



# Forming Better Partnerships for Better Outcomes

# Strategies for Change

**Forming Better Partnerships for  
Better Outcomes:**

**Reviewing the Outcomes of the  
HRSA's Perinatal and Patient Safety  
Pilot Collaborative**

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# Outline

- **Background of BPHC's Health Disparities Collaboratives**
- **Overview of HRSA's Perinatal and Patient Safety Pilot Collaborative**
  - **Top 7 Change Concepts**
  - **Lessons Learned**
- **Future plans for dissemination of learnings**



# The Collaborative Model

## The Design

- Define a disparity or gap in care
- Engage health care professional and staff
- Outline current best practice guidelines
- Design, test and implement practice level improvement strategies based on evidence and experience
- Work with all the players includes a patient advocate
- Collect data on improved outcome and process measures

# Health Disparity Collaborative Strategy

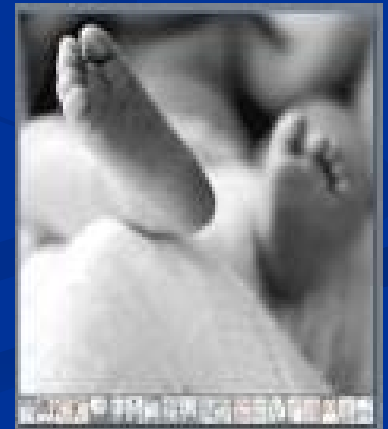
- Transform care through care model, improvement model, & learning model
- Infrastructure/Support System
- Strategic Partnerships
- Leadership

# Measures

- Aligned with HEDIS, JCAHO, etc.
- Developed with national faculty and experts
- Examples include:
  - BP < 140/90 mm Hg
  - Documentation of self-management goal setting
  - Average HbA1c
  - Use of anti-inflammatory medication
  - Development of asthma action plan
  - 50% reduction in PHQ
  - Childhood immunizations

# Collaborative Topics/Conditions

- Diabetes
- CVD
- Asthma
- Depression
- Cancer screening and follow-up
- Pilots include:
  - Prevention
  - Diabetes prevention
  - Perinatal and Patient Safety

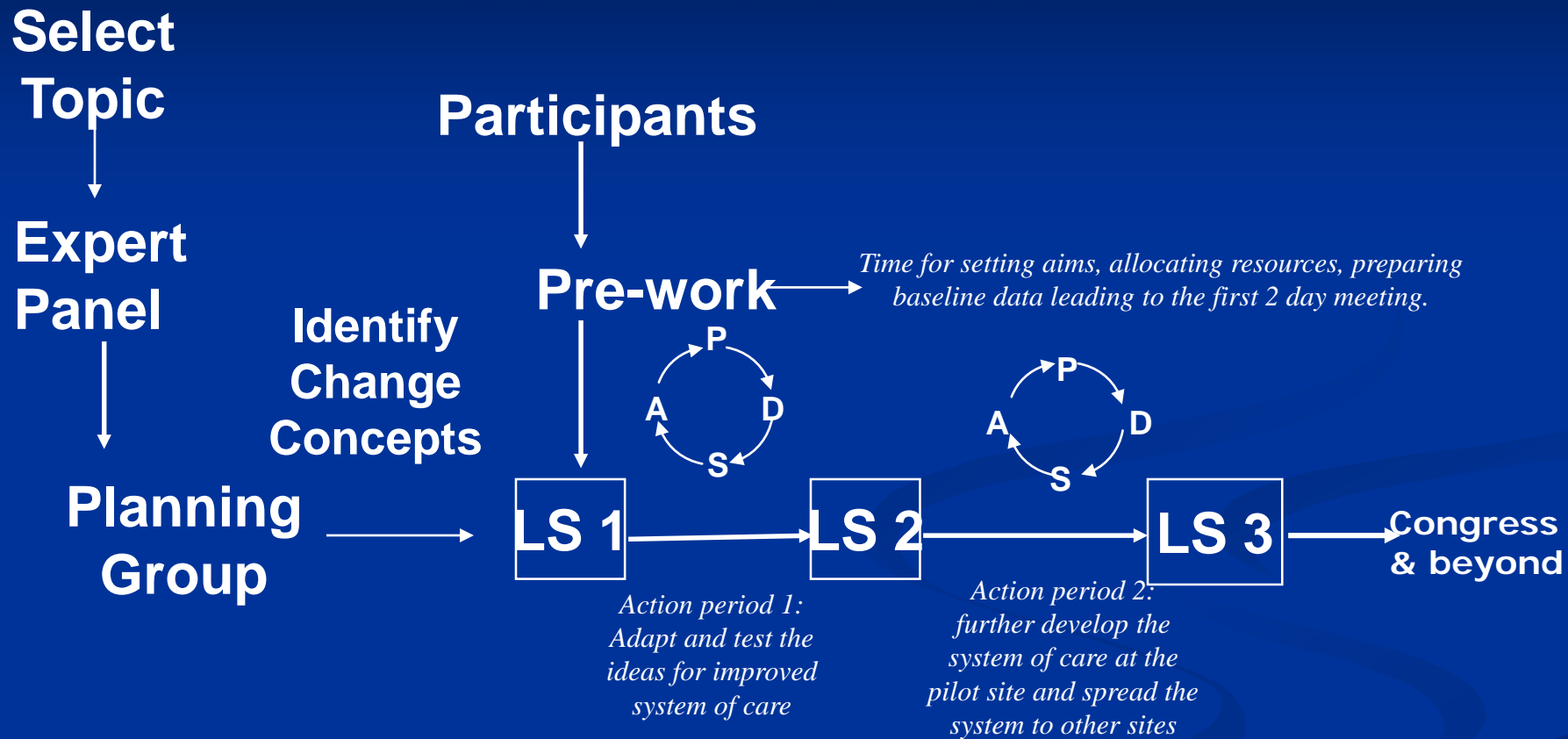


# Key Elements to Breakthrough Improvement

- ***Will*** to do what it takes to change to a new system
- *Ideas* on which to base the design of the new system
- *Execution* of the ideas



# BPHC Health Disparities Collaboratives



## Supports

E-mail

Visits

Phone Assessments

Senior Leader Reports

# Key Elements to Breakthrough Improvement

- *Will* to do what it takes to change to a new system
- ***Ideas*** on which to base the design of the new system
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# The Care Model



# Key Elements to Breakthrough Improvement

- *Will* to do what it takes to change to a new system
- *Ideas* on which to base the design of the new system
- ***Execution*** of the ideas

# Model for Improvement

What are we trying to accomplish?

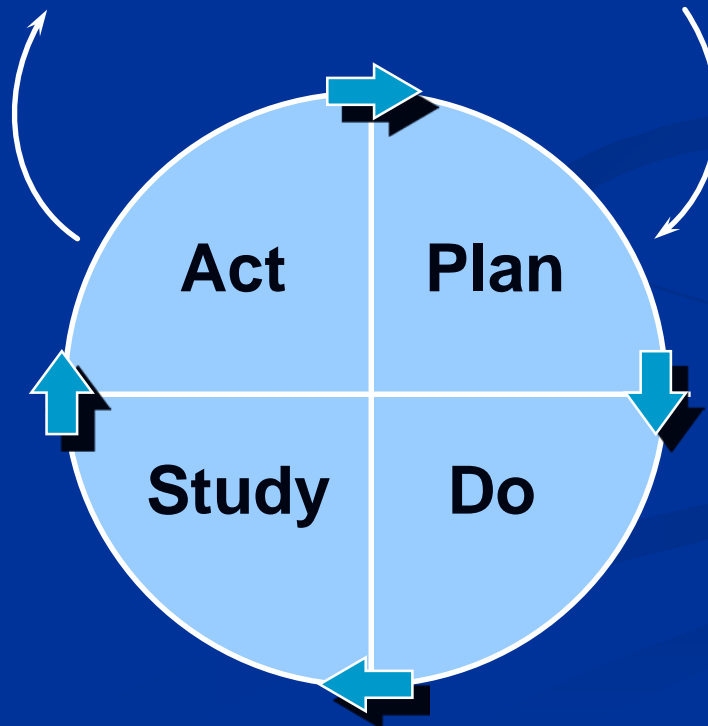
**Aim**

How will we know that a change is an improvement?

**Measures**

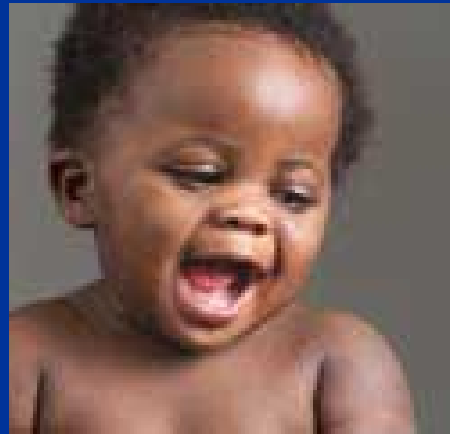
What change can we make that will result in improvement?

**Ideas**





# HRSA's Perinatal and Patient Safety Pilot Collaborative



# Aim of the Pilot

- To enhance partnerships that would
  - Reduce disparities
  - Ensure safety in pregnancy outcomes
- These changes will occur by targeting reductions in the primary areas of infant mortality disparities for the African-American population
  - Low birthweight
  - Preterm birth
  - Sudden Infant Death Syndrome

# Participants

## ■ Teams

- 5 health center teams from IL, MI, SC, MS, & their partner community hospitals

## ■ Faculty

- Clinicians, public health professionals, & health center representatives

## ■ Organizations

- HRSA – 4 bureaus (BPHC, MCHB, HAB, BHPR)
- Institute for Healthcare Improvement (IHI)/  
National Initiative for Children's Healthcare Quality (NICHQ)
- Federal partners: CDC, OMH

# Process

1. Vanguard Group
2. Expert Panel Meeting
3. Planning Group Meeting
4. Team Prework Meeting
5. Learning Sessions I, II, III
6. Site Visits
7. Harvest Meeting
8. Creation of “Change Package”

# Core Measures (Required)

## Outcome Measures

1. Preterm birth – HP2010
2. Low birthweight – HP2010, UDS

## Process Measures

3. Early prenatal care visits – UDS
4. Risk assessment index
5. Risk screening index
6. Self-management goals
7. Follow-up index – HEDIS, UDS
8. Availability of medical records



# Perinatal Change Concepts

## ■ Change Concept

- A general, or high level, idea for changing a process, usually developed by an expert panel based on literature and practical application of evidence
- e.g. “Foster communication with partners...”

## ■ Change Idea

- An actionable, specific idea for changing a process that can be tested in the local environment to see if improvements are gained
- e.g. “Meet with state MCH officials”

Post-it  
3M

# Clinical Information Systems

Provide granular data to track outcomes

Registry (PCCs) track clinically useful info

Provide timely reminders

... + share info with hospitals

patient

Woman on the left: A woman with short dark hair and glasses, wearing a light green blazer over a white turtleneck, holding a newspaper and a yellow highlighter.

Woman on the right: A woman with short brown hair and glasses, wearing a dark top, pointing at a pink Post-it note on the whiteboard.

Woman in foreground (left): A woman with long dark hair, wearing a dark top, seen from behind, looking at the whiteboard.

Woman in foreground (right): A woman with long brown hair, wearing a dark top with a colorful patterned scarf, seen from behind, looking at the whiteboard.

# Innovation

- Psychosocial Screening Tool
- IPV card
- The “Footprint Card”
- Partnership



**Perinatal Change Concepts: Prioritized by highest leverage within each component of the Care Model  
(Initial Output from Harvesting Meeting 2/11/06 and currently undergoing refinement)  
Current as of 2/20/06**

<u>ORG</u>	<u>COM</u>	<u>SMS</u>	<u>DSD</u>	<u>DS</u>	<u>CIS</u>
<u>Foster communication and coordination among FQHC, hospital, and other agencies to ensure continuity, quality of care, social supports and patient safety</u>	<u>Form partnerships and relationships with community organizations and specialists to support and develop interventions that fill gaps in needed services</u>	<u>Use effective self-management support strategies that include assessment, goal-setting, action planning, problem-solving and follow-up</u>	<u>Create a uniform mechanism to ensure timely record exchange between organizations.</u>  <u>Give care that patients understand and that fits with their cultural background</u>	<u>Provide ongoing in-service training for providers and staff, using educational strategies proven to change practice behavior and integrating specialist expertise, knowledge, and standards of care.</u>	<u>Develop a registry system and process to track clinically useful information and data</u>
<u>Ensure that perinatal care and safety is a key part of the strategic plan and regular review of progress takes place</u>	<u>Increase awareness of and participation in community programs and build relationships to form alliances and programming.</u>	<u>Organize internal and community resources to provide ongoing self-management support to patients</u>	<u>Develop a process and tool to allow the patient to carry pertinent medical history information.</u>	<u>Embed evidence-based guidelines into daily clinical practice with the development of protocols, standing orders, and flow sheets</u>	<u>Organize and share information between the hospital and health center</u>
<u>Use an effective improvement strategy and supply appropriate resources to optimize high quality care and patient safety outcomes</u>	<u>Advocate for policies to improve patient care</u>	<u>Develop opportunities for prenatal classes on site</u>	<u>Utilize a tracking system.</u>  <u>Provide clinical case management services for complex patients</u>	<u>Establish referral criteria, guidelines, and protocols that facilitate links with supportive specialists, community programs, and support agencies.</u>	<u>Provide timely reminders and prompts</u>
<u>Assure the provision of culturally and linguistically appropriate services for all by integrating the CLAS standards throughout the health system</u>		<u>Develop and utilize patient educational materials in a culturally competent manner</u>	<u>Develop and implement standardized antepartum visits utilizing comprehensive forms and guidelines.</u>  <u>Proactively plan and critique emergency drills</u>		<u>Facilitate individual patient care planning</u>

# Top 7 Change Concepts

1. Foster communication & coordination
2. Organize & share information between the hospital & health center
3. Form partnerships with community organizations & specialists
4. Develop a registry system & process
5. Provide ongoing in-service training for providers & staff
6. Embed evidence-based guidelines into daily clinical practice
7. Use effective self-management support strategies



# Accomplishments

- Outreach to community & health care partners to coordinate care, resulting in:
  - Patient linkages to community services & resources
  - Improved efficiency of the health care system
  - Reduced duplication of needed resources
- Patient safety: Communication & transfer of information/records
- Development of comprehensive psychosocial tool
- Increased adherence to ACOG guidelines
- Improved health center credibility & reputation
- Strong connection with JCAHO patient safety standards





# Lessons Learned



# Challenges and Insights

- Complexities of the perinatal topic
  - Multiple health issues
  - Two patients in one
  - Absence of guidelines...just best knowledge in some area
- Essential partnership development. Must go outside the walls of the health center & form a complete team to coordinate care from prenatal to intrapartum care!

# Implications for Dissemination

- Small sample size: 5 health centers
- First pilot to have hospital partners as team members...going beyond the walls of the health center
- Teams recommended next steps should include 15–20 new health centers with mentoring from original 5 health centers
- Any group organization could start with the top 7 change concept to assist in the work of improving outcome



