

Improving Screening Rates Through a Quality Improvement Approach: Part 1 Tuesday, May 13, 2025 2:00 - 3:00pm Eastern / 11:00 - 12:00pm Pacific

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$550,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

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Locations & Service Sites





THREE FOUNDATIONAL PILLARS



Profile

- Founded: May 1, 1972
- Staff: **1,400**
- Active Patients: 150,000
- Patients CY: **107,225**
- SBHCs across CT: 152

Year	2021	2022	2023
Patients Seen	99,598	102,275	107,225



National Training and Technical Assistance Partners (NTTAP) Clinical Workforce Development

Provides <u>free</u> training and technical assistance to health centers across the nation through national webinars, activity sessions, learning collaboratives, trainings, publications, and more!

To learn more, please visit <u>https://www.weitzmaninstitute.org/nca</u>.

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Speaker



Deborah Ward, RN, Quality Improvement Consultant Community Health Center, Inc.



Objectives

- Understand quality improvement (QI) principles
- Discuss the importance of actionable data
- Enhance meeting facilitation skills for effective QI-focused meetings
- Explore a global aim statement using UDS data and practical tools to support screening improvements



Quality Improvement Workbook

NTTAP on Clinical Workforce Development Quality Improvement Workbook 2024-2025



NTTAP on Clinical Workforce Development Quality Improvement Workbook 2024-2025

Welcome

Welcome to the **Improving Screening Rates through a Quality Improvement Approach Activity** Session offered by Community Health Center, Inc.'s (CHCI) National Training and Technical Assistance Partners (NTTAP) on Clinical Workforce Development funded by the Health Resources and Services Administration (HRSA).

This workbook is designed to guide you step-by-step to use quality improvement (QJ) methods to help you learn about how your practice works to make process improvements and integrate best practices. This workbook includes explanations, examples, and templates.

We hope that you will find this to be a valuable resource!

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Step 8: SDSA – Test the "New Process" with Another Teamlet
Step 9: Spread/Standardize the "New Process", Measure, and Monitor
Appendix A: Data Displays
Appendix B: Data Collection Plan
Appendix C: Detailing the Whole Process – Breast Cancer Screening

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What is Quality Improvement?

"Quality improvement (QI) consists of <u>systematic and continuous actions</u> that lead to <u>measurable</u> improvement in health care services and the health status of targeted patient groups."¹ - HRSA

To do this, teams need <u>actionable data</u>.

"Every system is perfectly designed to get the results it gets."² –Paul Batalden, MD

- 1. US Department of Health and Human Services, Health Resources and Services Administration. Quality improvement. 2011. https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf. Accessed March 21, 2022.
- 2. Nelson, E. C., Batalden, P. B., & Godfrey, M. M. (Eds.). (2011). *Quality by design: a clinical microsystems approach*. John Wiley & Sons.



Common Models that Require Special Training



Six Sigma/DMAIC

Lean Focus on Waste Elimination supports Six Sigma Quality (waste elimination eliminates an opportunity to make a defect)

<u>Lean</u>

Goal: Improve process performance through waste elimination & cycle time reduction

Focus: <u>Bias for action</u> Method: Implement Lean tools such as Kaizen events, Value Stream Mapping, 5S, TPM etc. Deployment: <u>Implicit</u> infrastructure

Speed, Flow, Cost

Six Sigma

Goal: Improve process performance in relation to what is critical to the customer

Focus: <u>Bias for analysis</u> Method: Uses the DMAIC method and quality tools

Deployment: Explicit Infrastructure

Pustomer Satisfaction

Six Sigma Quality supports Lean Speed (less rework means faster cycle times)

Lean/Six Sigma

1. https://www.qualitymag.com/articles/94429-back-to-basics-six-sigma

2. https://www.greycampus.com/blog/quality-management/a-brief-introduction-to-lean-and-six-sigma-and-lean-six-sigma



CHC's Stages of Improvement

These stages overlap with and are an adaptation of several models, e.g., the IHI model (PDSA) and DMAIC (Define/Measure/Analyze/Improve).



Source: Thies, K., Schiessl, A., Khalid, N., Hess, A. M., Harding, K., & Ward, D. (2020). Evaluation of a learning collaborative to advance team-based care in Federally Qualified Health Centers. *BMJ Open Quality*, *9*(3), e000794.



Systems Approach in Health Care



Based on Nelson, E. C., Batalden, P. B., & Godfrey, M. M. (Eds.) (2011). Quality by design: a clinical microsystems approach. John Wiley & Sons.



Clinical Microsystems approach to QI

- A clinical microsystem in health care is "a small group of people who work together <u>on a regular basis</u> to provide care to discrete subpopulations of patients. It has clinical and business aims, linked processes, and a shared information environment, and it produces performance outcomes."
- Built on the premise that the people who do the work know how the work can be improved.
- QI is not a department.

Source: Nelson, E. C., Batalden, P. B., & Godfrey, M. M. (Eds.) (2011). Quality by design: a clinical microsystems approach. John Wiley & Sons.



Team and Roles Defined

1. TEAM AND ROLES DEFINED

Team Leader Assigned, Identify Core and Extended Team Members, Define Roles, Schedule Team Meetings, Communication Plan **TOOLS/SKILLS/PROCESS:**

Effective Meeting Tools Forming/Storming/Norming/ Performing

2. ASSESSMENT AND **BASELINE DATA**

What is our current state? Describe population of interest, Identify data sources, Drill down to specific areas of focus. Related to other projects?

TOOLS/SKILLS/PROCESS:

Tick & Tally & other data collection Process Mapping Role Assessment **Team Practice Assessment**

3. GLOBAL AIM

What is our overall goal for advancing TBC Model? Theme, Name process, location, Start/End of Process, Benefits/Imperatives

TOOLS/SKILLS/PROCESS:

Build Consensus Fishbone Diagram (cause & effect diagram)

4. PROBLEM STATEMENT/THEME

Problem Statement, Importance, Goals/ **Objectives**, Deliverables, KPIs **TOOLS/SKILLS/PROCESS:**

QI Charters as agenda items Brainstorming/ Brain writing Multi-Voting Impact/ Effort Grid **Fishbone Diagram** Five Whys **Process Map**

Build consensus

5. SPECIFIC AIMs and MEASURES

What do we want to accomplish in days and weeks ? What will change, by how much & when , How will we know that we accomplished it? **TOOLS/SKILLS/PROCESS:**

Specific Aim Tool Build Consensus Fishbone Diagram (cause & effect) Tick & Tally & other data collection

Global Aim

2

Assessment

And

Roles Defined Baseline Data

Team &

6. SOLUTION STORMING for **IDEA**

What could we try? Realistic ideas, Manager | Leader invo **TOOLS/SKILLS/PROCESS:**

Idea Tree Parking Lot Force Field Analysis Impact Effort Multi-Voting

7. PDSA

Aim, test, who, when, where. PLAN Tasks: How will we do it? What. Who. When, Where. Predictions, Measures DO: Lets try it out. Results **STUDY:** How is it working out? **ACT:** Lets try it again with modifications?

6

Change Idea

Solution-

Storming

PDSA

TOOLS/SKILLS/PROCESS:

PDSA Template Keep test SMALL Only one PDSA at a time

Measures

5

8. SDSA

Standardize the test that was successful. Will it work the same in every day routine? Document. **TOOLS/SKILLS/PROCESS:**

Involve all team members **Communication Plan** Playbook – Influence Spread

9. SPREAD, MEASURE & MONITOR

Implement spread strategy and track how it is working.

TOOLS/SKILLS/PROCESS:

Communication Skills Spread Strategy Big Picture View Connecting the dots QI Process

Spread

Measure

and

Monitor

8

SDSA

9

MOSES/WEITZMAN Health System

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On-Going Data Collection & Review

Specific

Aims

And

Measures

4

Problem

Statement



Understanding the Teamlet Model

- A teamlet consists of a provider and a medical assistant who collaborate regularly to care for a panel of patients.
- Establishing a teamlet can enhance continuity of care and efficiency.
- In the absence of a medical assistant, other patient-facing staff, such as nurses, can fulfill this role.
- The teamlet is a fundamental component of a coordinated care approach.



- A core team consists of healthcare professionals who regularly collaborate to manage patient care.
- This team typically includes:
 - Providers
 - Front desk staff/schedulers
 - Nurses
 - Managers
 - Other relevant personnel
- Regular team meetings and learning sessions contribute to improving patient outcomes and care coordination.



The Role of the Extended Team

- The extended team provides additional support across multiple care teams.
- Extended team members may include:
 - Behavioral health providers
 - Social workers
 - Business intelligence/IT staff
 - Quality improvement (QI) professionals
 - Administrators and Human Resources
 - Health center leadership (CEO, CMO, etc.)
- Their participation in team meetings and educational sessions strengthens collaboration and resource allocation.



The Role of a Team Leader

- A team leader plays a key role in guiding and supporting healthcare teams.
- Responsibilities include:
 - Facilitating team coordination and goal-setting.
 - Ensuring alignment with best practices and care models.
 - Tracking progress and facilitating professional development.
 - Providing leadership support and strategic oversight.
- Team leader contribute to improved team performance and patient outcomes by fostering a culture of continuous improvement.



Stakeholder Analysis: Understanding Stakeholder Needs

- Different stakeholders require varying levels of information and detail about initiatives.
- Effective communication ensures alignment and support for innovation efforts.
- Managing relationships across different stakeholder groups is crucial for success.



Stakeholder Analysis: Navigating Stakeholder Relationships

- Stakeholders exist at different levels, including:
 - Peers (lateral relationships)
 - Supervisors and leadership (vertical relationships)
 - Staff and teams you oversee
 - Other departments and external partners
- Building strong relationships fosters collaboration and innovation.



Stakeholder Analysis: Stakeholder Influence & Engagement

- Stakeholders vary in power and interest regarding innovation initiatives.
- High-power, high-interest stakeholders require close engagement and strategic communication.
- Understanding stakeholder influence helps in prioritizing outreach and collaboration efforts.
- Figure 2 provides an analysis of stakeholders based on their potential to support innovation.



Figure 2. Stakeholder analysis: Who do you need to communicate with and Why?



Stakeholder Analysis: Effective Stakeholder Communication

- A communication plan ensures clear, consistent, and strategic engagement with stakeholders.
- Managing up involves aligning leadership expectations with project goals and team progress.
- Key components of a communication plan:
 - Who: Identify stakeholders and their role in the initiative.
 - Why: Clarify the purpose of communication with each stakeholder.
 - What: Define the key messages to share.
 - Who Communicates: Assign team members responsible for outreach.
 - When & How Often: Establish a communication timeline.
 - How: Determine the best communication channels (e.g., meetings, reports, emails).
- Example: A project lead updates the CEO on progress, ensuring alignment without discussing internal team conflicts.



Stakeholder Analysis: Effective Stakeholder Communication

COMMUNICATION PLAN – IMPORTANT PROJECT DATE: November 2023 PROJECT LEAD: Mrs. Peacock					
Who: Stakeholder	Why communicate with this person?	What: Message(s) for this person	Who: Who in your project group will communicate with this person?	When and how often?	How: What venues or media will be used?
Mr. Green, CEO	Has invested in time for us to meet. Will need his/ her support to implement the innovation.	Assure him/her that we are using time well. Update on progress of group, lessons learned from other groups, ideas for implementation and application. Keep good energy. Don't: tattle or report on internal group dynamics, keep that amongst the group.	Colonel Mustard, Director of Big Department and Project Lead	Monthly meeting of directors. One-on-one meetings as appropriate to request resources as needed or ask advice.	Oral report monthly but written report added to meeting minutes.



Stakeholder Analysis: Implementing a Communication Plan

- Schedule regular check-ins to maintain stakeholder engagement.
- Adapt communication strategies based on stakeholder feedback and project needs.
- Use multiple communication formats to ensure clarity and accessibility.
- Encourage transparency and trust by keeping stakeholders informed on progress and challenges.



Effective Meeting Skills for Effective Meetings





Discussion Question

What works well in your meetings?

Insert answer in the chat or unmute yourself



Best Practices

- Holding regularly scheduled team meetings to maintain communication and progress
- Creating and following a standardized meeting agenda template to keep discussion on track and ensure all relevant topics are covered
 - The agenda should include items like objectives, updates, issues to resolve action items, etc.
- Starting meetings by discussing best practices and strategies for effective teamwork



Meeting Roles









Questions to ask yourself

BEFORE every meeting:

- 1. What do I need from this meeting?
 - a) Is there anything that needs to be accomplished before the end of the meeting?
- 2. What do I already know about this topic?
- 3. What do I expect I/we can do/have after the meeting that I cannot do/have now?
- 4. What do I need from other members from this team?
- 5. What can I personally contribute to this team/project?

<u>AFTER</u> every meeting:

- 1. My expectations were met by...
- 2. These are the things I can improve for the next meeting...
- 3. I was surprised to discover...
- 4. I commit to improving these skills...
- 5. My personal action items to improve future meetings...





AGENDA

_

Time	ltem	Aim/Action
	Clarify objectives	Leader reviews objectives
	Confirm meeting roles	Use meeting role cards to assist each member on expectation of that role
	Review agenda	Leader quickly reviews agenda items. Time keeper t time for each item. Recorder tracks action items.
	Work through each agenda item	Track action steps for each item to be completed (u action planning template)
	Review meeting record and action plan	Recorder reviews with team
	Plan next agenda	Leader and/or facilitator helps group create agenda based on action plan and next steps
	Team assigns meeting roles for next meeting	Team members decide on which roles they will take next meeting



Other Helpful Tools





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SDSA

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On-Going Data Collection & Review

Specific

Aims

And

Measures

4

Problem

Statement

Model? Theme, Name process, location, Start/End of Process, Benefits/Imperatives

TOOLS/SKILLS/PROCESS:

Build Consensus Fishbone Diagram (cause & effect diagram)





Importance of Data in Team-Based Care

- Data is essential for measuring improvement and driving teambased care.
 - Baseline data helps measure improvement.
 - Many teams struggle with using data effectively.
 - Data is often pulled from EHRs by IT/business intelligence teams.
- Challenges:
 - Teams may not have access to reports.
 - Lack of context on quality indicators.
- Collaborate with administration & IT to access necessary data.



Table 2. What's our breast cancer screening rate?

Definition of UDS measure	Percentage of women 50–74 years of age who had a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period
Population (denominator)	Number of women 50–74 years of age who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period (N=100)
Subsets	A: number of women whose mammogram is documented in EMR (n=42) B: number of women whose mammogram is NOT documented in EMR (n=58)
Measurement period	First quarter of 2025: January/February/March
Source of data/evidence	As documented in the EMR
Numerator	Subset A: Number of women 50 –74 years of age who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period whose mammogram is documented in EMR* (n=42)
Denominator	Population: Number of women 50 –74 years of age who were eligible for a mammogram to screen for breast cancer in the 27 months prior to the end of the measurement period (N=100)
Rate	Numerator/Denominator=42/100=42%


Developing & Using a Global Aim Statement





The Stages of Improvement





The <u>Global Aim</u> is a documented statement of what you propose to improve in your focus area.



Global Aim Statement

- Based on what you found in your data: What's the problem or general theme?
- States clearly where you want to start your work
- Identifies where you want to focus the work
- Identifies why it is important to work on the identified process
- Creates an opportunity to build consensus for the team





Writing a Structured Global Aim

>The aim is to improve the quality and value of...(*name the process*).

The process starts with...(name start point) and the process ends when...(name end point).

> By working on this we expect to: (Name better, hoped for results).

> It is important to work on this now because....(*list reasons*)



Example of a Global Aim Statement

- > Theme for improvement: UDS measure for breast cancer screening.
- > We aim to improve: the process for breast cancer screening
- \geq In: Dr. Smith's panel at the Main St. Clinic.
- \geq The process begins with: identifying patients who are eligible for screening.
- > The process ends with: documenting in the patient's health record that screening has occurred.
- > By working on the process, we expect: to improve the UDS measure for breast cancer screening rate
- It's important to work on this now because: our current rate for breast cancer screening is in the 3rd quartile so we can't take advantage of value-based reimbursements. Our rate has declined, but we have a lot of new staff and so have an opportunity to get a standardized workflow in place. We need to be better about making sure that our patients are being screened as the incidence of breast cancer in our population is higher than average. We're pretty good about ordering the mammograms, but we don't do mammograms at our clinic so we need to get better at having them documented in our records.



Global Aim Template

Theme for improvement:	
	(Based on your practice assessment)
We aim to improve:	
	(Name the process)
In:	
	(Clinical location in which process is embedded)
The process begins with:	
	(Name where the process begins)
The process ends with:	
	(Name the ending point of the process)
By working on the process, we expect:	

It's important to work on this now because: ____



Statement is broad, but clear

- >What: breast cancer screening
- ≻Who: eligible women ages 50-74
- ≻Where: at the Main St. Clinic.
- >Start: with identifying patients who are eligible for screening.
- End: with documenting in the patient's health record that screening has occurred.
- >Why: better patient care, improved performance



Helpful Tips

- ✓ Global aims DO NOT include any data.
- Global aims DO NOT include a strategy, e.g., "we will improve breast cancer screening rate by doing [this or that]." Save strategies for the PDSA.
- Avoid global aims that are too broad and/or are not based on an assessment of your practice and/or are not measurable, e.g., "communication" or "improve efficiency."
- ✓ Make sure to identify the location and panel of patients.
- A clinical process begins and ends when someone does something. Who does what to get it started? Who does what to complete it?
- Don't confuse the clinical process with the improvement process, e.g., the clinical process ends with documentation in the patient record whereas the improvement process ends with an increase in screening rates.



Questions?



Wrap-Up



Comprehensive and Team-Based Care Learning Collaborative

- This eight session series will support health centers in beginning or restarting their move to high performance team-based comprehensive primary care.
- The learning collaborative provides health center participants with quality improvement concepts, skills, support, and guidance to systematically improve one UDS measure, develop highly trained clinical primary care teams, and identify areas for process improvement and role optimization.
- When: Begins Fall 2025
- Reach out to <u>Meaghan Angers (angersm@mwhs1.com)</u> for more information!

Team-Based Care



Fundamentals of Comprehensive Care
Advancing Team-Based Care



Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library



CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.



The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.



https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse





https://www.healthcenterinfo.org/



Contact Information

For information on future webinars, activity sessions, and learning collaboratives: please reach out to <u>nca@chc1.com</u> or visit <u>https://www.chc1.com/nca</u>