



envision new mexico

QUALITY HEALTHCARE FOR CHILDREN



To envision what can be and to create the highest quality health care for children in New Mexico

Envision New Mexico puts the tools for quality improvement and evidence-based practice into the hands of primary care and behavioral health providers throughout New Mexico.

PLAY VIDEO



TELEHEALTH

THE VITAL CONNECTION

LINKING PEDIATRIC SUB-SPECIALISTS WITH RURAL PRIMARY CARE PROVIDERS

TELEHEALTH CALENDAR

Quality Improvement (QI) Methodology and Practice Coaching Improve Asthma Care for Children in New Mexico

Kirsten D. Bennett, PhD, RD, LD

Envision New Mexico

University of New Mexico Health Sciences Center

Department of Pediatrics



Background

- 9%, 47,000 New Mexico children deal with asthma every day
- Distance to care and difficulties with self-management present challenges to asthma control
- Physician adherence to evidence-based guidelines for clinical asthma management remains poor
- Delivery system design in primary care often does not allow for optimal best practice care of any chronic conditions

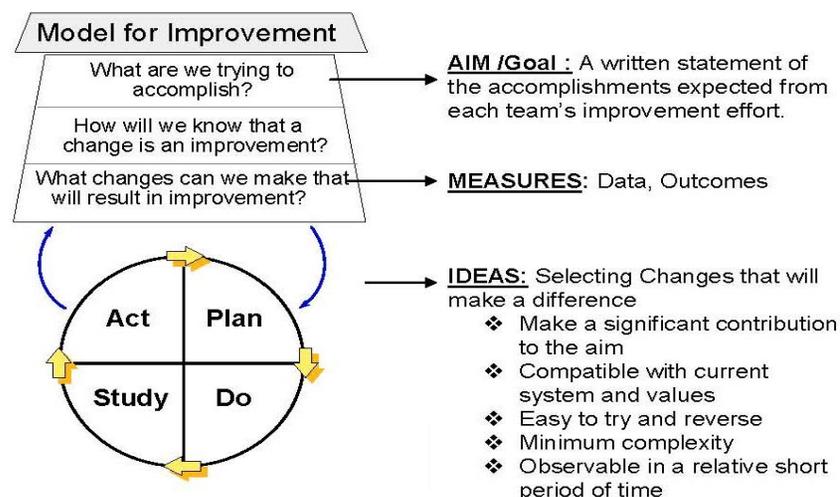


QI approach to change

- Improvements are data driven
- Data reported in the fast feedback format using the proficiency model
- Run charts provide a an overview for selected measures
- Physicians awarded MOC
- Other medical providers awarded CME

The Model for Improvement

“How we do it.” Model for Improvement: Plan-Do-Study



The Purpose of the Plan-Do-Study-Act (PDSA) cycle tool will help your Improvement Team assess the systems that are in place and make sustainable quality improvement in your practice.

Tips for Success

- ❖ Improvement team
- ❖ Improvement occurs in small steps
- ❖ Repeated attempts needed to implement new ideas
- ❖ Assess regularly to improve plan
- ❖ Failed changes = learning opportunities
- ❖ Plan communication
- ❖ Engage leadership support

Summary of Improvement Principle – Miss Frizzle (Magic School Bus):
“Take chances, make mistakes, and get messy.”



The Proficiency Model

- Focuses attention on the core functions of the clinic and staff before moving on to more complex elements of providing care
- Data elements are partitioned into
 - Basic (level 1)
 - nearing proficiency (level 2)
 - proficiency (level 3)
- Feedback is provided quickly in graphic form to quickly identify areas in need of improvement



Methods

- Intervention consists of:
 - Site visits
 - Training on Model for Improvement and basic QI methodology
 - Training on best practice asthma care guidelines (in person and via telehealth)
 - Monthly PDSA developed and completed by site participants
 - 6 rounds of medical record reviews (MRR) submitted electronically using REDCap over 6-12 months
 - Structured fast feedback form (FFF) using the results of the MRR
 - Monthly coaching calls to review data and discuss PDSAs



Fast Feedback Form

Site Name *

Provider *

Data Round	Visit Date Range		Total # Charts	#4 years or under	#5 years or older
	Start	End			
Baseline	10/24/2013	5/27/2014	297	65	232
Second	6/2/2014	7/15/2014	308	54	254
Third	7/14/2014	8/24/2014	271	56	215
Fourth	9/2/2014	10/3/2014	269	69	200
Fifth	10/6/2014	11/18/2014	330	51	279
Sixth	11/18/2014	1/25/2015	322	42	280

		Baseline (First)		Second Review		Third Review		Fourth Review		Fifth Review		Sixth Review	
		Pass		Pass		Pass		Pass		Pass		Pass	
		%	#	%	#	%	#	%	#	%	#	%	#
Level 3	Follow-up	❌ 56%	166	🟡 84%	260	🟡 86%	234	🟡 86%	232	🟡 87%	288	🟡 81%	262
	Spirometry All Ages	❌ 45%	133	❌ 42%	128	❌ 45%	121	❌ 46%	123	❌ 35%	117	❌ 38%	121
	<i>Spirometry 5 and over</i>	❌ 29%	68	❌ 29%	74	❌ 30%	65	❌ 27%	54	❌ 24%	66	❌ 28%	79
	<i>Spirometry 4 and under</i>	✅ 100%	65	✅ 100%	54	✅ 100%	56	✅ 100%	69	✅ 100%	51	✅ 100%	42
	Number that have BOTH items	❌ 26%	76	❌ 29%	90	❌ 32%	86	❌ 37%	100	❌ 29%	96	❌ 31%	100
		Pass		Pass		Pass		Pass		Pass		Pass	
		%	#	%	#	%	#	%	#	%	#	%	#
Level 2	Daily Controller Med*	❌ 74%	221	🟡 89%	273	🟡 87%	237	🟡 90%	241	✅ 91%	299	✅ 94%	303
	Quick Relief Med	🟡 89%	265	✅ 99%	305	✅ 98%	266	✅ 99%	265	✅ 99%	327	✅ 99%	320
	Action Plan	❌ 25%	75	❌ 44%	136	❌ 64%	174	❌ 60%	161	❌ 70%	231	🟡 80%	259
	Number that have ALL 3 items	❌ 19%	56	❌ 42%	128	❌ 60%	163	❌ 58%	155	❌ 65%	213	🟡 79%	253
		*If Severity is Not Documented, Daily Controller is Not Pass											
		Pass		Pass		Pass		Pass		Pass		Pass	
		%	#	%	#	%	#	%	#	%	#	%	#
Level 1	Control Test Done?	❌ 51%	150	🟡 81%	251	🟡 89%	241	🟡 82%	221	🟡 85%	279	🟡 89%	286
	Severity Documented	🟡 78%	233	✅ 91%	280	✅ 91%	247	🟡 90%	242	✅ 92%	303	✅ 96%	309
	Tobacco Assessment Y/N	🟡 83%	246	🟡 90%	277	✅ 92%	250	🟡 89%	240	🟡 89%	294	✅ 93%	301
	Flu vaccine?	❌ 67%	199	❌ 72%	223	❌ 75%	203	🟡 80%	216	🟡 82%	269	🟡 79%	254
	Number that have ALL 4 items	❌ 18%	53	❌ 51%	156	❌ 60%	163	❌ 52%	141	❌ 63%	207	❌ 65%	209



Results

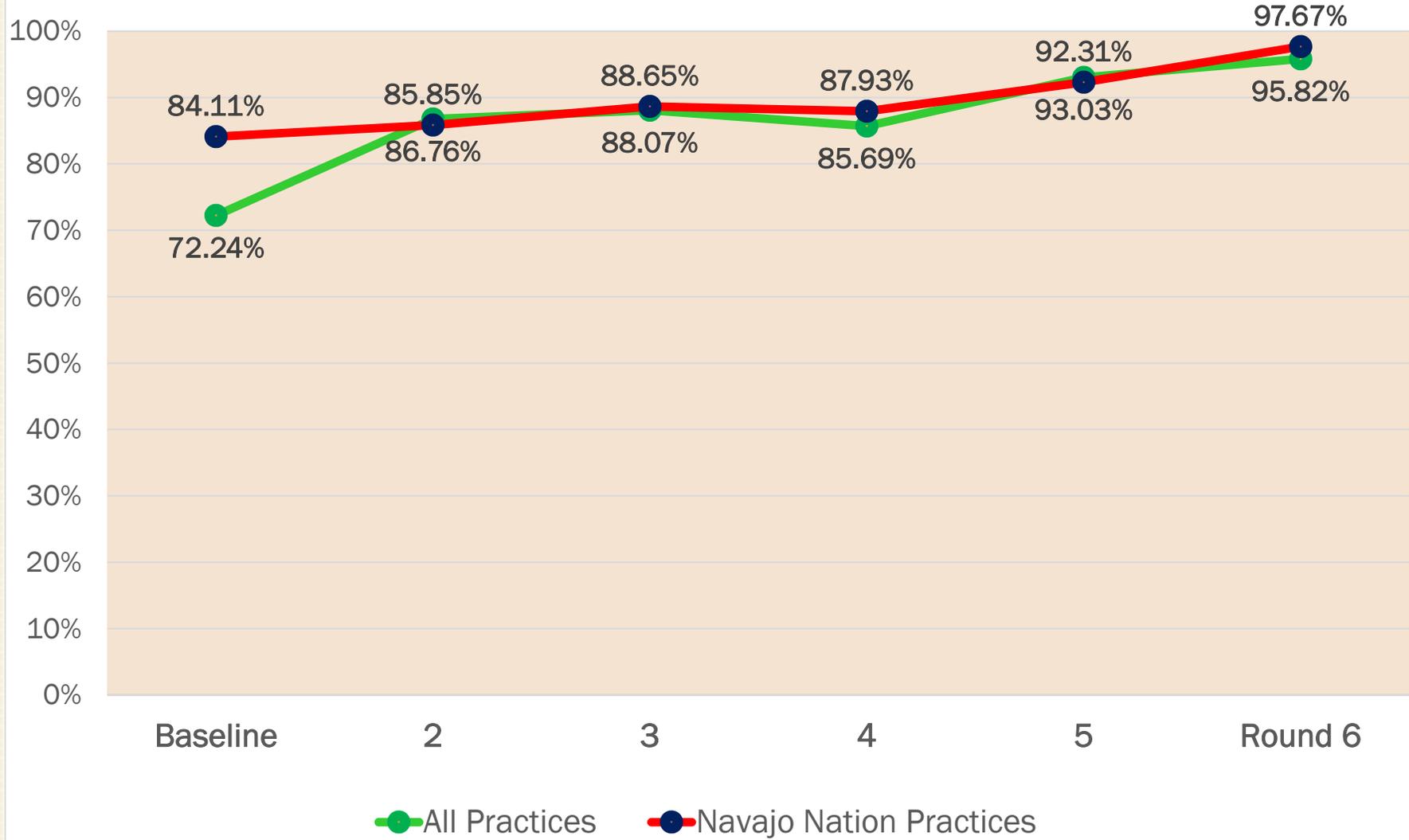
- 4334 MRRs from 2013-2017 for 16 NM practices
 - 1312 MRRs for 3 Navajo Nation Practices
- Percent change from baseline adherence to best practice asthma care

Measure	All Practices*	Navajo Nation Practices*
Documentation of asthma severity	23.6%	13.56%
Completion of ACT	33.8%	59.64%
Having current AAP	45.4%	47.79%
Having scheduled follow-up visit	23.4%	8.51%

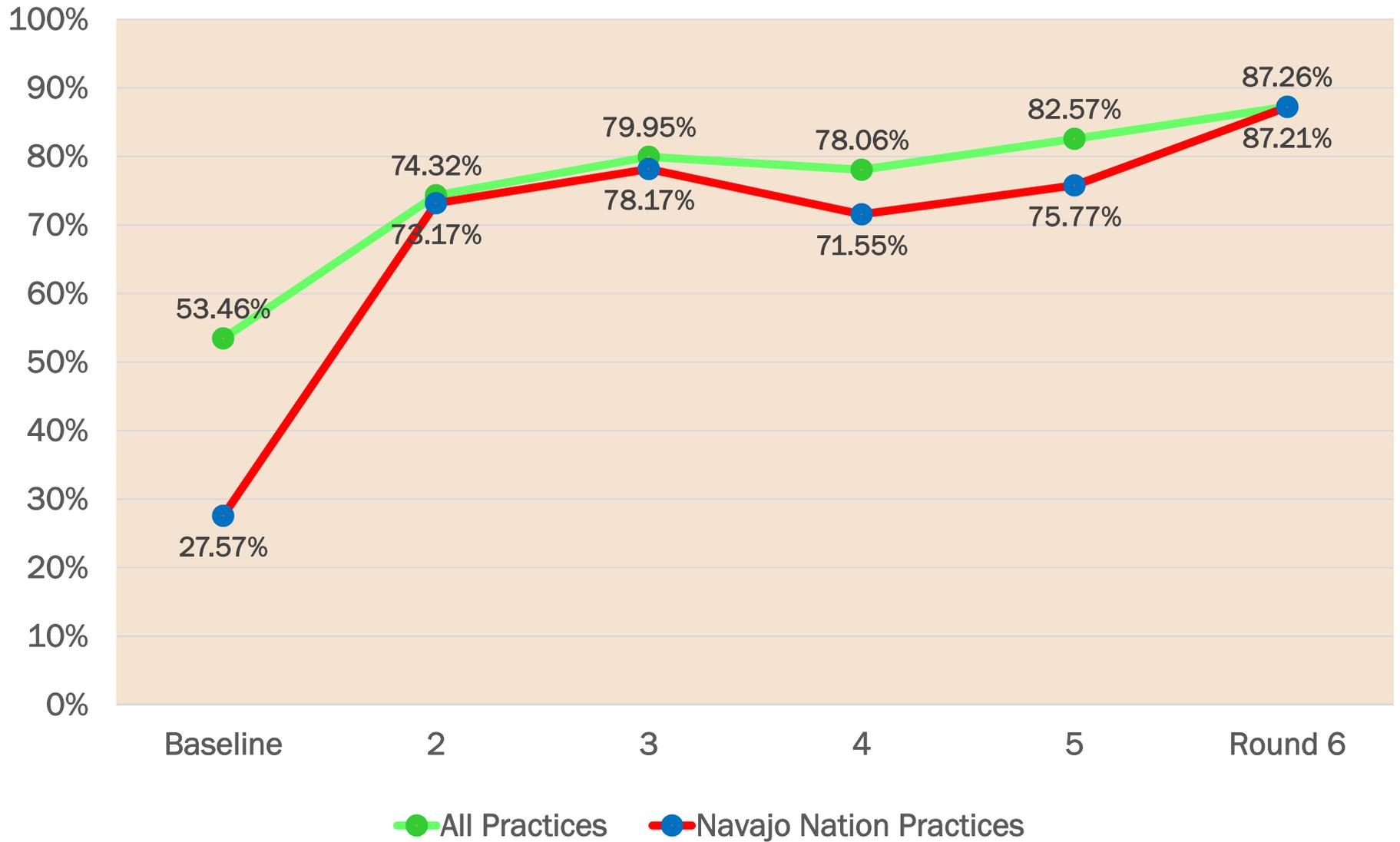
*% change



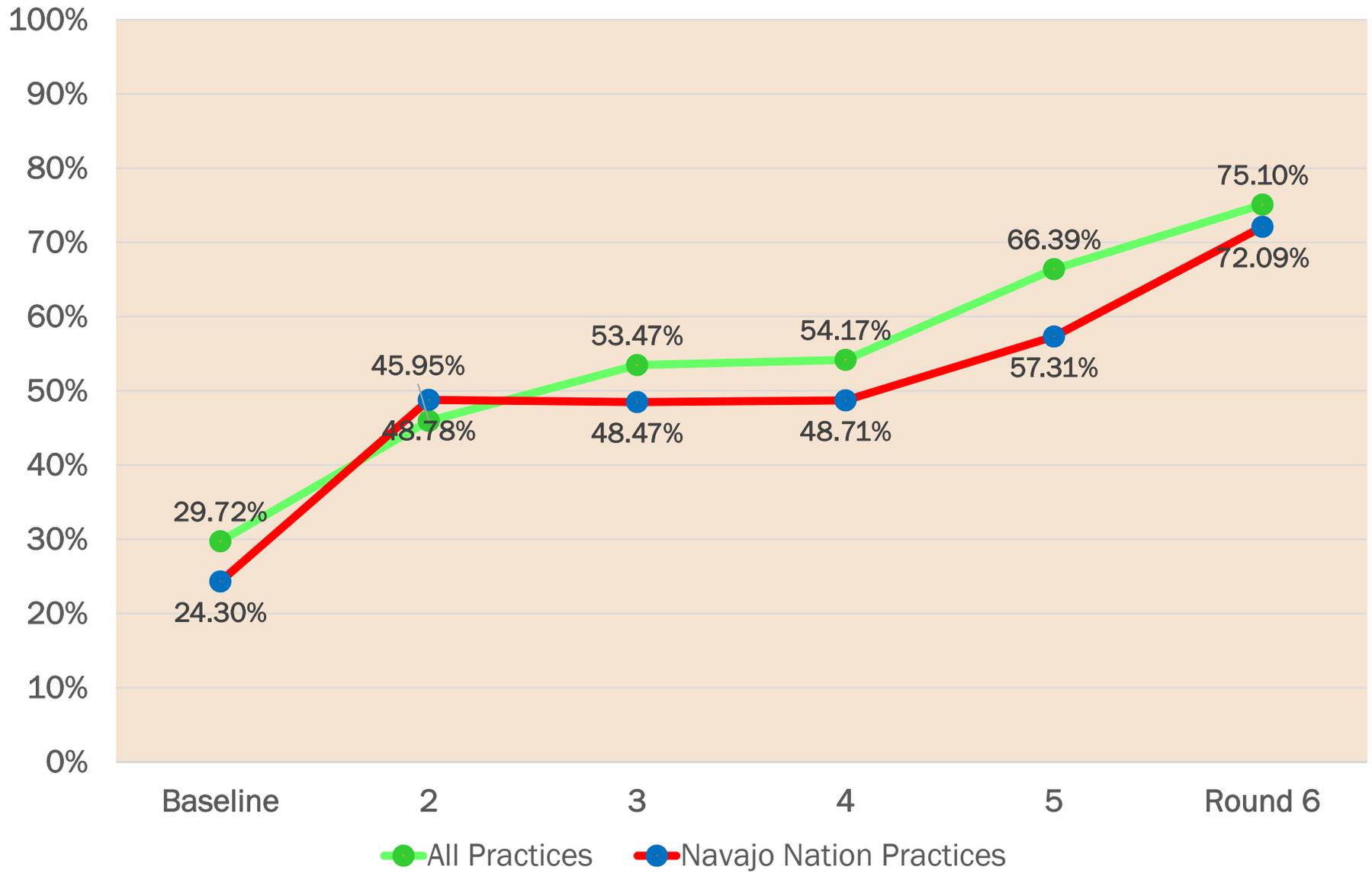
Severity Documented



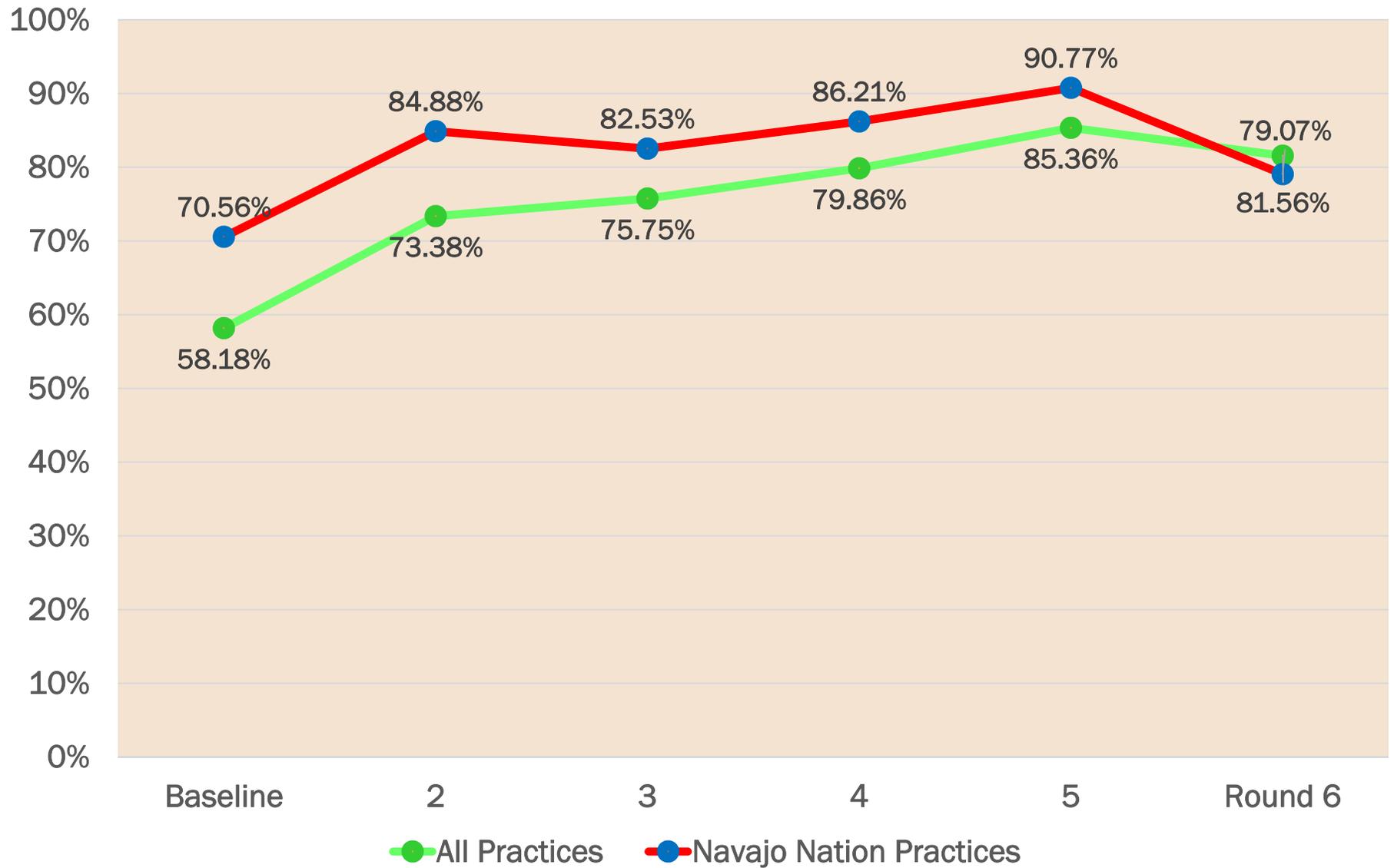
ACT Completed



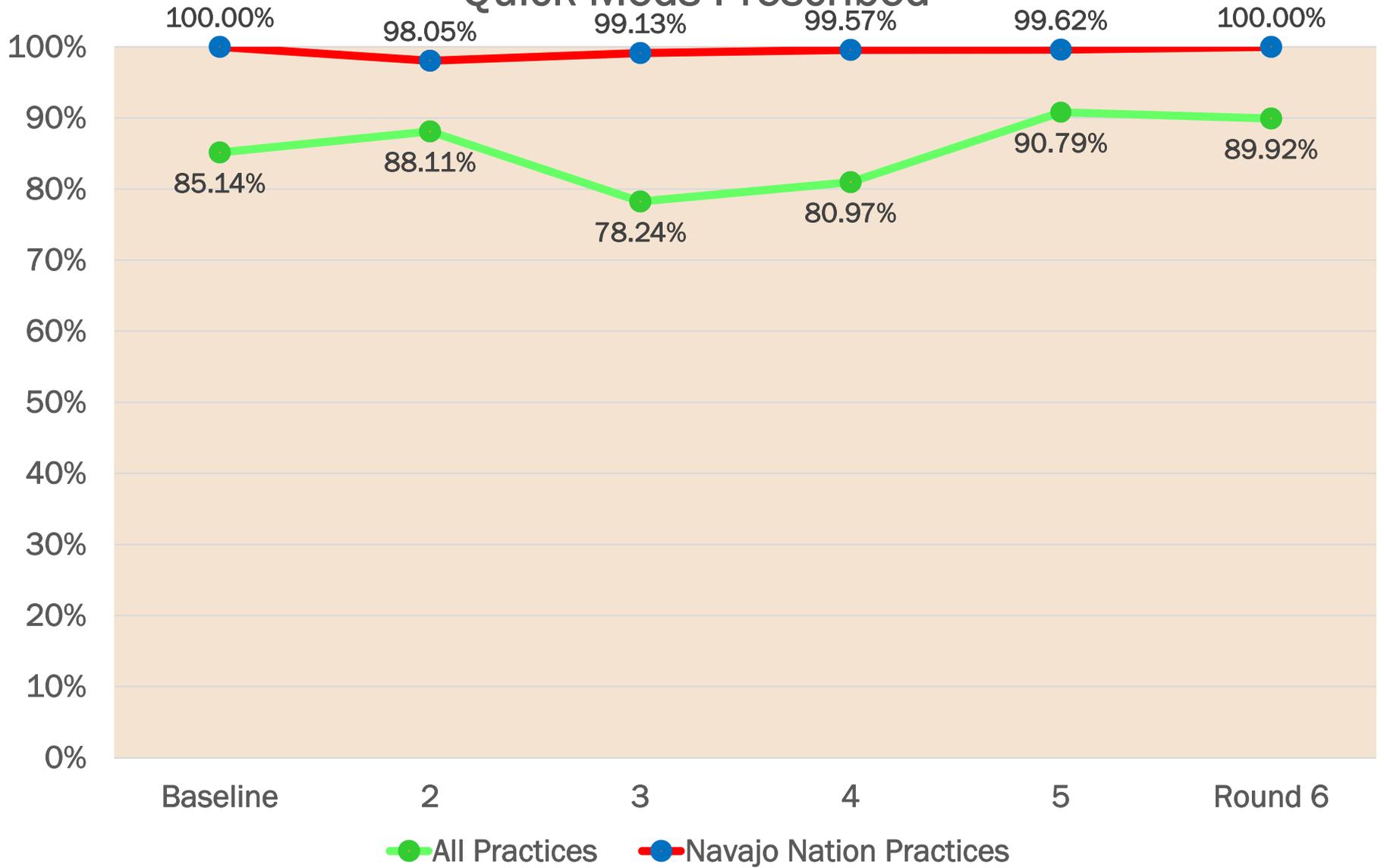
Asthma Action Plan (AAP) Current



Follow-Up Visit Scheduled



Quick Meds Prescribed



MOCs and CMEs

	All Practices	Navajo Nation Practices
MOCs	51	15
CMEs	121	1



Practice Implications

Quality Improvement coaching leads to meaningful improvements in the rates of physician adherence to best practice, evidence-based guidelines for asthma care

- Care can be improved systematically
- A team-based approach can lead to system change and adoption of best practices
- Small changes can lead to large and sustained improvements in care
- Training in QI methodology increases participants' ability to make and manage change on their own



References

- US Department of Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute (2007). Langley GL, Nolan KM, (2009).
- The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass.
- Global Initiative for Asthma. (2017). GINA reports. <http://ginasthma.org/gina-reports/>
- UNM HSC IRB Study #-09-177
- NNHRRB Study # NNR-07-198



Envision New Mexico QI Staff Directory

Telephone 505-925-7600

www.EnvisionNM.unm.edu

Kirsten Bennett, PhD, RD, LD
Assistant Professor Pediatrics
Director
kdbennett@salud.unm.edu

Kristine Lucero, MA
Program Operations Manager
krisgonzales@salud.unm.edu

Andrea Andersen, MPH
Health Education Consultant
aanderse@salud.unm.edu

Brandon Bell, MA.Ed
Health Education Consultant
BRBell@salud.unm.edu

Terri Chauvet, CAPM
Program Coordinator
tchauvet@salud.unm.edu

Carole Conley, LMSW
Education and Outreach Manager: Primary
Care and SBHC
cconley@salud.unm.edu

Zachary Johnson, MPA
Health Education Consultant
zjohnson@salud.unm.edu

Adrienne McConnell, MS
Health Education Consultant
aemccConnell@salud.unm.edu

Courtney McKinney, BA
Program Manager
cacklin@salud.unm.edu

Mary Ramos, MD
Assistant Professor
Principal Investigator-Hilton Grant
MRamos@salud.unm.edu

Daisy Rosero
Program Manager-Hilton Grant
DRosero@salud.unm.edu

Eleana Shair, MEd
Sr. Statistician
elshair@salud.unm.edu

Jeanene Sisk
Administrative Assistant II
jsisk@salud.unm.edu

Maya Trujillo, BCH, MPA
Health Education Consultant
maetrujillo@salud.unm.edu

Kevin Werling, BA
Systems Analyst III
kwerling@salud.unm.edu

Michelle Widener
Program Specialist
miwidener@salud.unm.edu





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THE INITIATIVE FOR CHILD HEALTHCARE QUALITY

To envision
what can be
and to create the
highest quality
healthcare for
children in
New Mexico



Envision New Mexico puts the best
resources available into the hands
of the doctors, nurses and community
workers keeping New Mexico
families healthy.

Thank you

UNM HEALTH SCIENCES CENTER DEPARTMENT OF PEDIATRICS CONTACT
ENVISION NEW MEXICO: 625 SILVER AVENUE SW, SUITE 324, ALBUQUERQUE, NEW MEXICO 87102
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