CNYCC
Learning Collaborative Kick-Off Meeting

CNYCC Board Room
109 Otisco St. 2nd Floor
Syracuse, NY 13204

August 17, 2016
Agenda

- Why Learning Collaboratives?
  - PIC Feedback Survey Results & Response
- How will the Learning Collaborative work?
  - Learning Collaborative Project Engagement Structure
  - Roles, Inputs, Outputs, Participants, and Logistics
- What is the Role of Partner Organizations?
  - Partner Organization Project Teams and Key Roles
- Rapid Cycle Improvement Overview
  - DSRIP Performance & Outcome Measures’ Impact on PPS Funding
  - Rapid Cycle Improvement Techniques: Plan-Do-Study-Act and Lean
- Next Steps
Why Learning Collaboratives?

• Natural Evolution of the PIC
• Function Drives Structural Change
• Movement from Project Launch to Accelerated Project Implementation
• Need for Horizontal, Vertical, and Cross-functional Network Connections.
Learning Collaborative Model presents a change that will support:

- Engagement rather than management
- Search for best practices across our network
- Focus on implementation and outcomes
- Introduction and use of Rapid Cycle Improvement Techniques
- Benchmarking and networking for affinity groups
Partner Feedback on PICs

- Venues for collecting partner feedback:
  - Series of feedback surveys (https://www.surveymonkey.com/r/PICfeedback)
  - Partner emails, memos, and candid conversations (thank you!)

- CNYCC has an opportunity for improvement:
  - 40% of respondents are very or somewhat satisfied with PIC sessions overall
  - 45% consider PIC sessions informative but 38% consider them ineffective
  - 50% think PIC sessions meet their organizations needs very or somewhat well
  - 50% think CNYCC has been responsive to questions & concerns about PIC sessions
Partner Feedback on PICs, continued

- Qualitative Feedback
  - Encouragement:
    - “Excellent vehicle for engagement and education…”
    - “We appreciate the information from the PICs and the chance to meet… with other providers”
  - Constructive criticism:
    - “I just don’t see the rubber hitting the road.”
    - “…physicians, NPs, PAs to have them have a voice…”
    - “It would be helpful to have PIC session notes and recordings timely posted on the website [and] agendas… in advance”
    - “Direction of the intervention is not clear beyond identification of individuals eligible”
    - “Geared to the Medical… world”
CNYCC Response to Partner Feedback

- Administrative Improvements:
  - Materials disseminated in a more timely manner:
    - Agendas
    - Notes & Recordings
  - In-person vs. remote participation:
    - In-person with webcam/call-in for people unable to attend
- Considerations for Learning Collaboratives:
  - How will the work of the PICs be integrated?
  - How will we avoid working in silos?
How will the Learning Collaboratives work?

Learning Collaborative Project Engagement structure
Roles, Inputs, Outputs, Participants, & Logistics
Learning Collaborative Structure

CBO  Outpatient  Hospital/Acute  Post-Acute

Care Coordination & Care Management
• CBO Learning Collaborative
  • Non- or low-billing CBOs, Local Governmental Units providing direct patient/client services

• Outpatient Learning Collaborative
  • Primary care*, integrated outpatient behavioral health*, specialty medical services, dentistry, pharmacy, other outpatient behavioral health (*when content only applies to internal primary care operations, only these orgs will meet)

• Hospital/Acute Learning Collaborative
  • Hospitals* (Article 28 & Article 31), EMS, crisis services (*when content only applies to internal hospital operations, only these orgs will meet)

• Post-Acute Learning Collaborative
  • Rehabilitation, skilled nursing, long-term care, homecare, OPWDD, hospice, other residential programs

• Care Coordination & Care Management part of all 4 Learning Collaboratives
Learning Collaborative Project Engagement Structure

- Partner Project Team
- CBO Learning Collaborative
- Outpatient Learning Collaborative
- Acute Learning Collaborative
- Post-Acute Learning Collaborative
- Workgroup
- CNYCC PMO & Learning Collaborative Project Leads
Learning Collaborative

• Role: Identify Partner Organization Promising Practices, Assist in Problem-Solving, Oversee Project Implementation & Performance

• Participants
  • Leader: Learning Collaborative Project Lead
  • Facilitators: CNYCC Project Management Staff
  • Participants: Partner Project Owner, DSRIP Coordinator (optional), IT, HR, etc.

• Inputs: Project Requirements, Performance Dashboards, Partner Project Team status reports

• Outputs: Action items for partner project teams, recommendations & information for CNYCC PMO & other Learning Collaboratives’ Project Leads

• Meeting Frequency: Monthly
CNYCC PMO & Learning Collaborative Project Leads

• Role: Oversee PPS-wide Project Implementation & Performance, Coordinate Work across Learning Collaboratives, make recommendations to CNYCC PMO including:
  • Commission workgroups
  • Project Adjustments
• Inputs: Performance Dashboards, Learning Collaborative minutes, Project Status updates from CNYCC Project Managers, other partner feedback
• Outputs: Action items for CNYCC, Learning Collaboratives, & organization-specific partner project teams
• Expected Participants
  • Director of CNYCC Project Management Office
  • Learning Collaborative Project Leads
  • CNYCC Project Manager(s)
CNYCC plans to hire Learning Collaborative Project Lead positions
- 1 per project per applicable Learning Collaborative
- Will be paid a stipend
- Minimum 4 hrs/wk
- Subject matter expertise & operational experience

Partner Project Owners & DSRIP Coordinators connect the Learning Collaboratives to their Project Teams

Learning Collaborative Project Leads & CNYCC Project Managers connect the Learning Collaboratives
- Cross-Learning Collaborative workgroups continue
Each DOH project requirement has been “tagged” to one or more of the Learning Collaboratives based upon whether implementation will directly or indirectly impact operations.

- Most projects have requirements spread across more than one Learning Collaborative.

CNYCC PMO and Learning Collaborative Project Leads coordinate cross-Learning Collaborative actions, including:

- Commission workgroups with membership drawn from across Learning Collaboratives.
- Establish action items for other Learning Collaboratives where change requires improving a transition or coordination.
What is the role of Partner Organizations?

Partner Organization Project Teams
Key Roles
Team Approach

- To structure for success, CNYCC advocates for a team approach for implementation, management, & oversight of process improvement within each CNYCC partner organization.
- CNYCC suggested “Partner Project Team” structure is meant to support rapid cycle improvement within partner organizations.
- The success of the PPS relies upon our partners (we need you).
Partner Project Team

Partner Project Owner

Clinical & Operational Staff

DSRIP Coordinator

HIT Contact

Senior Leadership

HR Contact
Partner Project Team

- Partner Project Team
- Partner Project Team
- Learning Collaborative
- Workgroup
- CNYCC PMO & Learning Collaborative Project Leads
- DSRIP Coordinator
- Partner Project Owner
- Clinical & Operational Staff
- HIT Contact
- HR Contact
- Senior Leadership
- Workgroup
- CNYCC PMO & Learning Collaborative Project Leads
- DSRIP Coordinator
- Partner Project Owner
- Clinical & Operational Staff
- HIT Contact
- HR Contact
- Senior Leadership
- Workgroup
- CNYCC PMO & Learning Collaborative Project Leads
- DSRIP Coordinator
- Partner Project Owner
- Clinical & Operational Staff
- HIT Contact
- HR Contact
- Senior Leadership
Organization-Specific Partner Project Teams

- **Role:** Implement, Manage, & Oversee Process Improvement at the Partner Organization

- **Suggested Participants:**
  - Senior Leadership with operational authority to approve relevant changes
  - Project Owner with subject matter expertise
  - DSRIP Coordinator
  - Clinical and operations staff
  - HR, IT, & Other DSRIP Key Stakeholders

- **Inputs:** Project Implementation Plans/Project Requirements, communication from Learning Collaboratives & CNYCC, partner performance information

- **Outputs:** Status reports to Learning Collaborative(s)
Rapid Cycle Improvement Introduction

Why Rapid Cycle Improvement?
Rapid Cycle Improvement Teams
Rapid Cycle Improvement Strategies
Rapid Cycle Improvement Introduction

Why Rapid Cycle Improvement?
Why Rapid Cycle Improvement?
Changing Incentives

Process Metrics
Performance & Outcome Metrics

$ Time
Performance & Outcomes Metrics

Measure Overview

- **84 Performance Measures across 11 Projects**
  - Domain 2 – System Transformation
  - Domain 3 – Clinical Improvement
  - Domain 4 – Population Wide

- **Measure Overlap between Projects**

<table>
<thead>
<tr>
<th>Domain 2 – System Transformation</th>
<th>Domain 3 – Clinical Improvement</th>
<th>Domain 4 – Population Wide</th>
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</thead>
<tbody>
<tr>
<td>22 Measures Shared</td>
<td>14 Shared Measures</td>
<td>8 Shared Measures</td>
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<tr>
<td>4 Projects</td>
<td>2 Projects</td>
<td>2 Projects</td>
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<tr>
<td>1) Integrated Delivery System (2.a.i)</td>
<td>1) Behavioral Health/Primary Care Integration (3.a.i)</td>
<td>1) Behavioral Health Infrastructure (4.a.iii)</td>
</tr>
<tr>
<td>2) DSRIP Care Management (2.a.iii)</td>
<td>2) Behavioral Health Crisis Stabilization (3.a.iii)</td>
<td>2) Reduce Premature Births (4.d.i)</td>
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<tr>
<td>3) ED Care Triage (2.b.iii)</td>
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<tr>
<td>4) Care Transitions (2.b.iv)</td>
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</table>
Performance & Outcomes Metrics
Measure Details

Measure Description
- Name
- Denominator Description
- Numerator Description

Steward and Specification Version
- Measures drawn from a variety of measure stewards commonly utilized in quality initiative programs
  - HEDIS; AHRQ; CAHPS Surveys; UAS-NY; SPARCS; 3M; NYS DOH Vital Statistics; US Census; BRFSS; NQF

Reporting Responsibility
- NYSDOH
  - Data/reports provided by State to PPS (95%)
- PPS
  - Data/reports provided by PPS to State (5%)

Pay For Reporting vs Performance

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<tr>
<th>Payment Status</th>
<th>DY2</th>
<th>DY3</th>
<th>DY4</th>
<th>DY5</th>
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<tr>
<td>P4R</td>
<td>70</td>
<td>51</td>
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<td>P4P</td>
<td>14</td>
<td>33</td>
<td>47</td>
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Performance & Outcomes Metrics

Example 2: Potentially Avoidable Readmissions

Current and Target Performance

- Baseline Result (BLR): 689.92
- Measurement Year 1 Result: 668.80
- Measurement Year 2 Annual Improvement Target: 619.98

Performance for Most Recent 12 Months

- 7/14: 697.7
- 8/14: 696.5
- 9/14: 694.2
- 10/14: 694.6
- 11/14: 705.4
- 12/14: 701.9
- 1/15: 682.8
- 2/15: 692.0
- 3/15: 695.0
- 4/15: 691.2
- 5/15: 679.6
- 6/15: 668.8
Performance & Outcomes Metrics

Example 1: Potentially Avoidable Emergency Room Visits

Current and Target Performance

<table>
<thead>
<tr>
<th>Measurement Year 1 Result</th>
<th>Baseline Result (BLR)</th>
<th>Measurement Year 2 Annual Improvement Target</th>
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<tr>
<td>49.07</td>
<td>44.30</td>
<td>44.77</td>
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Performance for Most Recent 12 Months

- Baseline Result (BLR)
- Measurement Year 1 Result
- Measurement Year 2 Annual Improvement Target
Why Rapid Cycle Improvement?
Performance Management

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Project Valuation</th>
<th>High Performance Fund¹</th>
<th>State High Performance Fund¹</th>
<th>Public Equity Guarantee</th>
<th>Public Equity Performance³</th>
<th>Grand Total</th>
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<td>Maximum Valuation</td>
<td>$158,402,178</td>
<td>$3,695,521</td>
<td>$8,836,732</td>
<td>$86,911,728</td>
<td>$65,183,796</td>
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<td>Performance Based Payments</td>
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<tr>
<td>DY1</td>
<td>-</td>
<td>-</td>
<td>TBD</td>
<td>-</td>
<td>$0.00</td>
<td>$0</td>
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<tr>
<td>Performance Based Total</td>
<td>$62,914,991</td>
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<td>$8,836,732</td>
<td>$0</td>
<td>$19,555,139</td>
<td>$95,002,383</td>
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<td>Performance Based Percentage</td>
<td>40%</td>
<td>100%</td>
<td>100%</td>
<td>0%</td>
<td>30%</td>
<td>29.4%</td>
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</table>

¹High Performance: State provided estimates
Rapid Cycle Improvement Introduction

Rapid Cycle Improvement Teams
Rapid Cycle Improvement Team
Relationship To Learning Collaborative Structure

Model 1: Internal Rapid Cycle Improvement

Model 2: Collaborative Rapid Cycle Improvement

CNYCC PMO & Learning Collaborative Project Leads
Rapid Cycle Improvement Team
Relationship To Learning Collaborative Structure

• Role: Affect Rapid Cycle Improvement Process at the Partner Organization
• Suggested Participants:
  • Staff member(s) in a position to approve required changes
  • End-users involved in the workflow/process being improved
  • Other roles as required, such as:
    • Provider Champion
    • EHR/Quality Expert
• Inputs: Metrics identified by Partner Project Teams, operations, or CNYCC; feedback from participating staff, or effected departments; best practices from Learning Collaboratives
• Outputs: Status reports to Partner Project Teams
Rapid Cycle Improvement Introduction

Rapid Cycle Improvement Strategies
Rapid Cycle Improvement Strategies

Overview

- Rapid Cycle Improvement is a quality improvement method that identifies, implements and measures changes made to improve a process or a system.

- Rapid Cycle Improvement implies that changes are made and tested over periods of three months or less, rather than the standard eight to twelve months.

- Common Approaches:
  - Plan Do Study Act (PDSA)
  - Lean

https://www.healthit.gov/providers-professionals/faqs/how-do-i-use-rapid-cycle-improvement-strategy
Rapid Cycle Improvement Introduction

Rapid Cycle Improvement Strategies: PDSA
Rapid Cycle Improvement Strategies
Plan – Do – Study – Act (PDSA)

The PDSA cycle guides the test of a change to determine if the change is an improvement.
Plan
Overview

The plan begins with asking three (3) questions:

1) What are we trying to accomplish?
2) What change can we make that will result in improvement?
3) How will we know that a change is an improvement?
Plan
What are we trying to accomplish?

• Setting Aims (SMAART Goals)
  • Specific goal
  • Measurable
  • Actionable
    • Who, What, Where, When
  • Achievable
  • Timely
    • Specific timeframe
      • 3 months or less
  • Strategic
  • Start small
What change can we make that will result in improvement?

- Identify a change that can be made that could result in the desired improvement
- Sometimes multiple changes are needed for optimal improvement...Start with one
Plan

How will we know that a change is an improvement?

• Identify quantitative measures to evaluate change
  • Process Measures
  • Outcome Measures
• Identify current performance (establish baseline)
  • Do you currently report on the measure?
    • Yes
      • Establish Baseline
      • Validate Small Sample
    • No
      • Do you capture data related to the outcome of interest?
      • Does the method of that data capture allow for the field to be reported on?
        • Yes
          • Generate Reports, Establish Baseline, Validate Data
        • No
          • Make this your first Rapid Cycle Improvement Change
Do Overview

- RCI team implements the PLAN in a pilot setting
- Collect Data
- Document
  - Experiences
  - Problems
  - Surprises
Study Overview

- Analyze the test cycle
- Compare results to predictions
- Draw conclusions
Act
Overview

• Adopt
  • Change is accepted
• Adapt
  • Plan is modified
  • Repeat PDSA cycle
• Abandon
  • New change is selected
  • New plan is drafted
  • Repeat PDSA cycle
Lean Principles

1. Define Value
   1. Consider the Value from the Patient’s Point of View

2. Map the Value Stream
   1. Map all steps in the workflow, both value and non-value added that bring services to the Patient - Analyze the current state and any waste steps that result in waste

3. Create Flow
   1. Eliminate steps in the workflow that cause interruption or delays

4. Establish Pull
   1. Only provide services that are needed so that no resources are wasted

5. Pursue Perfection
   1. Remove waste as it is discovered; continue to improve by rerunning the cycle
Rapid Cycle Improvement Strategies

Lean

Define Value

- Consider the Value from the Patient’s Point of View

Map Value Stream

- Map all steps in the workflow, both value and non-value added that bring services to the Patient

Create Flow

- Eliminate steps in the workflow that cause interruption or delays

Establish Pull

- Only provide services that are needed so that no resources are wasted

Pursue Perfection

- Remove waste as it is discovered; continue to improve by rerunning the cycle

Rapid Cycle Improvement Strategies

Lean
Rapid Cycle Improvement

Next Steps

• Develop Self Assessment
  • RCE activities
  • Monitoring capabilities
• RCE Training
• RCE for PPS Governance Model
Next Steps

Learning Collaborative Schedule
Opportunity: PPS-Sponsored RCI Training
Looking Ahead: September learning Collaboratives