Integrated Outpatient Services Model

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Objectives

• Share our Integrated Outpatient Services Model development process.

• Understand how we are leveraging the multi-task practice transformation approach to meet the goals of our physician office work.
What Is HealthInsight?

Private, non-profit, community-based organization dedicated to improving health and health care

- Nevada, New Mexico, Oregon and Utah
- Medicare QIN-QIO
- End-Stage Renal Disease (ESRD) Networks 16 and 18
- Hospital Improvement Innovation Network (HIIN)
- Network for Regional Healthcare Improvement Collaborative (NRHI)
Introduction and Background

• The Swedish warship, Vasa

• The current nature of our work and its challenges
Clinical Practices: Challenges and Opportunities

• Harder to be successful as payment models change
• State and national policy changes
• Numerous non-aligned programs are offered
• Recruitment fatigue
• Need strategic direction and support longitudinally in system transformation
HealthInsight’s Challenges and Opportunities

• Key role in health transformation
• State and national policy changes
• Numerous non-aligned tasks and contracts
• Competition for limited attention, time and resources
• Recruitment fatigue
• Need an overall strategic direction and vision to our approach to clinical practice work
Project Goals and Why We Got Started

• Reduce internal operational complexities of our multiple physician office tasks and teams

• Be more customer-centric for physicians and their staff

• Further develop our technical capacity to add value in a cohesive package as reimbursement models change

• Answer question posed by our CEO: “Are you ready for more physician office tasks?”
New Model Development

- Established a guidance team and have met regularly
- Ran focus groups for HealthInsight staff
- Presented results to three design teams, and they developed models
- A consolidated team met to integrate the three models
Focus Group Theme: Roles

• Task-specific teams resulted in inefficiencies and overburdened staff
  – Multiple points of contact resulted in confusion for our clients
  – SMEs not being used to full advantage

• Recruitment goals caused high stress and other costs
  – Clinic transformation or meeting CMS deliverables?
    Are we contract, task, or customer focused?
Focus Group Themes

• Standardization needed to increase efficiency for practice facilitators
  – Grab and go checklists, assessments, interventions, tools and other resources

• Need flexibility to meet the needs of our individual state environments
Integrated Outpatient Services Model

Regional Operations and Design Team
(global management framework, master plan)

- Intervention Subteam
  (Practice Transformation Framework, intervention principles, and cohort design)

- Design Scrums
  (used at proposal, new award and review; intervention package)

State Implementation Teams
(locally manage implementation and relationships)

- LANs and other universal learning opportunities/cohorts

- Improvement Facilitation
  (client main connection, technical assistance, cohort follow up, CRM documentation, SMEs, eyes/ears on the ground)

New Work

- Intervention packages
- Evaluation and feedback
- Partner alignment with other internal and external projects
Integrated Outpatient Services Model

New structure designed to achieve quality and efficiency through centralizing key aspects of our work.

– Operations and Design Team
  • Regional team
  • Intervention design, program alignment, budget

– Implementation Team
  • Execute the work in the outpatient setting
  • Primary contact for practices
  • Implement intervention, adapt practice transformation framework locally
Benefits of Model

• Regional program design:
  – Program alignment
  – Clarify regional and state-based expectations
  – Appropriate use of SMEs

• Regionalization of data and management infrastructure
  – CRM documentation and reporting
  – Global dashboards and evaluation for all outpatient work
Benefits of Model

• Standardization of tools and resources
  – Assessment tool, practice plan template
  – Practice transformation framework
  – Early intervention design and testing

• Efficient Implementation
  – Lessen design, deliverable and contract-related burden on facilitators
  – Training with intervention packages and improvement facilitation
Key Considerations for Success

• Clearly defined integrated framework for practice transformation

• Regionalizing design and administrative tasks
  – Design happens at start of a contract
  – Standardized processes and tools across region
  – Optimize use of technology

• Creating continuous feedback loops from the field and ensure strong handoffs between teams to improve model (no workarounds or silos)

• Need to further explore how this model interfaces with initiatives touching other settings; requiring a community organizing approach
Conclusion

Effective implementation of this model will:

- Ensure a quality service and customer experience
- Create more proactive, effective teams and interventions
- Create more “joy” in our work
- Improve our capacity to be more nimble and scalable as new opportunities become available
Contact Us

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Questions and Discussion