

South Carolina MLC-3 Experiences

- Quality Improvement -

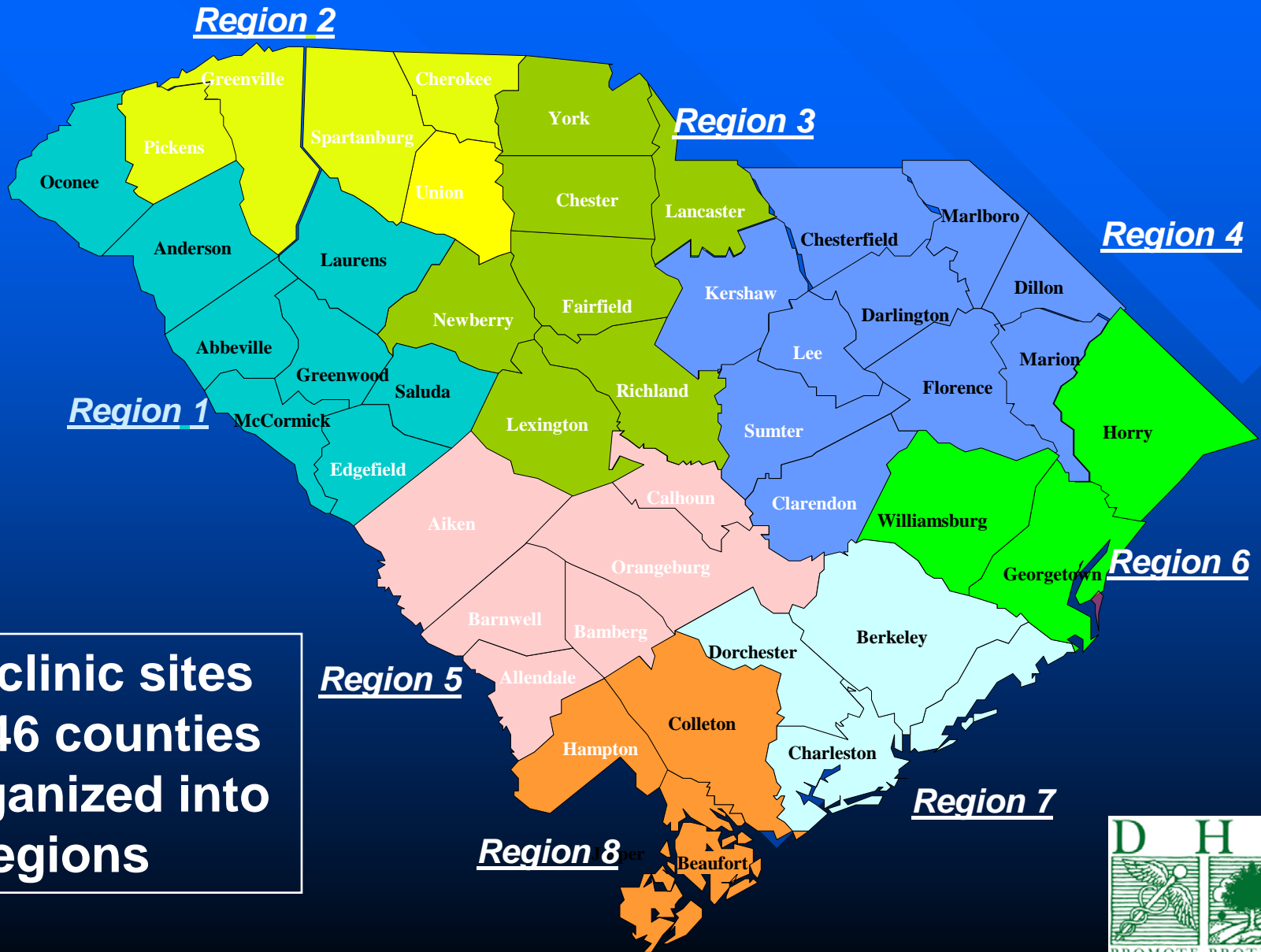
June 30, 2009

Joe Kyle
Director

Office of Performance Management



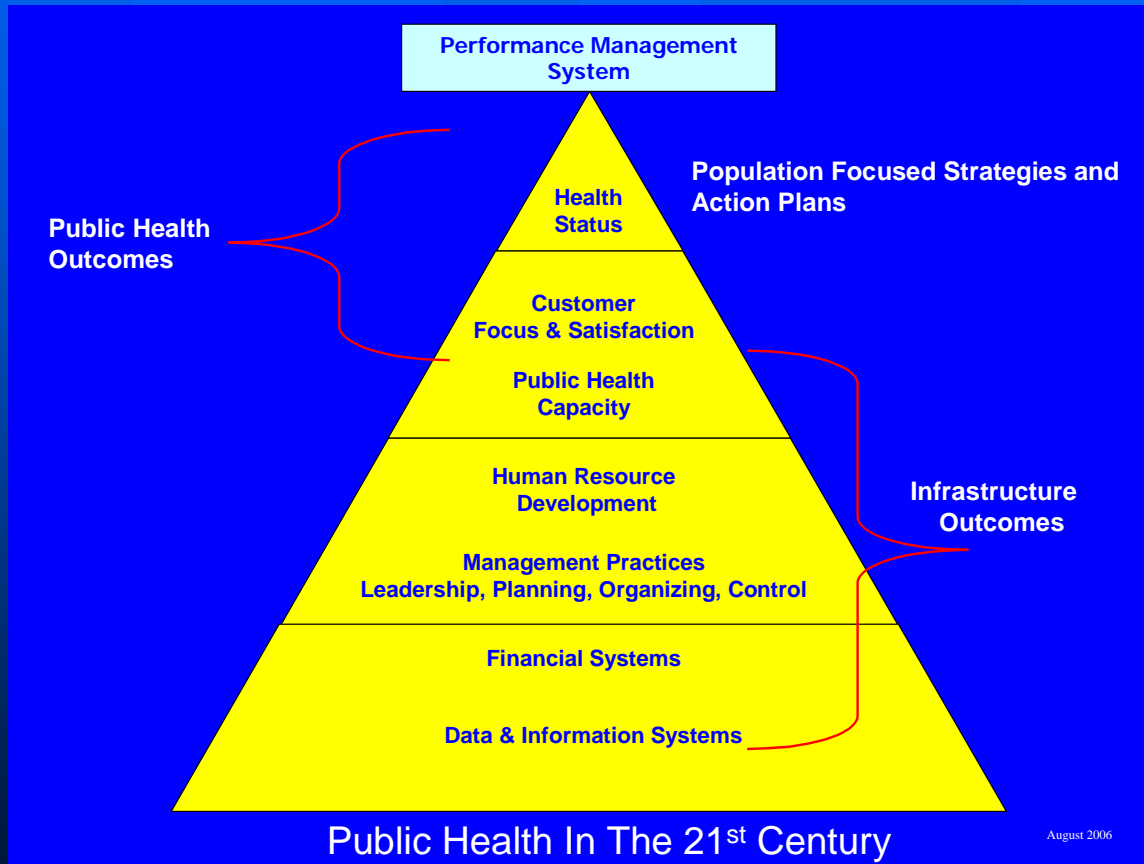
DHEC – Centralized System



**55 clinic sites
in 46 counties
organized into
8 regions**



Health Services and Performance Management



200 +
Measures
across all
program and
functional
areas

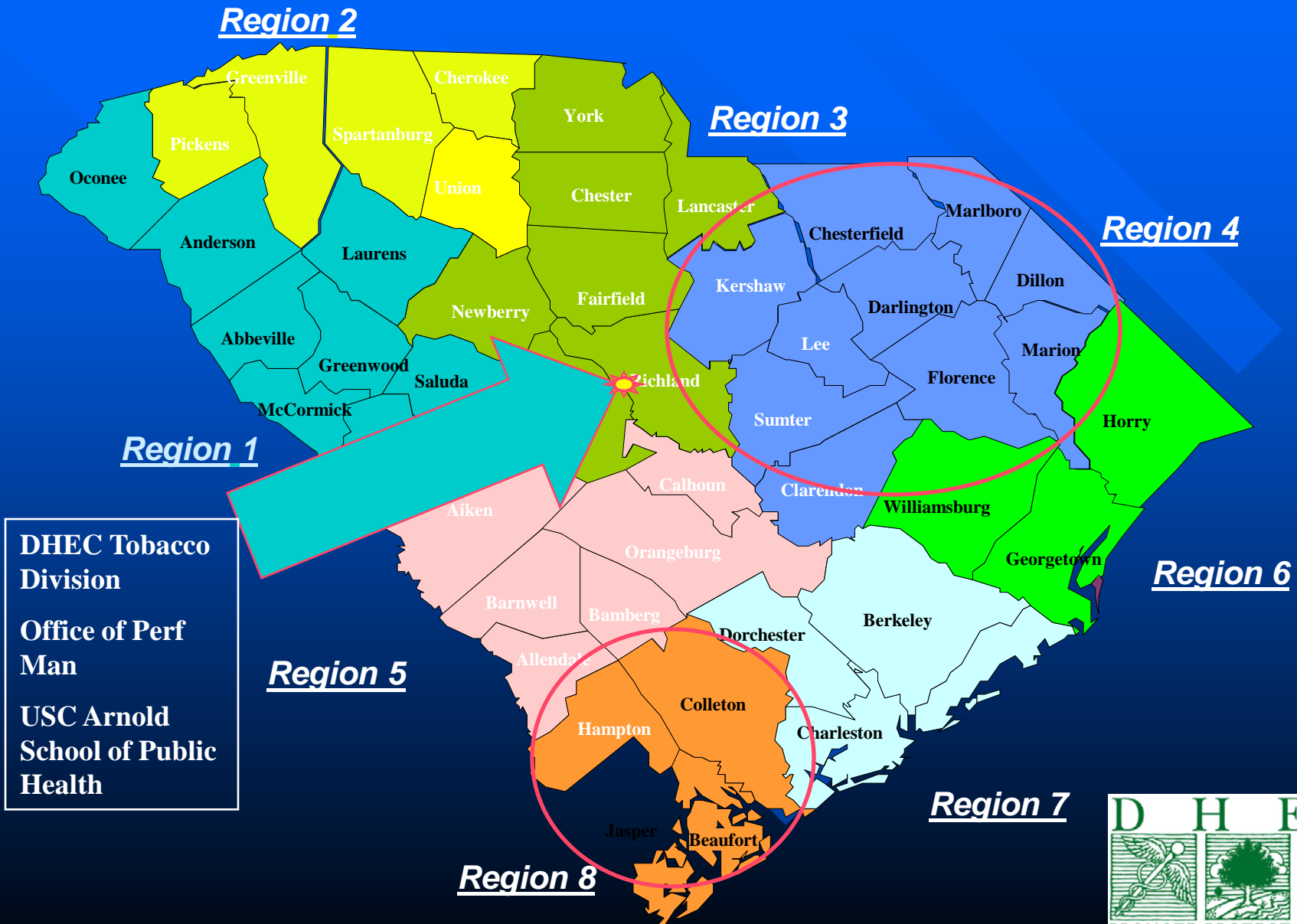


MLC grant requires implementation of two learning collaboratives

- Tobacco Use and Exposure to 2nd Hand Smoke was the general topic SC wanted to implement first, from provided list
- Since new policy about required implementation of Tobacco Use Screening in DHEC clinics was being developed, all partners agreed that this is what the 1st collaborative would focus on

A win-win!!

SC Partners for the Tobacco Cessation Collaborative



DHEC Tobacco Division
Office of Perfection
Man
USC Arnold School of Public Health



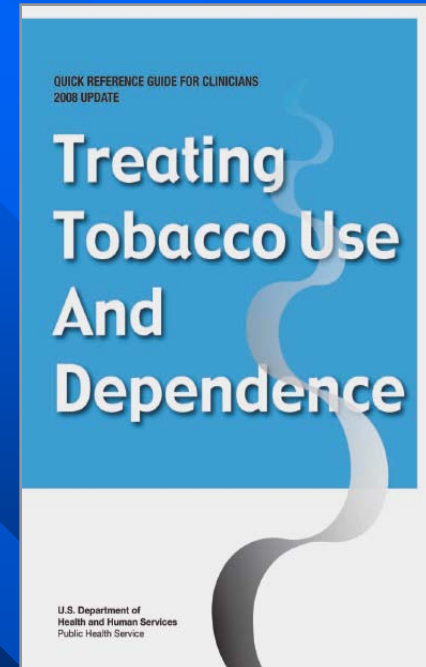
Collaborative Framework

Based on funder recommendations, SC decided to use the Institute for Health Care Improvement (IHI) Breakthrough Series (BTS) as its framework.

The BTS is an improvement method that relies on spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.

Cessation – Existing knowledge?

- U.S. Public Health Service
Clinical Practice Guideline
*Treating Tobacco Use and
Dependence: 2008 Update*
- U.S. Preventive Services
Task Force, Agency for
Healthcare Research
and Quality (AHRQ)



Cessation – what works?

- Protocol becomes standard practice
– Clinical Practice Guideline
- Pharmacotherapy
- Counseling
- Telephone Quitlines



Guideline Protocol

■ Ask

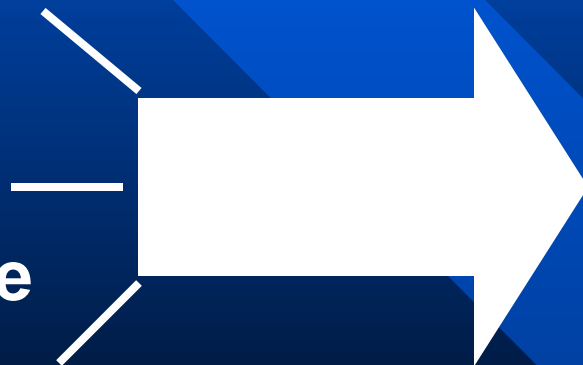


■ Advise



■ Assess

■ Assist



■ Arrange

2 As

+

R

DHEC 2As + R Policy

- **Ask & Document tobacco use status**
 - Documentation improves practice quality!
- **Advise to quit**
 - Clinicians' advice to quit improves success!
- **Refer to Quitline for counseling**
 - Quitline counseling is evidence-based!
- **Refer to Doctor for pharmacotherapy**
 - FDA-approved medications do work!

Learning Collaborative Key Criteria for use of BTS Tobacco Use

1. There is a gap between science (evidence) and practice

Yes, clinical practice guidelines are proven to be effective in increasing smoking cessation AND, public health implements the guidelines unevenly across its clinical programs (Family Planning, WIC, STD/HIV)

2. Examples of better performance exist

Yes, health departments in other parts of the country

3. A good “Business Case” exists for the topic

Proven impact on reducing smoking, a critical health status issue for public health

What Makes the BTS Work?

Will

Visible commitment (Participation)
Peer pressure (Monthly Conference Calls)
Focus on results (Monthly Reports)

Ideas

Focus on content (Change Package)

Execution

Tests of change (Action Periods)
Implementation (Spread)

IHI Breakthrough Series (10 month time frame) Modified for SC

Select Topic
(develop mission)

June 2008

Expert Meeting

Develop Framework & Changes

Planning Group

Participants: (4 County teams Region 8, 3 Region 4
Selected by regions)

Prewrite



LS 1
mid
Nov



LS 2
mid
Feb



LS 3
June 2009

S
p
r
e
a
d

Supports

TA in IHI and QI processes: Pam Gillam, Improvement Advisor, Joe Kyle and Doug Taylor, OPM

Content from Tobacco Program, Clinical Group others,

All via e-mail, visits, conference calls, assessments, monthly team reports

PART 3:

Learning Session Objectives

Learning Session 1

Get the Change
Package
Get QI Methods
Get Started (Plans)

Test all
changes on
small scale

Action Period 1

Learning Session 2

Get More Ideas
Get Better at
Methods
Get a “Stride”

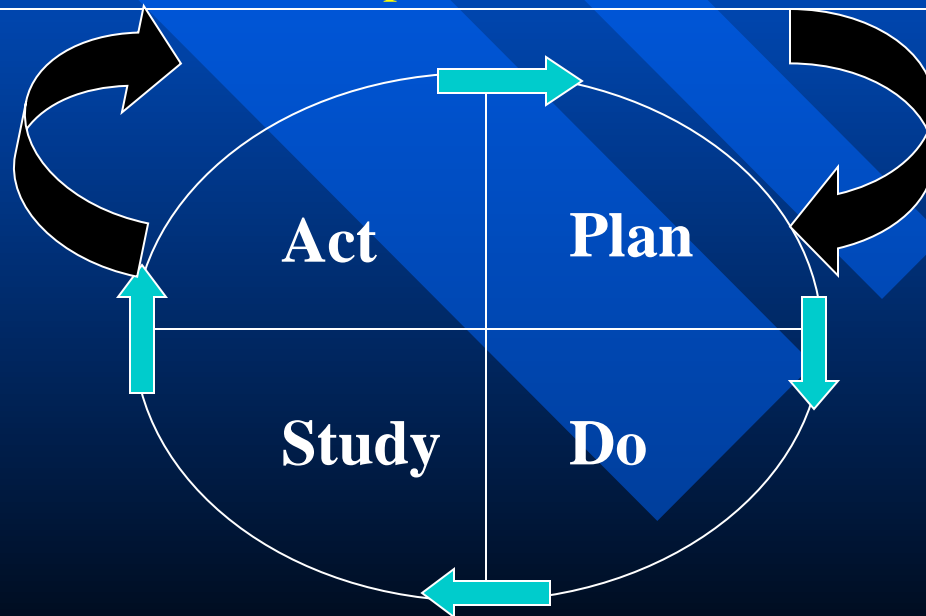
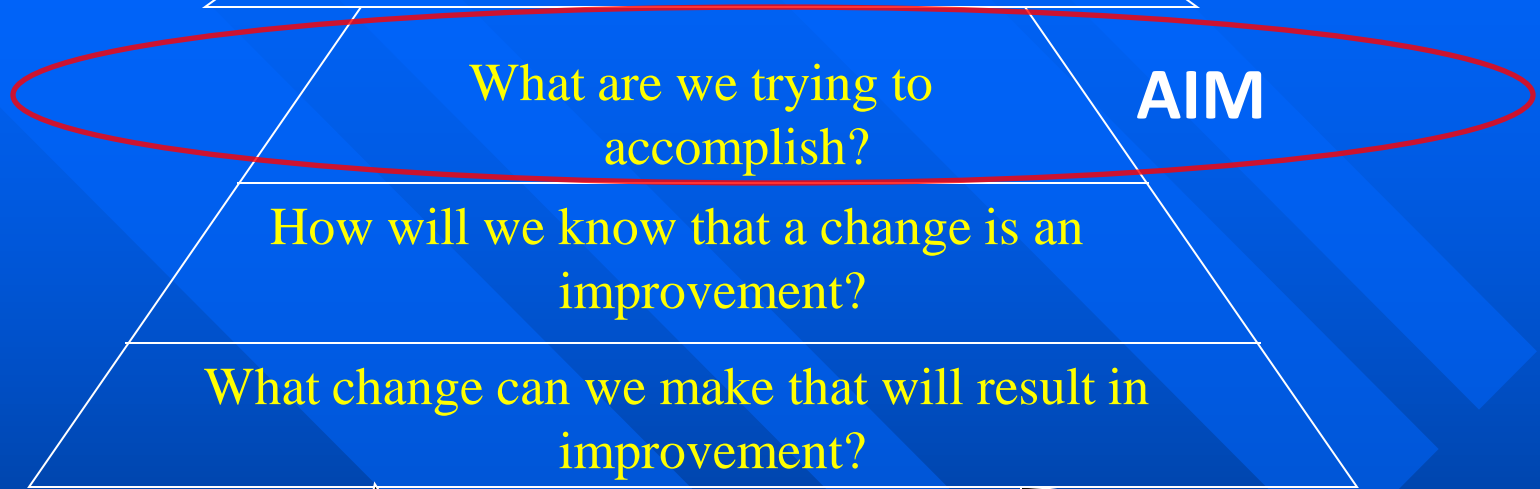
Test &
implement
all changes

Action Period 2

Learning Session 3

Celebrate Successes
Get ready to Sustain
and Spread

Model for Improvement



Example of an AIM

The Lake City FP staff will implement the 2As + R to 100% of "Initial" family planning clients by the end of the collaborative.

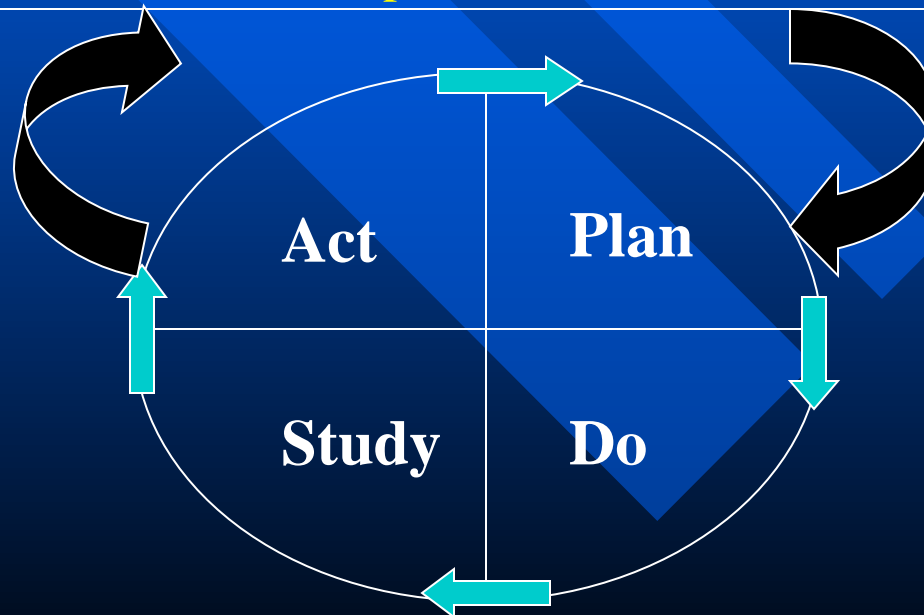
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

MEASURE

What change can we make that will result in improvement?



Example of Measures

- # of tobacco users versus non-tobacco users
- Length of face-to-face encounter between client and provider of 2 As+R
- Length of time to complete the fax referral during a face-to-face encounter
- Length of time to implement the 2 As+R during a face-to-face encounter

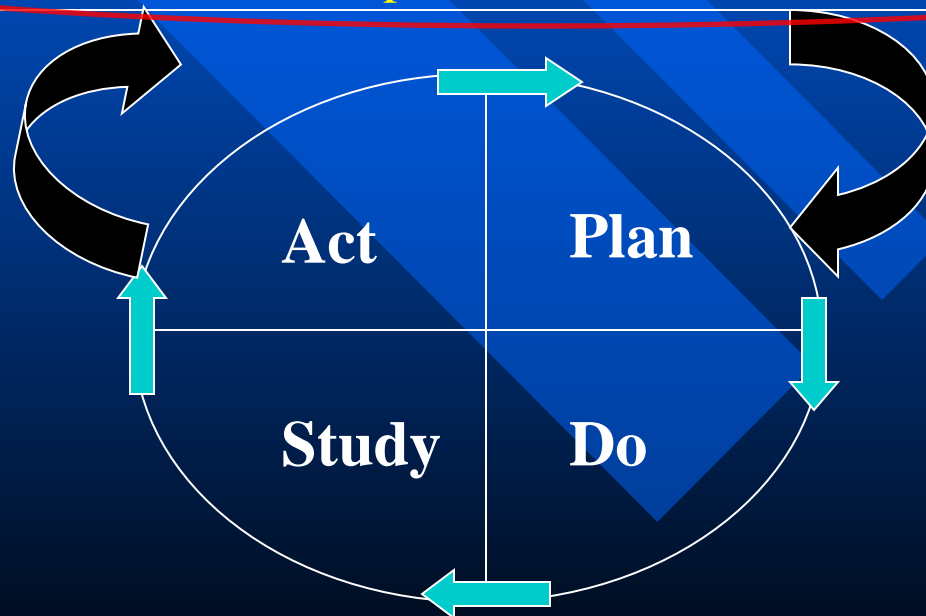
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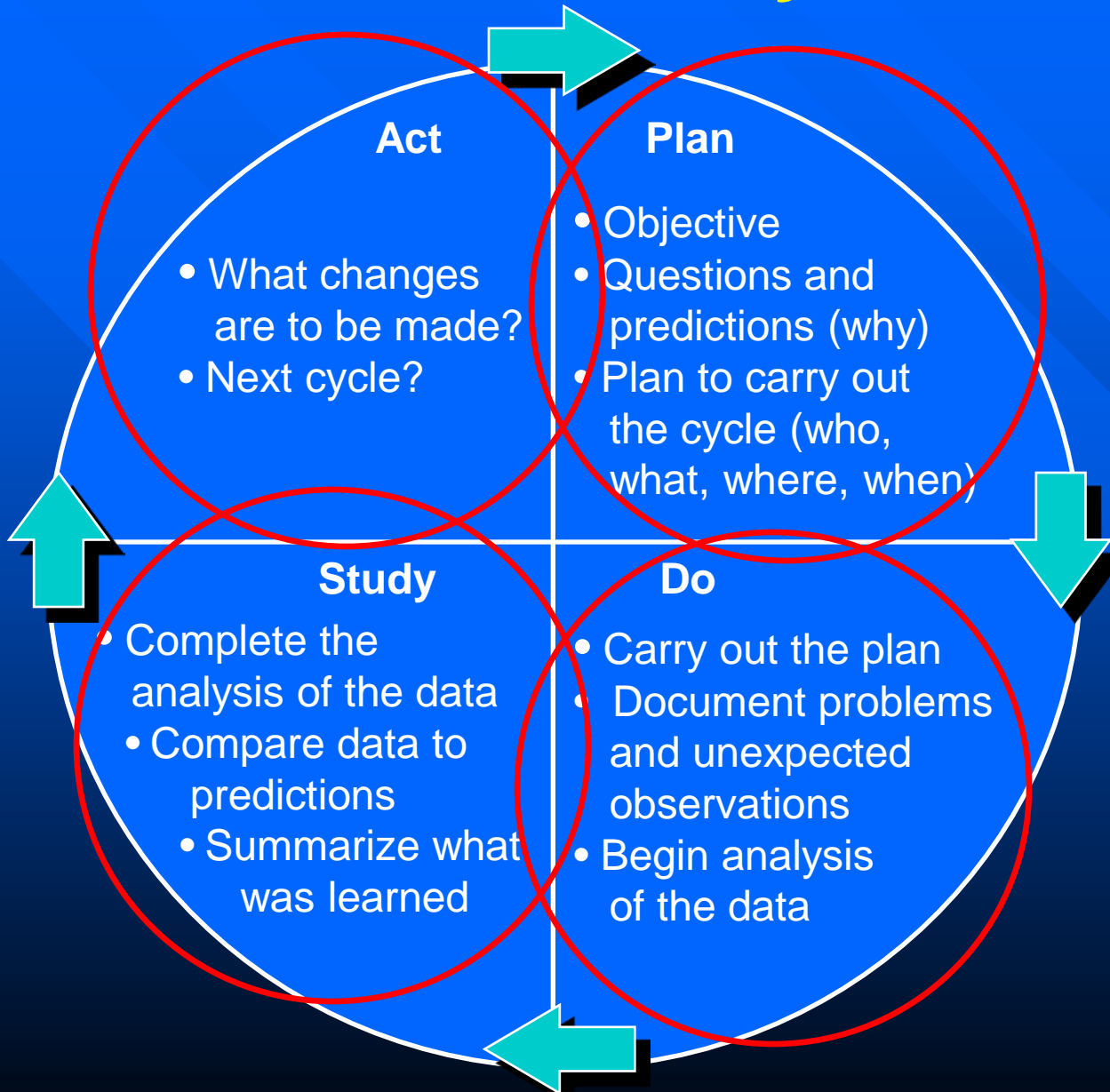
CHANGES



Use the PDOSA Cycle for :

- Testing or adapting a change idea
- Implementing a change
- Spreading the changes to the rest of your system

The PDSA Cycle



Aim: Reduce smoking rates by implementing the 2 As + R
Clinic Practice Guidelines standard

**Reduced
Smoking Rate**

DATA



Cycle 1: Test the 2 As + R with 5 patients on Tuesday.



Cycle 2: Change forms, process.



Cycle 3: Test new form, process with 10 patients.



Cycle 4: Standardize process



Cycle 5: Educate staff in new process

**Conducting 2 As +
R will increase
Fax Referrals**

As a result of the Collaborative the following learning took place regarding the 2As + R

1. Implementing the 2As + R in Family Planning and in WIC does not affect the number of clients seen during clinic.
2. Promising practices and recommendations for WIC staff on how and where to document tobacco use and the 2As + R intervention now exist.

As a result of the Collaborative the following learning took place regarding the 2As + R

3. Promising practices for Family Planning documentation were developed, but this has not been fully resolved.
4. Promising practices and recommendations regarding who in a WIC and Family Planning clinic setting would be most appropriate to deliver the intervention were arrived at.

As a result of the Collaborative the following learning took place regarding the 2As + R

5. Provider reminders on tobacco use and referral follow-up were developed for WIC, but are still an unresolved issue for Family Planning.
6. Training of staff in other programs and regions in the 2As + R and promising practices on how best to implement the new intervention will take time.

Major Findings and Recommendations regarding use of PDSA and IHI

1. Use of the PDSA QI methodology was endorsed by all Collaborative participants
 1. Training of staff is needed to ensure they have these important QI skills
 2. Future substantive policy and procedure changes should be rolled out with adequate time for staff to test how best to implement the changes before final adoption—documentation of promising practices from the testing phase should accompany the rollout

Major Findings and Recommendations regarding PDSA and IHI

8. Use of the IHI model when combined with PDSA QI methodology was endorsed by all Collaborative participants

1. Sometimes in public health, evidence not as strong as one would like, but.....

Staff...

1. Need some authority
2. Need training
3. Need time to test and retest
4. Need TA (consultation, phone or in person)
5. Given the above, they really, really like it!