

Systems Approach to QI/QA

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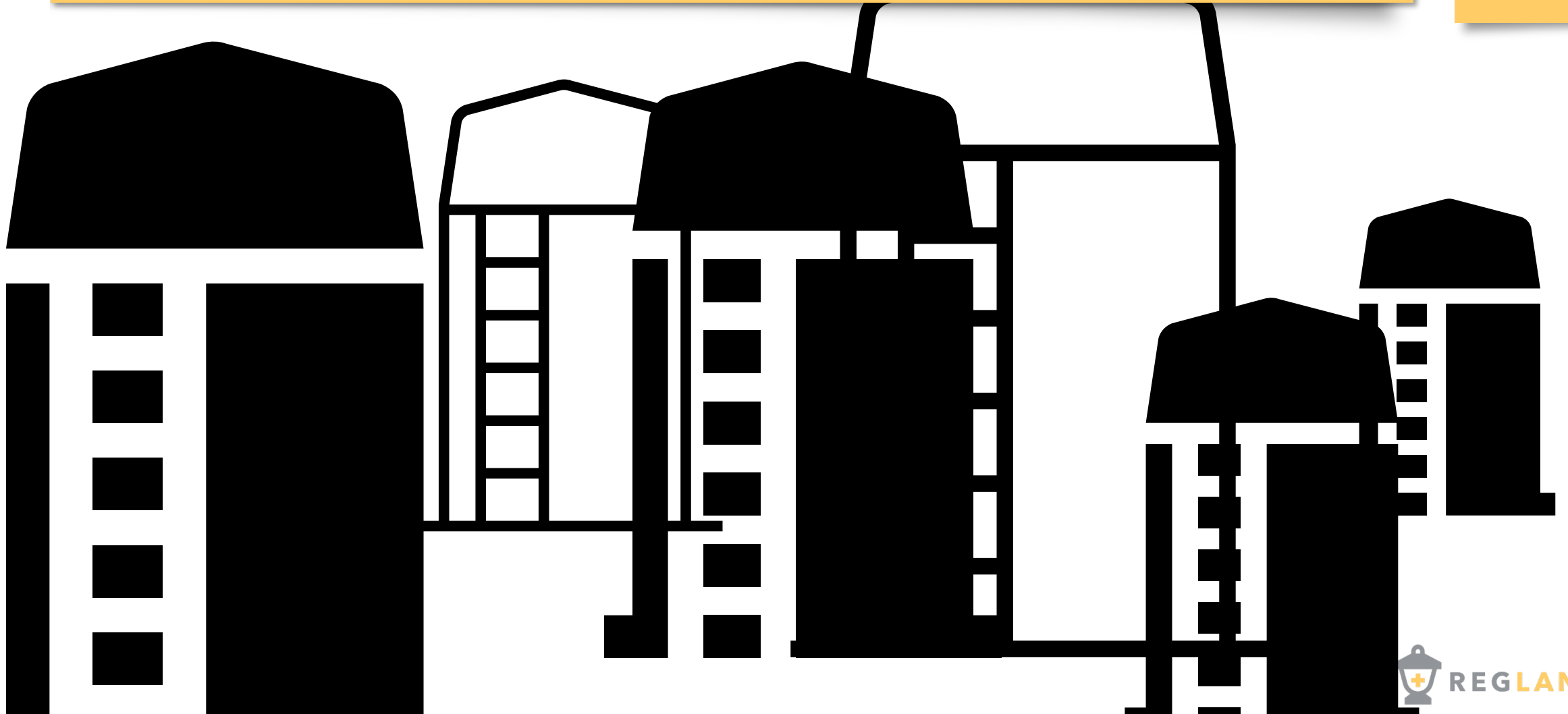
Systems Approach to QI/QA

- Time and resources are limited
- There are numerous “silos” and overlapping requirements
- Efficiency and coordination is key!

Example: Evaluating Clinical Quality

- C/P: “Current Clinical Competence”
- QI/QA: Quarterly Assessments (UDS, quality metrics, etc.)
- QI/QA: Quarterly Assessments of Clinician Care (“Peer Review”)
- QI/QA: Patient Satisfaction Results
- QI/QA: Patient Safety and Adverse Events (“Incident Reports”)

Siloed and Inefficient Work



Siloed and Inefficient Work



Human Resources
**Reference
Letters**



Quarterly Clinician
Peer Review



Quarterly
**Quality
Assessments**



Clinical Staff
**Current Clinical
Competence**



Patient Satisfaction
Surveys



Patient Safety
**Incident
Reports**

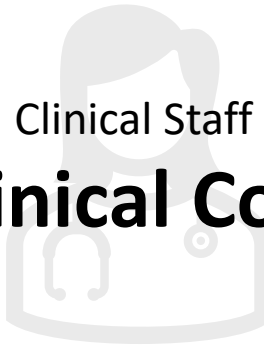
A Systems Approach To QI/QA

(which also meets HRSA Compliance Requirements)



Quarterly

Quality Assessments



Clinical Staff

Current Clinical Competence



Quarterly Clinician

Peer Review



Patient Satisfaction

Surveys



Human Resources

Reference Letters



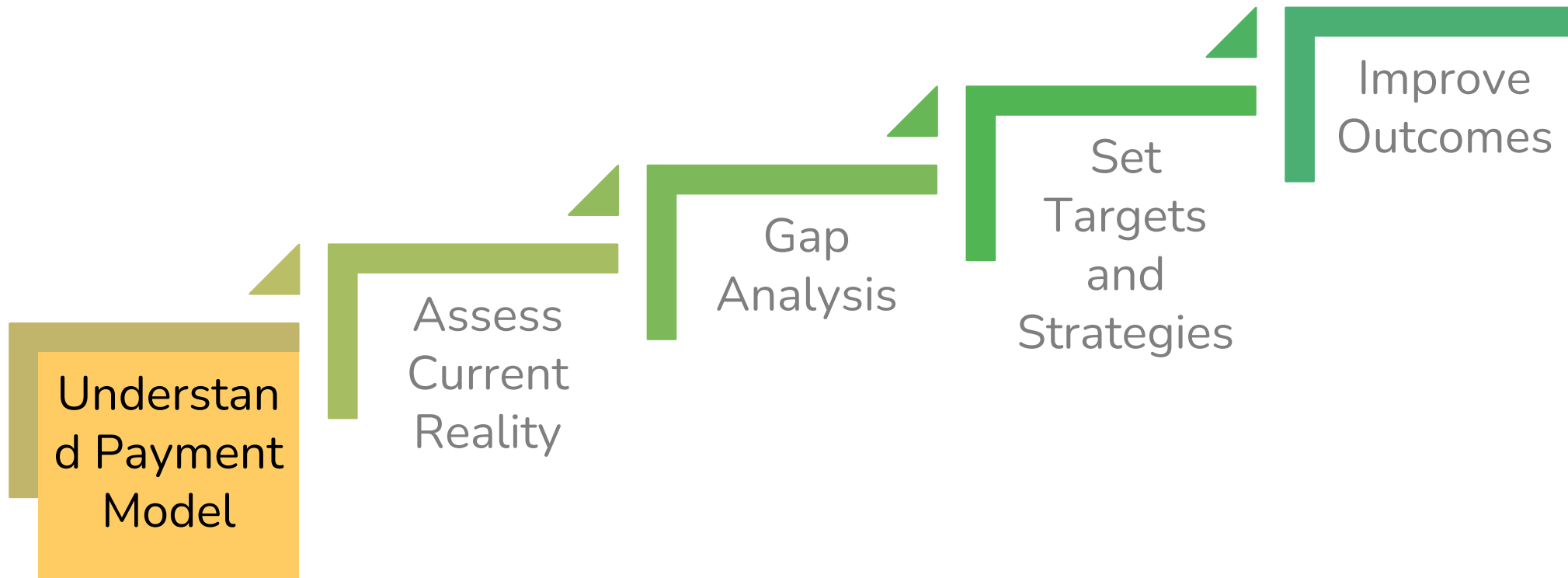
Patient Safety

Incident Reports

Consider Quality/Value-Based Care (VBC) Incentives



Analysis Process: Quality/VBC Incentives



Assess the Current Reality



What are the potential incentives worth?



How are we performing on the measures?

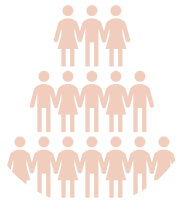


Root Cause Analysis

Gap Analysis



How many patients are required to meet measures threshold?



How much work is required?

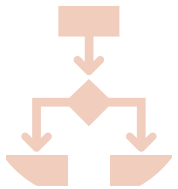


Assess strategies that address Infrastructure, Care Delivery, and People

Set Targets and Strategies



Set goals for each measure selected for intervention



Perform optimization or expert review to select measures

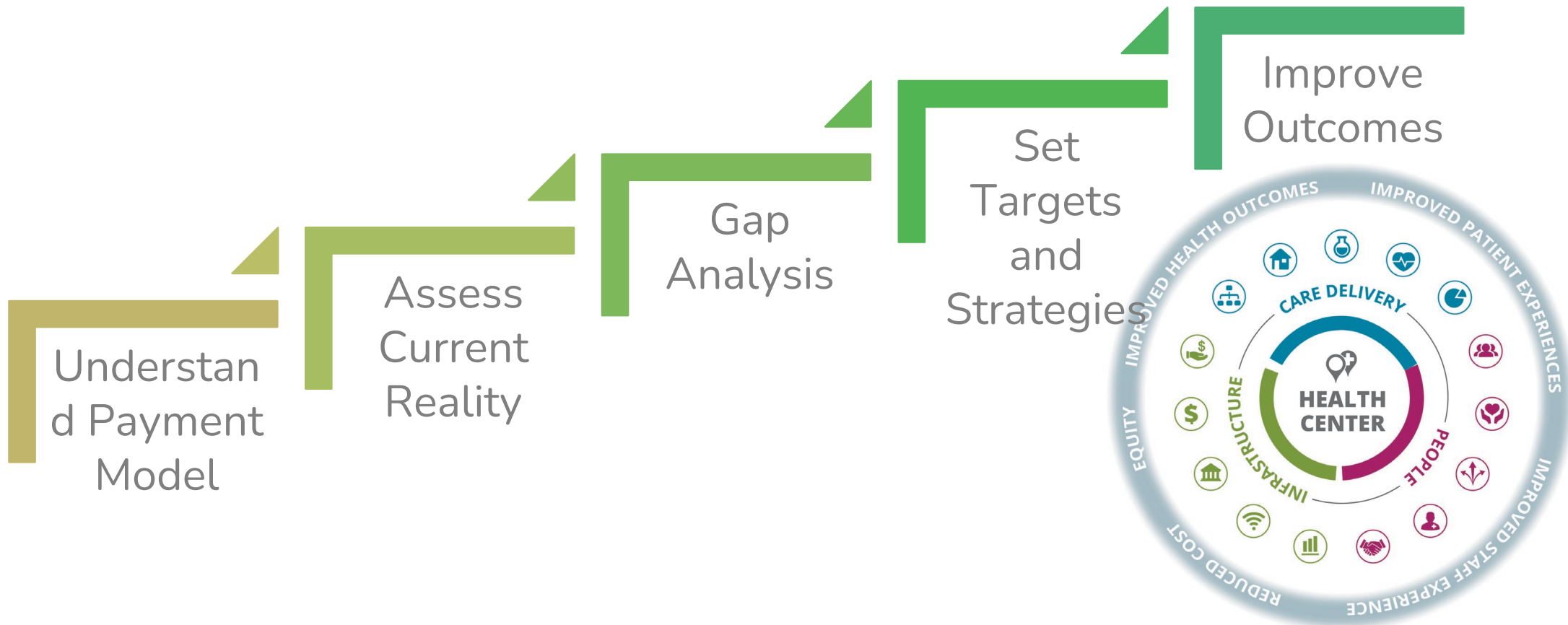


Identify themes and recognize areas of synergy

Analysis Process: Quality/VBC Incentives




Quality/VBC Incentive Analysis Process





Digging Deep on Strategies


INFRASTRUCTURE

 **IMPROVEMENT STRATEGY**
Effectively and routinely measure and communicate information about the quality, value, and outcomes of the health care experience and use this information to drive improved performance.


 **HEALTH INFORMATION TECHNOLOGY**
Leverage health information technology to track, improve, and manage health outcomes and costs.

 **POLICY**
Pursue decisions, plans, and actions that help secure support and resources for health centers and expand access for underserved populations.


 **PAYMENT**
Utilize value-based and sustainable payment methods and models to facilitate care transformation.


 **COST**
Effectively address the direct and indirect expense of delivering comprehensive primary care to health center patients while considering the total cost of care for attributed patients.


CARE DELIVERY

 **POPULATION HEALTH MANAGEMENT**
Use a systematic process for utilizing data on patient populations to target interventions for better health outcomes, with a better care experience, at a lower cost.


 **PATIENT-CENTERED MEDICAL HOME**
Employ a model of care that transforms the delivery of primary care into a comprehensive, patient-centered system focused on high quality, accessible, and coordinated care.


 **EVIDENCE-BASED CARE**
Make patient care decisions using a process that integrates clinical expertise and best-practice research with patient values and self-care motivators.


 **CARE COORDINATION AND CARE MANAGEMENT**
Facilitate the delivery and coordination of care and manage high-risk and other subgroups of patients with more targeted services, when and how they need it.


 **SOCIAL DRIVERS OF HEALTH**
Address the social and environmental circumstances that influence patients' health and the care they receive.


PEOPLE

 **PATIENTS**
Intentionally and actively incorporate the patient perspective into governance, care system design, and individual care.

 **CARE TEAMS**
Utilize groups of staff with different skills to work together to deliver and improve care, offering a wider range of services more efficiently than a provider alone.

 **GOVERNANCE AND LEADERSHIP**
Apply position, authority, and knowledge of leaders and governing bodies (boards) to support and advance the center's people, care delivery processes, and infrastructure to reach transformational goals.

 **WORKFORCE**
Leverage a trained and fully engaged staff to successfully address the health center's mission and goals, with optimal joy in work.

 **PARTNERSHIPS**
Collaborate and partner with external stakeholders to pursue the Quadruple Aim.

Reflection Questions

- What is your reality?
- Does your health center QI strategy:
 - Support VBC transformation?
 - Leverage data to drive improvement?
 - Connect improvement efforts with outcomes?
- Where is training or technical assistance support needed?