



CMS 2010 Tri-Regional Plan Compliance Conference

Dallas Hilton Lincoln Center, May 19-20, 2010

A MOSAIC of More: More insight, More answers, More compliance...

Verbatim Transcript

Quality Improvement and the Medicare Health Plan

Dr. Lisa McAdams, MD, Special Assistant to the Consortium Administrator,
Quality Improvement and Survey & Certification Operations; Moderator: Gaetana Marshall

Part 1

>> IT'S MY OPPORTUNITY
AND PLEASURE TO INTRODUCE

TO YOU OUR SPEAKER FOR TODAY.

HER NAME IS DR. LISA McADAMS,
A MEDICAL DOCTOR.

SHE IS THE SPECIAL ASSISTANT
TO THE CONSORTIUM ADMINISTRATOR

FOR THE CONSORTIUM
FOR QUALITY IMPROVEMENT

AND SURVEY
AND CERTIFICATION OPERATIONS.

LISA McADAMS IS
A MEDICAL OFFICER

AND SPECIAL ASSISTANT TO
THE CONSORTIUM ADMINISTRATOR

IN THE CONSORTIUM
FOR QUALITY IMPROVEMENT

AND SURVEY AND CERTIFICATION
OPERATIONS IN CMS.



WE USUALLY CALL IT
SURVEY AND CERT.

LISA PRACTICED FOR 12 YEARS
AS A PRIMARY CARE PHYSICIAN

BEFORE GOING TO WORK FOR CMS,
THEN HCFA--

THOSE OF YOU THAT KNOW
OUR HISTORY--BACK IN 2000.

LISA FIRST SERVED
AS A MEDICAL OFFICER

IN THE DIVISION
OF QUALITY IMPROVEMENT

IN THE DALLAS REGIONAL OFFICE
BEFORE MOVING

TO CMS' BALTIMORE OFFICE
AS A DIVISION DIRECTOR

IN THE OFFICE OF CLINICAL
STANDARDS AND QUALITY

IN THE QUALITY
IMPROVEMENT GROUP.

SHE RETURNED TO DALLAS
IN HER PRESENT CAPACITY

WITHIN THE REORGANIZATION
OF THE REGIONS BACK IN 2007.

THROUGHOUT HER CAREER,
LISA HAS HAD A PASSION

FOR QUALITY IMPROVEMENT--

SOME OF YOU--WE'VE BEEN
TALKING ABOUT QUALITY

DURING SOME OF THE BREAKS,
SO THIS SHOULD BE A TREAT--

IMPLEMENTING QUALITY
IMPROVEMENT PROGRAMS

IN BOTH THE PRIVATE SECTOR
AND IN GOVERNMENT.

SHE IS CERTIFIED
IN QUALITY IMPROVEMENT

BY THE AMERICAN BOARD
OF QUALITY ASSURANCE

AND UTILIZATION REVIEW
PHYSICIANS.

PLEASE WELCOME DR. LISA McADAMS.

[APPLAUSE]

>> GOOD MORNING.
THANK YOU, GAETANA.

LET ME TELL YOU JUST A LITTLE
BIT MORE ABOUT MYSELF,

A LITTLE BIT ABOUT WHAT I AM

AND A LITTLE BIT
ABOUT WHAT I'M NOT, OK?

SO AS GAETANA MENTIONED,
I AM A PHYSICIAN,

AND I DID PRACTICE FOR 12 YEARS
BEFORE I CAME TO WORK FOR CMS,

AND IN THAT CAPACITY,
I WORKED IN PRACTICALLY

EVERY KIND OF SETTING
THAT YOU COULD POSSIBLY IMAGINE.

I PRACTICED AS A SOLO PHYSICIAN,

I PRACTICED
IN A SMALL GROUP PRACTICE,

I PRACTICED
FOR KAISER PERMANENTE.

SO A MANAGED CARE
BACKGROUND THERE,

AND THEN I ALSO PRACTICED
IN A RURAL HEALTH CLINIC,

YOU KNOW, WHERE WE HAD A MIX
OF INDIGENT PATIENTS,

AND ACTUALLY, THAT WAS
IN CALIFORNIA

WHEN THEY HAD JUST IMPLEMENTED
MANAGED CARE MEDICAID--

MEDICAL AS THEY CALLED IT.

SO I'VE HAD A LOT OF EXPERIENCE
WITH MANAGED CARE,

AND SO IT'S A DELIGHT
TO BE ABLE TO TALK WITH YOU

RELATED TO
THE MEDICARE ADVANTAGE PLANS,

BUT I AM NOT
A MEDICARE ADVANTAGE EXPERT, OK?

I'M NOT A PART "D" MEDICARE
EXPERT, OK?

IF WE HAVE QUESTIONS RELATED
TO THOSE THINGS,

I'M GONNA ASK THESE LADIES
TO HELP WITH THOSE QUESTIONS,

BUT WHAT I AM IS
A QUALITY IMPROVEMENT EXPERT,

AND WHEN THEY ASKED ME
TO SPEAK ABOUT THIS,

IT WAS BECAUSE OF MY BACKGROUND
AND EXPERTISE

IN QUALITY IMPROVEMENT
AND BECAUSE THERE HAD BEEN

SOME ISSUES THAT I UNDERSTAND

WITH THE QUALITY IMPROVEMENT

PROJECTS THAT HAVE BEEN

IMPLEMENTED WITHIN YOUR PLANS,

AND SO THEY ASKED ME IF I COULD
TALK A LITTLE BIT ABOUT THAT

AND THEN, YOU KNOW, WHAT--
HOW THEN--AND HOPEFULLY HOW

YOU COULD IMPROVE YOUR
QUALITY IMPROVEMENT PROJECTS

SO THAT INDEED THE QUALITY
OF CARE FOR THE BENEFICIARIES

THAT WE ARE ALL
CONCERNED ABOUT IS BETTER.

SO THAT'S A LITTLE BIT MORE
ABOUT WHO I AM.

AND SO WHAT I WANTED TO DO TODAY
THEN IS TO TALK JUST

A LITTLE BIT ABOUT
THE REQUIREMENTS FOR YOUR PLANS.

YOU PROBABLY KNOW THOSE EVEN
BETTER THAN I DID--I DO.

I DID REVIEW ALL OF THAT
BEFORE I PUT TOGETHER MY SLIDES.

I LOOKED AT WHAT YOUR REGS WERE,
I LOOKED AT YOUR MANUAL,

AND GATHERED SOME INFORMATION
EVEN FROM THE AUDITOR

THAT HAS BEEN REVIEWING YOUR
QUALITY IMPROVEMENT PROJECTS

AND ASSESSING
THE QUALITY OF THOSE.

SO HOPEFULLY,
WE'LL IMPROVE YOUR KNOWLEDGE

OF GENERAL PRINCIPLES

OF QUALITY IMPROVEMENT

AND HELP YOU TO UNDERSTAND
WHAT MAKES A GOOD

QUALITY IMPROVEMENT PROJECT.

NOW JUST--IT'S A LITTLE BIT
CHALLENGING PUTTING

SOMETHING TOGETHER LIKE THIS
BECAUSE I DON'T KNOW

THE EXPERTISE THAT I HAVE
IN THE AUDIENCE AHEAD OF TIME.

SO JUST BY A QUICK SHOW
OF HANDS,

HOW MANY OF YOU DO HAVE
PRIMARY RESPONSIBILITY--

EXCUSE ME--FOR THE QUALITY
IMPROVEMENT PROJECTS

WITHIN YOUR PLAN?

NOT MANY. OK.

AND HOW MANY OF YOU WOULD SAY
THAT YOU ARE

A QUALITY IMPROVEMENT EXPERT
OR HAVE SOME SORT

OF QUALITY IMPROVEMENT
CERTIFICATION?

OK. SO ALL RIGHT. GOOD.
I'M AT A GOOD LEVEL THEN.

IT'S ALWAYS A CHALLENGE.

THOSE OF YOU THAT HAVE
MORE EXPERTISE,

I APOLOGIZE AHEAD OF TIME
IF IT FEELS LIKE

I'M TALKING DOWN TO YOU.

THAT'S NOT MY INTENT
BY ANY MEANS,

BUT I WANTED TO MAKE THIS
REALLY KIND OF

A BASIC LEVEL SO THAT ALL
OF YOU COULD UNDERSTAND

AND IMPROVE IN YOUR
QUALITY PROJECTS.

SO WHY IS IT EVEN IMPORTANT
TO TALK ABOUT THIS?

WELL, I THINK YOU'VE ALL HEARD
A LOT ABOUT THE FOCUS

ON QUALITY
AND HEALTH CARE REFORM.

PRESIDENT OBAMA IS CONCERNED
IS CONCERNED ABOUT QUALITY,

THE CONGRESS IS
CONCERNED ABOUT IT,

SECRETARY SEBELIUS,
EVERYBODY REALLY

IS TALKING ABOUT QUALITY.

AS THEY TALK ABOUT
EVERYTHING ELSE,

ALONGSIDE IT THEY'RE ALWAYS
TALKING ABOUT QUALITY,

AND EVEN THE NOMINEE THAT WE
HAVE FOR OUR ADMINISTRATOR

AT CMS RIGHT NOW,
DR. DONALD BERWICK,

YOU KNOW, HE IS
A QUALITY IMPROVEMENT EXPERT

AND THE FOUNDER OF
THE INSTITUTE FOR HEALTH CARE

QUALITY IMPROVEMENT.

SO, YOU KNOW, THERE AGAIN
YOU SEE THERE'S

A REAL FOCUS
ON QUALITY RIGHT NOW,

BUT REALLY THE BOTTOM LINE IS
THAT IT'S NOT GONNA DISAPPEAR.

IT IS IMPORTANT,
AND IT'S BECOMING

AN EVEN MORE CRITICAL COMPONENT
OF HOW WE APPROACH HEALTH CARE

AND ALSO NOW HOW WE PAY
FOR HEALTH CARE.

IF NONE OF THOSE WERE ENOUGH
TO CONVINCE YOU THAT

IT'S IMPORTANT, WELL,
IT'S IN THE REGS.

YOU GUYS GOT TO ADDRESS IT,
SO, YOU KNOW.

I DID PULL FROM
THE MEDICARE ADVANTAGE REGS

SOME OF THE KEY THINGS,
AND I HIGHLIGHTED

SOME LANGUAGE IN THERE.

THIS IS DIRECTLY
FROM THE REGS.

IT'S NOT WORD FOR WORD.

I ELIMINATED WORDS TO TRY AND
MAKE THINGS FIT ON THE SLIDE,

BUT I JUST WANTED TO HIGHLIGHT
SOME THINGS THAT ARE

IN THE REGS THEMSELVES.

SO HERE YOU SEE IT'S AN "ONGOING
QUALITY IMPROVEMENT PROGRAM."

SO IT'S NOT OK TO JUST HAVE
SOMETHING THIS YEAR

AND NOTHING NEXT YEAR.

IT'S NOT OK TO LOOK
AT SOMETHING ONE TIME

AND NOT CONTINUE TO LOOK AT IT.

SO IT'S IMPORTANT THAT YOU
CONTINUE TO LOOK

AT YOUR MEASURES,
YOUR NUMBERS, AND YOU CONTINUE

TO ADDRESS THOSE AREAS
WHERE THERE'S A NEED.

CONDUCTING QUALITY IMPROVEMENT
PROJECTS CLEARLY A REQUIREMENT,

AND WITHIN THOSE
QUALITY IMPROVEMENT PROJECTS

THERE IS A REQUIREMENT
THAT YOU MEASURE PERFORMANCE,

THAT YOU HAVE INTERVENTIONS,

THAT YOU IMPROVE PERFORMANCE,

AND THAT YOU HAVE FOLLOW-UP,

SYSTEMATIC
AND PERIODIC FOLLOW-UP.

AND IN THOSE PROJECTS,
THE QUALITY INDICATORS

THAT YOU USE,
THE MEASURES THAT YOU USE

HAVE TO BE OBJECTIVE, CLEARLY
AND UNAMBIGUOUSLY DEFINED,

AND THAT'S SOMETIMES
A REAL CHALLENGE.

WE HAVE AN INTERNAL
QUALITY IMPROVEMENT PROGRAM

IN THE CONSORTIUM
IN WHICH I WORK IN CMS,

AND I CAN TELL YOU
AS WE'VE DEVELOPED

OUR QUALITY IMPROVEMENT
IMPROVEMENT MEASURES,

IT IS A REAL CHALLENGE
TO MAKE SURE THAT THEY'RE CLEAR

SO THAT EVERYBODY KNOWS
EXACTLY WHAT IT IS

THAT YOU'RE MEASURING
AND HOW YOU'RE MEASURING IT.

AND THEN THERE IS A FOCUS
ON OUTCOMES-BASED MEASURES.

OTHER THINGS--THERE HAS TO BE
ONGOING COLLECTION

AND ANALYSIS OF VALID
AND RELIABLE DATA,

DEMONSTRABLE IMPROVEMENT,
AND YOU HAVE TO REPORT ON THAT.

NOW ONE THING I DO WANT TO
SHARE WITH YOU.

WHEN I MENTIONED THAT I SPOKE
WITH THE AUDITOR,

AND THEY GAVE ME SOME NUMBERS,

AND I'M SORRY I DON'T HAVE
A SLIDE FOR THIS.

THEY CAME ON THE DAY THAT I HAD
TO SUBMIT MY SLIDES

FOR YOU GUYS, SO THAT'S WHY
I APOLOGIZE FOR THAT,

BUT THEY GAVE ME SOME NUMBERS
AS FAR AS THE THINGS

THAT THEY USE TO ASSESS
THE PROJECTS,

AND THERE ARE 6 CRITERIA
THAT THEY USE:

TARGET POPULATION,
TOPIC FOCUS AND RELEVANCE

TO MEDICARE POPULATION,

QI INDICATORS, DATA SOURCES
AND COLLECTION METHODOLOGY,

PARTICIPATION, RESULTS,
AND INTERVENTIONS,

AND THEY GAVE ME THE NUMBERS
FOR 2008 AND 2009,

AND THEY SCORE
ON A SCALE OF 0-4,

WHERE 0 IS POOR
AND 4 IS GOOD.

AND SO WHAT I DID WAS TAKE
THOSE NUMBERS AND LOOK

AT EACH ONE OF THESE CRITERIAS,

AND IN 2008, THE AREAS
WHERE THERE WAS A SCORE

OF LESS THAN 3--OK, SO ON
THAT LOWER END OF THE SCALE--

AND WHERE MORE THAN 50%
OF THE PROJECTS SCORED

LESS THAN 3, THE AREAS--
THE CRITERIA

WHERE THAT HAPPENED WERE

IN PARTICIPATION,

RESULTS, AND INTERVENTIONS, OK?

AND THEN FOR 2009--

I MEAN, YOU WOULD HOPE

THAT THE NEXT YEAR MAYBE
THAT WOULD GET BETTER,

BUT IT REALLY DIDN'T.

AGAIN, THOSE SAME AREAS
FELL OUT--

PARTICIPATION, RESULTS,
AND INTERVENTIONS,

BUT IN ADDITION,
TOPIC FOCUS AND RELEVANCE

TO MEDICARE POPULATION
ALSO DROPPED

TO WHERE THERE WAS 73%
OF THE PROJECTS

THAT SCORED A 3 OR--
LESS THAN A 3, A 0, 1, OR 2.

AND ONE OTHER THING
THAT I NOTICED IS THAT

IN THE TARGET POPULATION
THAT SCORE IN THE LOWER SIDE

ALSO INCREASED SUBSTANTIALLY.

IN 2008, ONLY 21%
OF THE PROJECTS

HAD ACHIEVED A SCORE LESS THAN 3
IN THE TARGET POPULATION,

BUT IN 2009,
35% OF THE PROJECTS HAD

A SCORE OF LESS THAN 3.

SO DEFINITELY SOME AREAS

FOR IMPROVEMENT HERE,

AND I'M HOPING THAT AS WE
GO THROUGH THIS

WE'LL TOUCH ON THOSE,

ESPECIALLY THOSE THAT WERE
MORE PROBLEMATIC,

BUT ONE OF THE THINGS
IN THE INFORMATION

THAT THEY GAVE ME THAT WAS
CARRIED THROUGH

IN ALMOST EVERY ONE OF THOSE
WAS THE DOCUMENTATION PIECE.

SO ALTHOUGH
THE TARGET POPULATION

THEY MAY HAVE SCORED
POORLY IN IT,

IT MAY NOT HAVE BEEN SO MUCH
THE ACTUAL TARGETING.

IT WAS THAT THEY DIDN'T
DOCUMENT IT WELL, OK?

SO PICKING UP THAT THREAD
THROUGHOUT MANY

OF THESE AREAS WHERE
PERFORMANCE WAS LOWER,

I'VE ADDED INTO MY SLIDES
SOME--IN THE LATER SECTIONS

AND YOU'LL SEE IT--
SOME TIPS FOR YOU

FOR DOCUMENTATION.

SO IT'S IN THERE AGAIN
AND AGAIN AND AGAIN.

HOPEFULLY, THAT WILL HELP YOU
AS YOU WORK TO IMPROVE YOUR

QUALITY IMPROVEMENT PROJECTS.

SO I DID WANT TO TOUCH JUST
ON SOME FUNDAMENTALS

OF QUALITY IMPROVEMENT,

AND THESE ARE REALLY HIGH-LEVEL
SORTS OF THINGS RIGHT NOW,

AND THEN WE'LL GET INTO
A LITTLE MORE NITTY-GRITTY.

Part 2

>> BUT WHAT IS
QUALITY IMPROVEMENT?

WELL, IT'S REALLY,
IF YOU WANT TO GET DOWN TO IT,

A VERY SIMPLE DEFINITION.

IT'S DOING WHAT WE DO
BETTER, YOU KNOW.

AND SOME CRITICAL CONCEPTS
WITHIN QUALITY IMPROVEMENT

IS THAT WE WANT TO EMBRACE
CHANGE, OK?

CHANGE IS GONNA HAPPEN.

WE WANT TO ADDRESS
PROCESSES AND SYSTEMS

RATHER THAN INDIVIDUALS
AND THAT SORT OF THING,

AND WE WANT TO USE TEAMWORK.

SO WE ALL HATE CHANGE.

WE'RE HUMAN BEINGS.

IT'S DIFFICULT FOR US TO CHANGE.

SO RATHER THAN LETTING

CHANGE RUN YOU,

WHY NOT EMBRACE IT
AND MAKE IT WORK FOR YOU?

AND THAT'S WHAT QUALITY
IMPROVEMENT IS ALL ABOUT,

HARNESSING THAT CHANGE, OK?

AS I MENTIONED, IT IS
ABOUT PROCESSES AND SYSTEMS.

ONE OF THE THINGS THAT
WE SEE COMMONLY

WHEN OUR SURVEY AND CERT
FOLKS GO OUT

AND THEY DO A SURVEY
IN A NURSING HOME

OR A HOME HEALTH AGENCY
OR EVEN IN A HOSPITAL,

WHEN THEY FIND A CONDITION OUT,
IS THAT THE REACTION

SOMETIMES OF THE PROVIDER IS
"WE FIRED THAT PERSON."

USUALLY, IT'S NOT
A PERSON ISSUE.

YOU KNOW, EVEN WHEN IT SEEMS
TO BE A PERSON ISSUE,

IF YOU DRILLED DOWN BEHIND IT
AND YOU SAY,

"WHY DID THAT PERSON NOT DO
WHATEVER WAS NECESSARY,

WHY DID THEY MISS?"

YOU'LL FIND THAT THERE ARE
SYSTEMS OR PROCESSES

THAT ARE NOT WORKING
HOW THEY SHOULD

OR THERE ISN'T EVEN
A SYSTEM OR A PROCESS

THAT ADDRESS THAT
AND THERE NEEDS TO BE ONE.

SO REALLY, TRY TO LOOK
FOR THE PROCESS AND THE SYSTEM,

AND THE OTHER THING
ABOUT FIXING THINGS HERE

IS THAT IF YOU ADDRESS THOSE
IT'S GONNA BE FIXED

ACROSS A BROADER EXPANSE
OF FOLKS,

AND IT'S NOT GONNA MATTER
WHEN A NEW PERSON COMES IN.

IF YOU HAVE THE PROCESS
THAT WORKS AS IT SHOULD,

YOU KNOW, HAVING
A NEW PERSON THERE

ISN'T GOING TO IMPACT
YOUR NUMBERS.

SO PROCESSES AND SYSTEMS
REALLY ARE HOW WE DO

THE WORK THAT WE DO,

AND TEAMWORK IS CRITICAL TO
QUALITY IMPROVEMENT

BECAUSE WE CAN TAKE ADVANTAGE

OF THE COLLECTIVE KNOWLEDGE
THAT WE HAVE.

YOU KNOW, NONE OF US
KNOWS IT ALL,

AND YOU GUYS KNOW IN YOUR
OWN RESPECTIVE OFFICES

THAT YOU HAVE
YOUR PIECE OF KNOWLEDGE,

AND IF YOU HAVE A PROCESS
OR A SYSTEM THAT CROSSES

MULTIPLE AREAS,
YOU DON'T KNOW EVERYTHING

ABOUT THE NEXT STEP IN LINE
IN THAT PROCESS.

IT'S THE PERSON WHO USES
THAT PIECE OF IT THAT KNOWS IT,

AND SO YOU REALLY NEED TO GET
THOSE FOLKS TOGETHER,

ALL THE ONES THAT ARE INVOLVED
IN THAT PROCESS,

IN MEASURING THAT PROCESS AND
IMPROVING THAT PROCESS TOGETHER

SO THAT YOU HAVE
THAT KNOWLEDGE BASE

AND ALSO SO THAT YOU THEN CAN
TAP THEIR BRAINS.

YOU KNOW, ONE HEAD
IS BETTER THAN TWO?

I DON'T THINK SO, YOU KNOW.

SO TAP INTO
THE COLLECTIVE KNOWLEDGE

THAT YOU HAVE
IN YOUR ORGANIZATIONS.

AND IT ALSO MAKES IT EASIER WHEN
EVERYBODY'S WORKING TOGETHER.

THERE'S A BUNCH OF MODELS
AND FRAMEWORKS

FOR QUALITY IMPROVEMENT.

I'M NOT GONNA GO INTO THAT,

BUT THERE ARE THINGS

THAT THEY ALL HAVE
IN COMMON, OK?

THERE'S A NEED OR A DESIRE
TO IMPROVE.

YOU HAVE TO HAVE MEASUREMENT.

YOU HAVE TO UNDERSTAND
THE RESULTS OF YOUR MEASUREMENT.

YOU HAVE TO SELECT
IMPROVEMENT ACTIONS,

IMPLEMENT THOSE ACTIONS,
REMEASURE,

AND THEN THERE'S A WHOLE HOST
OF TOOLS THAT YOU CAN USE

TO HELP YOU DO THIS.

SO HERE I'VE PUT THEM IN SORT

OF A DIAGRAMMATIC EXAMPLE

OF QI MODELS.

AND SO YOU CAN SEE UP IN

THE TOP CORNER THERE

ESTABLISH YOUR MEASURES

OR IDENTIFY OPPORTUNITIES

FOR IMPROVEMENT, SET YOUR GOALS,

MEASURE, UNDERSTAND

THOSE RESULTS,

SELECT YOUR IMPROVEMENT ACTIONS

BASED ON THOSE RESULTS,

IMPLEMENT YOUR IMPROVEMENTS,

AND THEN REMEASURE,
AND IT BECOMES A CYCLE.
AND SOME PEOPLE YOU'LL SEE DRAW
A CYCLE THAT KIND OF GOES
UP LIKE THIS, YOU KNOW,
AND THAT'S TO SIGNIFY THAT
AS YOU DO THAT TIME
AND TIME AGAIN YOU'RE
CONTINUING TO IMPROVE
IN THAT AREA.
I REALLY LIKE THAT.
SO THEN I TIED IN THE THINGS
THAT WERE HIGHLIGHTED IN YOUR
REGS THAT RELATE TO THIS
SO YOU CAN SEE CLEARLY THAT
THE REGS THAT YOU ARE REQUIRED
TO ABIDE BY RELATED TO YOUR
QUALITY IMPROVEMENT PROJECTS
DO RELATE TO THE
QUALITY IMPROVEMENT MODEL.
THEY ARE FOUNDED IN BASIC
QUALITY IMPROVEMENT, OK?
AND AS WE GO THROUGH,
I'LL USE THIS DIAGRAM
AS WE GO THROUGH EACH STEP

OF THIS PROCESS, OK?

I'LL GIVE YOU A LOT MORE DETAIL

ABOUT EACH STEP.

JUST A LITTLE BIT
ABOUT STRUCTURE.

YOU DO NEED
WITHIN YOUR ORGANIZATION

TO HAVE A GROUP OR A TEAM
THAT IS RESPONSIBLE

FOR THE QUALITY IMPROVEMENT.

IF YOU DON'T HAVE THAT,
WHO'S GONNA REALLY MAKE SURE

THAT THE PROJECT IS BEING
DEVELOPED AND IMPLEMENTED

AND MEASURED AND ALL OF THAT?

SO THERE NEEDS TO BE
THAT KIND OF STRUCTURE,

AND SOMETHING THAT WE
SEE FREQUENTLY DOESN'T HAPPEN

IS THAT THERE ARE NOT
BUILT INTO THAT STRUCTURE

PROCESSES FOR COMMUNICATION

ABOUT THE QUALITY IMPROVEMENT
PROJECT OR PROJECTS

ACROSS THE ORGANIZATION.

THAT TEAM MAY BE WORKING ON IT,
IT MAY BE ADDRESSED,

AND MAYBE IT GOES TO A C.O.O.
OR A C.E.O.,

BUT IS IT REALLY A PART
OF THE CULTURE

OF THE ORGANIZATION,

AND IF YOU CAN MAKE IT BE
A PART OF THE CULTURE

OF THE ORGANIZATION
AND REALLY COMMUNICATE ACROSS,

YOU'LL FIND THAT YOU'RE GONNA
ACHIEVE MUCH MORE

THAN IF YOU DIDN'T HAVE IT,

AND THEN OF COURSE,
ONE OF THE OTHER

STRUCTURE THINGS THAT YOU NEED
OF COURSE IS THE I.T. SYSTEMS

THAT SUPPORT YOUR MEASUREMENT.

SO TALKING ON THAT FIRST
BULLET THEN--

AND I APOLOGIZE WHEN THEY
PRINTED THESE OUT

YOU CAN'T READ THOSE,
BUT YOU CAN GO BACK

TO THE FIRST ONE THAT DOESN'T
HAVE THE RED HIGHLIGHTING THERE

AND SEE WHAT THOSE ARE.

SO WE'RE GONNA TALK ABOUT
ESTABLISHING MEASURES,

IDENTIFYING OPPORTUNITIES
FOR IMPROVEMENT.

SO WHAT SHOULD YOU WORK ON, OK?

PROJECTS THAT YOU IMPLEMENT
OF COURSE SHOULD TARGET

YOUR MEDICARE POPULATION,
BUT THEY SHOULD BE IMPORTANT

FOR YOUR MEDICARE POPULATION.

SO YOU MIGHT LOOK FOR THINGS
THAT ARE HIGH VOLUME ISSUES, OK,

OR THERE IS A SIGNIFICANT
PERFORMANCE GAP.

SO IF THE EXPECTATION IS
THAT YOUR WOMEN

OF MEDICARE AGE WHO ARE
GETTING MAMMOGRAMS IS 100%

AND YOU'RE AT 40%, 50%,
THAT'S A SIGNIFICANT

PERFORMANCE GAP,

AND SO THAT MIGHT BE AN AREA

IF YOU HAVE A LOT
OF WOMEN IN YOUR POPULATION

THAT YOU MIGHT WANT
TO ADDRESS, OK?

AND THEN RISK PRONE AREAS.

SO ONE OF THINGS THAT YOU
HEAR ABOUT NOWADAYS

IN THE HOSPITAL SETTING
IS NEVER EVENTS, YOU KNOW.

YOU SHOULD NEVER BE AMPUTATING
OF THE WRONG LIMB, OK?

SO THAT'S AN EXAMPLE OF
A VERY, VERY HIGH RISK AREA, OK,

AND SO THOSE MIGHT BE OTHER
THINGS FOR YOU TO CONSIDER

AS YOU'RE TRYING TO DECIDE
WHICH MEASURES YOU WANT TO USE

AND WHICH WOULD THEN BE
THE SUBJECT OF YOUR

QUALITY IMPROVEMENT PROJECTS.

AND HERE'S ONE OF THOSE SLIDES
I TALKED ABOUT DOCUMENTING, OK,

AND I'VE DONE THIS THROUGHOUT
BECAUSE OF THE--

I GAVE YOU SOME QUESTIONS
FOR EACH OF THESE

TO TRY AND HELP YOU MAKE SURE
THAT YOU GET IT

DOCUMENTED APPROPRIATELY,

AND I'M NOT GONNA GO
THROUGH EACH OF THESE.

THEY'RE THERE FOR YOUR BENEFIT
FOR YOU TO USE

AFTER WE LEAVE HERE TODAY,

BUT I'LL JUST GO
THROUGH THIS ONE

JUST SO YOU KIND OF SEE
WHAT I WAS THINKING.

SO WHEN YOU DOCUMENT
HOW YOU IDENTIFY THOSE MEASURES,

WHAT IS THE POPULATION
WITHIN YOUR MEDICARE

WITHIN YOUR PLAN
THAT YOU'RE TARGETING, OK?

HOW MANY ARE THERE?

WHAT PERCENT OF YOUR
POPULATION IS THAT,

AND WHAT ARE THE UNIQUE
CHARACTERISTICS OF THOSE MEMBERS

OF YOUR POPULATION?

SO IS IT--DO YOU HAVE
A POPULATION THAT HAS

A HIGH RACIAL
OR ETHNIC BACKGROUND?

YOU KNOW, IS THAT SOMETHING
THAT YOU NEED TO ADDRESS?

DO YOU HAVE A POPULATION
THAT HAS A LOT

OF SPANISH SPEAKING?

YOU KNOW, YOU MAY NEED TO
NOT ONLY IN UNDERSTANDING

YOUR POPULATION
BUT THEN IMPLEMENTING--

DEVELOPING YOUR
IMPROVEMENT ACTIONS

ADDRESS SOME OF THOSE THINGS.

SO IT'S REALLY IMPORTANT FOR
YOU TO KNOW YOUR POPULATION.

ALL RIGHT. SO THEN ESTAB--
FURTHER ON

ESTABLISHING THE INDICATORS.

I POINTED OUT THAT
THERE IS AN EMPHASIS

ON OUTCOMES-BASED MEASURES,

BUT I WOULD ALSO SAY TO YOU
THAT OFTENTIMES

THE OUTCOMES TAKE
A LITTLE LONGER TO IMPACT, OK,

SO YOU MAY NEED TO HAVE
SOME PROCESS MEASURES

WITHIN IN YOUR PROJECTS
THAT ALLOW YOU TO MONITOR

HOW YOU'RE DOING ALONG THE WAY.

SO IT'S NOT GOOD ENOUGH
JUST TO MEASURE IN 2010

AS A BASELINE FOR EXAMPLE
AND THEN AGAIN IN 2011

WHERE YOU'RE AT ON AN OUTCOME.

YOU NEED SOMETHING TO BE ABLE
TO TRACK ALONG THE WAY.

SO WHAT ARE THOSE
IMPORTANT PROCESS MEASURES

THAT YOU ALSO NEED
TO INCLUDE SO THAT YOU CAN

MONITOR YOUR OWN PERFORMANCE

WITHIN YOUR QUALITY
IMPROVEMENT PROJECT, OK?

EVIDENCE-BASED MEASURES?

THERE ARE A LOT
OF EVIDENCE-BASED

MEASURES OUT THERE.

YOU CAN GO TO THE CMS WEB SITE.

A LOT OF THE MEASURES
THAT WE USE

IN NURSING HOMES, IN HOSPITALS,
IN HOME HEALTH.

IF YOU GO TO
THE NATIONAL QUALITY FOUNDATION,

YOU CAN FIND SOME,

BUT THE IDEA IS THAT THERE IS
EVIDENCE THAT SUPPORTS

THAT IMPLEMENTING INTERVENTIONS
IN THAT MEASURE WILL CREATE

IMPROVED QUALITY OF CARE,
QUALITY OF LIFE

FOR THE BENEFICIARY, OK,
SO SOMETHING THAT SUPPORTS IT.

QUANTIFIABLE--YOU NEED TO
BE ABLE TO COUNT IT, YOU KNOW,

AND CLEAR AND UNAMBIGUOUS.

AND ONE OF THE THINGS
THAT I WOULD CAUTION YOU--

WHAT I SEE FREQUENTLY
HAPPENING RELATED

TO UNCLEAR OR AMBIGUOUS MEASURES
IS THAT PEOPLE USE WORDS

LIKE, UM, MOSTLY OR, UH...

GENERALLY, USUALLY,

AND HOW DO YOU QUANTIFY
THAT, YOU KNOW?

HOW DO YOU SAY, "WELL, YEAH,
THEY USUALLY DID THAT"?

YOU WANT TO STAY WAY FROM THAT.

YOU WANT TO HAVE SOMETHING
THAT IS BLACK AND WHITE,

CUT AND DRY SO THAT ANYBODY
THAT LOOKS AT THAT

CAN UNDERSTAND WHAT IT IS
THAT YOU'RE EXPECTING,

AND IT'S NOT SUBJECTIVE.

WHEN YOU USE TERMS LIKE
USUALLY, GENERALLY,

THAT SORT OF THING,
IT BECOMES VERY SUBJECTIVE,

AND IT DEPENDS ON THE INDIVIDUAL
THAT'S LOOKING AT IT.

SO TRY AND STAY AWAY FROM THAT.

Part 3

>> GOOD INDICATORS HAVE
A NUMERATOR, A DENOMINATOR.

AS I MENTIONED, YOU KNOW,
YOU HAVE TO BE ABLE TO COUNT IT,

SO INCLUSION CRITERIA
AND EXCLUSION CRITERIA.

SO WHO IS IT THAT YOU'RE
GONNA INCLUDE IN THAT MEASURE?

WHO IN YOUR POPULATION ACTUALLY
GETS INTO THE DENOMINATOR,

AND WHO SPECIFICALLY
ARE YOU EXCLUDING

FROM THAT DENOMINATOR, OK?

AND THEN OF COURSE
IN YOUR NUMERATOR,

IT'S ONLY FOLKS THAT ARE
IN THE DENOMINATOR

THAT SHOULD BE ABLE TO MAKE IT
TO YOUR NUMERATOR,

AND HERE I HAVE MENTIONED AGAIN
THERE ARE NATIONALLY-REPORTED

MEASURES THAT WE HAVE IN CMS,

THE QIO MEASURES--
THAT'S ANOTHER SOURCE FOR YOU--

AND THEN THE NQF MEASURES.

AND HERE'S ONE OF THOSE
DOCUMENT SLIDES.

SO WHAT IS THE EQUATION?
WHAT ARE YOUR CRITERIA?

IF IT IS A NATIONAL SOURCE,
DOCUMENT WHAT NATIONAL SOURCE

THAT MEASURE IS FROM, OK?

THAT JUST BY ITSELF
HELPS YOU TO SAY

THIS IS AN EVIDENCE-BASED
MEASURE, YOU KNOW?

NQF ENDORSES MEASURES THAT
HAVE THE EVIDENCE BEHIND THEM,

SO YOU CAN FEEL A LITTLE SAFER
USING THOSE SORTS OF MEASURES.

ALL RIGHT. WELL, LET'S MOVE ON

THEN TO SETTING GOALS.

SO ONCE YOU'VE IDENTIFIED

YOUR MEASURES, THEN IT'S

IMPORTANT FOR YOU TO DETERMINE

WHERE YOU WANT TO GO

WITH THOSE MEASURES,

AND SO YOUR GOALS NEED
TO BE ACHIEVABLE, OK,

BUT YET MEANINGFUL, ALL RIGHT?

SO YOU DON'T WANT THEM
TO BE SO EASY

THAT, YOU KNOW, IT'S
A SLAM DUNK,

BUT YET YOU DON'T WANT THEM
TO BE SO HARD THAT

IT'S NEXT TO IMPOSSIBLE
FOR YOU TO GET THERE,

AND THE REASON THAT SETTING
THOSE GOALS IS IMPORTANT

IS BECAUSE AS YOU GO
THROUGH THAT CYCLE

YOU'RE GONNA TRACK
YOUR PERFORMANCE

AGAINST WHERE YOU ARE
IN RELATION TO YOUR GOALS, OK,

AND SO IF YOU'RE NOT AT
THE PLACE THAT YOU NEED TO BE,

THEN YOU'RE GONNA WANT TO DO
SOME ROOT CAUSE ANALYSIS,

LOOK INTO THAT, OK,

AND WE'LL GET INTO THAT
A LITTLE BIT MORE LATER.

THEY ALSO, AS I SAID, SHOULD BE
BASED ON EVIDENCE.

HOW MUCH IMPROVEMENT
HAVE OTHERS ACHIEVED

IN THOSE SAME MEASURES, OK?

SO SOMETIMES, WE LIKE
TO PULL AN OUNCE

OF IMPROVEMENT OUT OF THE AIR.

WELL, IF IT'S
AN EVIDENCE-BASED MEASURE,

THERE'S PROBABLY SOME RESEARCH
OUT THERE THAT SAYS

HOW MUCH IMPROVEMENT
IN THAT RESEARCH

IMPLEMENTING AN INTERVENTION
RELATED TO THAT MEASURE,

HOW MUCH THEY WERE ABLE TO DO.

THAT WOULD BE A GUIDELINE
FOR WHERE YOU MIGHT BE ABLE

TO GO WITH THAT, OK?

AND THEN ALSO ANOTHER THING
THAT YOU COULD LOOK AT

IS BENCHMARKS.

YOU KNOW, WHAT--THOSE FOLKS

THAT ARE WORKING
IN THAT AREA,

WHAT HAVE THEY BEEN ABLE TO DO?

WHAT'S THE BEST LEVELS, OK?

SO YOU CAN SET A GOAL
EITHER BY AN AMOUNT

OF IMPROVEMENT THAT YOU
EXPECT TO ACHIEVE

OR YOU CAN SET A THRESHOLD--

WE WANT TO BE
AT THIS CERTAIN LEVEL, OK?

AND THEN THE MILESTONES
OR INTERMEDIATE GOALS.

SO SAY YOU HAVE A GOAL
FOR A YEAR FROM NOW

TO BE AT A CERTAIN LEVEL.

SAY, USING THE MAMMOGRAPHY
EXAMPLE, YOU WERE AT 50%

AND YOU WANTED TO BE
AT, SAY, 75% IN A YEAR.

YOU MIGHT HAVE AS A MEASURE,
AS AN INTERIM MEASURE

IN 6 MONTHS TO BE AT MAYBE
55%, 60%, OK,

SO THAT THEN YOU CAN LOOK
AT THAT AND SAY,

"IT'S 6 MONTHS,
WE'RE THERE.

"WE'RE ON TRACK TOWARDS OUR GOAL
AT THE END OF THE YEAR,

"OR WE'RE NOT THERE.
WHAT DO WE TO DO

TO INCREASE THE RATE
OF OUR IMPROVEMENT HERE?"

AGAIN, DOCUMENTING, SO--

I'M GONNA HIT YOU WITH THIS ONE
OVER AND OVER, OK?

ALL RIGHT. MOVING ON

TO MEASURING ITSELF,

NOT IDENTIFYING THE MEASURES.

WE'VE TALKED ABOUT THAT,

BUT ACTUALLY MEASURING IT.

YOU NEED TO THINK ABOUT HOW
OFTEN IT MAKES SENSE TO MEASURE.

I'VE SEEN WHERE THERE ARE THINGS
THAT REALLY AREN'T GONNA CHANGE

IN A MONTH'S TIME,

AND PEOPLE TRY TO
MEASURE IT MONTHLY.

IT JUST DOESN'T MAKE SENSE.

IF IT'S NOT GONNA CHANGE
BUT IN A QUARTER

OR 6 MONTHS OR A YEAR,

THEN YOUR MEASURE SHOULD BE
APPROPRIATELY ADJUSTED

TO THAT SORT OF A TIMEFRAME,

BUT IF IT IS A LONGER PERIOD,
LIKE I MENTIONED EARLIER,

LOOK FOR THOSE PROCESS
MEASURES, AS WELL, OK?

AND THEN YOUR DATA COLLECTION
ITSELF, IT SHOULD BE RELIABLE

BECAUSE YOU WANT TO BE ABLE
TO REPRODUCE THAT.

IF YOU CAN'T REPRODUCE IT,
THERE'S A PROBLEM

IN HOW YOU'RE
COLLECTING THAT DATA.

EFFICIENT. OF COURSE, RESOURCES.

WE'RE ALL RESOURCE-STRAPPED,

AND SO YOU WANT TO HAVE
A METHOD OF COLLECTING

THAT DATA THAT DOESN'T STRESS
YOUR ORGANIZATION TOO MUCH, OK?

CONSISTENT AND THEN VALID.

IT'S ACTUALLY--YOU'RE
ACTUALLY MEASURING

WHAT YOU THINK YOU'RE MEASURING.

DOCUMENT AGAIN.

THEN UNDERSTANDING THE RESULTS

OF YOUR MEASUREMENT, OK?

SO WE'VE IDENTIFIED
OUR MEASURES,

WE'VE SET GOALS,
WE'VE MEASURED.

NOW WHAT DO WE DO

WITH THE NUMBERS
THAT WE HAVE, OK?

WELL, FIRST IN YOUR ANALYSIS,

IT'S IMPORTANT FOR YOU
TO ORGANIZE THE DATA

SO THAT YOU CAN ACTUALLY
LOOK AT IT

AND IT CAN BE MEANINGFUL TO YOU,

AND SOMETHING THAT REALLY
IS HELPFUL IN DOING THAT

IS CREATING GRAPHIC DISPLAYS
OF THE DATA

USING SOME HISTOGRAMS
OR TREND CHARTS

OR WHAT HAVE YOU,

AND I WOULD SAY THAT
TREND CHARTS ARE

REALLY, REALLY HELPFUL
AS YOU TRY

AND CONTINUOUSLY IMPROVE
IN CERTAIN AREAS,

AND THEN A REALLY IMPORTANT
PART OF YOUR ANALYSIS

IS ROOT CAUSE ANALYSIS,

AND I'M GONNA SPEND
JUST A LITTLE BIT MORE TIME

ON THAT BECAUSE IT IS
SO CRITICAL.

SO WHAT IS ROOT CAUSE ANALYSIS?

WELL, IT'S A METHOD
FOR UNDERSTANDING

THE TRUE CAUSE
OF WHATEVER IS GOING ON,

WHATEVER THE FAILURE IS,
WHATEVER THE MISS IS,

AND--SO THAT THEN YOU CAN
SELECT IMPROVEMENT ACTIONS

THAT WILL REALLY HELP YOU
TO IMPROVE IN THAT AREA, OK?

SO SORT OF AN INVESTIGATION,
A STRUCTURED INVESTIGATION

TO GET AT THE ROOT.

AND IF YOU DO A GOOD
ROOT CAUSE ANALYSIS--

ONE OF THE THINGS THAT WE
AS HUMAN BEINGS

HAVE A TENDENCY TO DO IS
WHEN WE IDENTIFY A PROBLEM

WE JUST WANT TO FIX IT, OK?

THAT'S JUST OUR NATURE.

WE DON'T THINK
ABOUT REALLY UNDERSTANDING

THE REASON FOR THE PROBLEM
IN THE FIRST PLACE,

AND IF YOU JUST TRY TO FIX IT,
YOU MAY NOT REALLY ADDRESS

THE PROBLEM IF YOU HAVEN'T TAKEN
THE TIME TO UNDERSTAND THAT.

SO YOU MAY PUT IN PLACE
AN IMPROVEMENT ACTION

THAT DIDN'T ADDRESS WHAT
THE REAL ROOT CAUSE WAS,

AND IF YOU DID THAT,
DO YOU THINK THAT

YOUR IMPROVEMENT ACTION
IS GONNA IMPROVE IT

IF THAT WASN'T THE CAUSE?

NO. NOT LIKELY.

SO DOING A GOOD
ROOT CAUSE ANALYSIS

WILL INCREASE YOUR LIKELIHOOD
OF ACTUALLY SOLVING THE PROBLEM.

IT ALSO HELPS YOU TO REDUCE
TIME LOST AND MONEY SPENT.

SO SAY YOU TOOK THAT
SHOTGUN APPROACH

AND YOU JUST DID SOME STUFF
WITHOUT DOING YOUR

ROOT CAUSE ANALYSIS
AND YOU DIDN'T GET

WHERE YOU NEEDED TO GO

AND SO NOW YOU'RE HAVING
TO LOOK AT IT AGAIN.

WELL, OUR REMEASUREMENT SHOWED
THAT WE DIDN'T GET

WHERE WE NEEDED TO GO.

WE GOT TO DO ANOTHER
ROOT CAUSE ANALYSIS

AND UNDERSTAND WHAT HAPPENED.

SO THAT WHOLE FIRST
IMPLEMENTATION

OF IMPROVEMENT ACTIONS,
YOU KNOW, MAYBE IT WAS

KIND OF A WASTE OF YOUR TIME
AND YOUR EFFORT

BECAUSE YOU DIDN'T REALLY
UNDERSTAND WHAT

THE ROOT CAUSES WERE.

ALL RIGHT. THERE'S NOT JUST
ONE METHOD FOR DOING

ROOT CAUSE ANALYSIS.

THERE'S A LOT OF TOOLS
OUT THERE TO HELP YOU DO THAT,

AND I DID PUT SOME RESOURCES

AT THE END
OF MY PRESENTATION FOR YOU,

BUT IT IS IMPORTANT
TO IDENTIFY

THE APPROPRIATE PARTICIPANTS
IN YOUR ROOT CAUSE,

SO SOME OF THAT TEAMWORK THAT
I WAS TALKING ABOUT EARLIER,

AND ONE OF THE THINGS THAT I SEE

HAPPENING OVER AND OVER AGAIN

EVEN IN FOLKS THAT YOU THINK
SHOULD BE EXPERTS--

AND BECAUSE I WORK VERY CLOSELY

WITH THE QUALITY IMPROVEMENT
ORGANIZATIONS,

I'M GONNA USE THEM
AS AN EXAMPLE HERE.

YOU WOULD THINK OF THEM
AS QUALITY IMPROVEMENT EXPERTS,

BUT WE REQUIRE THEM TO HAVE

INTERNAL QUALITY
IMPROVEMENT PROGRAMS,

BUT WHEN THEY'RE DOING
ROOT CAUSE ANALYSIS,

FREQUENTLY I'LL SEE THAT THEY
STAY AT THE SURFACE.

THEY DON'T GO DEEP INTO
WHAT ARE THE SYSTEMS,

WHAT ARE THE PROCESSES
THAT WERE REALLY INVOLVED

TO CAUSE THE PROBLEM.

SO EVEN THE QUALITY IMPROVEMENT
EXPERTS SOMETIMES WE DON'T

WANT TO GO AS DEEP AS WE SHOULD.

SO LET ME REALLY
ENCOURAGE YOU THERE.

OK. AND THEN AGAIN,
IMPORTANT TO DOCUMENT

YOUR ROOT CAUSE ANALYSIS.

SO SAY YOU USED
ONE METHODOLOGY FOR DOING

YOUR ROOT CAUSE ANALYSIS
AT THE BEGINNING

TO UNDERSTAND WHAT WAS GOING ON
THAT YOUR POPULATION

WASN'T GETTING THE MAMMOGRAMS
THAT THEY NEEDED

AND YOU SAW SOME IMPROVEMENT
WHEN YOU REMEASURED IN 6 MONTHS,

BUT IT WASN'T WHERE
YOU WANTED TO BE,

SO YOU DO ANOTHER
ROOT CAUSE ANALYSIS.

WELL, IF THE FIRST TIME YOUR
ROOT CAUSE ANALYSIS METHODOLOGY

WAS JUST BRAINSTORMING--
AND I'M NOT SAYING

THERE'S ANYTHING WRONG
WITH BRAINSTORMING.

SOMETIMES IT'S ALL YOU GOT,

BUT IF THAT WAS WHAT YOU DID
THE FIRST TIME

AND YOU DIDN'T GET THERE,

THEN MAYBE THE SECOND TIME,

YOUR ROOT CAUSE ANALYSIS
METHOD NEEDS TO GO

A LITTLE DIFFERENTLY.

MAYBE YOU NEED TO ACTUALLY
GO TO THE POPULATION

THAT DIDN'T GET
THEIR MAMMOGRAMS AND SAY,

"WHY DIDN'T YOU GET
YOUR MAMMOGRAM?

"WHAT WAS THE BARRIER?
WHAT WAS THE ISSUE

THAT YOU DIDN'T GET IT?"

DON'T YOU SEE HOW THAT WOULD BE
MUCH BETTER INFORMATION

FOR YOU AS YOU'RE SELECTING
AND IMPLEMENTING THEN

IMPROVEMENT ACTIONS, OK?

BUT IF YOU DIDN'T DOCUMENT
THE FIRST TIME

HOW YOU DID THAT ROOT CAUSE,

6 MONTHS LATER,
YOU MAY NOT REMEMBER

WHAT IT WAS THAT YOU DID
THE FIRST TIME.

SO IT IS IMPORTANT FOR YOU
TO DOCUMENT ALL OF THAT.

AS YOU IDENTIFY
YOUR PARTICIPANTS

FOR ROOT CAUSE ANALYSIS,
MAKE SURE YOU LOOK

AT THE TIME THAT THAT
IS GONNA TAKE,

WHETHER IT'S AN INITIAL
ROOT CAUSE ANALYSIS

OR A SUBSEQUENT ROOT
CAUSE ANALYSIS

DUE TO THAT REPEATED FAILURE.

SO JUST LIKE I SAID,
MAYBE INSTEAD OF BRAINSTORMING

YOU WANT TO GO OUT
TO THE ACTUAL POPULATION.

THE AVAILABILITY OF THE FOLKS
THAT YOU REALLY NEED

TO TAP INTO
FOR THAT INFORMATION.

DO YOU NEED AN EXPERT
OR SOMEBODY

WITH MORE SPECIFIC KNOWLEDGE
THAN WHAT YOU HAVE

IN YOUR QUALITY IMPROVEMENT
PROJECT TEAM,

AND ARE THERE OTHERS
THAT YOU NEED ON YOUR TEAM

SO THAT YOU CAN GET BUY-IN AT
OTHER LEVELS OF THE ORGANIZATION

FOR THE IMPROVEMENT ACTIONS
THAT YOU NEED?

Part 4

>> ALL RIGHT. DOCUMENT.

ALL RIGHT. SELECTING

IMPROVEMENT ACTIONS.

THIS FIRST BULLET HERE IS
SO CRITICAL.

I DON'T KNOW HOW TO
STRESS IT MORE TO YOU.

YOU NEED TO SELECT
IMPROVEMENT ACTIONS

THAT RELATE
TO THE ROOT CAUSE, OK?

IF YOU DON'T, THEN LIKELY,
THOSE IMPROVEMENT ACTIONS

AREN'T GONNA IMPROVE THE MEASURE
THAT YOU'RE TRYING TO MOVE, OK?

CRITICAL, CRITICAL, CRITICAL.

AND SOMETIMES THERE'S MORE
THAN ONE ROOT CAUSE,

AND SO YOU MAY WANT TO HAVE
A NUMBER OF IMPROVEMENT ACTIONS

THAT ADDRESS SEVERAL OF THOSE.

SOMETIMES YOU HAVE SO MANY

ROOT CAUSES THAT YOU CAN'T

ADDRESS THEM ALL, THOUGH,

SO YOU NEED TO BE
MORE FOCUSED AND PRIORITIZE

WHICH ONES HAVE THE BIGGEST
BANG FOR THEIR BUCK, OK?

WHICH ONES WERE RESPONSIBLE
FOR THE GREATEST PROPORTION

OF THE MISSES,
AND SO THOSE MIGHT BE

THE ONES THAT YOU GO AFTER, OK?

ENGAGE THAT TARGET AUDIENCE
IF YOU NEED TO

IN IMPROVEMENT ACTIONS
BECAUSE THEY'RE THE ONES

ULTIMATELY THAT NOT ONLY
ARE IMPACTED BY THAT,

BUT WHAT I SAW IN THE NUMBERS
FROM YOUR AUDITOR

RELATED TO THOSE PARTICIPANTS,
THEY REALLY WANT YOU

TO HAVE YOUR
TARGET AUDIENCE ENGAGED

IN YOUR IMPROVEMENT ACTIONS.

SO HOW CAN YOU DO MORE OF THAT?

CAN YOU INCLUDE ONE OR TWO
OF THEM IN MAYBE

YOUR QUALITY IMPROVEMENT
PROJECT PLANNING?

THEY MIGHT HAVE SOME
UNIQUE IDEAS FOR YOU

THAT YOU WOULDN'T HAVE
THOUGHT OF OTHERWISE,

AND THEN AS YOU ACTUALLY

IMPLEMENT THOSE

IMPROVEMENT ACTIONS,
HOW CAN YOU ENGAGE

THAT TARGET AUDIENCE?

MAKE SURE YOU'RE
THINKING ABOUT THAT, OK?

AND THEN AS I TOUCHED ON
BRIEFLY BEFORE,

CONSIDER THOSE UNIQUE ASPECTS
OF YOUR POPULATION.

SO WE TALKED ABOUT IT WAS
IMPORTANT TO KNOW

YOUR POPULATION,
AND THIS IS WHY

BECAUSE YOU'VE GOT TO ADDRESS
YOUR IMPROVEMENT ACTIONS

TO THEM, OK?

IF THEY ARE PRIMARILY
SPANISH SPEAKING

AND YOU'RE GIVING THEM
ENGLISH--

ENGLISH-BASED MATERIALS,
YOU THINK IT'S GONNA HELP?

IF THE CHANNEL OF COMMUNICATION
THAT WORKS BEST FOR THEM

IS A ONE-ON-ONE DIALOGUE
WITH THE PHYSICIAN,

HOW ARE YOU GONNA MAKE
THAT HAPPEN VERSUS

JUST SENDING THEM
SOMETHING IN THE MAIL?

SO YOU NEED TO UNDERSTAND
THOSE THINGS

ABOUT YOUR POPULATION?

AND THEN OF COURSE WE GOT TO
IMPLEMENT THOSE
IMPROVEMENT ACTIONS.
PLAN OUT YOUR IMPLEMENTATION,
ALL THE ACTIVITIES,
THE PERSONS WHO ARE RESPONSIBLE,
TIMELINES FOR IMPLEMENTING THAT,
AND YOU MAY WANT TO EVEN INCLUDE
SOME MEASURES THAT ASSESS
HOW WELL YOU ARE IMPLEMENTING
YOUR INTERVENTIONS, OK,
SOME ADDITIONAL
PROCESS MEASURES, THOUGH.
SO ARE WE HITTING THE TIMELINES?
IF WE WANTED TO TARGET
A CERTAIN NUMBER OF FOLKS
WITH THIS PARTICULAR
IMPROVEMENT ACTION,
WERE WE ABLE TO TARGET
THAT NUMBER OF FOLKS?
WAS WHAT WE DID EFFECTIVE
IN CHANGING THE BEHAVIOR
THAT WE'RE TRYING TO CHANGE?
SO THOSE ARE ALL SORTS
OF THINGS THAT YOU WANT TO--
YOU MIGHT WANT TO CONSIDER
AS YOU'RE IMPLEMENTING
YOUR IMPROVEMENT ACTIONS.
AND THEN WE'RE BACK
TO MEASURING.
SO YOU'RE GONNA REMEASURE
WHAT YOU HAD

MEASURED PREVIOUSLY,

AND WHAT THE REG REQUIRES
IS "SIGNIFICANT IMPROVEMENT

SUSTAINED OVER TIME," OK?

SO YOU WANT TO SEE NOT ONLY
THAT YOU'RE IMPROVING

BUT THAT YOU'RE ABLE
TO SUSTAIN THAT IMPROVEMENT.

OK? AND THIS IS SOMETHING
THAT I SEE HAPPEN.

AGAIN, I'M GONNA PICK
ON THE QIOs.

YOU KNOW, WE HAVE--
AS WE HAVE MONITORED

THEIR INTERNAL
QUALITY IMPROVEMENT PLANS,

I'VE SEEN THEM HAVE
A MEASURE THAT THEY

CONTINUE TO FALL OUT ON,

AND THEY DO
A ROOT CAUSE ANALYSIS,

AND THEN THEIR IMPROVEMENT
ACTION IS THE SAME THING

TIME AFTER TIME AFTER TIME
MEASURING IT,

AND IT'S LIKE, IF IT DIDN'T
WORK FOR YOU THE FIRST TIME,

YOU THINK IT'S GONNA
WORK FOR YOU THE SECOND TIME?

I THINK THAT'S--SOME PEOPLE
SAY THAT'S A DEFINITION

OF INSANITY, RIGHT?

AND THEN HAVING AN ENTHUSIASM
FOR IT, I THINK, REALLY

WILL HELP YOU TO IMPROVE
AND MOVE AND ALL OF THAT,

AND SO HERE'S SOME
OF THE RESOURCES FOR YOU,

WEB SITES, BOOKS, ALL OF THAT.

SO YOU GUYS HAVE BEEN
PRETTY QUIET.

ANY QUESTIONS FOR ME?

YES?

>> WELL, MY QUESTION IS
DO YOU LEAD A TEAM

OF QUALITY INDIVIDUALS WHO
MIGHT BE AVAILABLE FOR PLANS?

>> WELL, THAT'S
AN INTERESTING QUESTION,

AND I WORK IN A DIFFERENT
PART OF CMS.

I WORK IN THE CONSORTIUM
FOR QUALITY IMPROVEMENT

AND SURVEY
AND CERTIFICATION OPERATIONS,

AND WITHIN OUR CONSORTIUM,

WE HAVE A QUALITY
IMPROVEMENT TEAM.

WE HAVE OUR OWN INTERNAL QUALITY
IMPROVEMENT PROGRAM ACTUALLY,

AND WE ARE--WE'RE AVAILABLE
TO HELP THE FOLKS

THAT ARE WORKING WITH THE PLANS.

I'M ALWAYS READY AND WILLING
TO ASSIST THEM,

BUT WE DON'T HAVE A TEAM
PER SE THAT IS JUST

THE QUALITY IMPROVEMENT PIECE

WITHIN THE OTHER CONSORTIUMS
THAT I'M AWARE OF.

GAETANA OR VERNA, YOU WANT TO--

ARE YOU AWARE OF ANYTHING
THAT I'M NOT? YEAH.

>> WHERE I'M GOING
WITH THIS QUESTION ACTUALLY

IS THE SPEAKERS THIS MORNING
MENTIONED THAT, YOU KNOW,

WE'RE GEARING UP FOR
THE 4-STAR IMPLEMENTATION

AND GETTING WORKERS TOGETHER,
AND IN MY MIND--

AND MAYBE I'M OFF THE MARK--
IT SEEMED TO FLOW

FROM YOUR QUALITY TEAM
THAT YOU COULD ALSO--

I'M ACTUALLY
IN THE DALLAS REGION,

I'M ACTUALLY OUT OF NEW MEXICO,

AND THAT'S KIND OF
WHAT OUR APPROACH HAS BEEN

TO DEVELOP FROM THE QUALITY
IMPROVEMENT TEAM PROJECT LEADS

TO ALSO LEAD A WORK GROUP
FOR MAYBE GEARING UP

TO MAKE SURE THAT WE CAN MEET
AND SUSTAIN THE 4-STAR RATING.

SO MY THOUGHT WITH THIS IS THAT
IF THERE WAS A QUALITY PERSON

WHO WE COULD CALL
TO JUST ASK QUESTIONS

IF THAT MIGHT BE AVAILABLE.

>> AND I WOULD SAY

TO THAT SPECIFICALLY--

I MEAN, YOU CAN TALK WITH YOUR--
THE FOLKS THAT YOU

NORMALLY TALK WITH IN CMS,

AND WE'RE ALWAYS
AVAILABLE TO THEM.

YOU KNOW, MYSELF,
DR. DAVID NILASENA,

WHO IS DOING ANOTHER ONE
OF THE BREAKOUTS THIS MORNING

RELATED TO HIGH-TECH.

HE'S OUR CHIEF MEDICAL OFFICER
IN THE DALLAS REGIONAL OFFICE,

BUT HE ALSO HAS A VERY,
VERY STRONG

QUALITY IMPROVEMENT KNOWLEDGE,

AND SO WE'RE AVAILABLE TO YOU,

AND ALSO EVEN
IN THE OTHER REGIONS,

THE DIVISIONS
OF QUALITY IMPROVEMENT

GENERALLY HAVE--
THERE'S ONLY 4 OF THOSE

ACROSS THE REGION,
BUT WITHIN CMS,

EVERYBODY KNOWS
WHICH ONES THOSE ARE,

AND I THINK THEY KNOW
WHO THEIR REGION

FOR DIVISION OF QUALITY
IMPROVEMENT IS,

BUT THERE ARE STAFF
IN THOSE DIVISIONS, ALSO,

THAT I'M SURE WOULD BE WILLING

TO HELP AND ASSIST,

AND THERE ARE
CHIEF MEDICAL OFFICERS

IN EACH ONE OF THE REGIONS
THAT ALSO MIGHT BE

OF SOME ASSISTANCE,
AND THE CHIEF MEDICAL OFFICERS

DO PROVIDE ASSISTANCE
ACROSS THE REGIONAL OFFICE,

ACROSS ALL
OF THE CMS COMPONENTS,

NOT JUST WITHIN THE CONSORTIUM
FOR QUALITY IMPROVEMENT,

WHICH IS WHERE THEY'RE HOUSED,

BUT OFTENTIMES ARE WORKING
WITH THE OTHER COMPONENTS, SO...

>> TO ADD, THE SURVEY
AT THE BACK OF YOUR BOOKLET,

PLEASE MAKE THAT COMMENT SO WE
CAN TAKE IT INTO CONSIDERATION.

>> AND I'D LOVE FOR YOU TO--
WE'VE BEEN TRYING

TO TRAIN AND TEACH AND ASSIST
AS MUCH AS WE CAN,

BUT THERE ALSO NEEDS TO BE
THAT RECEPTIVENESS

ON THEIR PART, AS WELL,
AND SO I THINK COMMENTS

LIKE THAT WOULD BE HELPFUL
IN HELPING US MOVE THAT FORWARD.

>> I'VE ACTUALLY HEARD
PEOPLE TALKING

IN THE ATLANTA REGIONAL OFFICE
ABOUT LOOKING AT THE WAY

SURVEY AND CERT DOES

THE QUALITY CHECKS

AND USING THAT KIND OF MODEL,
IF YOU WILL,

SO IT WOULD BE VERY HELPFUL
TO HEAR YOU SAY THAT.

>> OUR PLAN WENT THROUGH
OUR ROUTINE AUDIT IN 2008,

AND PART OF THE AUDIT ELEMENT
WAS OUR SCIP,

AND WE DID WELL, SO--
AND WE HAD A CONTACT--

AND I APOLOGIZE,
I CAN'T RECALL HER NAME,
BUT SHE WAS OUT OF BALTIMORE,

AND I JUST--IT WAS
SO HELPFUL

BECAUSE I WAS REALLY NEW
TO THE PLAN,

AND I DON'T HAVE
A QUALITY BACKGROUND.

I'M NOT A NURSE,
ANYTHING THAT CLINICAL.

SHE WAS JUST SO HELPFUL
SO THAT I COULD DO
A READINESS REVIEW,
AND IT WAS JUST SO HELPFUL

TO HAVE THOSE TOOLS
READILY AVAILABLE,
AND I COULD CALL HER UP.

>> YEAH. WELL, AND, YOU KNOW,
I MEAN, ALTHOUGH WE'VE

KIND OF MOVED A LITTLE MORE
INTO THE COMPLIANCE PIECE,

WE WANT YOU TO BE SUCCESSFUL.
AS I SAID EARLIER,
WE'RE YOUR PARTNERS HERE.

WE ALL HAVE THE SAME GOAL,

AND THAT'S QUALITY HEALTH CARE

FOR OUR BENEFICIARIES, YOU KNOW,

AND SO WHATEVER
WE CAN DO TO HELP,

WE'RE GLAD TO SEE HOW WE CAN
MAKE THAT HAPPEN.

YOU HAD A QUESTION HERE.

>> YEAH. I HAVE TWO QUESTIONS.

THERE USED TO BE A WEB SITE
UNDER THE CMS.HHS.GOV

UNDER HEALTH PLAN.

THERE USED TO BE
A QUALITY SECTION

JUST FOR THE HEALTH PLANS.

THAT HAS SINCE BEEN TAKEN DOWN.

DO YOU KNOW WAS IT MOVED
SOMEPLACE ELSE?

WHAT HAPPENED TO IT?

>> I'M NOT AWARE OF THAT.
GAETANA, DO YOU KNOW?

>> I DON'T, BUT I WILL
CHECK INTO THAT,

SEE IF I CAN PUT IT
ON THE ANSWERS

FOR THE WEB SITE'S PORTAL
YOU GUYS HAVE.

>> OK. GREAT.
MY SECOND QUESTION IS

DO YOU KNOW WHEN CHAPTER 5
WILL BE UPDATED?

>> CHAPTER 5? ALL RIGHT.

WELL, THANK YOU ALL

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