Improving Asthma Care and Collaborating with Schools

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Could Use Some Work 🔧
Keep It Up ✔
Excellent Job! 🏆

PHIT

Name of Measures	Numerator	Denominator	Goal	Rate:
Development and Maintenance of an Asthma Registry (**Fig. 1**)	# of asthma patients listed in the practice registry	# of patients with asthma (identified from billing records)	80%	🔧
Effective use of an asthma registry/influenza vaccine reminders (**Fig. 2**)	# of patients in the asthma registry who received reminder related to influenza vaccination or who received a reminder to schedule a visit	# of patients in the registry who had no received influenza vaccine within 6 weeks of availability/ have not been seen in last 6 months	80%	✔
Documentation of Severity and Control (two measures, **Fig. 3** reflects severity)	# of patients with asthma see in the last month whose asthma severity/control was documented	# of patients with asthma seen in the last month	80%	✔
Use of appropriate medications for children with asthma (**Fig. 4**)	# of patients with asthma seen in the last month with documentation of appropriate medication adjustment(s) based on level of control	# of patients with asthma see in the last month	80%	🏆
Communication of Asthma Action Plan (AAP) with school (**Fig. 5**)	# of patients with persistent asthma for whom there is documentation that a Asthma Action Plan sent to their school	# of patients with persistent asthma	80%	🔧

PROCESS MEASURE RESULTS:
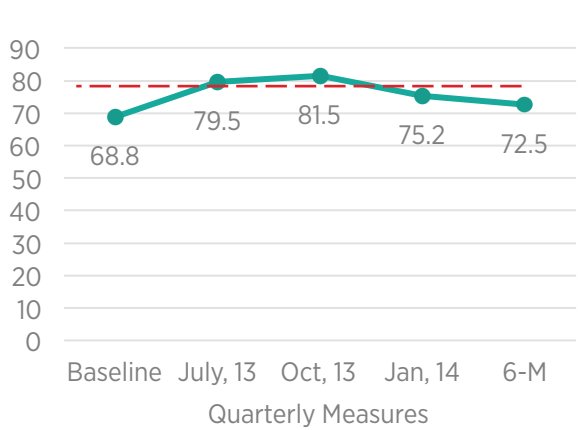

Fig. 1 | % of pts. with asthma in the registry
(Baseline 68.8, July,13 79.5, Oct,13 81.5, Jan,14 75.2, 6-M 72.5)

Fig. 2 | % of flu vaccine reminder
(Baseline 14.3, July,13 23.7, Oct,13 100, Jan,14 84.7, 6-M 73.6)
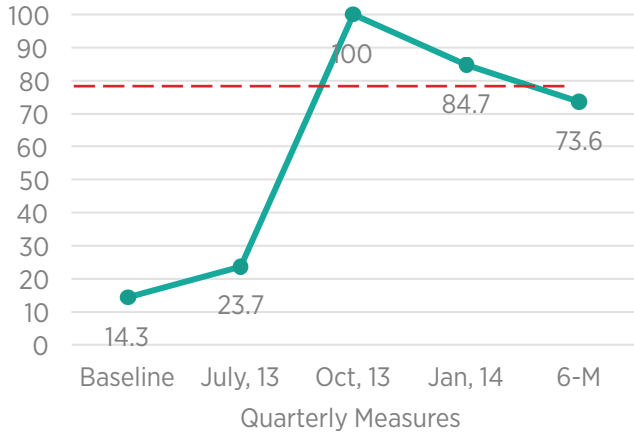
Fig. 3 | % of pts. with documentation of severity
(Baseline 46.2, June 41.2, July 55.7, August 72.5, September 57.5, October 75.5, November 83, December 79.6, January 89.9, February 87, March 76.3, 6-M 79.4)
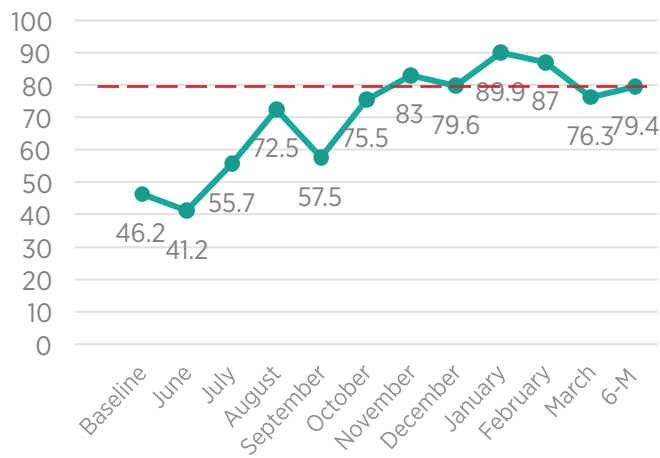
Fig. 4 | % of appropriate use of medication
(Baseline 63.3, June 67.3, July 67.7, August 81.2, September 77.6, October 87, November 90.5, December 84.8, January 93.8, February 85.4, March 78.1, 6-M 83.9)

Fig. 5 | % of pts. with up-to-date AAP
(Baseline 18.2, June 29, July 27.8, August 40.6, September 38.2, October 57, November 57.5, December 47.6, January 0.3?, February 68.5, March 65.5, 6-M 73.8)

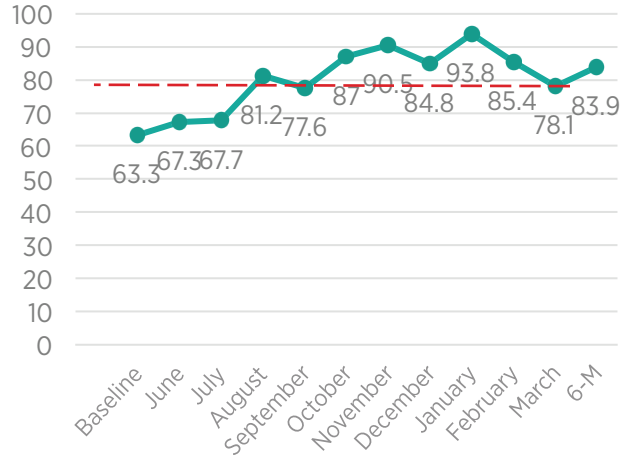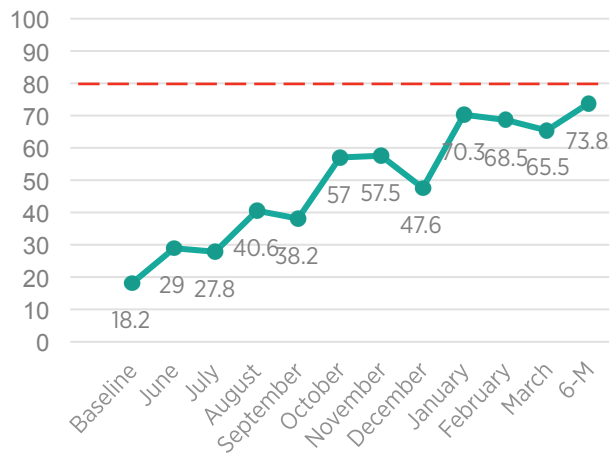## Background:

Asthma affects more than 23 million people in the US, more than a quarter of whom are under 18. In Utah, nearly 7% of children (~59,000) have asthma. The National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung and Blood Institute (NHLBI) published comprehensive guidelines for diagnosing and managing asthma but they are not routinely followed. Communication among schools, families, and the medical home is limited. Collaboration between school nurses and primary care could improve outcomes, but policies for asthma care differ by school district, use of Asthma Action Plans varies, and collaboration is rare.

Project Goals:

- Improve primary care management of school-aged children and adolescents with asthma (ages 5-13)
- Enhance collaboration between practices and local school(s) and school nurse(s) to improve and coordinate asthma management

Project Aims:

- 80% of the records of children (ages 5-13) with asthma will reflect compliance with at least two selected NAEPP guidelines
- All participating practices will have implemented and demonstrated effective use of an asthma registry for reminder for annual influenza immunization (80%) and to assure at least semi-annual visits for children with persistent asthma (80%)
- All participating practices will have a process to communicate about patients with asthma with at least one local elementary school and will have documentation of a school-specific Asthma Action Plan sent to the school

Lessons Learned:

- Many participating clinicians felt they had been insufficiently aware of the guidelines.
- Implementing/maintaining a registry within practices' EMRs proved challenging; most used a spreadsheet instead.
- Working with school nurses was difficult: they were not available for the 1st 3 months; Utah's school nurses have large workloads; each practice drew from several elementary schools, only one of which had a nurse working with the practice.
- Regular meetings to guide PDSA cycles & use of EMR templates and asthma registries were associated with the most success.

Sustainability:

Most practices plan to maintain their registries or print quarterly reports from billing records to help manage their asthmatic patients. UPIQ aimed to supply monthly Medicaid claims reports on each practices' patients' asthma-related prescription fills and ED visits but obtaining the data took 8 months; we continued to provide those reports for another 8 months and are assessing their value to the practices (as of 3/17/15)..
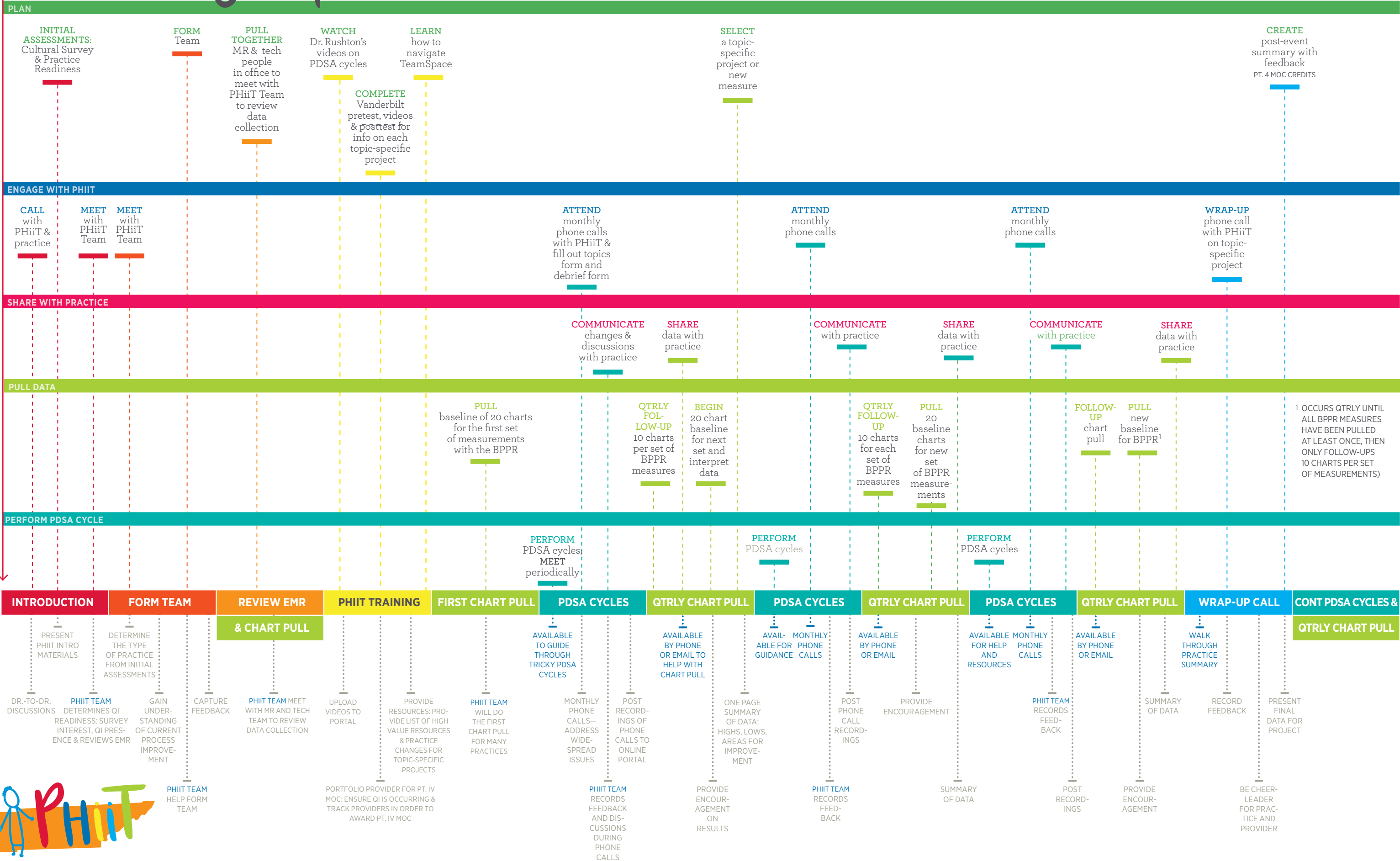
Journey Map

start here

Welcome to your journey with PHiiT! PHiiT is here to empower you and your practice to achieve your goals for process improvement. This map outlines key milestones for your practice and opportunities to intersect with PHiiT. PHiiT is available for ongoing support and resources.

Practices Journey

PLAN

INITIAL ASSESSMENTS: Cultural Survey & Practice Readiness

FORM Team

PULL TOGETHER MR & tech people in office to meet with PHiiT Team to review data collection

WATCH Dr. Rushton's videos on PDSA cycles

COMPLETE Vanderbilt pretest, videos & posttest for info on each topic-specific project

LEARN how to navigate TeamSpace

SELECT a topic-specific project or new measure

CREATE post-event summary with feedback PT. 4 MOC CREDITS

ENGAGE WITH PHIIT

CALL with PHiiT & practice

MEET with PHiiT Team

MEET with PHiiT Team

ATTEND monthly phone calls with PHiiT & fill out topics form and debrief form

ATTEND monthly phone calls

ATTEND monthly phone calls

WRAP-UP phone call with PHiiT on topic-specific project

SHARE WITH PRACTICE

COMMUNICATE changes & discussions with practice

SHARE data with practice

COMMUNICATE with practice

SHARE data with practice

COMMUNICATE with practice

SHARE data with practice

PULL DATA

PULL baseline of 20 charts for the first set of measurements with the BPPR

QTRLY FOLLOW-UP 10 charts per set of BPPR measures

BEGIN 20 chart baseline for next set and interpret data

QTRLY FOLLOW-UP 10 charts for each set of BPPR measures

PULL 20 baseline charts for new set of BPPR measurements

FOLLOW-UP chart pull

PULL new baseline for BPPR[1]

[1] OCCURS QTRLY UNTIL ALL BPPR MEASURES HAVE BEEN PULLED AT LEAST ONCE, THEN ONLY FOLLOW-UPS 10 CHARTS PER SET OF MEASUREMENTS)

PERFORM PDSA CYCLE

PERFORM PDSA cycles, **MEET** periodically

PERFORM PDSA cycles

PERFORM PDSA cycles

PHiiT's Role

| INTRODUCTION | FORM TEAM | REVIEW EMR & CHART PULL | PHIIT TRAINING | FIRST CHART PULL | PDSA CYCLES | QTRLY CHART PULL | PDSA CYCLES | QTRLY CHART PULL | PDSA CYCLES | QTRLY CHART PULL | WRAP-UP CALL | CONT PDSA CYCLES & QTRLY CHART PULL |

PRESENT PHIIT INTRO MATERIALS

DETERMINE THE TYPE OF PRACTICE FROM INITIAL ASSESSMENTS

AVAILABLE TO GUIDE THROUGH TRICKY PDSA CYCLES

AVAILABLE BY PHONE OR EMAIL TO HELP WITH CHART PULL

AVAILABLE FOR GUIDANCE

MONTHLY PHONE CALLS

AVAILABLE BY PHONE OR EMAIL

AVAILABLE FOR HELP AND RESOURCES

MONTHLY PHONE CALLS

AVAILABLE BY PHONE OR EMAIL

WALK THROUGH PRACTICE SUMMARY

DR.-TO-DR. DISCUSSIONS

PHIIT TEAM READINESS: SURVEY INTEREST, QI PRESENCE & REVIEWS EMR

GAIN UNDERSTANDING OF CURRENT PROCESS IMPROVEMENT

CAPTURE FEEDBACK

PHIIT TEAM MEET WITH MR AND TECH TEAM TO REVIEW DATA COLLECTION

UPLOAD VIDEOS TO PORTAL

PROVIDE RESOURCES: PROVIDE LIST OF HIGH VALUE RESOURCES & PRACTICE CHANGES FOR TOPIC-SPECIFIC PROJECTS

PHIIT TEAM WILL DO THE FIRST CHART PULL FOR MANY PRACTICES

MONTHLY PHONE CALLS—ADDRESS WIDESPREAD ISSUES

POST RECORDINGS OF PHONE CALLS TO ONLINE PORTAL

ONE PAGE SUMMARY OF DATA: HIGHS, LOWS, AREAS FOR IMPROVEMENT

POST PHONE CALL RECORDINGS

PROVIDE ENCOURAGEMENT

PHIIT TEAM RECORDS FEEDBACK

SUMMARY OF DATA

RECORD FEEDBACK

PRESENT FINAL DATA FOR PROJECT

PHIIT TEAM HELP FORM TEAM

PORTFOLIO PROVIDER FOR PT. IV MOC: ENSURE QI IS OCCURRING & TRACK PROVIDERS IN ORDER TO AWARD PT. IV MOC

PHIIT TEAM RECORDS FEEDBACK AND DISCUSSIONS DURING PHONE CALLS

PROVIDE ENCOURAGEMENT ON RESULTS

PHIIT TEAM RECORDS FEEDBACK

SUMMARY OF DATA

POST RECORDINGS

PROVIDE ENCOURAGEMENT

BE CHEERLEADER FOR PRACTICE AND PROVIDER

PHiiT

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PDSA Cycle Deck

Thinking Iteratively

Think about where your practice is currently—what's working and what isn't. Consider what the ideal future state might be like. Getting there will not happen over night. It takes collaborative effort and a significant amount of trial and error. Consider the following tips in approaching process improvement.

"ALWAYS HAVE" DOESN'T MEAN "ALWAYS SHOULD"

Strive to see your practice with a fresh set of eyes. What experience are you creating for patients and employees? Look for opportunities in the every day interactions to identify small ways to make a positive impact. Embody the perspective of others to challenge your vantage point. Rethink the way things have always been and realize it takes time and active effort to change.

PROBLEM SEEK BEFORE PROBLEM SOLVE

Problems are complex—consider all sides of the situation and realize that issues are fragments of an underlying problem. To solve for the underlying problem or main aim, divide the goal into small, manageable issues that you can tackle one at a time. A bite-sized approach enables predictable timeframes and valuable learnings. Avoid jumping to conclusions or working off assumptions.

EVOLVE WITH THE PROCESS

The fact that you have elected to engage in process improvement deserves kudos. Your first time around is rarely the charm and embodying an iterative mindset is essential. Be open to the ideas of others in your practice. Success with process improvement takes a time, patience and empathy.

Thinking Iteratively

VALUE IN ITERATION

Think quantity not quality during these initial brainstorming sessions. Generating more ideas and "building" out prototypes can shed light on how your practice functions and opportunities for change. Value can be gleaned from every idea—embrace a variety of ideas and think "mild to wild" in your ideation.

IMPERFECTIONS ARE OPPORTUNITIES

Don't be afraid to fail—this is where we improve. Not achieving perfect numbers on the BPPR or a topic-specific project presents the challenge for exploration and growth. Working as a team to overcome issues shows your commitment to providing the best care possible to your patients.

Connect with Purpose

Your journey with PHiiT is a chance to reconnect with your purpose as a team. Take time to understand each other's points of view and find common ground in your commitment to care. What are your goals and how can you embrace the strengths of your team?

1. Why are you engaging with PHiiT?

2. What is your main aim with participating in this BPPR data collection and partnering with PHiiT?

3. How are you hoping to impact patient care in your practice?

4. Create your value statement for engaging in a partnership with PHiiT.

Understanding the Current State

Take time as a team to brainstorm current issues and opportunities for improving your practice. Understand the relationship of issues to the underlying problem or main aim that your team is focused on.

1. What issues prevent you from collecting data effectively?

2. What issues prevent you from achieving the main aim based on your collected data?

3. What cultural issues exist that prevent you from moving forward successfully?

4. Articulate the relationship of these issues to identify the underlying problem.

1. What is the main aim you are focused on solving for?

2. Create a short list (4-5) of potential solutions to the problem.

Step 1-Plan

1. List the solution that is most feasible to implement.

2. What is the expected outcome of the solution?

3. What is the time frame for implementing the solution?

4. Who will be the champion leading the change?

Step 2-Do

1. What was observed with the plan?

2. What worked?

3. What didn't work?

4. What unexpected effects occurred?

Step 3-Study

1. Compare the predicted outcomes with the actual observed results.

2. What were the biggest challenges in implementing the plan?

3. How does the data reflect the plan?

4. What are the key learnings to be considered next time?

Step 4-Act

1. What are the high value changes that should be implemented into the entire practice?

2. What are the changes that did not work as expected in your practice?

3. What reflections are important to communicate to the practice?

4. What are you most proud of as a team?

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Tips for Your Journey:

As you engage in the process improvement journey with your practice, PHiiT is readily available to provide advice and resources to support your goals. Remember, this is an iterative process and sharing your successes (and challenges) is important.

INTRODUCTION

- Engage with PHiiT to customize activities and timeline for practice
- Determine need for PHiiT support
- Assessments will repeat to track the culture of the practice

FORM PROCESS IMPROVEMENT TEAM

- Engage a broad range of POVs across your professional care team
- Allow your process improvement team to adapt and grow organically

REVIEW EMR & CHART PULL

- PHiiT will be hands on for the first chart pull and on-call for future data collections
- Stick to definitions of chart pulls and measurements to acquire valuable data and insights

PHIIT TRAINING

To receive Pt. 4 MOC credits—

- Show improvement
- Complete CME training
- Provide evidence of QI team
- Participate in process improvement, but do not have to submit data
- Review practice data
- Attend 50% of monthly phone calls
- Complete final assessment—post summary of topic-specific project
- Sign attestation forms

To receive CME credits—

- Complete the pre-test, watch the video, and pass the post-test for each topic-specific project

1ST CHART PULL

- Stick to definitions of chart pulls to ensure value to practice

PDSA CYCLES

- Recognize this is a process and it takes more than one cycle to reach your objective
- Take small bites to increase integration of changes
- Champion small achievements and learn from challenges
- Watch Dr. Rushton's videos for insight
- Engage practice in pilot and only spread the high value changes
- Record changes and cycle discussions—PHiiT will review logs to help you see growth
- Attend monthly phone meetings
- Get to the call five minutes early if possible
- Communicate with practice and share feedback
- Use deck if stuck during PDSA cycle

QTRLY CHART PULL

- Don't panic! This process takes time to adopt
- Utilize PHiiT for guidance
- Start data collection one week before deadline
- Communicate with practice
- Interpret data and ask for clarification if necessary
- Use as a tool to determine the topic-specific project
- Remember data collection happens continuously every three months for BPPR whether or not there is a topic-specific project in progress

WRAP-UP CALL

- Wrap-up of a topic-specific project i.e. Breastfeeding and Smoking Cessation, HPV vaccine, asthma, etc. but continued engagement with PHiiT for BPPR
- Data collection for the BPPR

CONT PDSA CYCLES & QTRLY CHART PULL

- Continuous cycle of gathering data and performing PDSA cycles
- PHiiT is always available for support

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Reference Terms:
PHiiT acknowledges your time and effort to engage in process improvement and wants to ensure a productive and positive experience for you and your practice. The following definitions aim to provide a common language between you and PHiiT as well as clarity along your journey.

INITIAL ASSESSMENT—PHiiT's team visits the practice to review process improvement readiness and record keeping systems to determine the resources PHiiT will provide

CULTURAL ASSESSMENT—a quick survey to gather information on the leadership, communication, and demographics of the practice as well as individual experience with process improvement

PRACTICE READINESS ASSESSMENT—PHiiT's team engages with the practice to identify current perspective and means for process improvement, and determines timeline and resources needed by the practice

CHART PULL—quarterly records are pulled that satisfy the specifications requested by PHiiT for the Best Practice Provider Resource or a Topic-Specific Project and data is inserted into QI TeamSpace

BEST PRACTICE PROVIDER RESOURCE (BPPR)—PHiiT's developed aggregation of CHIPRA, HEDIS, and National Improvement Partnership Network pediatric quality measures that allow providers to compare personal data to state aggregates

TOPIC-SPECIFIC PROJECT—a process improvement project focused on a specific subject such as breastfeeding and tobacco exposure, HPV vaccines, and chronic asthma—these projects are in addition to the BPPR measures with their own sets of measurements and graphs

QI TEAMSPACE—the database where the process improvement teams will input their data and receive graphs and synthesized reports

DATA—information recorded from the BPPR and topic-specific projects that creates personal aggregates for the provider and practice as well as public, statewide aggregates

BASELINE—the first 20 charts pulled for a new set of measures from the BPPR measures or topic-specific projects

FOLLOW UP—quarterly chart pulls of 10 charts for each set of measures of BPPR or a topic-specific project

PDSA CYCLE—Plan, Do, Study, Act brainstorming cycle guides the practice through process improvement projects and is performed many times during a quarter (Dr. Francis Rushton's videos explain the process further)

MONTHLY PHONE CALL—a PHiiT hosted phone call to discuss problems and high value changes practices have made for BPPR or topic-specific projects

WRAP-UP PHONE CALL—phone call with PHiiT and process improvement team leader from the practice at the end of a topic-specific project to discuss the results

POST-EVENT SUMMARY— the practice records and sends a summary of the project to PHiiT to acquire pt. IV MOC credits at the end of a topic-specific project or with the BPPR

NEW MEASURE—a topic-specific project that is separate from the collections of PHiiT projects and in addition to PHiiT's BPPR

LEARNING COLLABORATIVE—an annual gathering of PHiiT practices to present data and high value changes, and engage in discussion of pediatric process improvement