Trauma-Informed Primary Care Initiative Learning Community

Domain 5: Data Collection and Performance Improvement
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Today’s Presenters

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Overview

• Setting the Stage – Domain 5 Standards
• The Performance Improvement Process
• Performance Indicators
• TIPC data overview
• How do we sustain it?
Domain 5 Standards

• System in place to collect, analyze and utilize data to assess the degree to which the organization is accomplishing its aims

• Data is collected via an Electronic Health Record (EHR), separate electronic registries and/or manual tracking logs
Continuous Quality Improvement: FOCUS PDCA Method

**Find:** a process or identify a problem that needs improvement. Problems are pretty easy to identify. Just think about the chronic complaints you get or those things that simply frustrate you at work.

**Organize a team:** a team that understands or works with the process or problem. The team consists of people who know the process well and can speak to what works and what needs changing.

**Clarify** the knowledge. Clarifying the knowledge of the process can help to ensure there’s agreement on what the real issues are.

**Understand** what impacts the variations in the quality of the process. There are variations in every process. The trick is to discover what causes the variations so you can minimize the peaks and valleys.

**Select a strategy/solution** that meets many of the criteria associated with practical success.
PDCA Cycle

1. Select improvement opportunity
2. Analyze current situation or process
3. Identify root causes
4. Generate and choose solutions
5. Map out and implement a trial run
6. Analyze the results
7. Draw conclusions
8. Adopt, Adapt or Abandon
9. Monitor; hold the gains

Start
PLAN: What’s a Really Good Improvement Strategy?

• Not expensive
• Can tell if the idea is working or not
• Affects many
• Can be done in a reasonable timeframe
• Is in the control of the organization
• Aligns with regulations, fiscal requirements and law.
• Unlikely to cause other problems (unintended consequences dilemma)
• Practical in light of other organizational priorities
• Reasonable in light of staff demands on time and energy
• Tools and resources available
DO: Implement the Plan

Establish the workflow and implementation process:

– What
– When
– Where
– By whom
– With whom
Measuring Improvement

• Quantitative data: type of numerical value to be used to express the indicator (percentage, rate, number of occurrences etc.).

• Qualitative data: Focus groups, interviews, surveys involving written feedback
Performance Indicators

**Process Indicators**

- Implementation of the screening process
  - Quantitative:
    - total number of clients in the selected cohort who are screened,
    - total number who refuse the screening,
    - number who screen positive (defining what is meant by positive)
    - Number who screen negative (defining what is meant by negative)
  - Qualitative
    - Response and feedback from the client
    - Feedback from staff involved in the process
    - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators

Process Indicators

• Implementation of the assessment process
  – Quantitative:
    • total number of clients in the selected cohort who are assessed
    • total number who refuse the assessment
    • number who have a positive assessment (defining what is meant by positive)
    • number who have a negative assessment (defining what is meant by negative)
  – Qualitative
    • Response and feedback from the client
    • Feedback from staff involved in the process
    • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators

Process Indicators

• Intervention to address trauma related concerns
  – Quantitative:
    • total number of clients who agree and attend at least one individual/group trauma focused service
    • total number who agree initially but do not attend any sessions.
    • Total number of individual/group sessions attended by client.
  – Qualitative
    • Response and feedback from the client
    • Feedback from staff involved in the process
    • Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Performance Indicators

**Outcome Indicators**

- High priority health indicators aligned with the health needs of the selected cohort
  - Quantitative:
    - Mechanical indicators (BMI, Weight, Blood Pressure, waist circumference) and
    - Blood chemistry indicators (A1C, Cholesterol, other physiological measures pertinent to the health needs of the selected cohort)
  - Qualitative
    - Response and feedback from the client
    - Feedback from staff involved in the process
    - Feedback re: the clarity, time demands, burden of implementation, interference with other key processes, team adherence to process.
Study: Did the Change Accomplish the Intended Outcome?

Answers the questions:
• How will we know that the improvement strategy was implemented as designed?
• How will we know if the strategy was practical, effective, measureable and sustainable?
• Is our checking approach reliable and valid?
Poll Question 1: What best describes your data collection system?

A. We have a good system in place to measure our TIC efforts
B. We have fairly good system in place
C. Our system is marginally adequate
D. Our system is not working well
Tools to measure/display/diagnose performance

• Workflow process data points
• Data tables
• Benchmarking
Workflow Data Points
Cross Site Cohort Screening Flow Chart (N= 15 Sites)

Total Cohort: 780

Screened for Trauma: 296 (37.9%)
- Negative: 81
- Positive: 191

Screened Positive: 191 (64.5%)

Assessed for Trauma: 153 (80.1%)
- Negative: 53
- Positive: 111

Assessed Positive for Trauma: 111 (72.5%)

Referred to Treatment: 112 (100.1%)
- Group: 24
- Individual: 83
Understanding the entire process

The critical question to answer:

*Do clients who receive trauma specific support/treatment demonstrate significant improvement in one or more relevant health related outcomes?*
Data Tables: Comparison to First Quarter

<table>
<thead>
<tr>
<th>Metric</th>
<th>First Quarter</th>
<th>Second Quarter</th>
<th>Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened for Trauma</td>
<td>154</td>
<td>296</td>
<td>113%</td>
</tr>
<tr>
<td>Screened Positive</td>
<td>122</td>
<td>191</td>
<td>75%</td>
</tr>
<tr>
<td>Assessed for Trauma</td>
<td>115</td>
<td>153</td>
<td>50%</td>
</tr>
<tr>
<td>Assessed Positive for Trauma</td>
<td>98</td>
<td>111</td>
<td>31%</td>
</tr>
<tr>
<td>Referred to Treatment</td>
<td>110</td>
<td>109</td>
<td>12%</td>
</tr>
</tbody>
</table>

All Sites increased in screening and assessment metrics
Patients Screened from Original Cohort

9 Sites screened over 50% of the starting cohort

- Site 1
- Site 2
- Site 3
- Site 4
- Site 5
- Site 6
- Site 7
- Site 8
- Site 9
- Site 10
- Site 11
- Site 12
- Site 13
- Site 14
- Site 15

Individuals In Cohort/Screened

- Total Cohort Size
- Total Patients Screened
Trauma Screening Results

64.5% of individuals screened, screened positive for trauma.
80.1% of all individuals assessed indicated trauma.
Patients Referred to Treatment

- Site 1: Assessed Positive: 16, Referred to Treatment: 18
- Site 2: Assessed Positive: 8, Referred to Treatment: 10
- Site 3: Assessed Positive: 6, Referred to Treatment: 8
- Site 4: Assessed Positive: 4, Referred to Treatment: 6
- Site 5: Assessed Positive: 2, Referred to Treatment: 4
- Site 6: Assessed Positive: 2, Referred to Treatment: 4
- Site 7: Assessed Positive: 2, Referred to Treatment: 4
- Site 8: Assessed Positive: 2, Referred to Treatment: 4
- Site 9: Assessed Positive: 2, Referred to Treatment: 4
- Site 10: Assessed Positive: 1, Referred to Treatment: 2
- Site 11: Assessed Positive: 1, Referred to Treatment: 2
- Site 12: Assessed Positive: 1, Referred to Treatment: 2
- Site 13: Assessed Positive: 1, Referred to Treatment: 2
- Site 14: Assessed Positive: 2, Referred to Treatment: 4
- Site 15: Assessed Positive: 2, Referred to Treatment: 4

Assessed Positive
Referred to Treatment
### Health Indicators- 2nd Quarter

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Number of Individuals Screened</th>
<th>Number of Individuals meeting Criteria/Cutoff</th>
<th>Percentage of Individuals meeting Criteria/Cutoff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Glucose</td>
<td>198</td>
<td>174</td>
<td>87.9%</td>
</tr>
<tr>
<td>Blood Pressure</td>
<td>98</td>
<td>59</td>
<td>60.2%</td>
</tr>
<tr>
<td>BMI</td>
<td>132</td>
<td>104</td>
<td>78.8%</td>
</tr>
<tr>
<td>Hospitalization/ER</td>
<td>29</td>
<td>19</td>
<td>65.5%</td>
</tr>
</tbody>
</table>

**Criteria:**
- **Blood Glucose:** A1C level at or above 9
- **Blood Pressure:** Blood pressure at or greater than 120/80 mm Hg
- **BMI:** BMI of 24.9 or greater
- **Hospitalization/ER:** Hospitalized at least 1 time during reporting period
Blood Glucose: Follow up Indicators

Higher A1C and Remain High Risk: 46 (22%)

Lower A1C but Remain High Risk: 53 (25%)

Higher A1C and but low Risk: 0 (0%)

Lower A1C and Low Risk: 1 (0.5%)

Blood Glucose at or above 5.7%: 209

109 (52%) Individuals had no change in A1C level
Blood Pressure: Follow up Indicators

- Higher Blood Pressure and High Risk: 16 (34%)
- Lower Blood Pressure but still High Risk: 17 (36%)
- Higher Blood Pressure but Low Risk: 1 (2%)
- Lower Blood Pressure and Low Risk: 6 (13%)

Blood Pressure at or greater than 120/80 mmHg: 47

7 (15%) Individuals had no change in blood pressure
Let’s chat

What are the most significant challenges you encounter in collecting, analyzing and acting on the TIC data to make improvements?
Sustainability is the Key!

Virna Little, PsyD, LCSW-r, SAP, CCM
What Does Sustainability Mean?

• Financially viable
• Not dependent on you !!
• Woven into systems and processes such as quality improvement
• Woven into systems – built into the EMR
• Its just what we do......
Why is the EMR so Critical?

• Indicates organizational support or “buy in”
• Helps to be part of the system – standardized
• Is consistent across all sites or locations
• Can help track progress (or lack of !!)
• Can help you promote work with dashboards or with decision supports?
Polling Question 2

• What EMR do you currently use?
  NextGen
  EPIC
  ECW
  Other - please name in the chat box
Polling Question 3

Is a trauma screener built into your EMR?

- Yes
- No

If no, what have been the barriers?

- Financial – unable to afford it
- Not a priority for the organization
- Technical-no resources to help with build
- Other (please specify)
What Can I Do?

• Tie in with other organizational initiatives – perhaps the PCMH special population
• Tie in with regulatory requirements like joint commission
• Promote through quality improvement, make it center or organizational project
• Get others involved as often as possible
• Keep on all meeting agendas
Create Value

• For other stakeholders like providers
• For the organization
Q&A
Contact Information

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Upcoming Learning Community Activities

• PMT and Bi-Monthly Report Submission
  February 10th

• Summit Meeting: Las Vegas, NV on March 5 & 6
  Report out slides due February 19th

• TIC Reception: March 6, 5:30 to 7:00

• Workforce Development Survey...coming soon!

Questions? Email Stephanie at StephanieQ@thenationalcouncil.org