Proven Strategies for Successful Partnerships with Healthcare Systems

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None of today’s presenters have any meaningful conflicts to disclose
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Learning Objectives

• Describe the steps for designing and implementing a successful QI activity
• Identify the challenges and pitfalls of QI activities
• Recognize how to work with multiple stakeholders to achieve success
Agenda

- A QI Story - finding and working with good partners (Dean)
- Managing a QI program within a health system (Phyllis)
- Designing measurable outcomes for success (Karyn)
A QI Story-
Finding and Working with Good Partners

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How did this come about?

- The need:
  - Major Depressive Disorder (MDD) is a common cause of disability, resulting in 400 million disability days per year.
  - MDD is often misdiagnosed and undertreated in the primary care setting, where most patients present.
  - PCPs do not understand the value of using measurement-based approaches and a collaborative care model with specialists.
  - MDD therapy is often accompanied by low rates of treatment adherence, incomplete or delayed response to treatment, adverse events, and less than optimal selection of pharmacotherapy.

Responding to an industry RFP (Takeda), we partnered with multiple stakeholders to create a QI program in MDD.
Our Idea - a multiplatform approach:

- Educate clinicians on the importance of screening, treating, and measuring depression
- Partner with an integrated primary care practice group
- Integrate required annual PHQ-9 screening into EHR (Epic)
- Perform PHQ-9 at follow up visits for patients who screen positive
- Encourage patient self-reporting between visits with Patient App which syncs with EHR
- Change therapy/refer patients (to specialist care) if they don’t improve
- Measure increase in MDD knowledge and confidence in treating, use of PHQ-9 screening tool and referrals/collaborative care with specialists (mental health)
What happened:

• Lined up a great partner (Johns Hopkins)
  – Faculty practice group (25 practices in Baltimore)
• Found experts in depression
  – Expert JHU Faculty (Michael Clark, MD)
• Partnered with RealCME for educational platform and QI Level 6 Measurement
• Lined up the IRB
• Discussed integrating the PHQ-9 app into Epic
• Wrote and submitted the grant Takeda/Otsuka
Then what?

- Hopkins Faculty Practice Group pulled out
- Spent 3+ months looking for a new partner
  - Not created here
  - Not a priority (MDD)
  - Non-unified EHR
- Kept supporters informed (Takeda/Otsuka)
- Found Lancaster General Health (LGH)
  - Mental Health a priority/goal
  - Robust primary care practice group (30 practices)
  - Committed management
  - Integrated EHR (Epic)
  - Kept Hopkins as accredited provider
  - Augmented with expert Mental Health faculty at LGH
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Full Steam Ahead

- Management Approval
- Weekly Meeting with stakeholders
- IRB Submission
- Technology (EHR/Epic Prompts) Commitments
- Education Development
- Outcomes Design
- Identify Practice Champions
Managing a QI Program
Within a Health System

Phyllis A. Wojtusik, RN
Director, Post-Acute Care
Lancaster General Health
Identify Key Stakeholders

- Idea fit with cultural mentality
- Included
  - Primary Care
  - Behavioral Health
  - Population Health
  - IT
  - E-Health
  - Grants
- Developed common vision
- Identify Leader/Responsible Party
- Identify Executive Sponsor
Develop the Plan

• Obtain agreement from all stakeholders (or try)
• Utilize common outcomes
  – GPRO – rescreening process for quality outcome measures
  – Standardization of first line medications
  – Standardized template for documentation
  – Re-trigger screening on each PCP visit for depression after 30 days
  – Intra-practice counseling resources
Enact The Plan

- Build work groups
  - Identify areas of process improvement
  - Include front line staff
  - Set obtainable deadlines
- Build the time line
  - Negotiate with all parties to achieve common understanding
- Build the budget
  - What will it take to accomplish the goals?
Have the Back-up plan

• What do you do when it doesn’t go as planned?
  – Keep overall vision in mind
  – Remind key stakeholders of commitment
  – Work to get back on track
  – Understand organizational priorities
  – Continue to work behind the scene
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Herd the Sheep

- Keep everyone on track
- Stay committed to quality outcomes
- Communicate
- Communicate
- Communicate
Measure Success/Key Outcomes

- Education Providers/Staff
- Process Standardization
  - Treatments
  - Screening/re-screening
  - Patient follow-up
- Quality Metrics
- Patient Stories
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Celebrate along the way

• Every step is a win – driving patient care forward
• Maintain group interest
Designing Measurable Outcomes
For Success

Karyn Ruiz-Cordell, MA, PhD
Chief Data Scientist
VP of Analytics
RealCME
What You *Want* vs. What You *Get*

- Educational Outcomes
  - Questions
  - Engagement
  - Analysis

- Higher-level (patient, system) Outcomes
  - Sources
  - Variables
    - Clinical and non-clinical
  - Data collection
  - Sample size
  - Time
Connecting the Dots…

- Analytics
Lessons learned…and still learning

• Define what resonates with your partners
• Culture change is hard and time consuming
• Keep all stakeholders informed (supporters, partners, vendors, providers)
• Ensure both senior management buy-in and frontline support
• Know what you are measuring and make it simple
• Bottlenecks will happen; recognize and adjust accordingly
• Communicate, communicate, communicate!!
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