

Adapting IHI Breakthrough Series Framework for Community-Based Outcome Improvements: *The Case of Texas Healthcare Transformation and Quality Improvement Program*

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Learning Objectives

- Describe the **adaptability** of the IHI Breakthrough Series Framework for a regional, multi-organizational learning collaborative
- Discuss **implementation** of the IHI Breakthrough Series Framework for a regional learning collaborative
- Evaluate the **success** of adapting the IHI Breakthrough Series Framework for shared regional and organizational learning and improved population health

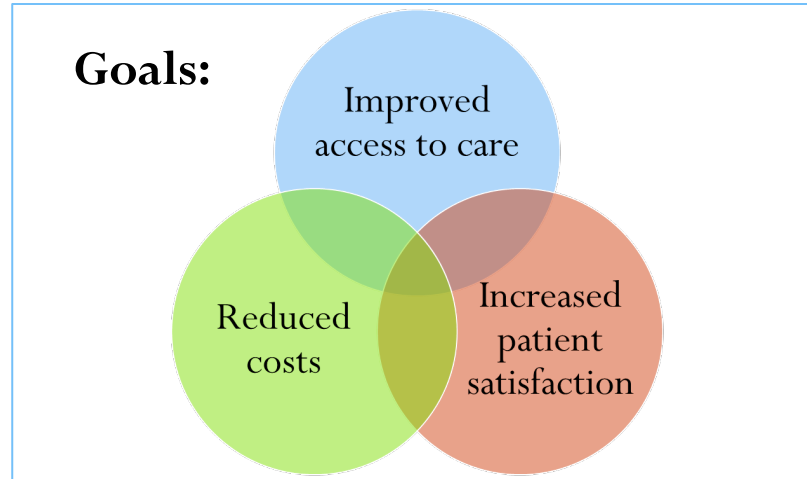
Background

Texas received federal approval of an 1115 Medicaid Transformation Waiver to:

- Preserves loss of Upper Payment Limit (UPL) funds
- Expand managed care across the state
- Improve health outcomes across and within each of the 20 multi-county Regions in Texas

Regional Healthcare Partnership 3

- Based out of Houston/Harris County, Texas
- Serving 8 neighboring counties
- 28 Performing Providers
- Over 180 Projects



- Adopted the IHI Breakthrough Series Framework for the 1115 Medicaid Transformation Waiver

The IHI Breakthrough Series Framework

What is the Breakthrough Series?

- A *“collaborative learning”* model to help health care organizations make *“breakthrough” improvements* in quality while reducing costs.
- A Breakthrough Series Collaborative is *a short-term learning system* that brings together a large number of teams *to seek improvement in a focused topic area*



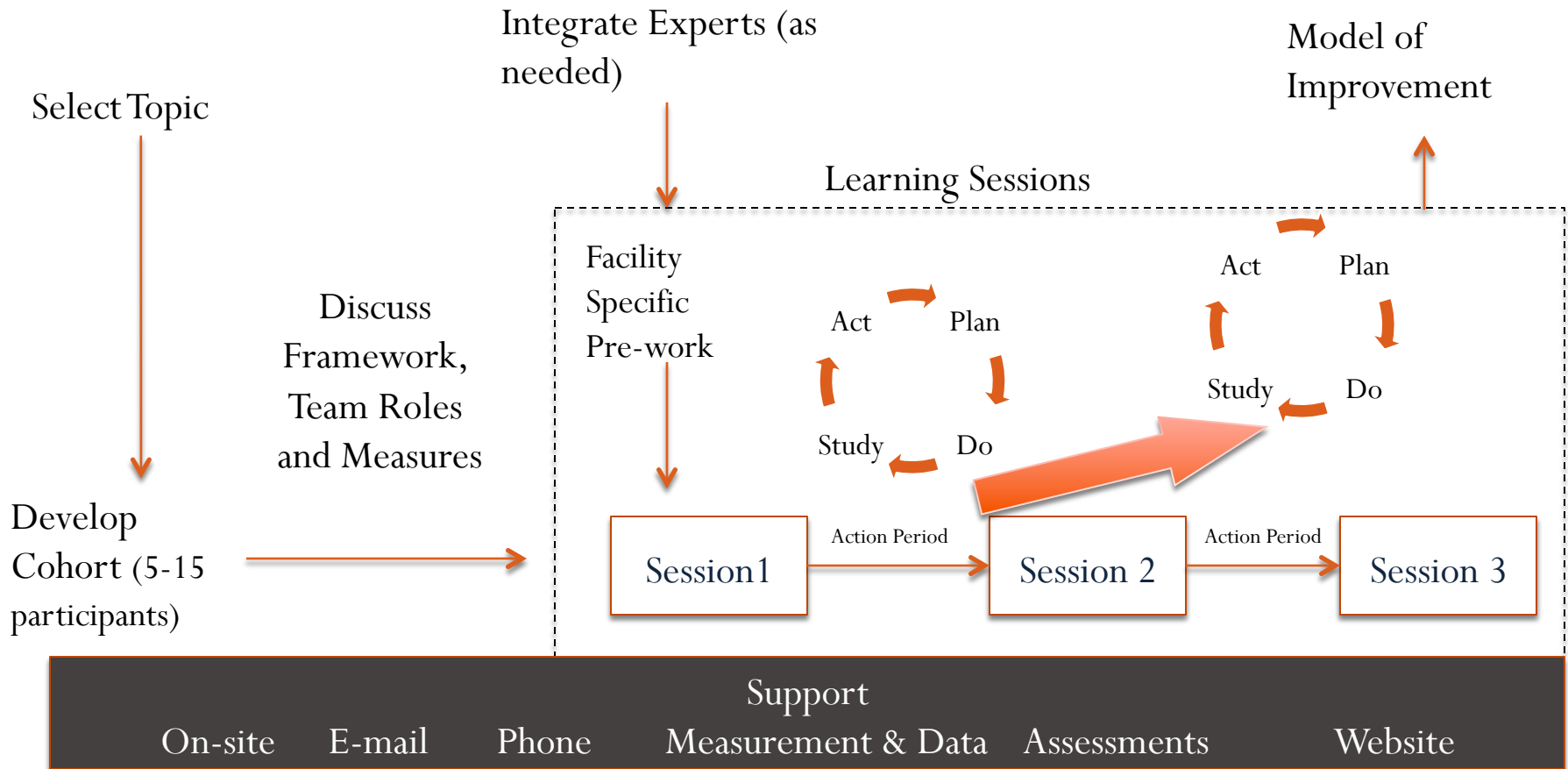
The IHI Breakthrough Series Framework

What is the Breakthrough Series?

- Improves *quality* while *reducing costs*
- Collaboratives allow organizations to *learn from each other* and *from experts* in identified topic areas
- Apply this approach to *project implementation*
- A Collaborative has three essential characteristics:
 - Implemented in a finite time using a rapid pace
 - Relies on collaboration
 - Grounded in change



IHI Breakthrough Series Process



Successes of IHI Breakthrough Series Learning Collaboratives

- IHI BTS-based collaboratives vary widely in scope and participant mix
- Collaboratives adjust the IHI BTS model to:
 - Fit group specifications
 - Focus on clinical or non-clinical improvement
- Regardless of the differences, many IHI BTS collaboratives have resulted in substantial improvement in outcomes

Successes of Learning Collaborative Application: Breakthrough Series Examples

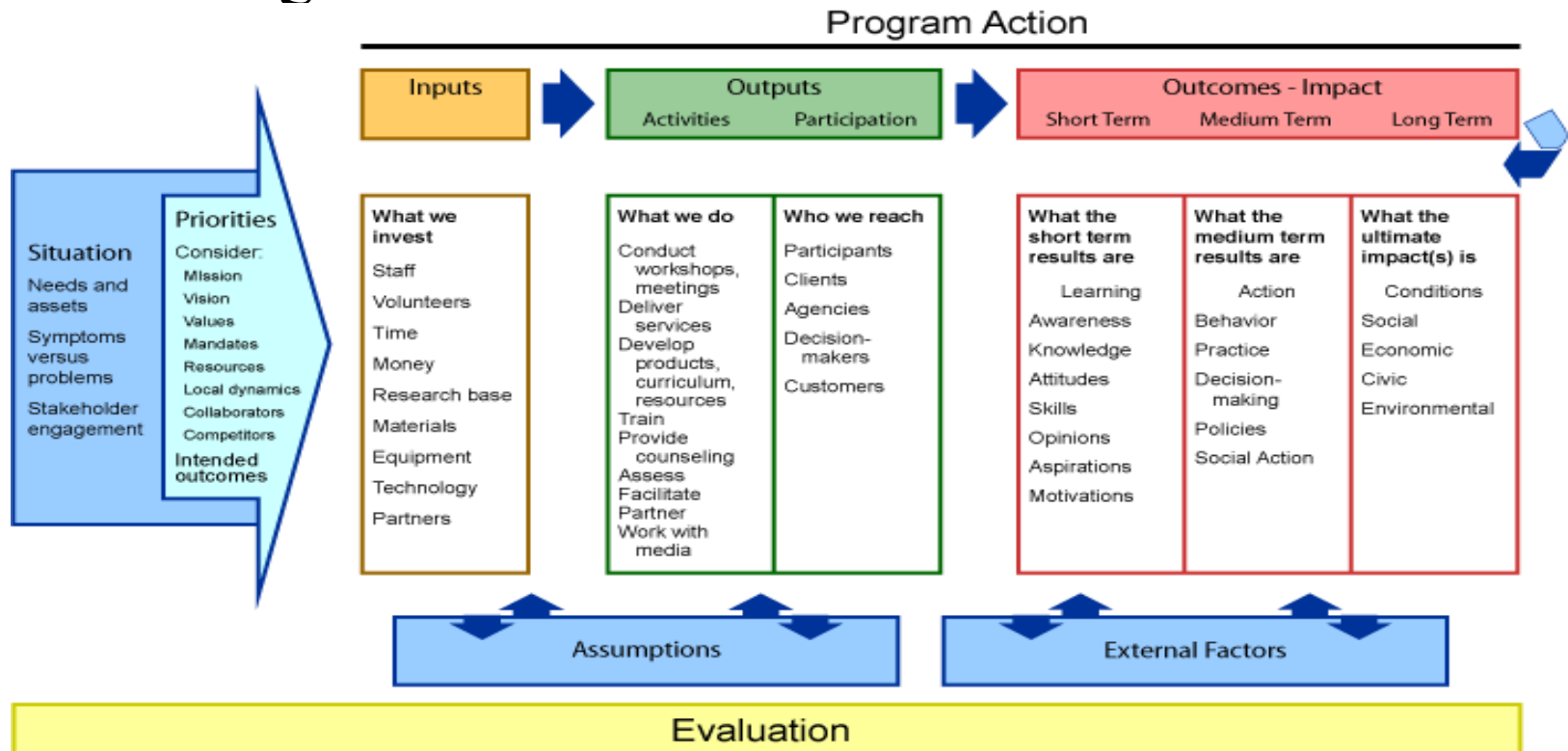
LC Successes	Scope / Participants	Timeline	Results
Reducing C-Section Rates	28 orgs and 11 change areas	1 yr LC in 1995.	15% achieved C-Section reductions of 30%+ 50% achieved reductions between 10 to 30%.
Improving the Value of Patient Care in a Health Care System	4 multiple clinical with 46 teams	Multiple collaboratives from Dec 1998 to Jan 2002.	Improvements in cholesterol screening & treatment; Savings of \$450K/ yr.
State-Level Application of the Chronic Illness Breakthrough	2 state-level diabetes 47 teams from PCP offices and health insurance plans.	A 13-month learning period Phases of preparation, 3 learning sessions, 3 action periods, and congress.	Most teams demonstrated some improvement on blood sugar testing and control, blood pressure control, lipid testing and control, foot exams, dilated eye exams, and self-mgt goals.
Five Collaborative Projects in the Veterans Health Administration (VHA)	Five VHA collaboratives in different clinical or process areas; 134 participating teams.	7-8 months ongoing learning collaboratives between 1999 and 2001.	57% of reached a $\geq 20\%$ improvement in - adverse drug events; - safety in “high risk areas”; - home-based primary care for dementia - compensation and pension examination - falls and injuries due to falls
Two Collaborative Projects in End of Life Care	2 LC with 47 and 34 participating teams, in the areas of pain and symptom management and advance care planning	12 months learning collaboratives between 1997 and 1999.	89% of the 47 teams made care system improvements 85% of the 34 teams made changes to their care system.

RHP3's Learning Collaborative

- RHP3 sought better health care outcomes through regional collaboration and shared learning among performing providers
- RHP 3's Learning Collaborative, conducted at both the cohort and regional level, is an adaptation and expansion of the IHI BTS model because it involves:
 - Over **180** unique projects in 5 concurrent topic areas
 1. Emergency center utilization
 2. Patient navigation
 3. Behavioral health
 4. Primary & specialty care
 5. Chronic care

Conceptual Framework for Adapting IHI Breakthrough Series Process

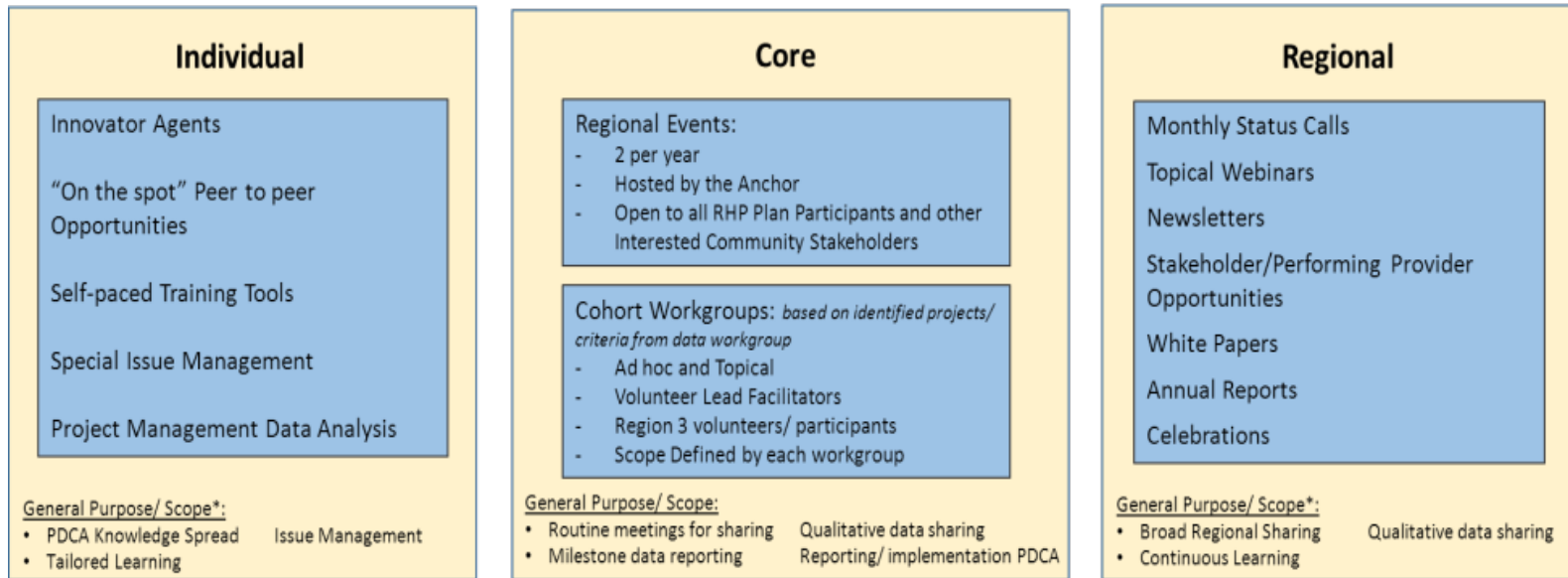
Common Logic Model



RHP 3 Adapted Learning Collaborative

Region 3 Learning Collaborative

General Purpose/ Scope:
Regional Impact Shared Learning Community Engagement Success Celebration

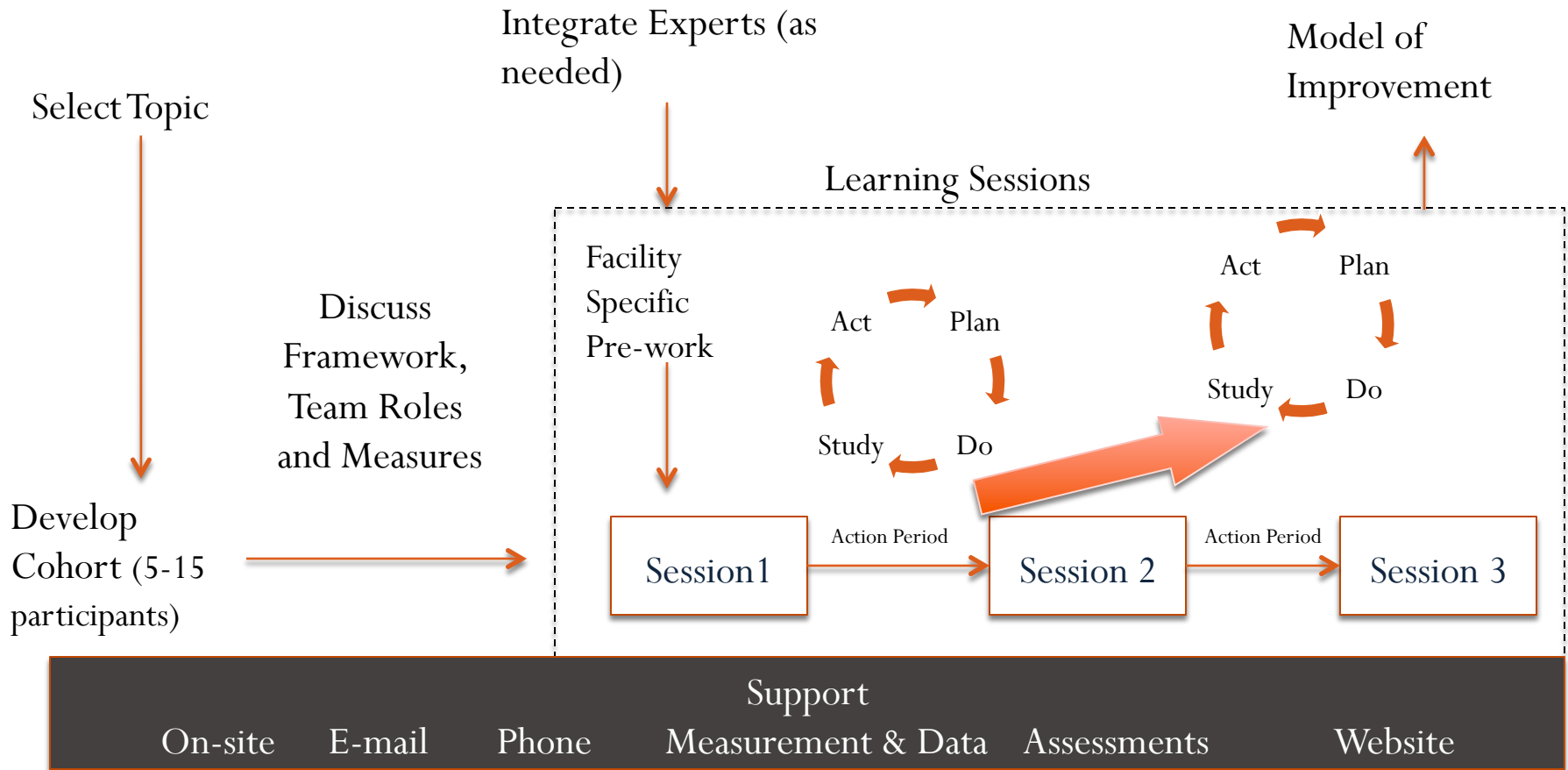


Data Advisory Group: HHS core member UTSPH core member Region 3 Volunteers • Assimilate data and reports

Quality Improvement Advisory Group: HHS core member UTSPH core member Region 3 Volunteers • Assure the PDCA cycle is active within the workgroup

OUTCOMES: Regional Impact Metrics Workgroup Metrics PDCA Metrics

IHI Breakthrough Series Collaborative Process



Breakthrough Series RHP3's Regional LC Implementation

Select Topic

Kick Off Meeting for RHP3

Identify Faculty & Participants

HHS works with cohort leaders, stakeholders, and experts to create LC agenda

Discuss Framework, Team Roles and Measures

Regional Learning Collaboratives (bi-annually)

Expert Meeting

Project and data presentations

Identify Cohorts

Pre-work

HHS works with cohorts

Act

Plan

Act

Plan

Cohort Kickoff

Cohort Meetings

Study

Do

Study

Do

Session 1

Session 2

Session 3

12/4/13 Regional LC

06/1/14 Regional LC

12/10/14 Regional LC

- Regional updates/ shared learning
- Cohorts share successes

RHP3's Five Cohorts

	EC Utilization	Patient Navigation	Behavioral Health	Primary & Specialty Care	Chronic Care
Start Date	Fall 2013/ Spring 2014	Fall 2013	Spring 2014	Summer 2014	Fall 2014
Goal/Charter	Decrease non-emergent visits to the EC and/or increase visits to the area clinics	Develop comprehensive, web-based tools for patient navigation Develop a web-based tool for identifying regional CEU training for CHWs	Identify strategies to address all cause 30-day readmission rates by understanding the patient's perspective better Evaluate integration of PC and BH via recognized tool	Identify ways to change patterns in healthcare seeking behavior Raise awareness in the community of new delivery models (from Waiver)	Identify best practices within chronic disease mgt & prevention Determine approaches to decrease readmits Identify methods for change mgt
Outcomes	<ul style="list-style-type: none"> • Surveyed discharge planners • Evaluating models in navigation 	<ul style="list-style-type: none"> • MOU with institutions to share data • Website development in process 	<ul style="list-style-type: none"> • Analyzing discharge data to evaluate readmits (Pt char, dx, admit source, d/c status) • Piloting tool at subset of orgs 	<ul style="list-style-type: none"> • Speaker series on: chronic disease management, diabetes management 	In process

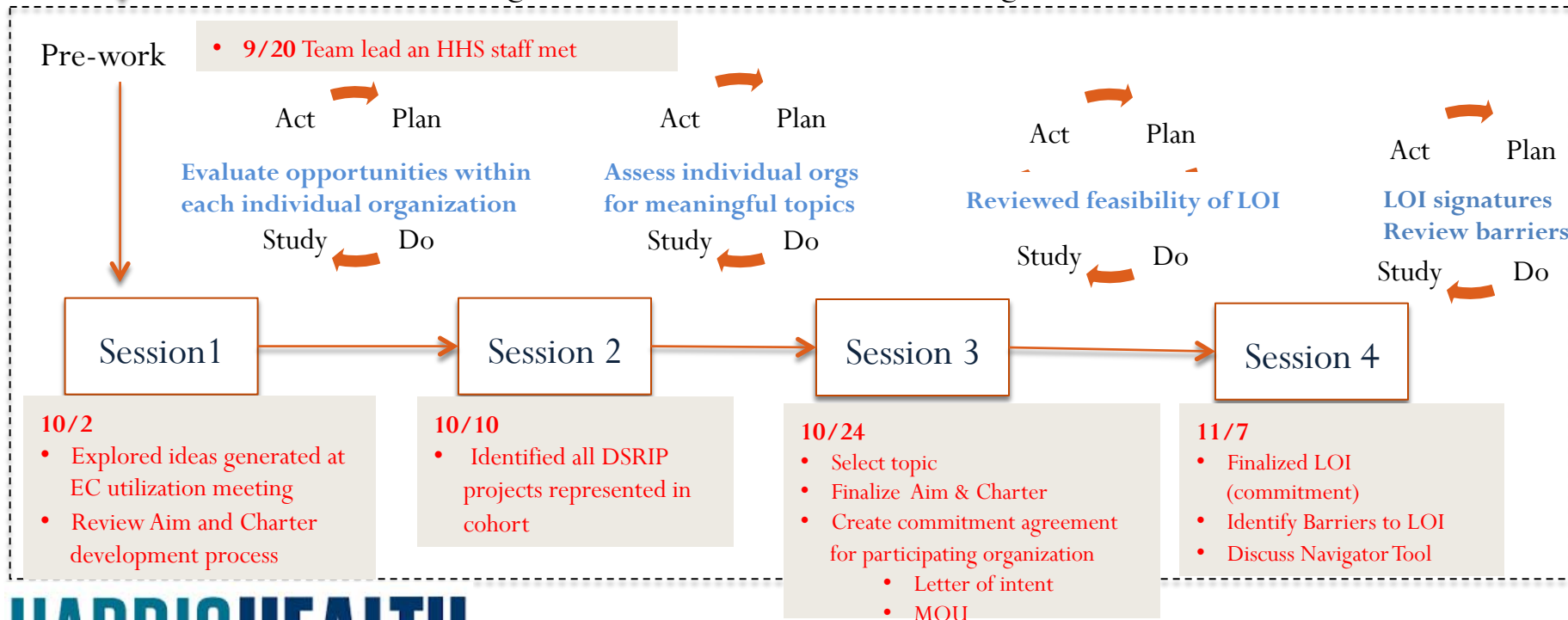
Breakthrough Series Cohort LC Process

Navigation Cohort Example

Identify Faculty & Participants

Participants identified during Regional Learning Collaborative
 Kickoff planned; participation encouraged
 Two Cohort emerged – Navigation and EC Utilization

Learning Sessions – Cohort Team Meetings



Successes of Adapting and Implementing the IHI BTS Framework

	EC Utilization	Patient Navigation	Behavioral Health	Primary & specialty care	Chronic Care
Strengths	<ul style="list-style-type: none"> - Strong topic with significant interest - Initial group ended; restarted with clearer focus based on other 5 Cohorts 	<ul style="list-style-type: none"> - Strong Leadership - Commitment from cohort members - Defined and measurable goals 	<ul style="list-style-type: none"> - Focused objectives - Two subgroups emerged - Integrated “experts” and literature reviews - Piloting integration tool before implementing 	<ul style="list-style-type: none"> - Focused objectives - Two subgroups - Integrating topical experts - Conducting numerous face to face meetings 	<ul style="list-style-type: none"> - Participation seems to be strong (newly formed cohort)
Weaknesses	<ul style="list-style-type: none"> - Broad scope - Initial data collection was inadequate - Difficult to measure impact 	<ul style="list-style-type: none"> - Broad scope which has lengthen timeline 	<ul style="list-style-type: none"> - Initial attempts at data collection difficult - Slow start to determine how to measure improvements 	<ul style="list-style-type: none"> - Large topic area, difficult to define and get provider buy-in - Numerous projects on expanding access, identifying common improvement opportunities is challenging 	<ul style="list-style-type: none"> - Two unique stakeholder groups, with differing interests

Successes of Adapting and Implementing the IHI BTS Framework

Lessons learned from the regional and cohort implementation:

- The IHI model can be adapted to fit regional, multi-organizational organizations and projects
- Attention needs to be given to finding common goals among participants (“what’s in it for me”)
- Strong cohort leadership and participant buy-in is necessary to ensure shared learning and on-going engagement
- Ultimately, the IHI BTS is a framework for team-based learning and sharing – the necessary components for building strong teams is required

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Questions? Thoughts?