and building a case for integrating care.

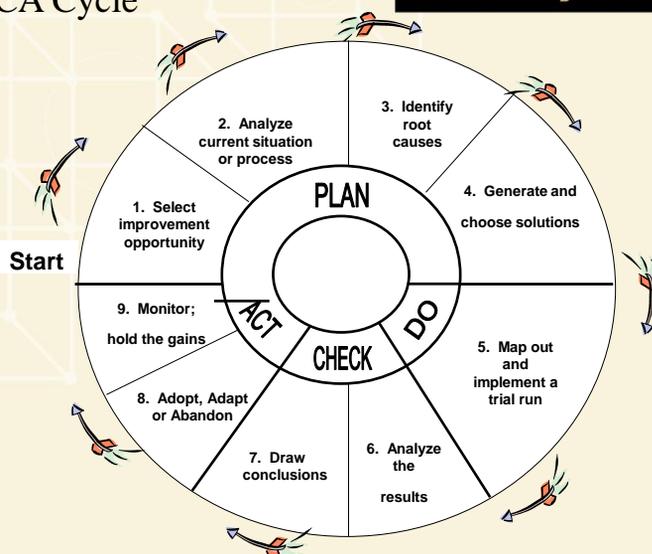
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**PDCA Cycle**

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## Having the *WILL* is not the same as Having the *WAY*

One Promising Way:

# Principles and Practices of Continuous Quality Improvement

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## What's a really good improvement strategy?

- Not expensive
- Can tell if the idea is working or not
- Affects many
- Can be done in a reasonable timeframe
- Is in the control of the organization
- Aligns with regulations, fiscal requirements, and law.
- Unlikely to cause other problems (unintended consequences dilemma)
- Practical in light of other organizational priorities
- Reasonable in light of staff demands on time and energy
- Tools and resources available

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## Performance Indicators

- It's hard to change what you can't measure.
- It's hard to know how you're doing without data and information
- It's hard to get others to change their behavior without data and information
- It's hard to understand the parts of the system that need to change without data and information
  - What to keep doing
  - What to stop doing
  - What to begin doing

## Continuous Quality Improvement Tools

- Control Charts
- Pareto Chart
- Fishbone Diagrams
- Workflow Analysis

## **CONTROL CHARTS:**

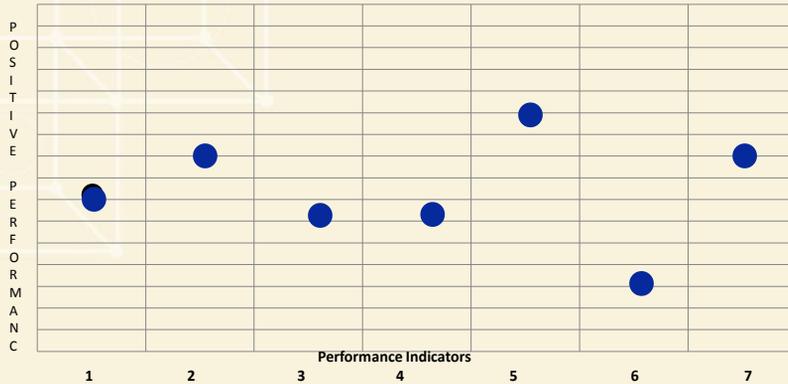
Display of information that helps to monitor progress and display performance

## **CQI: Moving your dots**

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- It's hard to know how you're doing without data and information
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- It's hard to understand the parts of the system that need to change without data and information
  - What to keep doing
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**Control Chart: Example of a graph to measure change. It's about moving your dot over time**



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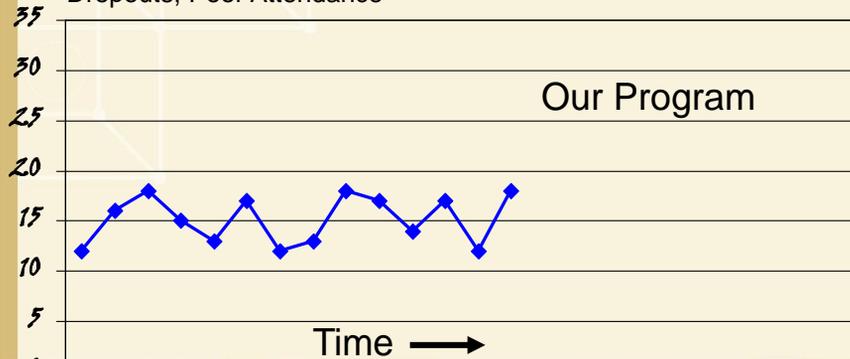
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**How Quality Improvement Usually Happens: The Deviation Approach**

Relapse Rates, Hospitalization and Emergency Department Visits, Missed Appointments, Program Dissatisfaction, Poor Health Outcomes, Dropouts, Poor Attendance



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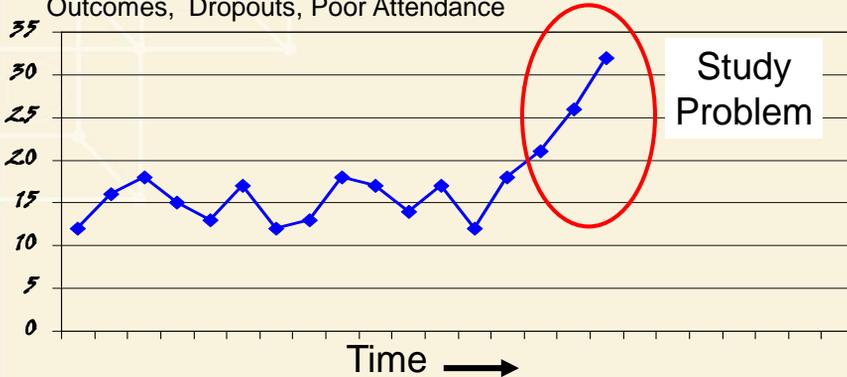
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## Quality Improvement with Deviation Based Approaches

Relapse Rates, Hospitalization and Emergency Department Visits, Missed Appointments, Program Dissatisfaction, Poor Health Outcomes, Dropouts, Poor Attendance



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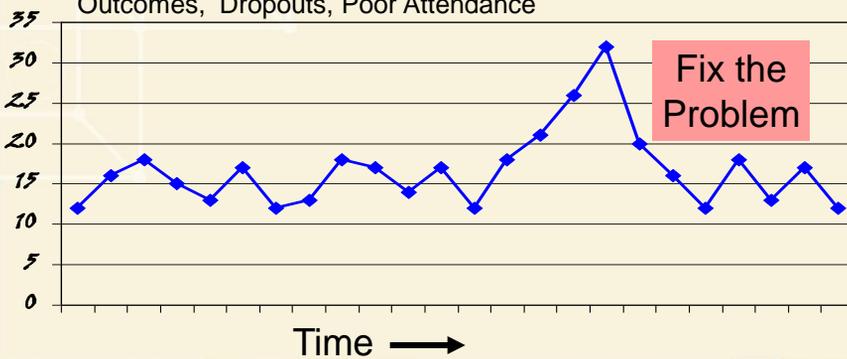
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## Quality Improvement: Reduce/Eliminate Deviation

Relapse Rates, Hospitalization and Emergency Department Visits, Missed Appointments, Program Dissatisfaction, Poor Health Outcomes, Dropouts, Poor Attendance



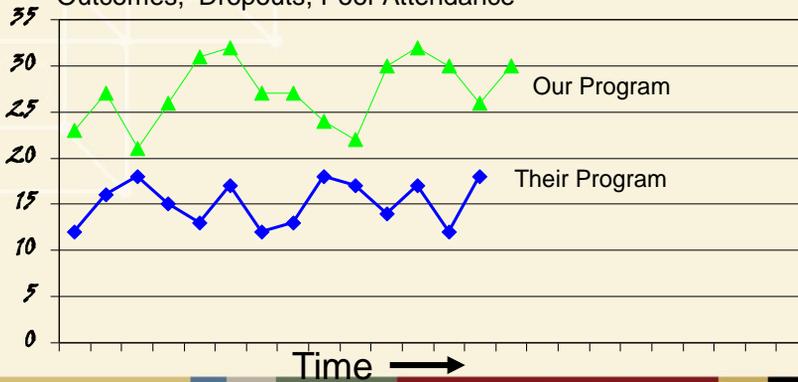
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## How Quality Improvement Happens: The Benchmarking Approach

Relapse Rates, Hospitalization and Emergency Department Visits, Missed Appointments, Program Dissatisfaction, Poor Health Outcomes, Dropouts, Poor Attendance



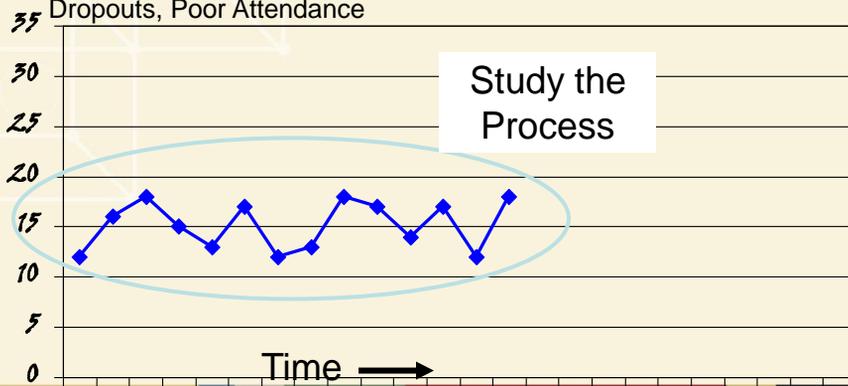
## Benchmarking within PBHCI

Review benchmarking slides

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## How Continuous Quality Improvement Happens: The Proactive Approach

Relapse Rates, Hospitalization and Emergency Department Visits, Missed Appointments, Program Dissatisfaction, Poor Health Outcomes, Dropouts, Poor Attendance



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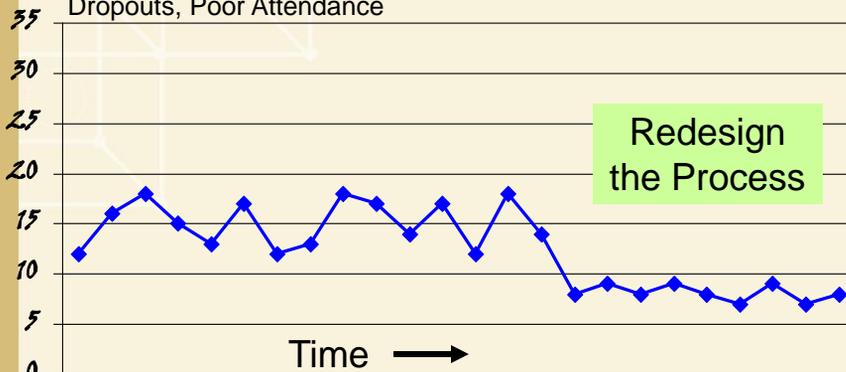
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## Quality Improvement with Continuous Quality Improvement

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# Additional Quality Improvement Tools

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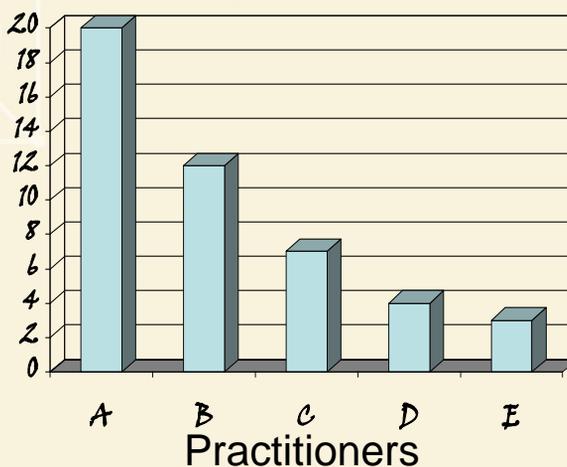
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## Pareto Chart: Data Organized from Max to Min

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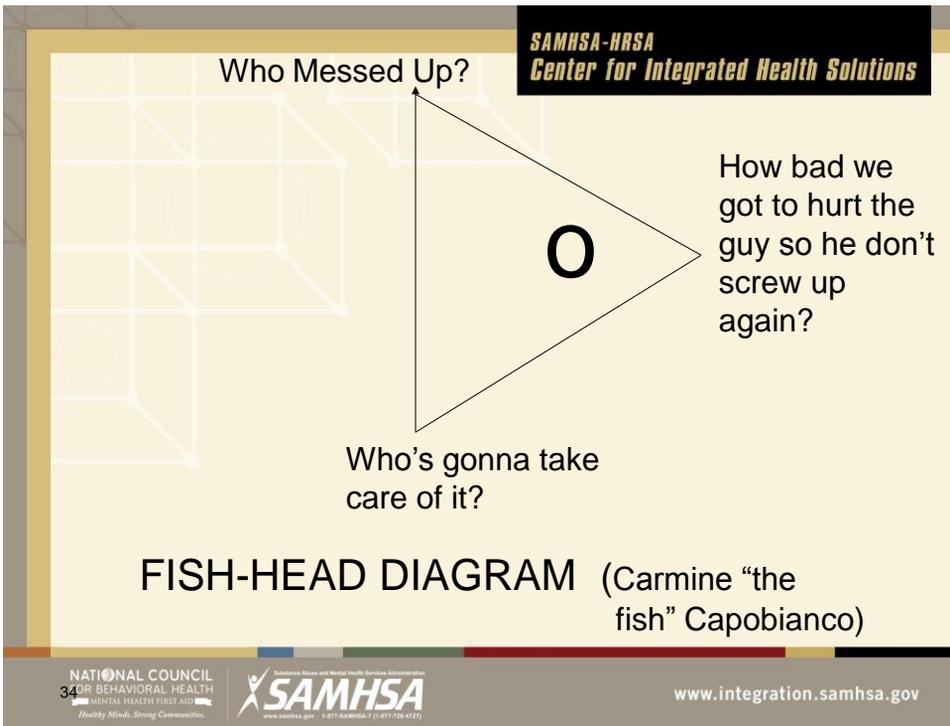
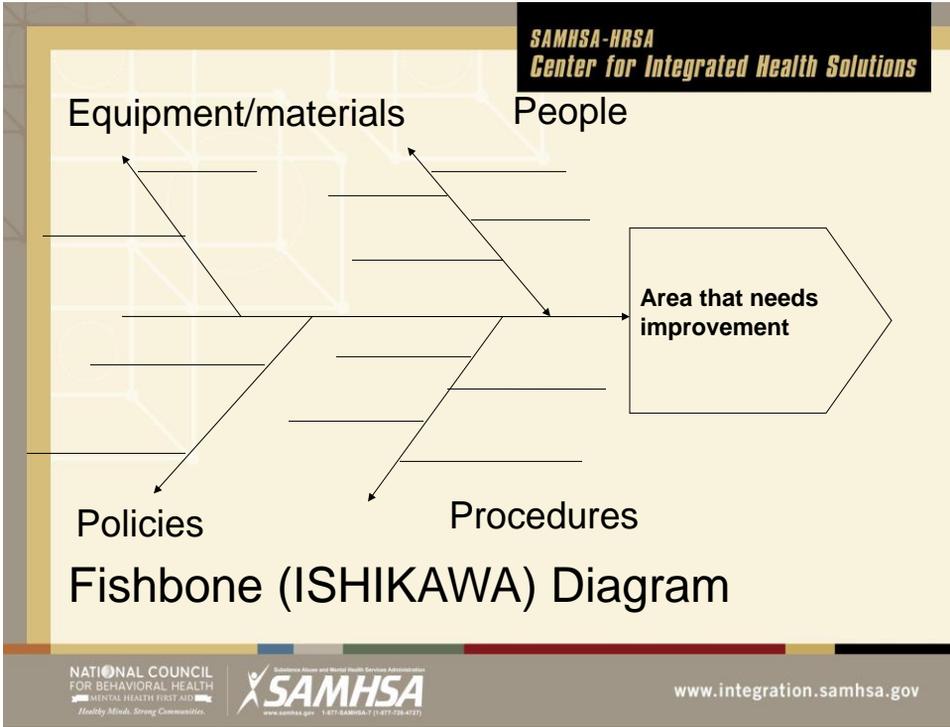
- Missed Appointments
- Billable hours
- Time to first contact
- Involves family



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## Principles and Practices of Effective Workflows

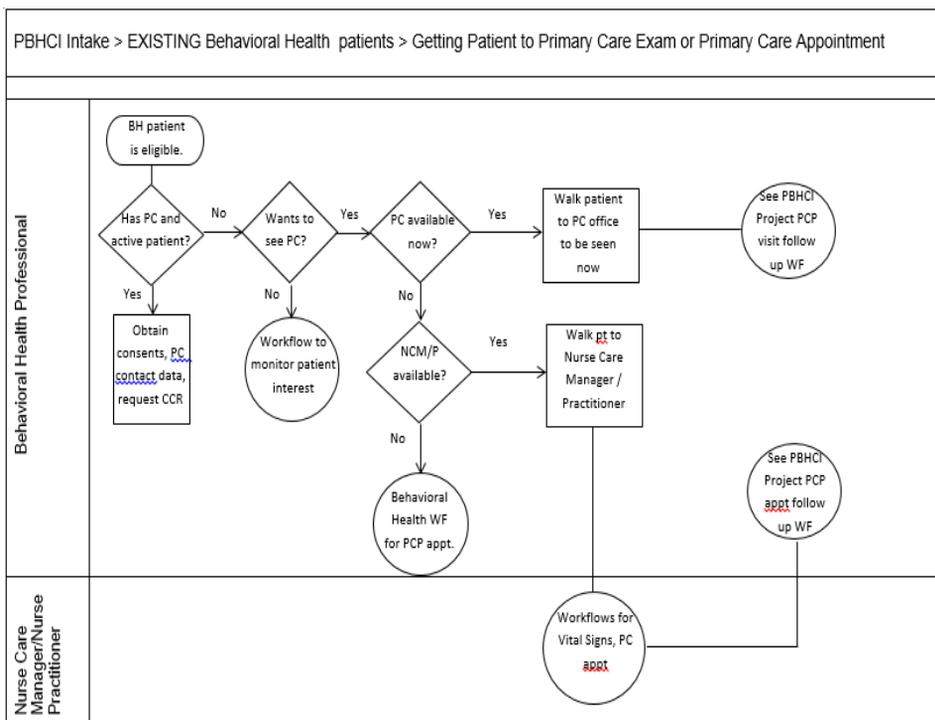
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- **Optimal number of steps:** Avoiding too many and too few steps to accomplish the aims of the workflow. The more steps involved in a process the greater the chance of error and mistakes. Streamlined processes limit the number of points that can fail.
- **Clarity of roles:** Each person identified in a workflow is able to specifically describe their role and responsibilities as well as the role and responsibility of every other person identified in the workflow. Look for steps in a workflow that may be performed by more than one person. Be clear on the conditions under which various people perform the same function.
- **Timeliness:** A client-centered approach means reducing waiting times. Workflows that reduce the time between steps promote efficiencies and increases satisfaction, engagement, and involvement of everyone identified in the workflow.
- **Customer focused:** The ultimate demonstration of quality resides in the experience of the client. Effective workflows continually ask the question: how will this step in the process likely affect the experience of the client - will it promote safety, timeliness, effectiveness, equity, comfort, and satisfaction and be respectful of the client's cultural or religious preferences associated with personally meaningful values.

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## Next Steps

### **Team Action Planning**

Using the information presented, grantees will break out into teams and develop an initial CQI plan based on BHICA results and identified priorities from Day 1

Teams will be offered the BHICA Implementation Planning Guide and the SMART planning framework to record their strategies

Each team reports out on their initial BHICA plan