Driving Quality of Care Through Culture Change Strategies

Identifying culture challenges, collecting data to show value for change, and creating culture change by demonstrating “what's in it for me?”

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TODAY'S TOPICS

- Understanding the existing culture, individual psychology and creating culture and change champions by leveraging the Centers for Medicare and Medicaid Services (CMS) Quality Strategy, the Department of Health and Human Services (HHS) National Quality Strategy and other guidelines.
- Designing, collecting, and comparing data statistics and survey results on quality of care to pinpoint stagnation in potential cultural barriers to improving quality of care within your organization.
- Examples and discussions of inexpensive programs, friendly competitions, and other tools that can be used to drive targeted changes in quality of care within organizations.
What is Culture?

The customs, rituals, and values shared by the members of an organization that have to be accepted by new members.

www.dictionary.com/browse/organizational-culture

Culture [kuh-lur-cher]

1. The behaviors and beliefs characteristic of a particular social, ethnic, or age group.
2. A particular form or stage of civilization, as that of a certain nation or period.
3. Development or improvement of the mind by education or training.

WWW.DICIONARY.COM/BROWSE/CULTURE

Looking through All Lenses

- Administrative Back Office
- Patient and Family
- Caregiver
- Community
- Payer (Government, Insurance and Self Pay)
APPEALING TO COVERT "WET" CULTURE

Interesting/ Fun

Attention and Engagement

Retention and Perception of Value

Enthusiastic Application

Culture Change

WHERE DO WE START?
WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?
THREE OVERARCHING AIMS

- Patient-centered
- Accessible
- Reliable
- Safe

WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?
FOUNDATIONAL PRINCIPALS

WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?
SIX PRIORITIES

ALL TO SUPPORT THE THREE OVERARCHING AIMS

- Better Care
- Healthier People
- Lower Spending

Foundational Principles
- Eliminate Racial & Ethnic Disparities
- Strengthen Infrastructure & Data Systems
- Enable Local Innovations & Foster Learning Organizations

Six Priorities
- Reduce care costs & improve health at the same time.
- Improve care so patients are better informed & encouraged to take care of themselves.
- Accelerate the prevention & treatment of chronic diseases.
- Improve population health in the context of health care.
- Advance effective communication & coordination of care.
- Align payment with performance.
WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?

NINE LEVERS

- Measurement and Feedback
- Public Reporting
- Learning and Technical Assistance
- Certification, Accreditation, and Regulation
- Consumer Incentives and Benefit Design
- Payment
- Health Information Technology
- Innovation and Diffusion
- Workforce Development

http://www.ahrq.gov/workingforquality/reports.htm

2016 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) QUALITY STRATEGY

"... envisions health and care that is person-centered, provides incentives for the right outcomes, is sustainable, emphasizes coordinated care and shared decision-making, and relies on transparency of quality and cost information."1

- Reflects the HHS National Quality Strategy
- Set goals for value-based payments within fee-for-service
- Four foundational principles
- Updates on action taken to achieve goals related to NQS six priorities


OTHER MATERIALS HELPFUL TO QUALITY STRATEGY

- Quality of Care – 2006 World Health Organization
  • Big picture thoughts on healthcare quality analysis, strategy and implementation
  http://www.who.int/management/quality/assurance/QualityCare_BrW.pdf

- State Health Official Letter – CMS 2013
  • Titled Quality Considerations for Medicaid and CHIP Programs
  • High-level technical assistance to states regarding a framework for quality improvement and measurement

- NQS Reports and Annual Updates
  • More detailed focus and status updates on the NQS
  http://www.ahrq.gov/workingforquality/reports.htm
LET’S WAKE UP

You have 30 seconds
How many As do you count in the below paragraph?

READY?

“You don’t need to memorize all these policies. I obviously have not. What you can do is think about the comprehensive picture and then take the policies piece by piece, methodically thinking about what you are doing now to meet them — what you will find is sometimes you don’t know what you are doing or why you are doing it. That is fine its ok to cut corners. Find the right contact or start putting that information together.”

Perception and Focus

How many As did you count?

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START AT THE BEGINNING... 

- UNDERSTANDING WHAT DATA YOU HAVE
  - Key Performance Indicators (KPI), Dashboards, Reporting
  - Informal feedback and observation
  - Surveys and interviews

So much information!

Remember:
We are looking at this through the frame of pinpointing stagnation or potential cultural barriers to improving quality of care within your organization.

Don't miss the: "It's ok to cut corners"

NINE LEVERS OF THE NATIONAL QUALITY STRATEGY

- DOES YOUR INFORMATION AND REPORTING COVER THE LEVERS?
  - MEASUREMENT AND FEEDBACK
  - PUBLIC REPORTING
  - LEARNING AND TECHNICAL ASSISTANCE
  - CERTIFICATION, ACCREDITATION, AND REGULATION
  - CONSUMER INCENTIVES AND BENEFIT DESIGN
  - PAYMENT
  - HEALTH INFORMATION TECHNOLOGY
  - INNOVATION AND DIFFUSION
  - WORKFORCE DEVELOPMENT
ASKING THE RIGHT QUESTIONS

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HOW TO GET INFORMATION

- EXISTING DATA
  - Encrypted minimum necessary
  - Validate the data
  - Clean up the data

- SURVEYS
  - Use a tool that provides easy analysis
  - Keep information secure, and anonymous if appropriate
  - Ease of access and use for the target
  - Ease of data manipulation/extract
  - Be willing to pay a small fee for the extra features

BONUS: HOW TO GET PARTICIPATION

- EASE OF USE FOR CONTRIBUTOR
- TIMELINESS OF FEEDBACK
- SINCERE THANK YOU NOTES

Short + Sweet
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1. Identified reference guides to build on.
2. Analyzed individual parts of our quality of care program and culture against reference guides lists.
3. Understood broadly what information is available in our organization related to quality of care.
4. Started thinking about what the right questions are by understanding gaps identified in #2 and #3.

What has not occurred yet?

CHANGE

Quick Check – Where are we?

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CHANGE

CHANGE SUCCESS

- Build relationships before change ask
- Understand the politics and culture of the organization
- Identify CHAMPIONS in leadership
- Meet with detractors and talk through their concerns
- Convert the loudest most opinionated to your side

This can take... Months
THINKING INSIDE THE BOX . . . SORT OF

- Newsletter or email highlighting results
- Posters
- Giveaways – with meaning
- Quick Tips

THINKING OUTSIDE THE BOX

- Scavenger Hunt
- Nominations or competition with awards for champions
- Games with prizes
- ...

Beware the Pitfall:
If it is optional and requires time and effort outside of work, even if it is fun, People may not come.

WHAT MIGHT NOT SPEAK TO THE MASSES

- Formal memos
- Group meetings – especially if attendance is mandated
- Policy updates email blasts
- Reports without any teeth or follow-up
- System updates without appropriately broad communication
FINAL THOUGHTS

- Always get a senior leadership sponsor and champion – ideally the person(s) most resistant to change in the first place or someone with referent power (influence).
- Having an established positive relationship builds credibility.
- A personal one-on-one touch makes a big difference in retention.
- Following up reinforces an idea more than you might think.
- Associating change with a positive experience reduces resistance.

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MAIN TAKEAWAYS

1. LEVERAGE THE QUALITY OF CARE FRAMEWORK TO ANALYZE YOUR PROGRAMS.

2. BE THOUGHTFUL AND PRECISE ABOUT WHAT YOU NEED TO KNOW AND HOW TO GET IT WITH THE MINIMUM INTERRUPTION TO PEOPLE'S LIVES.

3. CLEARLY COMMUNICATE VALUE - DEFINE THE REASON FOR THE CHANGE, THE POSITIVE RESULTS, AND BE CREATIVE IN COMMUNICATING THE NEEDED CHANGE.
DISCUSSION/QUESTIONS?

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