

Celebrating Our Successes: Successful Policy Advocacy & Taking a Scholarly Approach to Quality Improvement



**ACLGIM SUMMIT
TOM STAIGER
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UNIVERSITY OF WASHINGTON MEDICAL
CENTER**

What is Success?



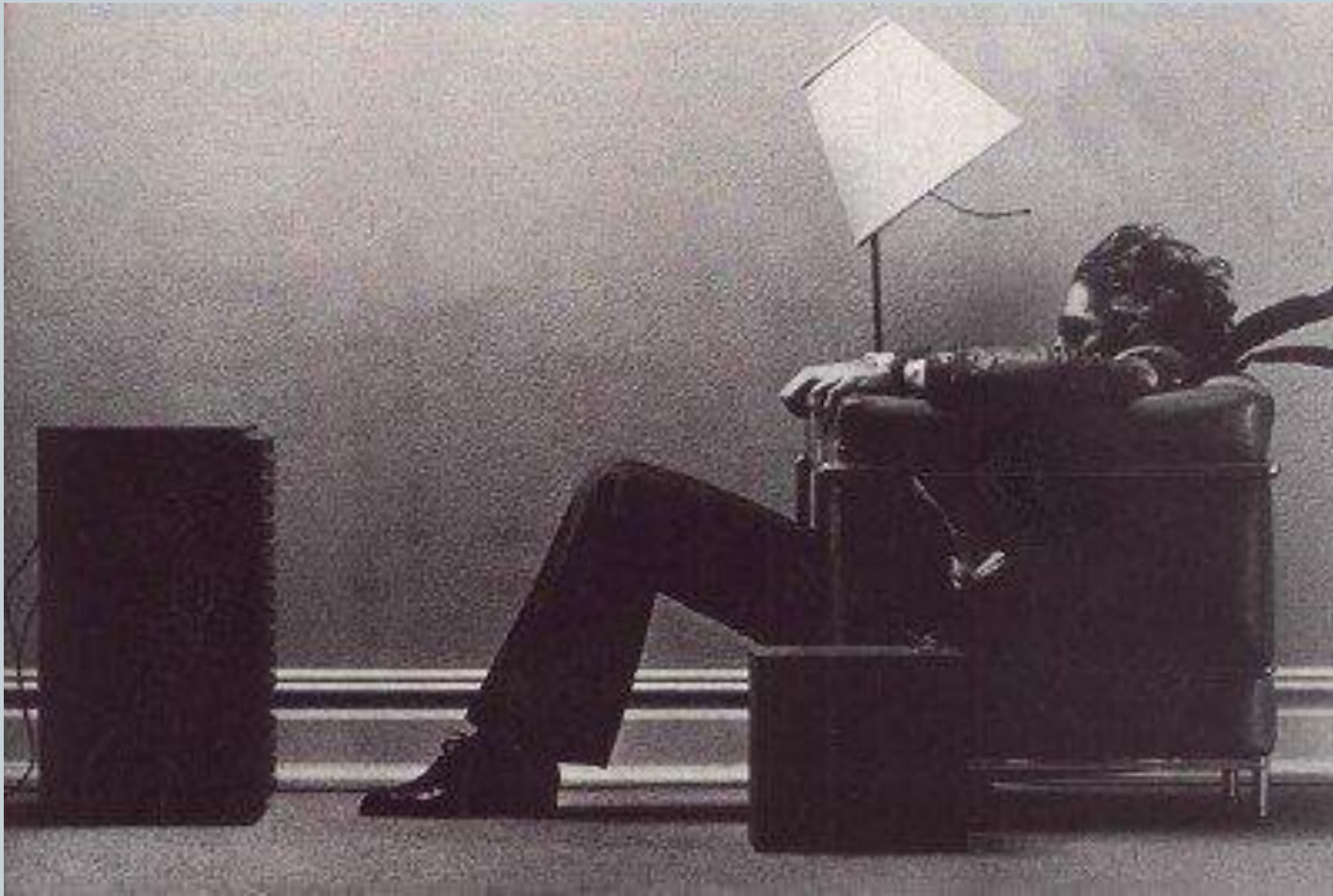
- Success is the ability to go from failure to failure without losing your enthusiasm-Winston Churchill
- Don't aim for success if you want it; just do what you love and believe in, and it will come naturally-David Frost
- The accomplishment of an aim or purpose- Oxford English Dictionary

My Goals at Work



- Provide the best possible care to our patients
- Promote learning
- Improve the system
- Have fun

View from the Medical Director's Office



Successful Policy Advocacy



- **SGIM Hill Day**
 - Annual event organized by HPC since 2007 to advocate for legislation that promotes general internal medicine
 - 63 SGIM members participated in 2014
- **Feb. 2011 Off the Hill Day**
 - Met with the community liaison for Rep. Jim McDermott
 - Discussed impact of a shortage of primary care physicians on quality and cost of care and influence of the AMA's RUC (Relative Value Scale Update Committee) on physician reimbursement through its RVU (Relative Value Units) recommendations to CMS
 - March 2011 Rep. McDermott works with SGIM to introduce Medicare Physician Payment Transparency and Assessment Act of 2011
 - ✦ Would have required analytic contractors to conduct an annual review of misvalued E&M codes and allowed CMS to use RUC values only to the extent they were consistent with the data provided by these contractors.

Other Actions Related to RUC and Physician Reimbursement



- **McDermott**

- Questions head of MEDPAC on the RUC March 2011
http://youtu.be/BK_oA_9QHIA
- May, 2011, invited by him to meet with AMA representatives/RUC Chair, and AAFP representatives to discuss physician reimbursement
- Introduced Medicare Physician Payment and Assessment Act of 2013 with input from SGIM and AAFP
 - ✦ Proposed establishing a CMS panel of independent experts to identify, review, and adjust RVU's

- **Other Legislators**

- 2014- Bipartisan groups of 12 senators and 47 members of House of Representatives send letters to CMS urging them to make public the process of setting values for physician services

Health Policy Committee Clinical Practice Subcommittee Activities



- John Goodson leading a subcommittee effort to draft a letter from SGIM and AAFP to CMS to request a revised approach to Evaluation and Management codes
 - Met with Rep. McDermott's health legislative aide Nov. 2014 to brief him on this effort
- Forum article on RUC Sept, 2014
 - RUC teaching module on SGIM Advocacy website

Take Homes



- Participation in Hill Day can be a very worthwhile activity
- Sharing your stories and perspectives with legislators or their staff can help advance important SGIM clinical, research, and education objectives

Taking a Scholarly Approach to QI

EXHIBIT ES-1. OVERALL RANKING

COUNTRY RANKINGS

Top 2*

Middle

Bottom 2*



	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
Access	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

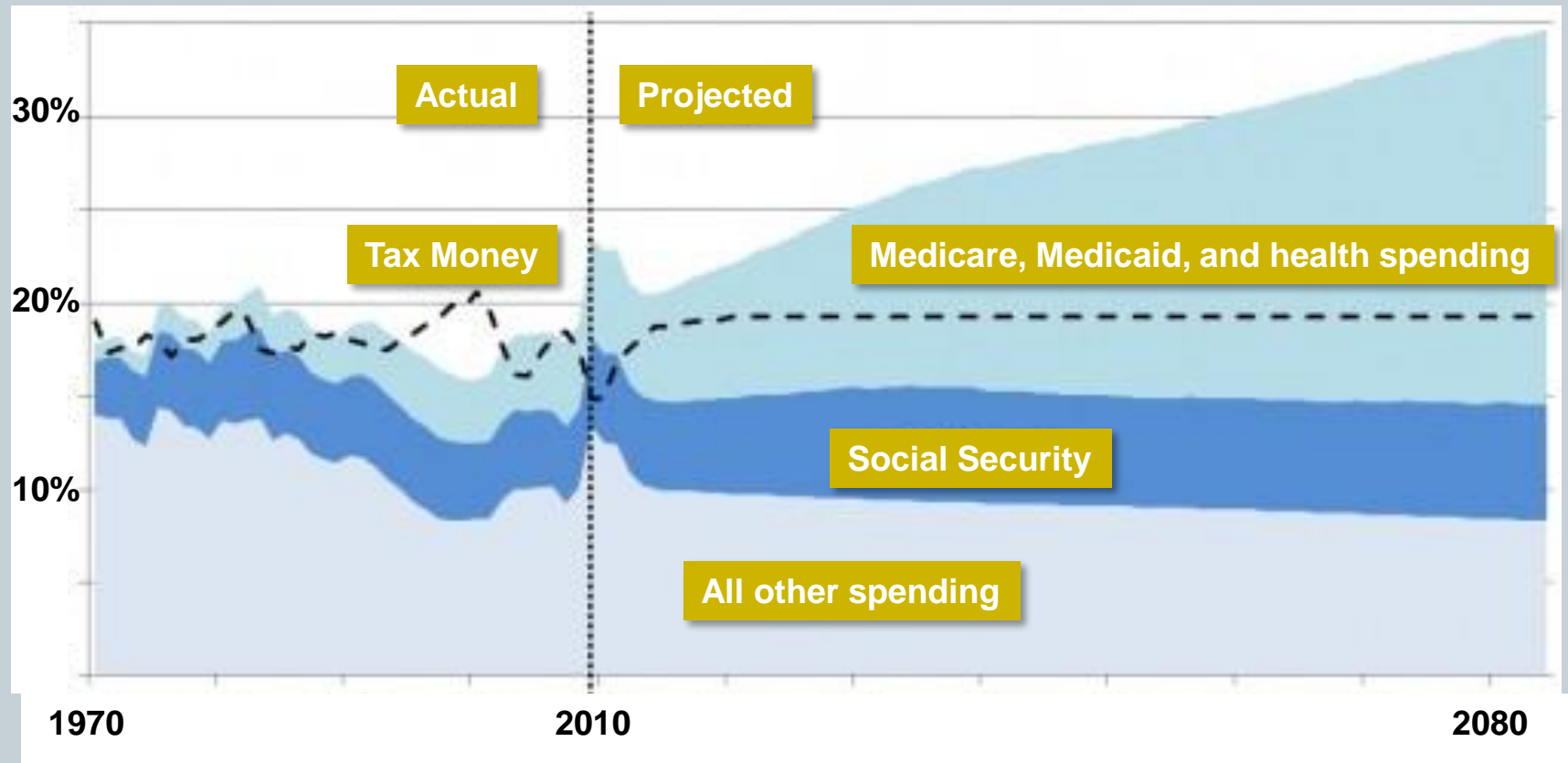
Notes: * Includes ties. ** Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

Financial reality



Percent of GDP





Get Better Faster!

Quality Improvement Skills for Reliable Care

April 24, 2014
SGIM 2014 Annual Meeting
San Diego, CA



Taking a Scholarly Approach to Quality Improvement

Tom Staiger

Outline

- Chairs perspectives on QI activities and promotion
- Taking a scholarly approach to QI activities
- Maximizing opportunity for peer-reviewed publications
 - Quasi-experimental research designs
 - Reporting a clinical protocol as one of the outcomes
 - Publication sites
- Frequency of study designs in the current QI literature
- Optimizing scholarly recognition for QI activities outside peer-reviewed journals

Chairs perspectives on QI activities and promotion

- Survey of Chairs of Depts. of Medicine in US and Canada to assess the importance of recognition of QI/PS (patient safety) activities in academic promotion
- 78% agreed that faculty should be promoted based on QI/PS work
- 51% felt their current promotion criteria were not useful on only a little bit useful in assessing QI/PS work
- 26% commented that evidence of scholarship should be required

Staiger TO. The Role of Quality Improvement and Patient Safety in Academic Promotion. Am J Med. 2011;124:277-80

Taking a Scholarly Approach to QI Activities

Adapted from Shojania K “Achieving synergy between designing quality improvement projects and writing them up for publication” (See resources)

- Plan from the outset to write up your project
 - Enhances design and execution
 - Inform design with best practices from the literature
 - Start writing the abstract while designing the project
 - Document intervention implementation methods and modifications as the project evolves
 - Review SQUIRE Guideline-see references
- Articulate a theory for why the intervention will work
 - Specify the “active ingredients” of the intervention
 - Explain how these ingredients address the cause of the target safety or quality problem

Maximizing Opportunities for Peer Reviewed QI Publications

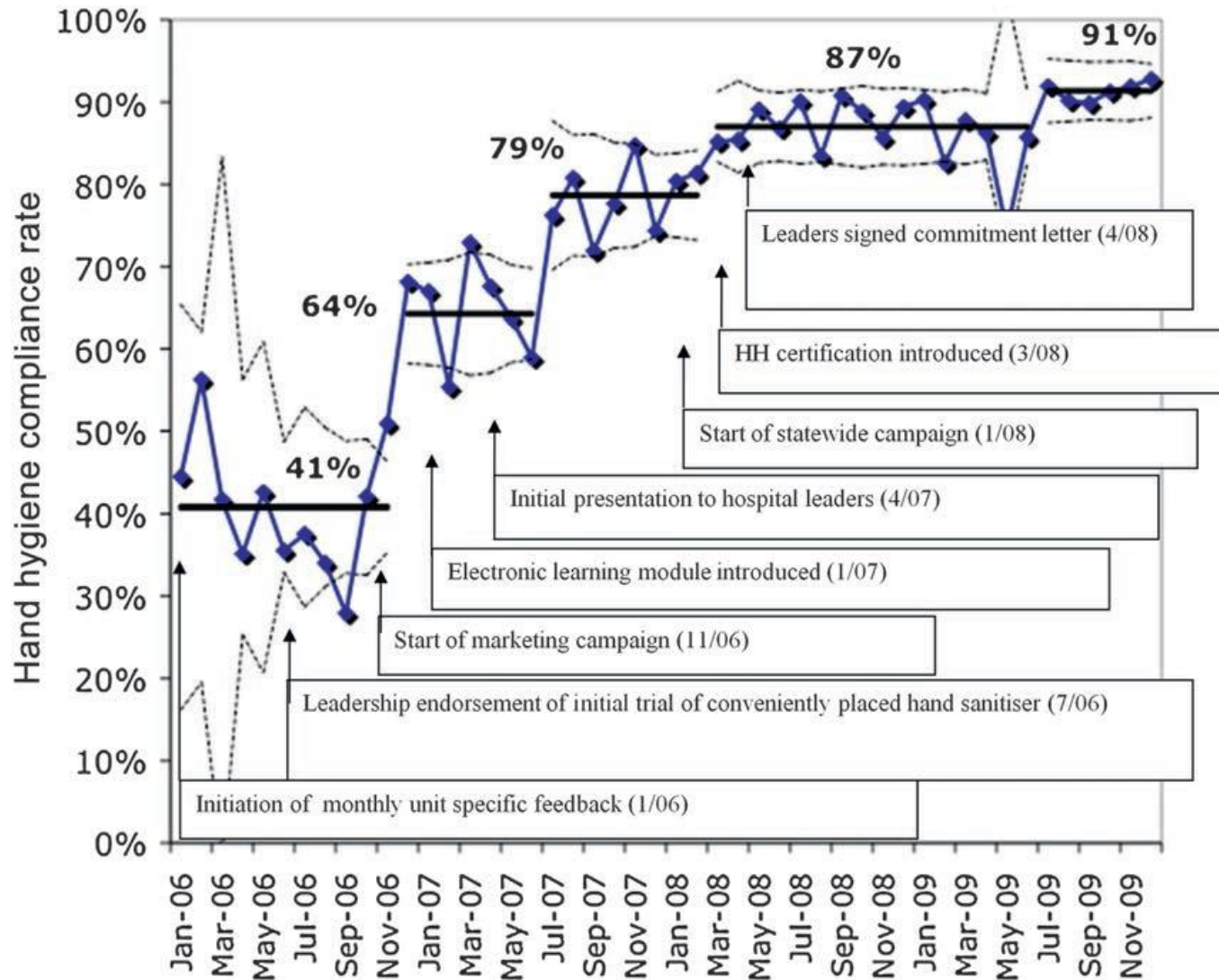
- When developing clinical protocols, consider reporting the protocol as one of the outcomes
 - Clinical protocols developed and implemented with a scholarly approach may be of interest to others
 - Who Needs Inpatient Detox? Development and Implementation of a Hospitalist Protocol for the Evaluation of Patients for Alcohol Detoxification (Stevens J, JGIM, 2014)
 - SQUIRE guidelines don't include specific recommendations on how to format a report on the development and implementation of a clinical QI protocol (Staiger TO, JGIM, Commentary on Stevens, 2014)
 - Authors employed a format that includes a methods and results section for each of protocol development, implementation, and evaluation which may be a useful template for others

Maximizing Opportunities for Peer Reviewed QI Publications

- Understand when & how to use quasi-experimental research designs (i.e. PDSA QI research)
 - Research designs which lack random allocation but address issues of internal validity
 - Goal is to clearly establish the direct relationship between process changes and variation in outcomes
 - Basic approach is a series of multiple measurements at baseline and during intervention
 - May include a non intervention control , a series of interventions, on-off-on interventions, statistical process controls
 - See Speroff T “Study designs for PDSA QI Research” Q Manage Health Care, 2004;13:17-32

Quasi-experimental Time Series Design

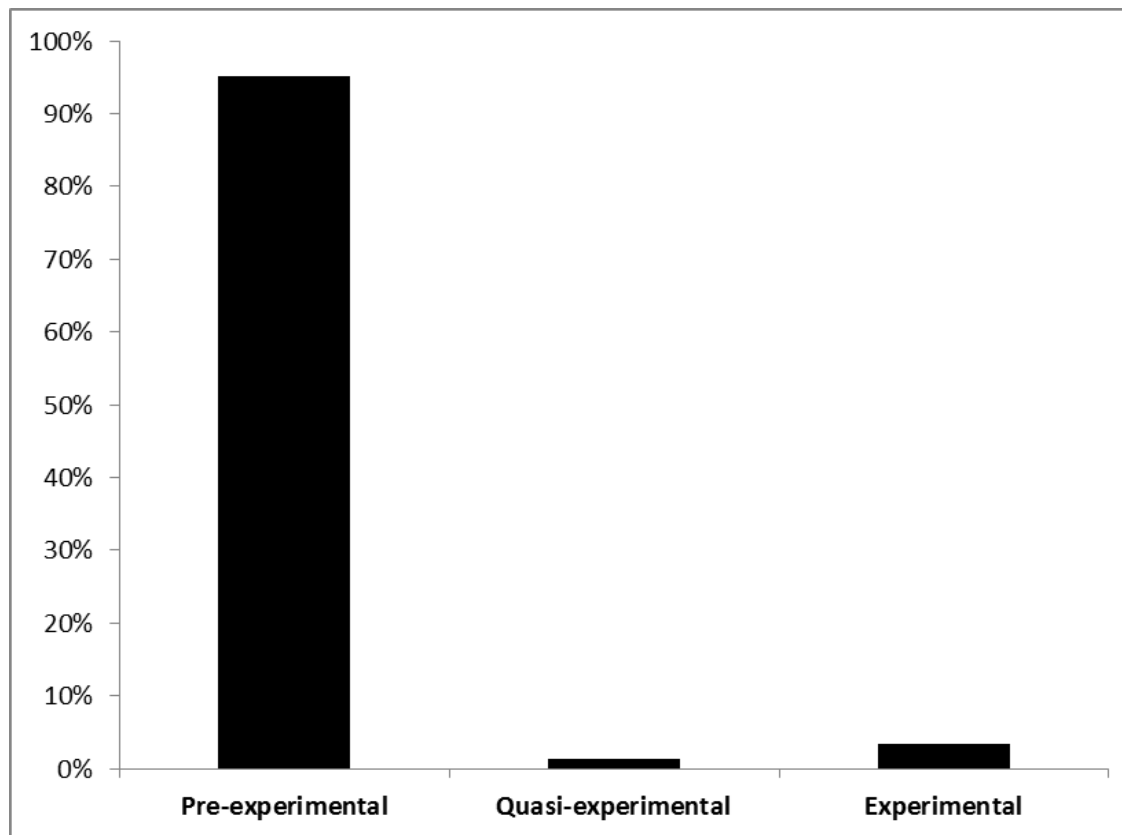
Kirkland K, et al. Impact of a hospital-wide hand hygiene initiative on healthcare associated infections *BMJ Qual Saf* 2012;21:1019-1026



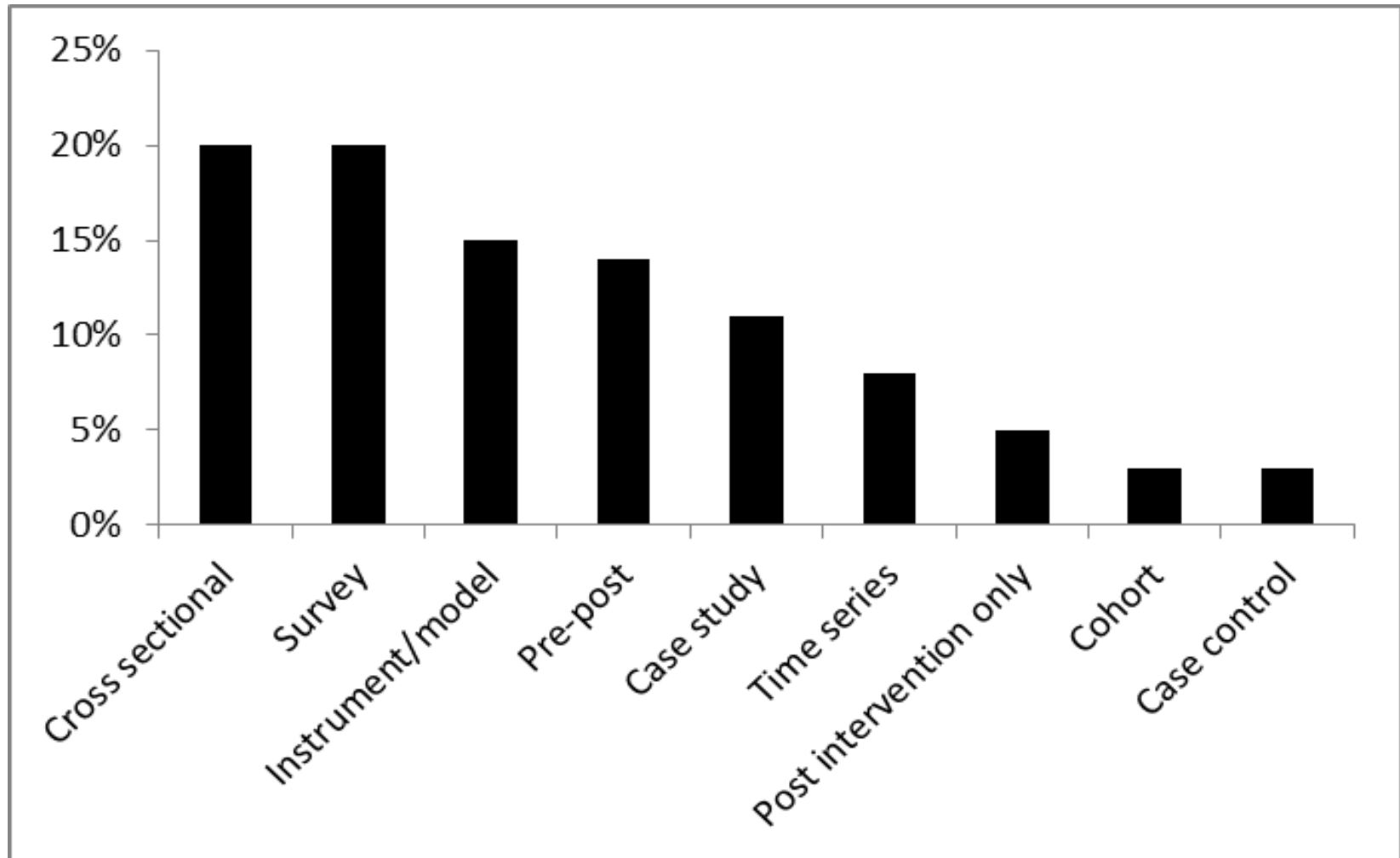
Frequency of QI study designs in a sample of the literature

Wong CJ, Work in Progress

Note: Time series without statistical analysis such as process control charts, were not considered quasi-experimental



Frequency of QI study designs in a sample of the literature



Selected QI Projects: Reduction of Nosocomial Infections



- UWMC “Breakthrough Goal” effort to decrease MRSA, CLABSI, VAP, nosocomial respiratory viruses by > 50%. Over 24 months
 - MRSA decreased 58%
 - CLABSI decreased 54%
 - Hand Hygiene increased to 96%
 - VAP bundle 100% compliance

Henderson D et al. A Collaborative, Systems-Level Approach to Eliminating Healthcare-Associated MRSA, Central-Line–Associated Bloodstream Infections, Ventilator-Associated Pneumonia, and Respiratory Virus Infections. *J Health Qual.* 2012;34:39-47

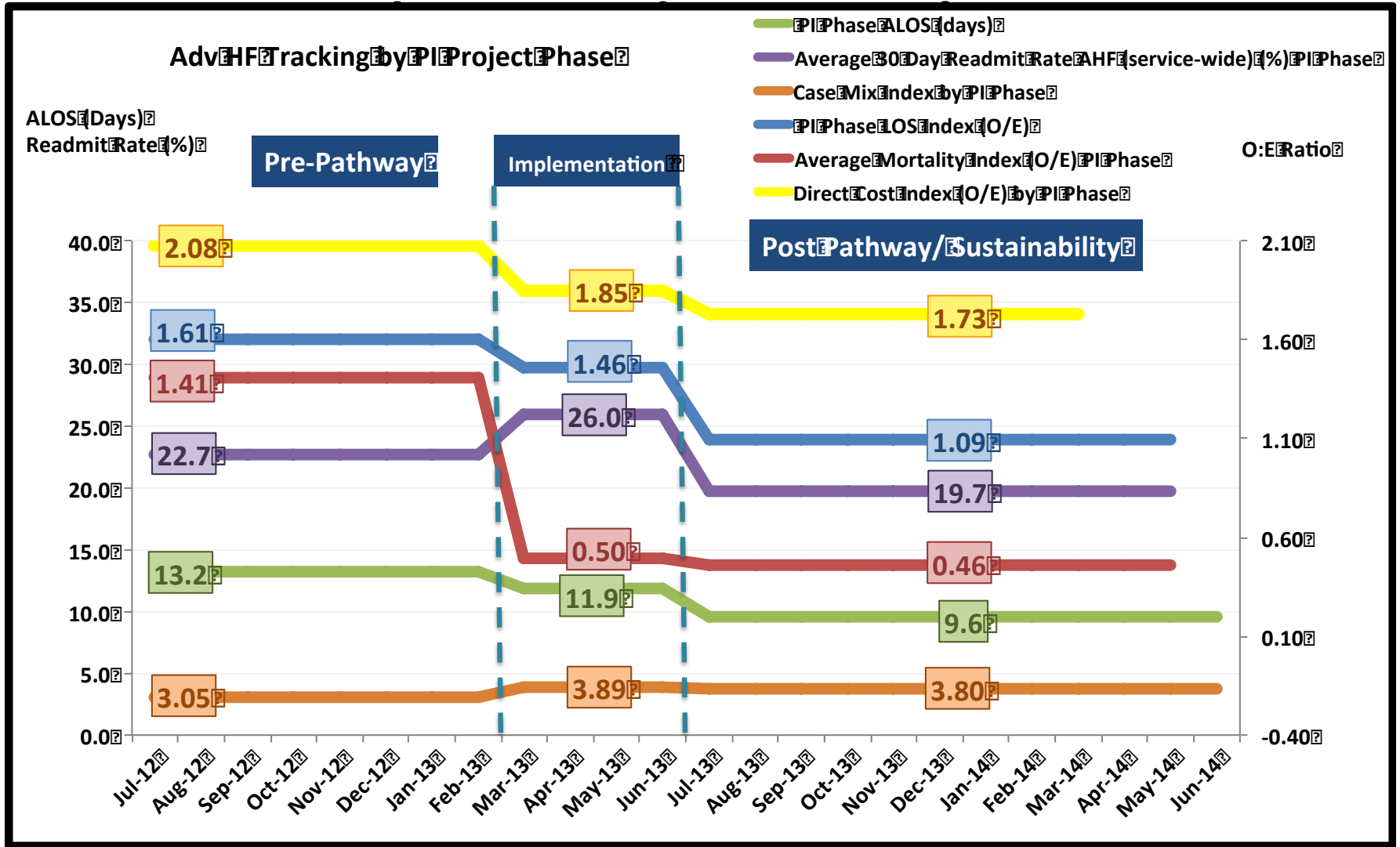
Selected QI Projects: Discharge Time Initiative



- Medication reconciliation performed the evening prior to discharge and orders entered prior to 9AM
 - Increased discharges by 9AM from 8% to 29.7%
 - Improved mean discharge time by 3 hours

Durvasula R et al. Use of a CPOE-based process improvement initiative to drive earlier hospital discharge times in a large academic medical center. Qual Manag Health Care. In press

Selected QI Projects: Advanced HF



Take Homes



- There are substantial faculty development, resident education, and organizational benefits to promoting a scholarly approach to QI activities
- Encourage your faculty and residents to attend SGIM QI Skills for Reliable Care course
 - “This was a fantastic session. I am completely impressed by the high quality of this content. I am supposedly a QI expert but I learned so much in this course!” - 2014 Attendee
- Consider developing a QI methods course for your institution
 - Inaugural UWMC course, based on SGIM course, 2014

Questions/Comments?

