National Conference

NFPRHA 2014

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Agenda

1. Quality in family planning services – What it is? and Why it matters?
2. Two efforts to improve quality in family planning:
    - PPFA
    - OPA-CDC
3. Small group -- consider potential applications to participants' settings
4. Next steps

BACKGROUND

What is Quality Health Care?

Quality health care is "doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results"

http://www.ncqa.org/Portals/0/Publications/Resource%20Library/NCQA_Primer_web.pdf

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Definition: Quality Measures

A clinical quality measure is a mechanism used for assessing the degree to which a provider competently and safely delivers clinical services that are appropriate for the patient in an optimal timeframe*

* Centers for Medicare & Medicaid Services

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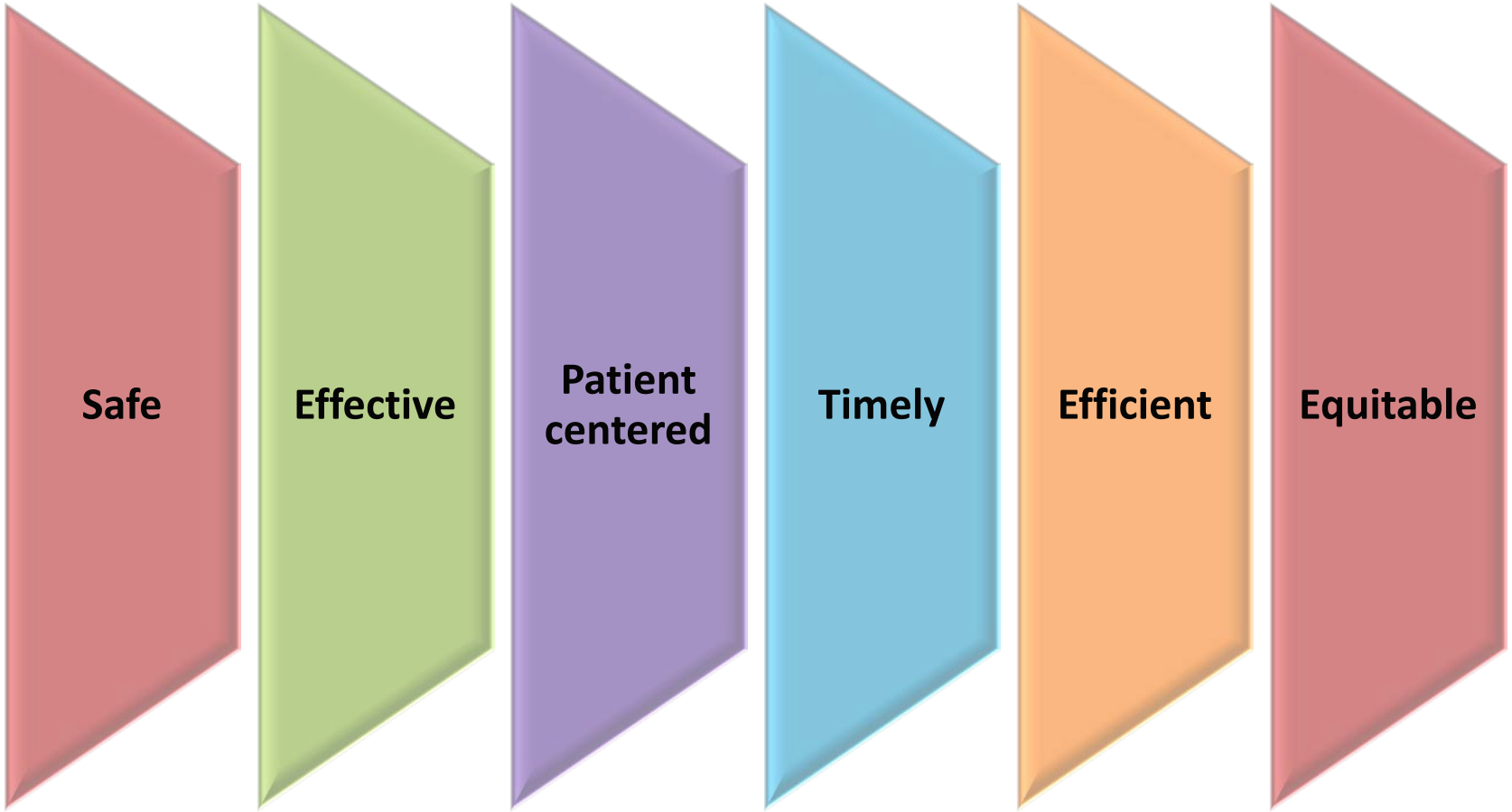
IOM's Aim: Quality Healthcare Will Be…



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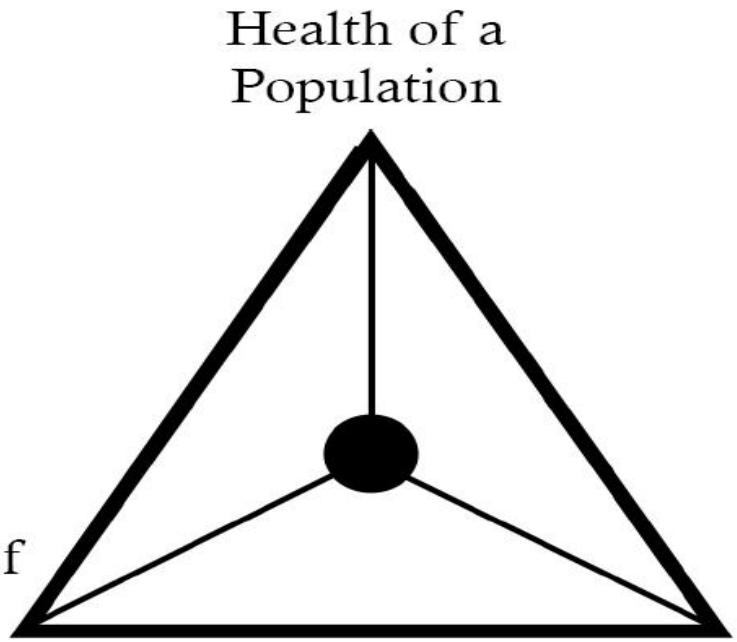
Institute of Healthcare Improvement's Triple Aim



- Safe
- Effective
- Patient centered
- Efficient
- Timely
- Equitable

Better care for individuals, better health for populations, lower per capita costs

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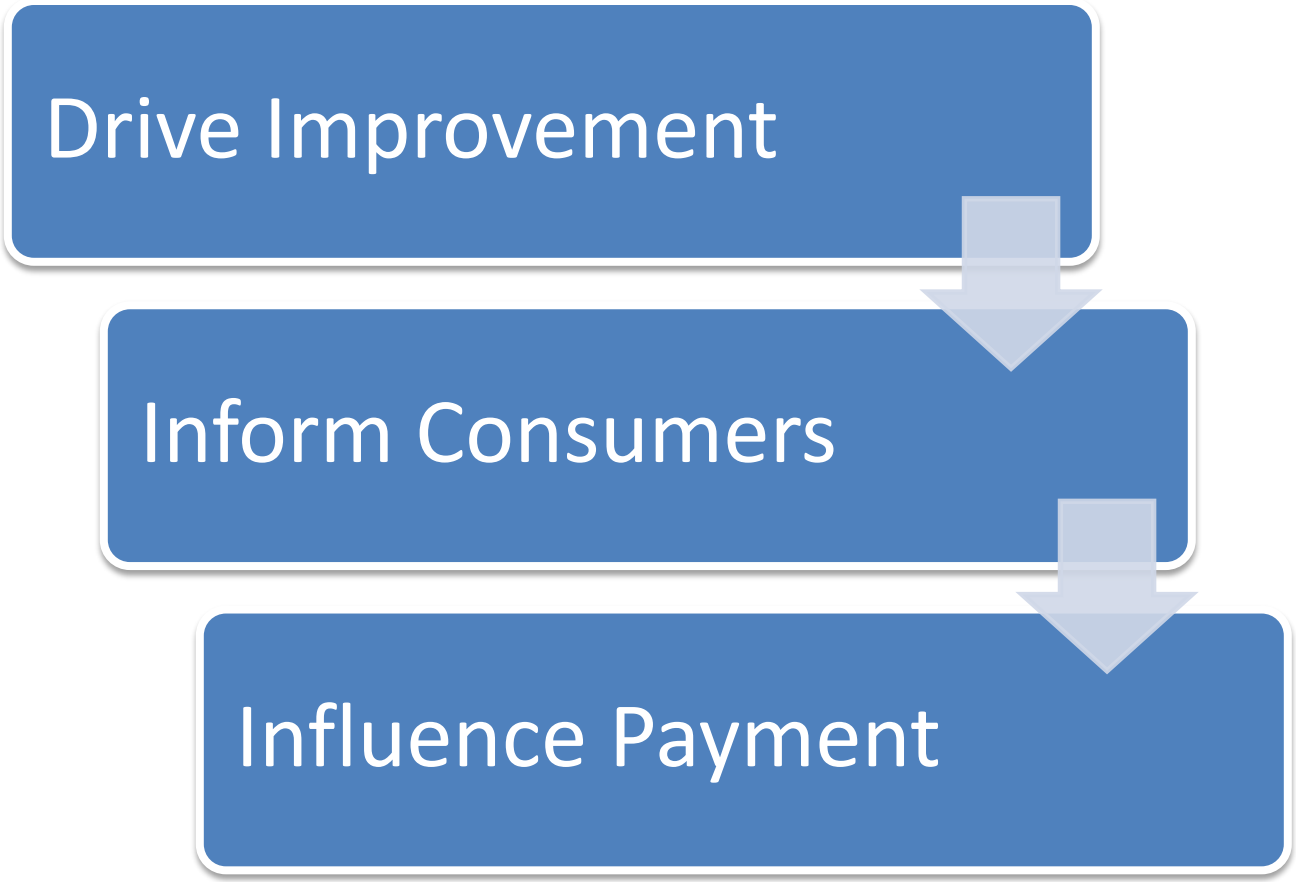
Why measure?



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Responsibility to Stakeholders

Internal

- Board
- Staff
- Patients
- Auditors

External

- Payers
- Meaningful Use
- ACO, PCMH
- Funders

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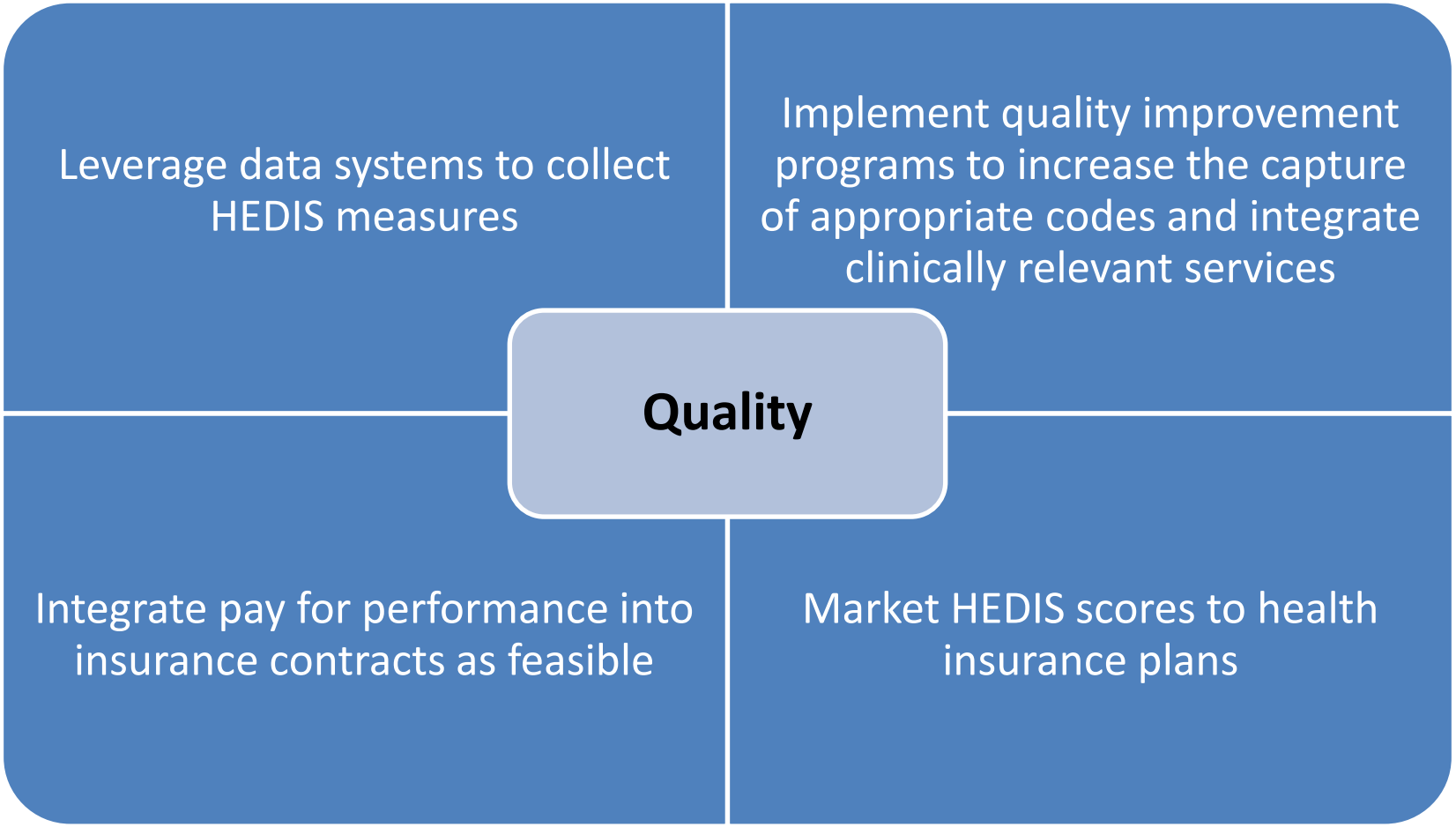
Payer Engagement



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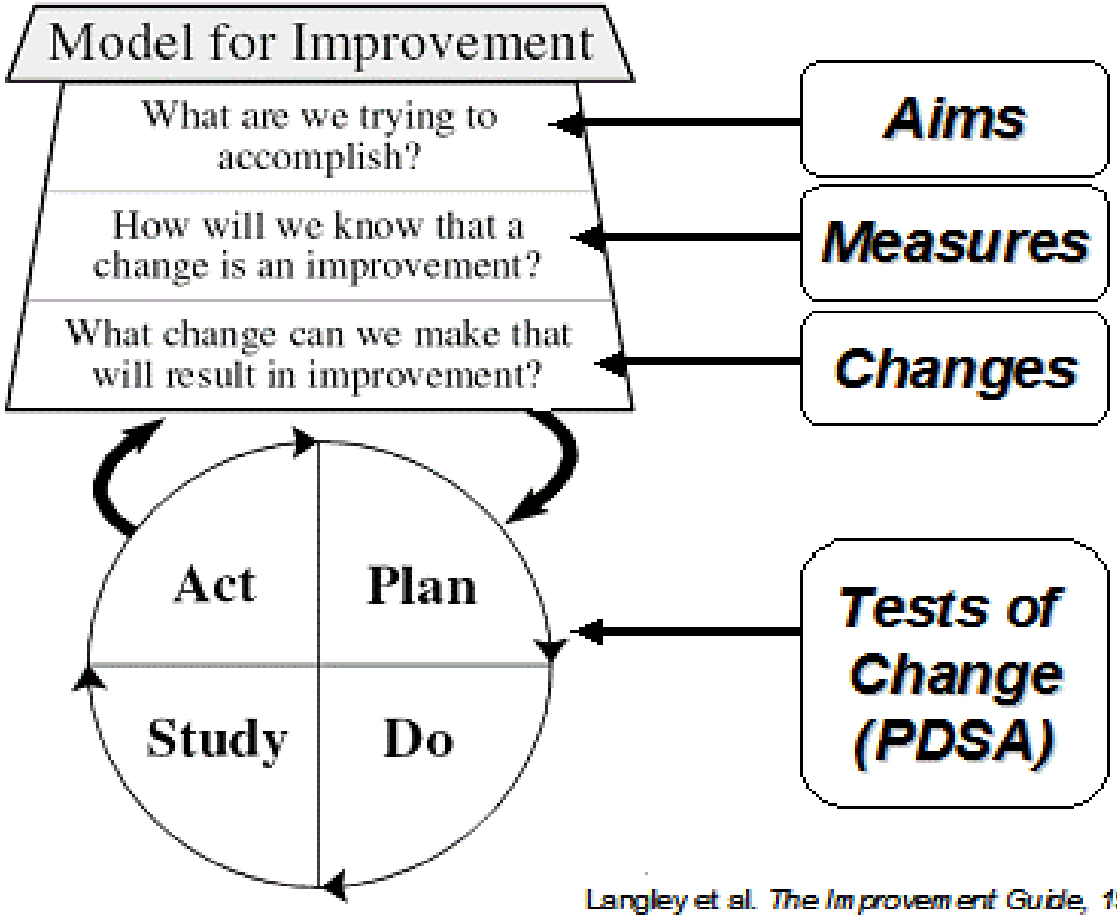
QI THEORY

Institute for Healthcare Improvement: Model for Improvement

AIM	What are we trying to accomplish?
MEASURE	How will we know if the change is an improvement?
CHANGE	What changes can we make that will result in improvement?
	* All improvement requires making changes, but not all changes result in improvement.

Plan-Do-Study-Act (PDSA)



Langley et al. *The Improvement Guide*, 1996.

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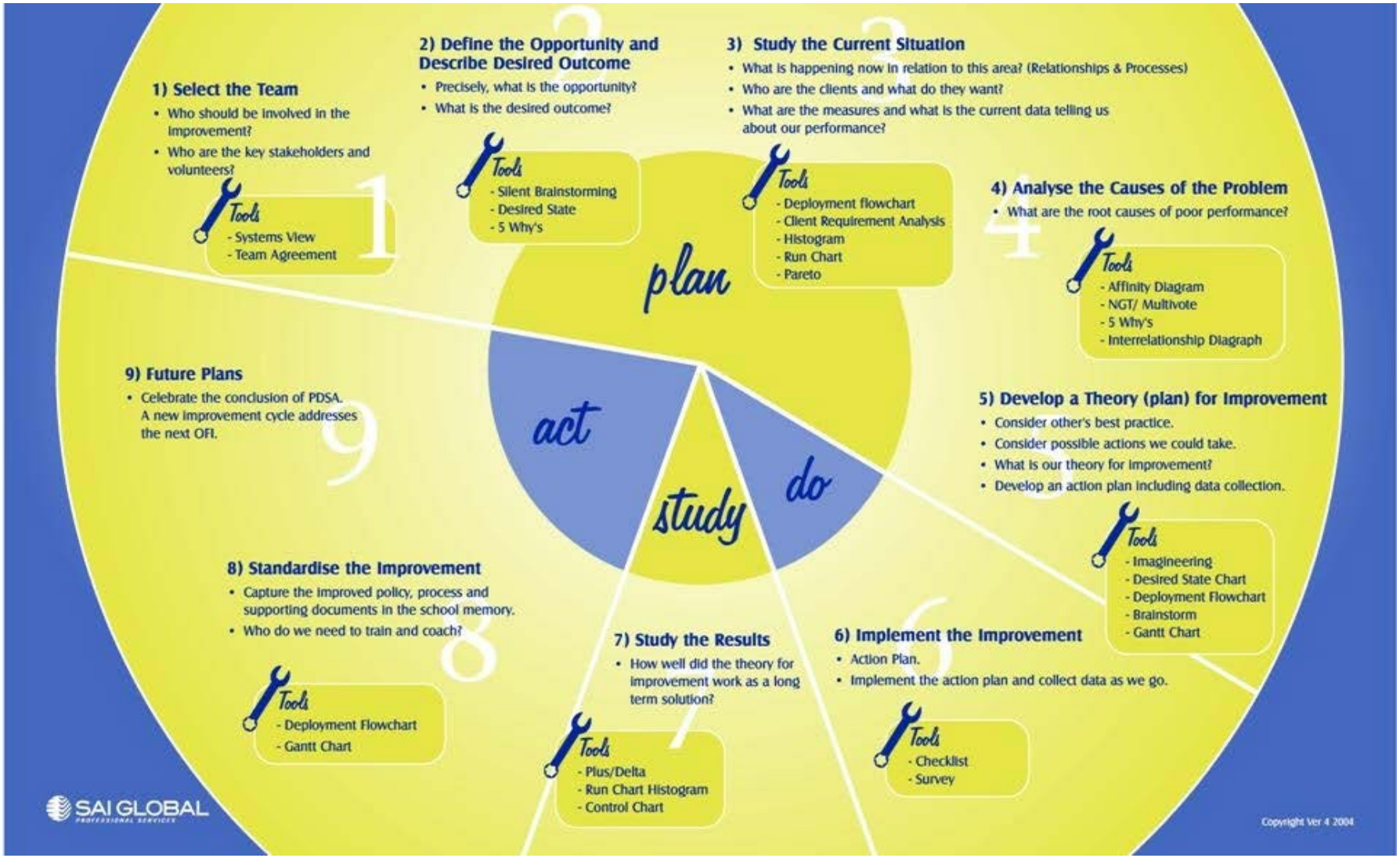
PDSA


1) Select the Team
• Who should be involved in the improvement?
• Who are the key stakeholders and volunteers?
Tools
- Systems View
- Team Agreement
2) Define the Opportunity and Describe Desired Outcome
• Precisely, what is the opportunity?
• What is the desired outcome?
Tools
- Silent Brainstorming
- Desired State
- 5 Why's
3) Study the Current Situation
• What is happening now in relation to this area? (Relationships & Processes)
• Who are the clients and what do they want?
• What are the measures and what is the current data telling us about our performance?
Tools
- Deployment flowchart
- Client Requirement Analysis
- Histogram
- Run Chart
- Pareto
4) Analyse the Causes of the Problem
• What are the root causes of poor performance?
Tools
- Affinity Diagram
- NGT/ Multivote
- 5 Why's
- Interrelationship Diagraph
5) Develop a Theory (plan) for Improvement
• Consider other's best practice.
• Consider possible actions we could take.
• What is our theory for improvement?
• Develop an action plan including data collection.
Tools
- Imagineering
- Desired State Chart
- Deployment Flowchart
- Brainstorm
- Gantt Chart
6) Implement the Improvement
• Action Plan.
• Implement the action plan and collect data as we go.
Tools
- Checklist
- Survey
7) Study the Results
• How well did the theory for improvement work as a long term solution?
Tools
- Plus/Delta
- Run Chart Histogram
- Control Chart
8) Standardise the Improvement
• Capture the improved policy, process and supporting documents in the school memory.
• Who do we need to train and coach?
Tools
- Deployment Flowchart
- Gantt Chart
9) Future Plans
• Celebrate the conclusion of PDSA. A new improvement cycle addresses the next OFI.
plan
do
study
act
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DATA COLLECTION

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Data from PMS and EHRs

- Ability to capture, extract and utilize practice management and clinical patient-level data elements
- Document once, use multiple times
- Gather patient-level data from other information systems to supplement data collected from EHRs
- Structured data vs. free text
- Where to document for MU, reporting, etc.?

Using data from EHRs for QI

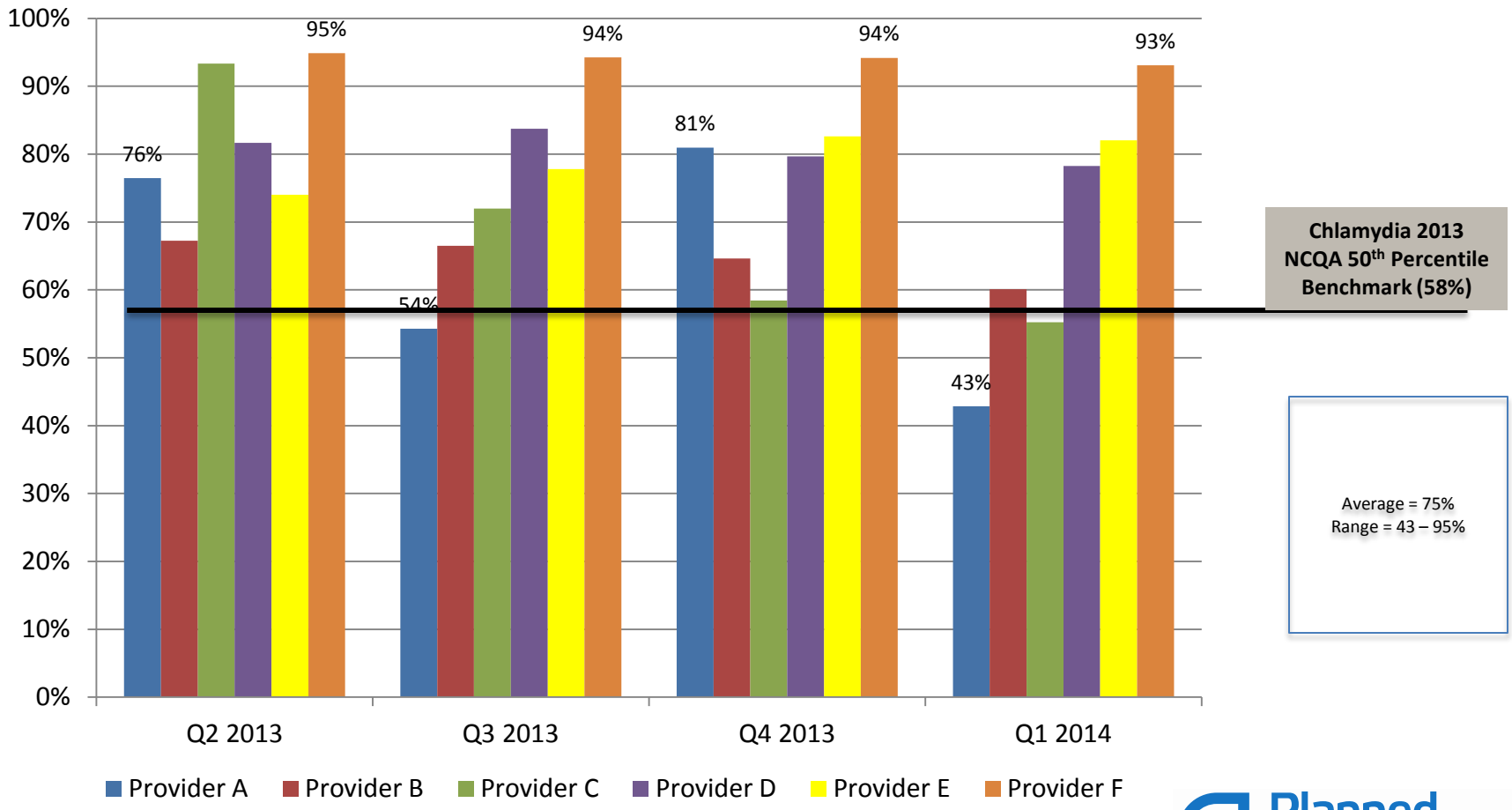
- Use data generated for quality measurement
- May require data analytic tools to track and trend data at health center and provider levels
- Recreate measures using existing specifications (like HEDIS)
- Give feedback to health centers/service sites, providers and care teams
- Engage in quality improvement projects, workflow redesign and improve quality of care

PPFA AND QUALITY MEASUREMENT

HEDIS measures built for Planned Parenthood Affiliates

- Data warehouse that serves three-fourths of the affiliates
- Created reports in centralized location that are usable by all
    1. Chlamydia screening (ages 16-24)
    2. Cervical cancer screening (ages 21-64)
    3. Preventing inappropriate cervical cancer screening in adolescent females (ages 16-20)
    4. Body mass index (ages 18-74)
    5. Smoking cessation (18 and over)

Chlamydia Screening Results
Single Affiliate by Provider (n=6)



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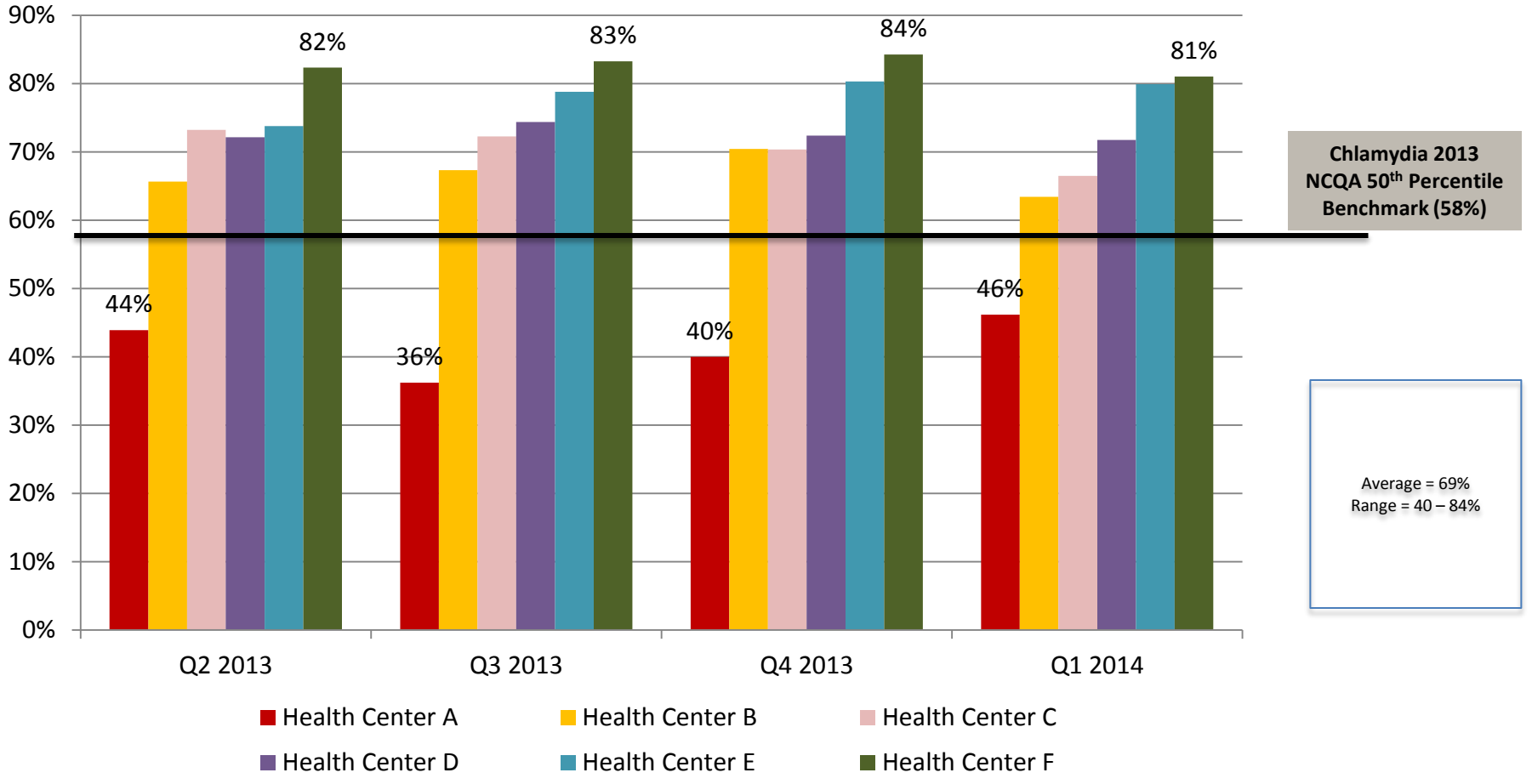
Chlamydia Screening Results
Single Affiliate by Health Center (n=6)



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Example 1

Change Ideas:

- Developed a script emphasizing annual chlamydia testing for all women under 26
- Created and adhered to standard protocols for chlamydia testing
- Obtained urine samples prior to clinician visit
- Implemented a daily clinic huddle to identify eligible patients for screening
- Provided monthly unblinded health center data on chlamydia screening rates to all health centers

Lessons Learned:

- Providing unblinded data to each health center can generate friendly competition and motivation
- Reporting transparency led to enhanced provider engagement — providers reviewed their own cases at the patient level
- There was more acceptance toward initiatives that were multidisciplinary and multi-center
- It is important to have standard protocols so that processes and work flow are standardized
- When a new process is implemented, train the clinic manager first and then provide this training to clinic staff through webinars, phone-calls, and in-person
- Give your staff time to adapt to new processes and tools and make sure to follow-up with them to identify barriers, answer any questions and adapt workflows

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Example 2

Change Ideas:

- Discussed routine chlamydia screening for patients aged 16–24
- Conducted workflow analysis: determined that maximizing screening = maximizing urine collection
- Collected urine prior to patient seeing clinician
- Developed a urine collection log to track samples
- Role-played “patient opt out” talking points with staff
- Disseminated quality reports and made testing rates transparent for all health centers

Lessons Learned:

- A dedicated CQI team is necessary to affect change
- Establish measurable quality improvement goals to work toward
- Educate and engage staff members on CQI initiatives
- Identify and address barriers
- Implement changes identified
- Train users on optimal documentation in the EPM/EHR
- Disseminate data and be transparent when reporting outcomes
- Use leaders to address low performers
- Hold contests to motivate staff to improve scores
- Recognize high performers and most improved performers

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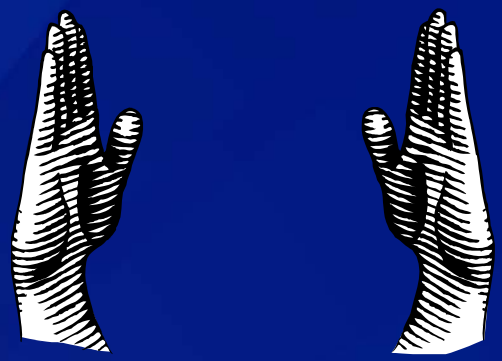
CDC and OPA efforts on Quality Improvement



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The opinions expressed in this presentation are the author's own and do not reflect the view of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or the United States government.

Quality Care

- *Providing Quality Family Planning Services* (QFP) draws on the IOM's (2001) definition of "quality" care

Improved quality

- Safe
- Effective
- Client-centered
- Timely/ Accessible
- Efficient
- Equitable

Improved RH outcomes

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QFP Recommendations Quality Improvement

- Family planning programs should have a system for quality improvement, which is designed to review and strengthen the quality of services on an ongoing basis.

- They should select, measure and assess at least one outcome measure, for which the service site can be accountable.

QFP Recommendations Quality Improvement

1. Select performance measures
2. Collect data
3. Consider and use the findings
   - What is the performance level?
   - Does performance vary across providers and/or services sites?
   - What are potential causes of poor performance?
   - What are steps that can be taken to improve performance gaps?

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Evidence that QI can work

- **Use performance measures as an <u>intervention</u> (Ivers 2012)**
  - CQI and preventive services during pregnancy (Bennett 2009)
    - Use of CQI in 10 maternity care institutions, 2003-2007
    - Monthly conference calls and semi-annual meeting
    - Postpartum contraception counseling increased from approx. 50% to >80%
  - Performance measures can help identify:
    - What providers/service sites need assistance
    - What sub-populations of the target group may face greater barriers

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Two Key Areas of Focus

1. **Develop validated performance measures**
   - No NQF-endorsed measures for contraceptive services

2. **Support efforts to increase <u>use</u> of performance data**
   - QFP provides recommendations
   - NTCs developing training for how to use data at service site level

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Measures Development

- The National Quality Forum (NQF) endorses measures based on the following criteria:
  - Importance to measure & report
  - Scientific properties
  - Usability
  - Feasibility
- There are currently > 700 NQF endorsed measures, but there are **0** Measures for contraceptive services
- Endorsement would establish credibility and lead to increased use of the measure

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CDC-OPA Proposed Performance Measures for Contraceptive Services

Proportion of female clients aged 15-44 years who received contraceptive services in the past 12 months that adopt or continue use of FDA-approved methods of contraception that are:

1.	**Most** effective **OR** **moderately** effective	• male or female sterilization • implants • intrauterine devices or systems • injectables • oral pills, patch, ring • diaphragm
2.	**Long-acting reversible contraception** (LARC)	• implants • IUD/IUS

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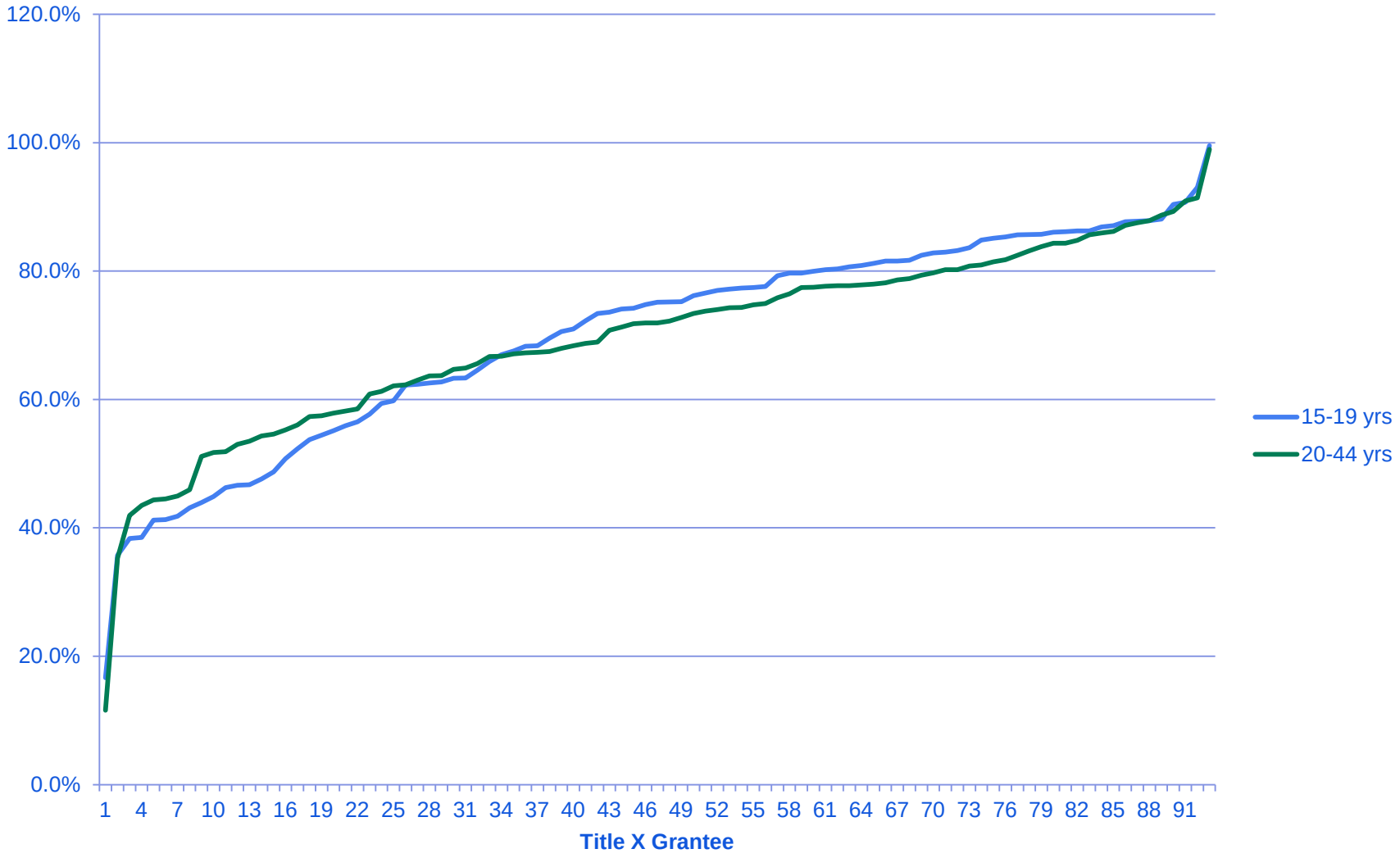
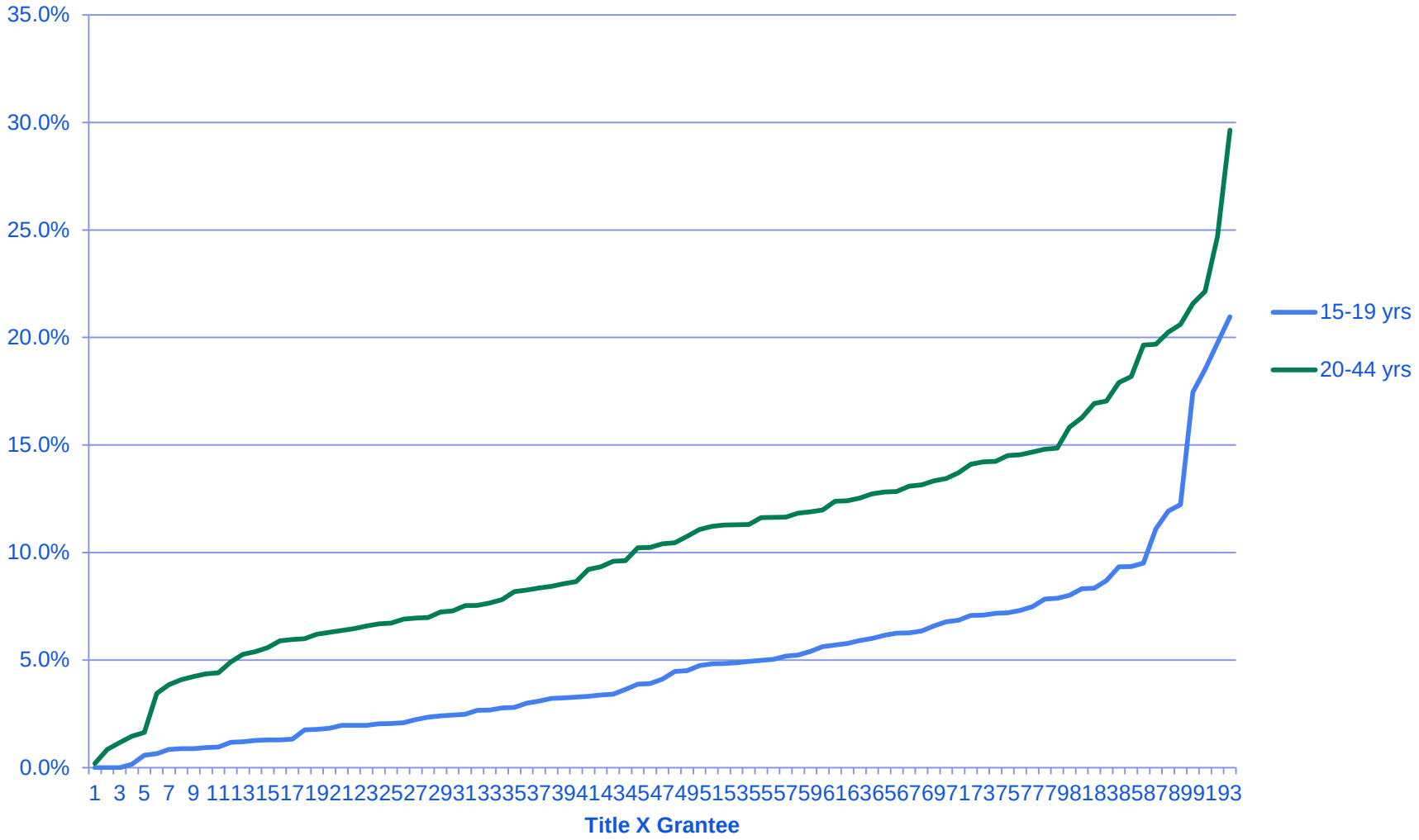
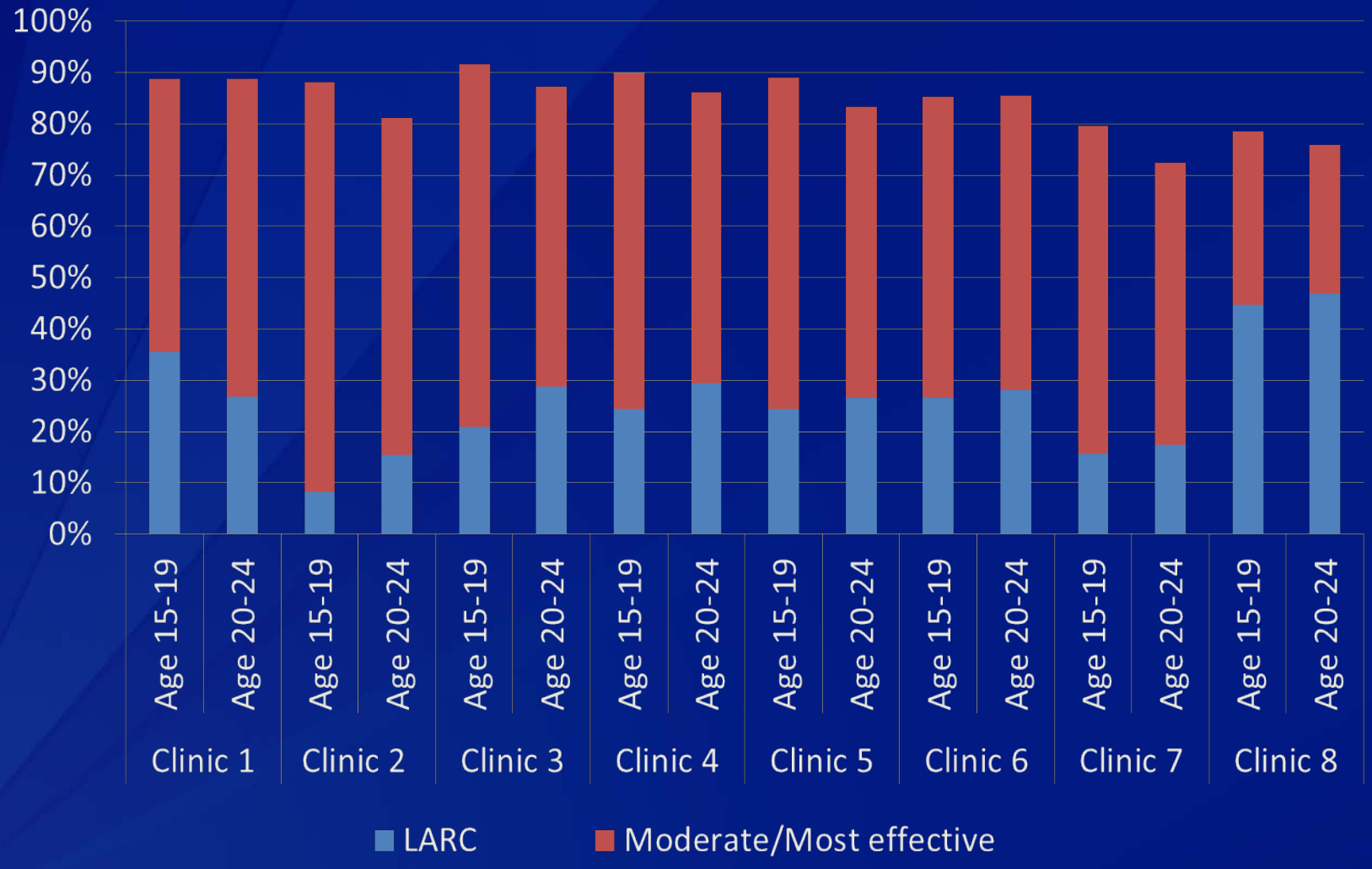
Percentage of Contraceptive Clients Using Moderately or Most Effective Methods of Contraception, by Title X grantee, Family Planning Annual Report, 2012



Percentage of Contraceptive Clients Using A Long-Acting Reversible Method of Contraception, by Title X Grantee, Family Planning Annual Report, 2012



Percentage of family planning clients using most/moderately effective method and LARC, by age and clinic site, Iowa Department of Public Health 2012



Small Group Breakout: USING Performance Data

1. Review the performance data assigned to your group
2. Assume the data applies to a service site(s) or providers with which you work
3. Answer these questions:
   - What is the performance level overall?
   - Is there a consistent pattern of performance across providers/services sites?
   - What are potential causes of poor performance? How would you explore this?
   - What are possible steps that can be taken to improve performance gaps?
4. Report out to the large group

NEXT STEPS

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Contraceptive Quality Measures Workgroup

- PPFA brought together 20 organizations to collaborate and develop measures for contraception and reproductive health
- First Measures Workgroup, NYC in June 2013
- Second meeting, D.C. in September 2013; focused on prioritizing potential and developing measures
- Third meeting, January 2014 divided into workgroups by measure

Workgroup partners (n=21)

Family Planning
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Goals of the Workshop

- Build consensus on which measures to develop
- Help prioritize measures to submit for endorsement
- Work in synergy to maximize number of measures being developed
- Each contribute based on area of expertise

Contraceptive Measures Crosswalk

- Gathered measures developed by partner organizations
- Categorized measures into domains
  - Contraception & RLP
  - STD
  - Cancer
  - Pre, Perinatal & L&D
  - Access & Operational
  - Primary Care

H6 | Proportion of sites that offer onsite a full range of FDA-approved methods

CFHC Category	CFHC Measure Name	Origin	Measure Description	Measure type	Target	Numerator	Denominator
Contraception	Contraceptive Initiation/ Maintenance		Percent of Unduplicated Clients (age 19 and under) leaving with a contraceptive method at any visit.	Outcome		Adolescent Clients leaving with a contraceptive method	Adolescent Clients served by agency 1. % Total 2. % Hispanic 3. % White (Non-Hispanic) 4. % African American/Black (Non-Hispanic)
Contraception	Contraceptive Initiation/ Maintenance		Percent of Unduplicated Female Clients leaving with an effective method.	Outcome		Women leaving with an effective method (Oral, Hormonal Injection, Implant, IUD, Hormonal Patch, Vaginal Ring and Sterilization)	1. % Total 2. % Hispanic 3. % White (Non-Hispanic) 4. % African American/Black (Non-Hispanic)
Contraception	Contraceptive Initiation/ Maintenance		Percent of Unduplicated Negative Pregancy Test Clients leaving with a method.	Outcome		Women with a negative pregnancy test leaving with a contraceptive method	Women with a negative pregnancy test 1. % Total 2. % Hispanic

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Potential Measures

Outcome measures

- Use of LARC
- Postpartum contraception
- Postabortion contraception
- Reproductive Life Plan
- Patient Reported Outcomes (PROs)
- Contraceptive Protection Index

Potential Measures (continued)

- Structure and process measures are important too!
- Safe
- Effective
- Client centered
- Timely/Accessible
- Efficient
- Equitable

How Can You Get Involved?

- Implement a QI process in your service site!
- Use existing data now
- Develop a plan for strengthening data capacity in the future
- Sign up for the QI Institute Workshop at the National Reproductive Health Conference on August 2, 2014, at: http://www.ctcfp.org/nrhc/#registration
- Tell us what we can do to be helpful
- Share your experiences with others

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Resources

- Institute for Healthcare Improvement
  - http://www.ihi.org/Pages/default.aspx
  - http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- Centers for Disease Control and Prevention – Guidelines
  - http://www.cdc.gov/
- National Committee for Quality Assurance – Healthcare Effectiveness Data and Information Set
  - http://www.ncqa.org/HEDISQualityMeasurement.aspx

Thank You!

- For more information, please contact:
  - Lorrie Gavin, lcg6@cdc.gov
  - Mytri Singh, Mytri.Singh@ppfa.org

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