

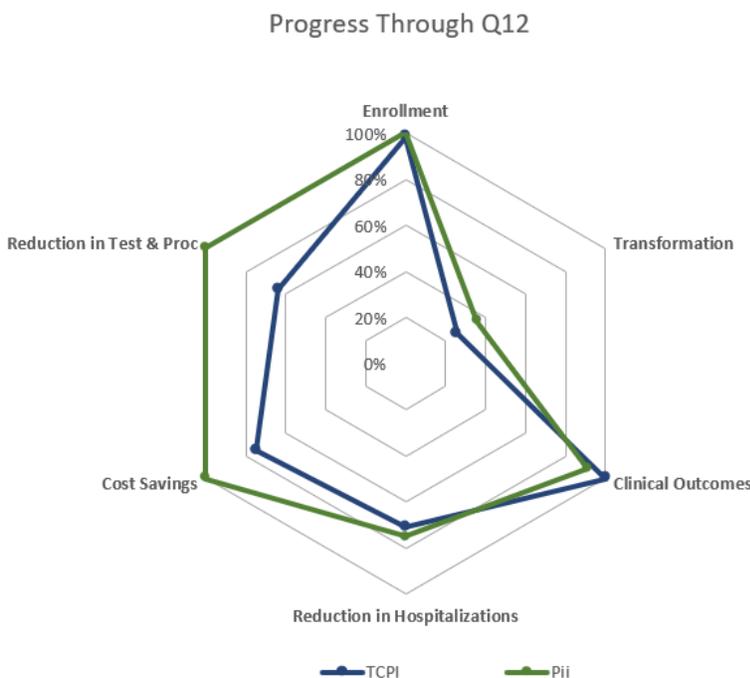


Pii Newsletter

Progress Towards Our Commitments

We have now completed the third year and are in the fourth, and final, year of our Practice Transformation Network (PTN) grant. Thanks to everyone’s hard work, we continue to make great progress in meeting, and exceeding, our commitments.

The radar diagram below represents Pii’s progress towards our commitments. Information used to determine our progress for Clinical Outcomes, Reduction in Unnecessary Tests & Procedures, Cost Savings, and Reduction in Inappropriate Emergency Department Visits & Hospital Admissions comes from claims data for practices/clinicians that are positively contributing toward our goals.



The diagram shows the progress for our PTN as well as the all Transforming Clinical Practice Initiative (TCPI) PTNs (there are 29 total nationally). In all areas, except one, we are further along than the national trend. Additionally, we have met, or exceeded, our commitments for Enrollment, Reduction in Unnecessary Tests and Procedures, and Cost Savings. We are on-track to meet, or surpass, our commitments in the other areas.

We are very excited about how our PTN is performing! This progress allows us to utilize this final year to focus on completing commitments and on working with our Pii organizations on transformation to further prepare for value-based programs.

December 2018

Pii Commitments (by September 2019)

- Assist **2,500** clinicians in Arizona
- Reduce costs by **\$81,549,090** by decreasing unnecessary admissions/ readmissions, emergency room utilization, and unnecessary tests/procedures

Progress Towards Commitment (as of 9/30/18)

- **2,587** clinicians actively enrolled in Pii
- **\$124,765,334** saved
- **Commitments met** (or exceeded) for Enrollment, Reduction in Unnecessary Tests & Procedures, and Cost Savings

Pii is comprised of primary and specialty care providers, behavioral health providers, clinically integrated networks, federally qualified health centers (FQHCs), crisis services (such as corrections), integrated health homes, and others

Do You Know Your Story?

If asked, would you be able to share the value proposition your organization can bring to payers and patients? It is critical that your answer to this question be “yes”. This story, in your own language and style, must be able to articulate and showcase their performance in a compelling and understandable manner. Below is a general outline for preparing a 1 to 3-page story for your organization:

- Who are you?
 - Practice Name; Location; Ownership Type
 - Practice Size and Scale: # of clinicians or providers; # of patients seen, # of locations
 - Characteristics of your patient population that effect priorities, aims or results (if applicable)
- Your bold aims and the performance that makes you a high value to payers and patients
 - The patient population groups that you use to define and live performance
 - The specific goals and aims for clinical outcomes, service quality and utilization that define you to patients and payers
 - The actual performance related to these aims that distinguishes you. Express as methodologically sound, evaluation-based, quantitative results that would resonate with payers and patients (consider using one or two simple charts to summarize performance).
 - The way in which this performance is exceptional and high value to patients and payers.
- As a service delivery system, what you have in place that is producing high value performance
 - The service delivery elements (TCPI change package) that work together in a powerful and exciting way to deliver high value performance. Briefly describe how they work together.
 - How a culture of Person and Family Engagement (PFE) drives and contributes to your performance.
 - A key intervention made to build this capability and culture.
- The factor most responsible for your high performance
 - In one sentence, what is most responsible for your success
 - A first or next step you encourage others to take as they establish a successful capability.

These are four items that should be found in your story. However, use judgement in deciding what to include and in setting the style and organization of the story. Be creative in drafting the story but ensure that the key principles of performance are included. Each story will sound unique and exciting. It is what the practice stands for.

Please work with your Pii Practice Transformation Consultant to create your story!

Exemplary Practice Stories

All Pii practices who reach exemplary status will be requested to prepare their story for submission.

Pii uses the following criteria to identify exemplary organizations:

- Practice has met Phase 3 and/or above
- Practice has implemented one of the six PFE metrics
- Practices are performing on one or more of the following TCPI service delivery aims:
 - Health outcomes at benchmark standards
 - Reduction in unnecessary hospitalizations
 - Cost savings to payers
 - Reduction in unnecessary tests and procedures

Pii Goals

We have set the following goals for our Pii Practices to reach Exemplary status:

- 57%** by February 1, 2019
- 68%** by June 1, 2019
- 85%** by September 21, 2019

Mini “Pii” Sessions

Starting in February 2019 Pii will be hosting mini “Pii” sessions – opportunities for all Pii Participants to share ‘slices of information’

These WebEx sessions will occur on Wednesday’s for 45 minutes and the main ingredient will be you! On the menu for these sessions is to allow the sharing of experiences and to build collaboration amongst our Practice Transformation Network.

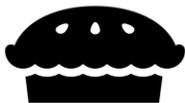
Each session will focus on a selected topic where practices will be encouraged ask questions, to share their experiences, provide feedback, and share useful best practices such as desktop procedures, policies, and/or procedures that have been effective within their organization.

Your sous chefs for the sessions will be representatives from Pii and Health Current to assist with any questions. We’ll also be documenting the great information that will come out of these sessions, so they can be further shared amongst the PTN (such as posting on our Pii website and/or leading to articles in our Pii Emails or Pii Newsletters).

Types of mini “Pii” sessions include same day appointment planning, standing orders, recurring visits, the health information exchange (HIE), shared care plan communications, patient & family engagement, and other topics to be identified. Have an idea for a topic? Email us at info@pii.org or talk to your Practice Transformation Consultant.



Be on the lookout for more details and the schedule soon!



Same Day Appointments



Recurring Visits



Shared care plan communications



Standing Orders



Health Information Exchange



Patient & Family Engagement

Person/Patient and Family Engagement (PFE)

What is PFE?

- A way to describe people, their families, and health professionals working together in collaboration
- PFE builds relationships between the individual seeking care and the provider (and healthcare system)
- It shapes care around the individual needs
- PFE is critical during every interaction with the healthcare provider across the entire healthcare industry—hospital, community, rehabilitative center, ambulatory care, primary care

PFE can lead to real improvements and resulting including:

- Lower costs for patients, providers, and payers
- Improved healthcare outcomes, healthier patients
- Better staff satisfaction at work
- Assisting staff to understand the health care goals of patients so they can get and stay healthy on their own terms

PFE metrics are considered a "*driver*" of practice improvements that result in better outcomes and reduced costs. There are six PFE metrics as described below:

Metric 1. Person & Family Voices in Governance & Operational Decision-Making: There are policies, procedures, and actions taken to support person and family participation in governance or operational decision-making of the practice (Person and Family Advisory Councils, Practice Improvement Teams, Board Representatives, etc.).

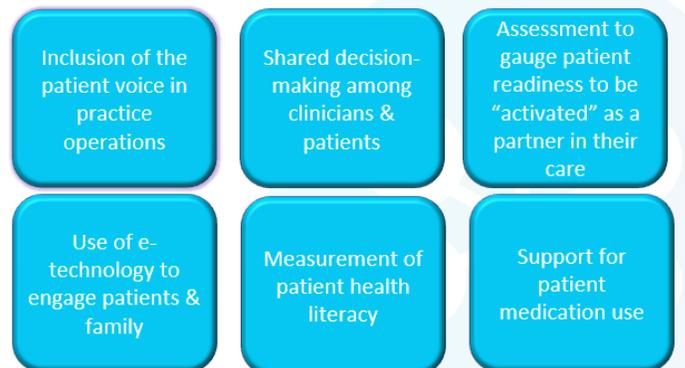
Metric 2. Shared Decision-Making: Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, concerns and desired outcomes into the treatment plan (e.g. those based on the individual's culture, language, spiritual, social determinants, etc).

Metric 3. Patient Activation: Activated persons have the knowledge, skills, and confidence to manage their own health or health-related outcomes. The metric measures whether or not the practice utilizes a tool to assess and measure patient activation.

Metric 4. Patient Connection to the Information They Need: The practice uses an e-tool (patient portal or other E-Connectivity technology) that is accessible to both persons and clinicians and that shares information such as test results, medication management list, vitals and other information and patient generated data.

Metric 5. Health Literacy: Is a health literacy patient survey used by the practice (e.g., CAHPS Health Literacy Item Set)?

Metric 6. Medication Management: Does the clinical team work with the person and family to support person and/or caregiver management of medications?



For additional information, please contact your Pii Practice Transformation Consultant.

Patient & Family Engagement – A Success Story

In October 2017, **Comprehensive Health Center**, a specialty care clinic located on the MIHS main campus, noted that the organization's overall Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) survey scores were trending below benchmark for several measures. In addition, the organization received very low number of surveys returned (only 10% on average). Operationally, the organization relied on patient feedback to improve care and services, however, the low volume of such results inhibited the organization from developing meaningful patient-driven improvement initiatives. A significant consistent trend that was identified from CGCAHPS results was around patients perceived "break in services". Vested and committed to improving patient outcomes, leadership approved to send their Performance Excellence Project Manager and co-lead to the National Resource Corporation (NRC) Health annual meeting (CMS approved vendor for CGCAHPS program) for training.

One key learning that the staff brought back from the seminar was "patient rounding" process. This idea was shared with senior leadership (i.e. senior VP ambulatory services, division chiefs from each department, outpatient medical director, etc.). The team decided to kick-off a weekly patient rounding meeting composed of nurse leaders and clinical managers from inpatient, outpatient, and subspecialty departments. This team would be responsible for conducting weekly patient rounding. Additionally, non-clinical areas such as Environmental Services, Patient Access and Registration, and Food Services were also required to round. An hour and half meeting seemed daunting at first and the team did not know how this mandatory time commitment would be received.

The team decided to develop a process to identify current opportunities for improvement as well as successes from the patient's perspective. This process would also serve as a method to address patient issues providing an opportunity for improvement while the patient was still in the building. Rounding started in October 2017. The meetings were scheduled for an hour and half and each leader was assigned an area (not their own) to conduct rounding.

- The first 20 minutes of the meeting is dedicated to review the weekly CGCAHPS scores and patient comments; this allows for transparency and accountability.
- During the second 30-minute block of the meeting the leaders round on at least 3 patients in their pre-assigned area.
- Outpatient rounding questions were standardized so patients are asked the same questions. One of the questions included within rounding form is to ask patients to name any staff members they would like to recognize.
- During the final 30 minutes of the meeting, the leaders reconvene and share the feedback obtained from the patients. If a patient and/or family member identify a service recovery issue the manager of that particular department/area addresses the issue with the patient's concerns expeditiously – real time!
- If the patient and/or family member identified a staff member who provided excellent care/customer service, the staff member is awarded a candy bar bearing the note "You Make a Difference".

Senior leaders are engaged in the process and round with the group at least monthly. Additionally, the non-clinical areas also attend the rounding meetings ensuring any issues brought up are addressed.

The always present reminder of the organizations' mission of providing "exceptional care, without exception, every patient, every time" empowered the leaders to see that even though they were not the leaders in those areas they still could influence the patient's perception about the organization's investment in providing exceptional care.

Patient & Family Engagement – A Success Story (con't)

The Performance Excellence Project Manager and co-chair capture all the patient feedback and scores and track actions and performance. All the data collected from the meeting is then reported, at a high level, to the Patient and Family Advisory Council, which currently has 2 members who participate in the 6 scheduled meetings per year. This teams' feedback reports up to the Quality Management Council which in turn reports up to the Maricopa Hospital District Board.

The patient feedback captured during rounding is aggregated and then reviewed monthly and compared against the CGCAHPS scores. CGCAHPS scores have moved in upward trend.

Greatest consequence is that the organization can address the patient/family member identified issue before it is reflected in the official survey. This process drives initiatives that are geared to resolving any negative findings as well improve overall CGCAHPS scores by involving the patients and families in real time as they are getting care. They process has received real time positive feedback.

Another positive consequence is the increase in employee buy-in as a result of the patient and family member positive feedback and recognition from leaders. Patients & family members are thanking the staff for conducting the survey. Meeting attendance has grown week after week with staff members wanting to participate in the rounding process. The recognition has proved instrumental in keeping staff engaged in this new process. Sharing of feedback creates collaborative effort among the team leaders and improves employee engagement and brings back joy in the practice of medicine. Subsequently the rounding process is an avenue to teach a best practice, develop an organizational initiative with the participation of peers, or invite a guest staff member to share a best practice. Often, participating staff members who do not have much patient interaction find that they are able to see how their role in the organization impacts patient care and safety.

Among many other actions, the team has implemented the following processes based on patient feedback: quiet at night, pain assessment, nursing communication, bedside shift report initiatives, and free valet parking - all leading to better patient care and safety.

Pii is proud of our practices and of our role in bringing these innovative ideas into practice!

CMS Quality Conference

The next Centers for Medicare & Medicaid Services (CMS) Quality Conference is scheduled for January 29 – 31, 2019 in Baltimore, MD. This premier learning and action event is expected to include over 3,000 thought leaders in American healthcare quality improvement.

Your Pii leaders will be attending and we are also very excited that we will be accompanied by Amy Pugsley of RI International and Megan Lipman of Jewish Family & Children's Service.



Watch for further communication as we share with you what we learn at the conference!

They went over the edge!!!



On December 8, 2018, three members of our Practice Innovation Institute (Pii) team rappelled down a skyscraper to raise funds for Special Olympics Arizona. Linda Benson (PTC), Mary Anne Blanton (PTC) and Charlie Colon (Data Analyst) went Over The Edge – an annual fundraiser to help defer housing and travel costs for the Arizona Special Olympics Athletes. Each participant must raise \$1,000 and is challenged to step into the shoes of the athletes who face their fears each day and especially in competition. Rappelling down 27 stories, gives the participants a small taste of what athletes face each day and especially in the sports arenas they participate in.



Along with Natasha McClain (PTC), the team raised \$3,055 which will support six athletes for an entire year at Special Olympics Arizona.

Kudos to these four for representing how Pii goes above and beyond in caring for our community!

If your organization has a story to share, please let us know!



Healthcare Communities

Healthcare Communities is a collection of nearly 70 virtual communities, including CMS' Transforming Clinical Practice Initiative, allowing individuals in different healthcare-related organizations to work together on shared interests and goals, regardless of location.

This site is an excellent source of information!

Registration Link: [LINK](#)

Pii Honor Roll

The following Pii Practices have completed all 5 Phases of Transformation as part of the CMS Transforming Clinical Practice Initiative:

- A New Leaf
- Arizona's Children Association
- Bayless Integrated Healthcare
- Biltmore Ear Nose & Throat
- ConnectionsAZ
- Crazy About Kids Pulmonary Services
- Crisis Preparation and Recovery
- GB Family Care
- Horizon Health and Wellness
- Jewish Family & Children's Service
- La Frontera EMPACT
- Maricopa County Correctional Health Service
- MomDoc
- Mountain Park Health Center
- Native Health
- Neuromuscular Clinic and Research Center
- North Country HealthCare
- Open Hearts Family Wellness
- OrthoArizona
- Pendleton Pediatrics
- Phoenix Children's Medical Group
- Pulmonary Consultants
- Relieve Allergy Asthma & Hives
- San Tan Allergy & Asthma



Horizon Health and Wellness



Crisis Preparation and Recovery



GB Family Care



*Maricopa
County
Correctional
Health Services*



ConnectionsAZ

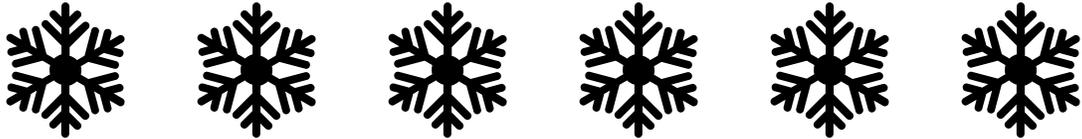


Arizona's Children Association

Congratulations!

Happy Holidays!

From all of us to all of you!!



Check out our website where you will find success stories, events, and other information www.piaz.org

Have an idea for a future Pii Newsletter?
Have any questions? Email us at info@piiaz.org



Practice Innovation Institute

Engage. Transform. Reward.