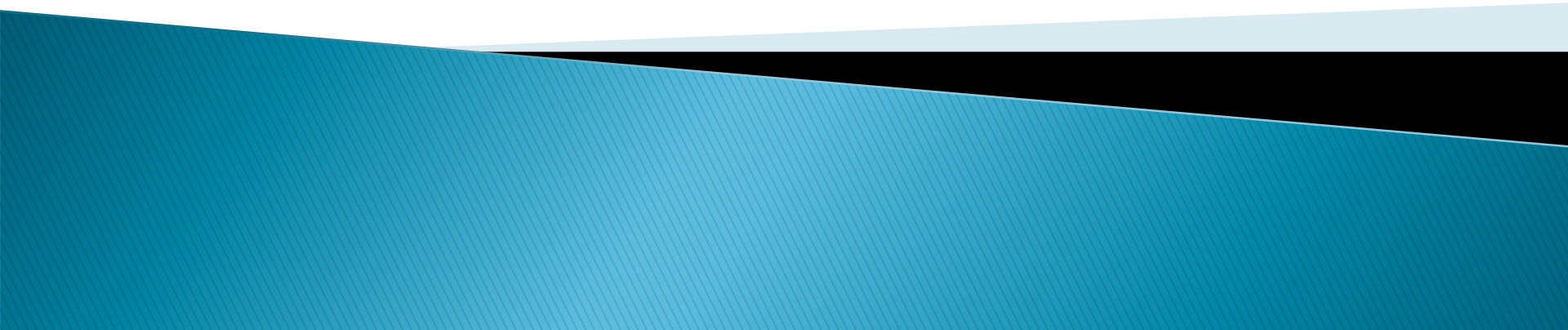


IMPROVING MEDICAL PRACTICE

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Robert Wood Johnson Medical School



Improving Medical Practice

- ▶ Overview of RWJMS work in practice improvement
- ▶ Preliminary Lessons learned from NDP
- ▶ RWJ Partners
- ▶ Insights from three panelists on the challenges of improving practices
 - Drs. Richard Baron , Chris Koller, Jeff Brenner
- ▶ Questions from the Audience

RWJMS DFMCH Research

- ▶ Research that supports & enhances quality of primary health care
- ▶ 15 year history of collaborative trans-disciplinary teamwork promoting health of families & communities
- ▶ \$30M in external funding during past 10 years around PCMH

PCMH Projects

Access to Care & Information

- ▶ Tallia (HHS: Meeting Community Health Care Needs)
- ▶ Crabtree (AAFP: The TransforMED National Demonstration Project)
- ▶ Crabtree (NCI: Integrating Practice and Community Cancer Control)

Practice Management

- ▶ Crabtree (NHLBI: Using Learning Teams for Reflective Adaptation)
- ▶ Cohen (RWJF: Enhancing the Theory and Practice of Continuous Quality Improvement)

PCMH Projects

Health Information Technology

- ▶ Crosson (AHRQ: Building an Implementation Toolset for E-Prescribing)
- ▶ Cohen (NHLBI: Cardiovascular Disease Care and EMR Use in Community-based Primary Care Practice)

Quality & Safety

- ▶ Crabtree (AAFP: The TransforMED National Demonstration Project)
- ▶ Cohen (RWJF: Enhancing the Theory and Practice of Continuous Quality Improvement)
- ▶ Crabtree (NCI: Enhancing Colorectal CA Screening Through Learning Teams)
- ▶ Crabtree (NCI: Integrating Practice and Community Cancer Control)

PCMH Projects

Practice–Based Care Teams

- ▶ Crabtree (AAFP: The TransforMED National Demonstration Project)
- ▶ Crabtree (NHLBI: Using Learning Teams for Reflective Adaptation)
- ▶ Shaw (NIDDK: Using learning teams for reflective adaptation for diabetes)
- ▶ DiCicco–Bloom (NINR: Patterns of nurse–physician relationships)

Continuity of Care Services

- ▶ Cohen (RWJF: Prescription for Health Evaluation)
- ▶ Ferrante (Komen: Sister to Sister Navigator Program)
- ▶ Ferrante (UMDNJ: Developing the Medical Home in Primary Care: Implementation of a Practice–based Patient Navigator)
- ▶ Hudson (NCI: Life After Cancer: Examining Survivor Transitions from Specialist to Primary Care)

PCMH Projects

Care Management

- ▶ Scott (RWJF: Balancing Priorities: Healing in the context of evidence-based medicine)
- ▶ Cohen (NCI: Using illness visits to address health behavior advice)
- ▶ Orzano/Tallia (AHRQ: Capacity in Organizational Research)
- ▶ Crosson (CDC/NIDDK: Translating Research into Action for Diabetes II)

Practice Services

- ▶ Crabtree (NCI: Enhancing Colorectal CA Screening Through Learning Teams)
- ▶ Ferrante (DOD: Factors Affecting Men's Decisions Regarding Prostate Cancer Screening and Treatment)
- ▶ Ferrante (NCI: Breast and Cervical Cancer Screening in Obese Women)
- ▶ Crosson (NIDDK: Organizational self-assessment to improve diabetes care in primary care practices)

PCMH Projects

Access to Care & Information

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National Demonstration Project Evaluation

TransforMED

AAFP

RWJMS Role in NDP

- ▶ Initial training and ongoing support of facilitators & practice change consultants
- ▶ Independent Evaluation
 - Data tool development
 - Chart audits
 - Patient questionnaires
 - Clinical staff questionnaires
 - Observation templates
 - Evaluation data collection coordination
 - Independent analysis

Domains of Evaluation

- ▶ Discovering what model looks like in real world
- ▶ Effect of model on patients
- ▶ Effect of model on practice
- ▶ Understanding process of practice change
- ▶ Understanding change & transformation

Design

- ▶ Volunteer practices selected from over 300 applicants by technical advisory committee
- ▶ Randomly assigned to two change approaches:
 - Facilitated
 - Self-directed
- ▶ 2 year follow-up
- ▶ Mixed method assessment
 - RCT with pre/post & inter-group comparisons
 - Comparative case study

NDP Practices

Practice Description	Number of Sites	
	<i>Facilitated</i>	<i>Self-directed</i>
Solo and Solo +1	3	3
Small (3 or less clinicians)	4	4
New	2	2
Medium (4-6 clinicians)	5	5
Large (7 or more clinicians)	4	4
Total	18	18

Facilitated Practices

- ▶ Each practice assigned one of 3 facilitators with each facilitator having a panel of 6 practices
- ▶ Intervention included site visits, learning sessions, opportunities for sharing via conference calls & webinar, & connecting to consultants
- ▶ Overtly focused on model “bubbles”

Self-Directed Practices

- Minimal intervention to allow comparison
- Access to TransforMED web page
- Not facilitated
- Site visit by evaluation team

Data Sources

- ▶ Key informant & informal interviews
- ▶ Contact logs
- ▶ Email strings
- ▶ Ethnographic observation
- ▶ Clinician/staff surveys
- ▶ Online discussions
- ▶ Medical record review
- ▶ Patient surveys

NDP Lessons

1. Most successful practices have **shared leadership systems** rather than individual physician leader
2. Despite high motivation, some practices had serious dysfunctional problems with **relationship infrastructure** that required significant facilitation time & energy

NDP Lessons

3. Practice's **capacity for change at baseline** is huge determinant for progress, & facilitator's ability to increase that capability equally important
4. **Technology is not "plug and play"**

NDP Lessons

5. Due in part to challenges of technology, even most successful practices experience **change fatigue** & need enhancements to their “adaptive reserve.”

NDP Lessons

6. Depending on initial capacity, practices may need one or more:
 - a. **Targeted consultation** – e.g. Advanced Access, EMR, finances, specific operations, etc.
 - b. **Coaching** – e.g. leadership, finances, etc.
 - c. **Facilitation** – e.g. relationships, reflection, leadership, etc (different intensity of joining practice &/or system, ranging from just being there to active facilitation).

NDP Lessons

- ▶ Practice Change isn't easy, but is possible
- ▶ In the absence of payment reform, it will be challenging
- ▶ Requires help and takes time

Nutting PA, Miller WL, Crabtree BF, Jaen CR, Stewart EE, Stange KC Initial Lessons From the First National Demonstration Project on Practice Transformation to a Patient-Centered Medical Home. *Ann. Fam. Med*, May 2009; 7: 254 – 260.

Robert Wood Johnson Partners[®]

**The integrated delivery system bringing
New Jersey
high quality, comprehensive
Health Care**

RWJ Partners[®]

Vision

- ▶ Build the finest 21st century integrated healthcare delivery system
- ▶ Advanced, personalized in-home & outpatient primary care built on PCMH model, to high-tech, leading-edge inpatient quaternary care
- ▶ Quality-focused, providing continuous, comprehensive, efficient, accessible, available, & affordable care for families in communities across our state

RWJ Partners[®]

- ▶ A collaborative model with key stakeholders
 - Patients
 - Primary care practices
 - Subspecialists
 - Hospitals
 - Insurance
 - Employers
 - Government
 - Other parts of the system