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*
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

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

Program Action

Inputs - Outputs - Participation

Outcomes - Impact

Short Term - Medium Term - Long Term

Priorities

Situation
- Needs and assets
- Symptoms versus problems
- Stakeholder engagement

What we invest
- Consider:
  - Mission
  - Values
  - Mandates
  - Resources
  - Local dynamics
  - Collaborators
  - Competitors
  - Intended outcomes

What we do
- Conduct workshops, meetings
- Deliver services
- Develop products, curriculum, resources
- Train
- Provide counseling
- Assess
- Facilitate
- Partner
- Work with media

Who we reach
- Participants
- Agencies
- Decision-makers
- Customers

What the short term results are
- Learning
- Awareness
- Knowledge
- Attitudes
- Skills
- Opinions
- Aspirations
- Motivations

What the medium term results are
- Action
- Behavior
- Practice
- Decision-making
- Policies
- Social Action

What the ultimate impact(s) is
- Conditions
- Social
- Economic
- Civic
- Environmental

Assumptions

External Factors

Evaluation
## RHP 3 Adapted Learning Collaborative

### Region 3 Learning Collaborative

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

### Individual

- **Innovator Agents**
- “On the spot” Peer to peer Opportunities
- Self-paced Training Tools
- Special Issue Management
- Project Management Data Analysis

**General Purpose/Scope:**
- PDCA Knowledge Spread
- Issue Management
- Tailored Learning

### Core

- **Regional Events:**
  - 2 per year
  - Hosted by the Anchor
  - Open to all RHP Plan Participants and other Interested Community Stakeholders

- **Cohort Workgroups:**
  - Based on identified projects/criteria from data workgroup
  - Ad hoc and Topical
  - Volunteer Lead Facilitators
  - Region 3 volunteers/participants
  - Scope Defined by each workgroup

**General Purpose/Scope:**
- Routine meetings for sharing
- Milestone data reporting
- Qualitative data sharing
- Reporting/implementation PDCA

### Regional

- **Monthly Status Calls**
- Topical Webinars
- Newsletters
- Stakeholder/Performing Provider Opportunities
- White Papers
- Annual Reports
- Celebrations

**General Purpose/Scope:**
- Broad Regional Sharing
- Continuous Learning
- Qualitative data sharing

### 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

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**HARRIS HEALTH SYSTEM**

**UTHealth School of Public Health**

The University of Texas Health Science Center at Houston
IHI Breakthrough Series Collaborative Process

Select Topic

- Integrate Experts (as needed)

- Discuss Framework, Team Roles and Measures

Develop Cohort (5-15 participants)

- Facility Specific Pre-work

- Learning Sessions

  - Session 1
  - Session 2
  - Session 3

Support

- On-site
- E-mail
- Phone
- Measurement & Data
- Assessments
- Website

Model of Improvement

- Act
- Plan
- Study
- Do

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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

Expert Meeting
- Discuss Framework, Team Roles and Measures

Project and data presentations
- Identify Cohorts

Regional Learning Collaboratives (bi-annually)

Pre-work
- HHS works with cohorts

Act
- Cohort Kickoff

Plan
- Study
- Do

Session 1
- 12/4/13 Regional LC

Session 2
- 06/1/14 Regional LC

Session 3
- 12/10/14 Regional LC

- Regional updates/ shared learning
- Cohorts share successes
# RHP3’s Five Cohorts

<table>
<thead>
<tr>
<th>Start Date</th>
<th>EC Utilization</th>
<th>Patient Navigation</th>
<th>Behavioral Health</th>
<th>Primary &amp; Specialty Care</th>
<th>Chronic Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fall 2013/ Spring 2014</td>
<td>Fall 2013</td>
<td>Spring 2014</td>
<td>Summer 2014</td>
<td>Fall 2014</td>
</tr>
</tbody>
</table>

## Goal/ Charter

**EC Utilization**
- 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

**Patient Navigation**
- 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

**Behavioral Health**
- Identify ways to change patterns in healthcare seeking behavior
- Raise awareness in the community of new delivery models (from Waiver)

**Primary & Specialty Care**
- Identify best practices within chronic disease mgt & prevention
- Determine approaches to decrease readmits
- Identify methods for change mgt

## Outcomes

**Surveyed discharge planners**
- MOU with institutions to share data
- Website development in process

**Analyzing discharge data to evaluate readmits**
- (Pt char, dx, admit source, d/c status)
- Piloting tool at subset of orgs

**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

Pre-work

• 9/20 Team lead an HHS staff met

Act Plan
Evaluate opportunities within each individual organization
Study Do

Act Plan
Assess individual orgs for meaningful topics
Study Do

Act Plan
Reviewed feasibility of LOI
Study Do

Act Plan
LOI signatures
Study Do

Review barriers

Session 1

10/2
• Explored ideas generated at EC utilization meeting
• Review Aim and Charter development process

Session 2

10/10
• Identified all DSRIP projects represented in cohort

Session 3

10/24
• Select topic
• Finalize Aim & Charter
• Create commitment agreement for participating organization
  • Letter of intent
  • MOU

Session 4

11/7
• Finalized LOI (commitment)
• Identify Barriers to LOI
• Discuss Navigator Tool

Participants identified during Regional Learning Collaborative
Kickoff planned; participation encouraged
Two Cohort emerged – Navigation and EC Utilization
## Successes of Adapting and Implementing the IHI BTS Framework

<table>
<thead>
<tr>
<th>Strengths</th>
<th>EC Utilization</th>
<th>Patient Navigation</th>
<th>Behavioral Health</th>
<th>Primary &amp; specialty care</th>
<th>Chronic Care</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Strong topic with significant interest</td>
<td>Strong Leadership</td>
<td>Focused objectives</td>
<td>Focused objectives</td>
<td>Participation seems to be strong (newly formed cohort)</td>
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<tr>
<td></td>
<td>Initial group ended; restarted with clearer focus based on other 5 Cohorts</td>
<td>Commitment from cohort members</td>
<td>Two subgroups emerged</td>
<td>Two subgroups</td>
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<tr>
<td></td>
<td></td>
<td>Defined and measurable goals</td>
<td>Integrated “experts” and literature reviews</td>
<td>Integrating topical experts</td>
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<td></td>
<td></td>
<td></td>
<td>Piloting integration tool before implementing</td>
<td>Conducting numerous face to face meetings</td>
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<tr>
<td>Weaknesses</td>
<td>Broad scope</td>
<td>Broad scope which has lengthen timeline</td>
<td>Initial attempts at data collection difficult</td>
<td>Large topic area, difficult to define and get provider buy-in</td>
<td></td>
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<tr>
<td></td>
<td>Initial data collection was inadequate</td>
<td></td>
<td>Slow start to determine how to measure improvements</td>
<td>Numerous projects on expanding access, identifying common improvement opportunities is challenging</td>
<td></td>
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<td></td>
<td>Difficult to measure impact</td>
<td></td>
<td></td>
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<td>Two unique stakeholder groups, with differing interests</td>
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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
References


Questions? Thoughts?