



ECQIP

ECHO/Collaborative Quality Improvement Project,
<http://www.communityhealthcare.net/quality>

JUNE 15, 2017

Learning Objectives



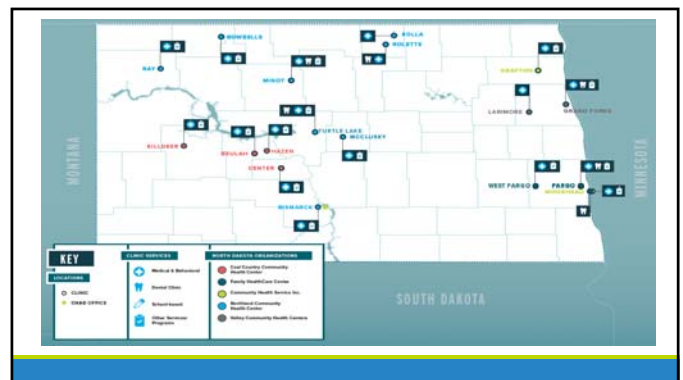
- Describe the evidence-based elements within ECQIP
- Describe the aim, structure, and processes within ECQIP
- Identify key findings to-date from ECQIP's Cervical Cancer Screening pilot



Community HealthCare Assn of the Dakotas (CHAD)

Vision: Access to a High Quality System of Care for all Dakotans

Mission: Foster healthy communities by promoting and supporting programs that increase access to affordable high quality care for all Dakotans



Overview



- What is ECQIP? Why cervical cancer?
- ECQIP's evidence-base and other components
- Partners, collaboration, and coordination
- Data, benchmarking, and goals
- Timeline, toolkit, and other CCS QI supports
- Findings and lessons learned so far
- What's next?



What is ECQIP?



A one-year focus on a measure to support QI in the health centers and coordinate partners and resources

- Process improvement training with the Institute for Healthcare Improvement
- Distance learning with the ECHO model
- Collaborative meetings to share successes and barriers
- Submission/review of quarterly or monthly CHC-level data



Why Cervical Cancer Screening?

The American Cancer Society reports cervical cancer cases diagnosed at a localized stage have a 93% survival rate. However, when diagnosed at a distant stage, the percentage of survival drops to 15% at five years. Only 20% of cases reported in SD were diagnosed at localized stage compared to 46% nationally

- Wide variation in health centers' rates
- Health center survey
- Complexity of the service
- Benefit from the residual of partners' recent work on HPV and CRC



TRAIN: Nov. - Dec. 2016

- Expert faculty from the Institute of Healthcare Improvement
- Learn a proven model for process/quality improvement that can be applied to improving any quality measure.
- Participate in the two-day in-person workshop on November 10-11 in Rapid City, SD.

ECHO: Jan. - Mar. 2017

- Proven model for interactive distance learning
- Curriculum on best practices related to cervical cancer screening
- Training provided by Content Expert
- Participants have interactive discussion on specific practices, barriers, and successes

COLLABORATE:

- Share challenges and resources learned
- Practice together how to develop, implement, and evaluation PDSA cycles
- Practice coaches for one-on-one, hands-on help

MEASURE:

- Develop baselines, benchmarks and improvement goals
- Pull and report data quarterly
- Evaluate effectiveness of improvement activities

QI Training with Institute for Healthcare Improvement

- AIM HIGH: Model for Improvement, November 10th & 11th
- AIM HIGH: Model for Improvement Overview, January 4th
- ECQIP Members with IHI, March 10th



ECHO (Extension for Community Healthcare Outcomes)

- Dr. Sanjeev Arora, University of New Mexico in 2003
- Distance health education model that connects specialists with multiple other professionals through simultaneous interactive videoconferencing for case-learning and to share best practices and evaluate health outcomes
- Project ECHO now operates >110 hubs for >55 diseases and conditions in 21 countries
- Expanding Capacity for Health Outcomes (ECHO) Act, November 2016, authorizes HHS to study the Project ECHO model for expansion as a national model for telehealth for rural care

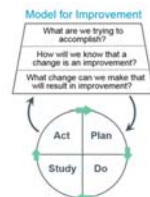
Project ECHO, <http://echo.unm.edu/>



Collaborative Model

Model for Improvement approach to process improvement

- ✓ Data-driven
- ✓ Sustained effort to improve a specific measure over time
- ✓ Regular monitoring of a measure to assess the impact of practice changes
- ✓ Supports team-based care



Collaborative Model



- ✓ Practice clinicians and staff come together in person or virtually to receive training, share lessons and best practices, evaluate performance, and work individually and collaboratively to implement practice changes over time
- ✓ Provides motivation and inspiration by creating a community for sharing challenges and successes peer to peer, and learning how others approach change and improvement
- ✓ Creates positive peer pressure to spur change across participating practices; an efficient way of reaching many practices at once
- ✓ Promotes a culture of continuous QI

AHRQ Quality Improvement in Primary Care, <https://www.ahrq.gov/research/findings/factsheets/quality/qipc/index.html>



Partners and Advisory



- American Cancer Society*
- Coal Country Community Health Center*
- Community Health Association of Mountain/Plains States (CHAMPS)*
- Community HealthCare Association of the Dakotas*
- Family HealthCare Center*
- Great Plains Quality Improvement Network
- HealthPOINT/Compass PTN*
- Institute for Healthcare Improvement (IHI)
- HHS Health Resources and Services Administration
- ND Department of Health Comprehensive Cancer Control Program*
- Rocky Mountain Public Health Training Center and Colorado ECHO
- SD Department of Health Comprehensive Cancer Control*



Partner Contributions



- A Practice Coach from the American Cancer Society
- Assistance developing the ECHO Series from the Community Health Assn of Mountain/Plains States (CHAMPS)
- Two Practice Coaches from the HealthPOINT/Compass PTN
- FOA for CCS QI support, ND Dept of Health Comprehensive Cancer Control
- Assistance developing the ECHO Series from the Rocky Mtn Public Health Training Center & ECHO Colorado
- A Practice Coach and a FOA for CCS QI support, SD Dept of Health Comprehensive Cancer Control



Uniform Data System (UDS)



16 Clinical measures plus financial and operational measures submitted annually

CMS124v5 - Percentage of women 21-64 years of age who were screened for cervical cancer using either of the following criteria:

- Women age 21-64 who had cervical cytology performed every 3 years
- Women aged 30-64 who had cervical cytology/human papillomavirus (HPV) co-testing performed every 5 years



Goals and Benchmarks



Each health center determined their 2017 cervical cancer screening goal

Benchmarking

- UDS in similar CHCs, their state, Dakotas, regionally, or nationally
- Practice goals
- HP2020
- Other

Quarterly aggregated CHC-level data submissions

- Provider-level submission
- Monthly submission



Timeline



November 10th & 11th, 2016	AIM HIGH: Model for Improvement Training
January 4th	AIM HIGH: Model for Improvement Webinar
25th	Welcome to ECQIP Meeting
February 1st	ECHO Session 1 on Identifying Patients for Screening
15th	ECHO Session 2 on Maximizing the Team (Part I)
15th	Baseline data submission
February-April	CHC/Coach site visits completed
CHC/Coach Determined	CHC/Coach meetings via Zoom
March 1st	ECHO Session 3 on Maximizing the Team (Part II)
10th	ECQIP Members with IHI
15th	ECHO Session 4 on Patient Communication
May 15th	First ECQIP data submission
June 21st	ECQIP Member and Coach 1st meeting on data, successes, and barriers
July 12th	ECQIP Meeting with ND's All Women Count
TBD	ECQIP Meeting with ND's Women's Way
August 15th	Second ECQIP data submission
September - date TBD	ECQIP Member and Coach 2nd meeting on data, successes, and barriers
November 15th	Third ECQIP data submission
December - date TBD	ECQIP Member and Coach final meeting on data, successes, and barriers
February 15th, 2018	Final ECQIP data submission
December - January	Evaluation completed
2018	ECQIP Recognitions



ECHO Series

- Identifying Patients for Screening with Cindy McDade, Director of Quality Improvement, Sunrise Community Health
- Maximizing the Team (Part I) with Jacqueline Miller, Medical Director, CDC's National Breast and Cervical Cancer Early Detection Program
- Maximizing the Team (Part II) with Dr. Jacqueline Miller, CDC
- Patient Communication with Jane Lose, RN, MSN, ANP, CNM, Associate Medical Director of Women's Services, Metro Community Provider Network



Practice Coaching



- Helps practices learn how to improve by providing training in the use of data and QI skills, sharing tools and resources, and lending QI expertise
- Provides a customized approach through one on one work with practices
- Supports practices in identifying and achieving improvement goals; helps practices prioritize and sequence QI activities and approaches

What Works for Health,
<http://whatworksforhealth.wisc.edu/program.php?t1=22&t2=17&t3=40&id=579>



ECQIP QI Practice Coaches

Thank You!

- Kevin Atkins, Engagement Manager, HealthPOINT/Compass PTN
- Shannon Bacon, Health Systems Manager, American Cancer Society
- Tara Gill, Project Manager, HealthPOINT/Compass PTN
- Colette Hesla, Clinical Quality Specialist, CHAD
- Lexi Pugsley, Comprehensive Cancer Coordinator, SD Department of Health



Practice Coach Functions



- Leverage existing relationships
- Site visit with use of the ECQIP Practice Coach Guide
- Review needs for assistance to the CHC and needed resources
- Data, project progression, and need consultation
- ECQIP Coach meetings to discuss findings and respond to needs
- Cross-pollination has happened with IT experience, EMR template development, and new relationships



ECQIP Toolkit



<http://www.communityhealthcare.net/ecqip-toolkit>

- Health Literacy
- HPV
- QI Tool and Templates
- Session 1: Identifying Patients for Screening
- Session 2: Maximizing the Team - Part I
- Session 3: Maximizing the Team - Part II
- Session 4: Patient Communication
- Specific to North Dakota
- Specific to South Dakota

Additional Supports & Plans

- IT TA contract
- Awareness campaign support
- Incentives & Recognition

Diabetes ECQIP in 2018

- Partners - Advisory forming now, ND and SD Depts of Health
- Measure - A1c > 9% or no test
- Service Aspects - DSME, DPP, PCMH
- Translation of ECQIP's evidence-based aspects and CCS lessons learned into a strong diabetes plan



Thank You

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CHAD

Community HealthCare Association of the Dakotas