Collaboration and Healthy Competition: Hand in Hand

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2017 AHQA Quality Summit
May 31, 2017
Atlantic Quality Innovation Network (AQIN)

- The federally funded Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO) for New York State, the District of Columbia, and South Carolina.

- Partners -
  - The Carolinas Center for Medical Excellence in South Carolina,
  - IPRO in New York, and
  - Delmarva Foundation in the District of Columbia.

- One of 14 QIN-QIOs operating across the U.S.
Atlantic Quality Innovation Network (AQIN)

- Works toward better care, healthier people and communities, and smarter spending.
- Catalyzes change through a data-driven approach to improving healthcare quality.
- Collaborates with providers, practitioners and stakeholders at the community level to share knowledge, spread best practices and improve care coordination.
- Promotes a patient-centered model of care, in which healthcare services are tailored to meet the needs of patients.
Healthcare Transformation to Date

A Brief History of Health-Care

The House Call
The Office Call
The I-800 Call
The Conference Call
Diverging Paths

• Collaboration
  • The process of two or more people or organizations working together to realize or achieve something successfully

Competition

• A rivalry between two or more persons or groups for an object desired in common, usually resulting in a victor and a loser but not necessarily involving the destruction of the latter
Interprofessional Collaboration

When multiple healthcare workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care
Education

• Most important step to sustain change
• Learn about, from and with each other to enable effective collaboration and improve health outcomes
• To learn collaboration, we must practice collaboration
  • All in
  • All practicing collaboration
  • All concurrently learning and teaching
Competency

• Skills
  • Understand roles and responsibilities
• Critical thinking
  • Promotes collaborative discussion often in new or previously neglected areas to ensure all pertinent aspects of the problem are considered.
• Communication
  • Support patient-centered care
• Values
  • Mutual respect and understanding of goals
  • Relationship building
Interprofessional Collaboration in Action

Coming Together Is The Beginning. Keeping Together is Progress. Working Together Is Success –

Henry Ford
Introducing the South Carolina Patient-Centered Medical Home Alliance

- Collective messaging
- Shared resources for training and education
- Alignment of efforts
- Rework the system rather than recreate
New S.C. alliance promoting 'patient-centered' primary care

Lauren Skeeser  Sep 14, 2014  (0)
Getting to know the Alliance
Who are we?

- A partnership to improve the way primary care is delivered
  - Blue Cross Blue Shield of South Carolina
  - South Carolina Office of Rural Health
  - The Carolinas Center for Medical Excellence
  - Department of Health and Human Services
  - Department of Health and Environmental Control
  - South Carolina Hospital Association
  - South Carolina Medical Association
  - South Carolina Primary Health Care Association
  - Consultants
The Alliance’s Purpose

• Vision
  • Improve the health and patient experience for all South Carolinians by implementing the PCMH model statewide

• Mission
  • Provide free technical assistance to primary care practices to help with ongoing, sustainable practice transformation and practice improvement based on PCMH principles
Goals

• Help practices in the formal PCMH recognition process
• Increase capacity for practice improvement
• Work with EHR vendors to advocate for no cost and enhanced PCMH modules
• Document and review results of practice improvement
• Work with academic and training programs to help equip providers to work in an ongoing practice improvement and PCMH model
• Develop opportunities for providers to share best practices in team based care and practice improvement
• Evaluate the applicability of the collaborative technical assistance model for specialty practices
• Work to influence the medical education system to include patient-centeredness and patient outcomes
Dr. Laura Long

• “Each organization had been reaching out to its own constituencies to support practice transformation to the PCMH model in recent years. Under this new alliance, we will combine efforts to leverage resources, eliminate duplication and increase efficiencies in the joint promotion of PCMHs.”
What is our reach?

South Carolina Population: 4,829,000

• Blue Cross Blue Shield of South Carolina
  • Nearly 1,000,000
• The Carolinas Center for Medical Excellence
  • 941,169
• Department of Health and Human Services
  • 1,207,253

65%
What is our reach?

• South Carolina Office of Rural Health
  • 83 Rural Health Clinics
  • 39 Counties: 48 total in South Carolina
• South Carolina Hospital Association
  • 100 member hospitals and health systems
• South Carolina Medical Association
  • 7,547 physician members (70%)
• South Carolina Primary Health Care Association
  • 30 organizational members
Efforts

- Monthly meetings

- Educational seminars
  - Twice annually
  - No cost
  - Capped at 150 registrants
  - Lunch provided
Monthly Meetings

- New Requests for Information (RFIs)
  - Collective messaging and comments sent from both the Alliance and individual organizations
- Organizational updates relative to quality and reimbursement
  - You can provide insight without revealing trade secrets!
- Upcoming educational opportunities to be shared
- Seminar planning
Seminar Planning

• Overarching strategy is to select one topic we know is important and relevant to providers
• Set the tone from a physician and payer perspective
• Align across resources to give a collaborative message to providers
• Provide insight as to what is coming
Seminar Statistics

• 6 educational seminars
• Registration is consistently at max capacity
• Actual attendance is consistently at 80% or above
• Most recent seminar:
  • Navigating MACRA: Quality Payment Program
  • Registration closed due to maximum capacity of 150 registrants
  • 136 of 150 registrants participated in the event
  • Additional participants came regardless of not being able to register
Seminars To Date

• Diabetes Quality Improvement Workshop
  • Assist the health care team develop their quality improvement skills and their efforts to improve the quality of diabetes care for their patients

• Medicare Chronic Care Management and Transitions of Care Quality Improvement Workshop
  • Introduce the fundamentals to improve chronic care management and transitional care management

• Behavioral Health Quality Improvement Workshop
  • Address identification, screening, collaboration, community partners, and how to put it all into practice
More to Come

• Stepping stone workshop to get practices ready for true collaboration and out of the mindset that “someone else will handle it”
• System-wide educational event of collaboration across the care continuum, strategies to put into practice and reimbursement opportunities
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Next Steps

• Identify existing relationships and build upon them
• Include additional stakeholders and executive level participants
• Bring solutions, not problems
• Construct a “collaborative forum” across various types of healthcare organizations
  • Patient-centric
  • Individual organizations will reap benefits from shared insights, knowledge and resources
  • The patient is the ultimate winner
Questions

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This material was prepared by the Atlantic Quality Innovation Network (AQIN), the Medicare Quality Innovation Network – Quality Improvement Organization for New York State, South Carolina, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.11SOW-AQINSC-TSDK.1-17-44