Reducing the Impact of Financial Strain (RIFS) Change Package

2021

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ALBERTA MEDICAL ASSOCIATION | ACTT Accelerating Change Transformation Team

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Contents

Acronyms

AHS: Alberta Health Services

AMA: Alberta Medical Association

ACTT: Accelerating Change Transformation Team

EMR: Electronic Medical Record

HQCA: Health Quality Council of Alberta

PBP: Potentially Better Practice

QI: Quality Improvement

Change Package Development

The Reducing the Impact of Financial Strain (RIFS) change package was developed by the Alberta Medical Association (AMA) Accelerating Change Transformation Team (ACTT).

Development began with a review of the existing literature. Input was sought from patients who have lived experience and providers who assess their patients for financial strain and other social determinants of health. The change package was developed, tested and disseminated to stakeholders between March 2019 and June 2021.

The RIFS (Reducing the Impact of Financial Strain) project is a collaboration between the Population, Public and Indigenous Health Strategic Clinical Network, Primary Health Care Integration Network and the Alberta Medical Association. The funding for this project was provided by Alberta Health from the Alberta Cancer Prevention Legacy Fund.

How to Use the Change Package

This change package is intended to be used by practice facilitators, physician champions and care teams to support process improvements for patients experiencing financial strain. While the change package is not comprehensive of all process improvements for patients who experience financial strain, it provides clinical teams with a place to start.

Change does not always lead to an improvement. However, all improvement requires change. The RIFS change package outlines a number of change ideas that have been derived from a review of the literature and from expert opinion recommendations. The change ideas are anticipated to improve the care of patients who are experiencing financial strain. The ultimate goal is for care teams to use the change ideas to drive improvement in their own practice, primary care network, health neighbourhood, and zone. There are many change ideas included in this change package. They serve as a menu of options. It is not recommended that any team attempt to implement all change ideas simultaneously, nor is it likely that all change ideas will be suitable for your practice setting.

The RIFS Change Package is organized around the Sequence to Achieve Change (Figure 1), which is a step-wise change management approach that incorporates the Institute for Healthcare Improvement Model for Improvement. This document follows the steps in the sequence to help teams select and test changes that can be applied in the care team's context.

Change does not always lead to an improvement. However, all improvement requires change.

Figure 1. The Sequence to Achieve Change

SEQUENCE TO ACHIEVE CHANGE

1. FORM AN IMPROVEMENT TEAM

- ☐ Assemble a team that represents all areas and roles of the clinic; consider including patients on your team.

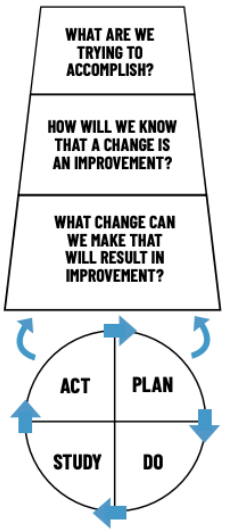
2. CLARIFY THE PROBLEM/OPPORTUNITY

- ☐ Articulate the problem you want to solve. Use evidence & data to strengthen your rationale (e.g., HQCA Physician Panel Report).
- ☐ For improvement projects with higher complexity, create a project charter.

3. MAP PROCESSES

- ☐ Visually depict the sequence/steps of events in a process; identify gaps.
- ☐ Document the new, interim, and final processes.

4. USE MODEL FOR IMPROVEMENT



SET AN AIM STATEMENT

- ☐ The aim should be time specific and measurable; it should also define the specific population of patients or other system that will be affected.

IDENTIFY MEASURES

- ☐ Determine the baseline – the measure of how you are currently doing.
- ☐ Use process, outcome, and balancing measures to check if you are improving.

SELECT CHANGES OR POTENTIALLY BETTER PRACTICES (PBPs) TO TEST

- ☐ Ideas for change may come from people who actually perform the work, or from the experience of others who have successfully improved (e.g., evidence).

TEST CHANGES (PDSA)

- ☐ The Plan-Do-Study-Act (PDSA) cycle is short hand for testing the potentially better practices in the real work setting — by planning it, trying it, studying the results together, and acting on what is learned.

5. SUSTAIN THE GAINS

- ☐ Complete periodic measures; display your results.

6. SPREAD THE SUCCESSFUL CHANGES

- ☐ After successful implementation of a change, or package of changes for a pilot population, the improvement team can spread the changes to other parts of the clinic or to other clinics.

7. CELEBRATE!

- ☐ Plan to celebrate at milestones along the improvement journey, as well as when you achieve your aim. Recognize and highlight the efforts and accomplishments of the team.

SOURCES:

| www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx | Vermont Oxford Network-Sequence to Achieve Change | TOP QI Guide |
| Model for Improvement: Associates in Process Improvement, www.apiweb.org/index.php |

1

Form an Improvement Team

Quality improvement focuses on improving processes that often affect many different team members. The first step is to assemble a quality improvement team in your clinic if one has not already been created. To engage the care team, consider using engagement tools such as an elevator speech (see Sequence to Achieve Change Workbook, activity 1 - Appendix A). Linking the features and benefits of addressing financial strain and the social determinants of health process improvements while focusing on WIIFM (what's in it for me?) and WIIFMP (what's in it for my patients?) can result in greater likelihood of success. You can reference the RIFS infographic (Appendix B) as a support in developing these.

Ideally, the quality improvement team should have representation from all areas and roles in the clinic (e.g., physician, allied health professionals, reception). You may wish to consider including a patient with lived experience on your team. If so, you can reference the 'Including a Patient Partner on an Improvement Teams' guide (Appendix C). It is recommended that you include someone with quality improvement and facilitation skills (e.g., a Primary Care Network Practice Facilitator) on your team so that they can support you with getting started and measuring progress. Additionally, it is recommended that you include someone with decision making authority (e.g., the clinic owner, physician lead or office manager) on your team as leadership will help to guide, support, and encourage the team and ensure changes made are sustainable in the long term.

2

Clarify the Problem or Opportunity

It is critical to define the problem or opportunity related to the processes that your team will begin working on. Having the quality improvement team discuss their current processes is extremely valuable. Consider the following questions:

- What is the problem?
- Who does the problem affect?
- When is it a problem?
- Why should we care?
- How does it affect patients?

It may be helpful to use quality improvement tools here such as a Cause-Effect Diagram, 5 Why's, or a Run Chart. These tools are posted on the ACTT website.

When brainstorming, be sure to focus on the problem and not the solution. After your discussion, articulate the problem or opportunity in a sentence or two. Use evidence and data to strengthen your rationale (e.g., from a Health Quality Council of Alberta [HQCA] Panel Report or EMR report). For improvement projects with higher complexity, consider creating a project charter.

An example of a problem statement for opioid process improvements is:

"The team is frustrated because they know that financial strain can impact the physical health of their patients, but they don't have a process to document or identify a list of patients who are experiencing financial strain. This requires additional work for the team and requires the patient to book multiple appointments."

3

Map the Process

Visually identifying the sequence or steps within a specific process will help care teams to identify redundancies and gaps. Start by naming the process under investigation so that all team members are focusing on the same thing. Next, determine the start and ends points in the process. Use your team to brainstorm all of the steps that happen in between. Finally, arrange your steps in order. You may wish to distinguish steps by clinical role. Use this Process Mapping Guide as an aid. Leverage process mapping skills from your practice facilitator, if possible.

Once you have your current state mapped, review it as a team. Consider the following questions:

- Where are the bottlenecks?
- Where is work being duplicated?
- Are some things missing?
- Are their inconsistencies?
- What can be standardized?
- Does each step add value (for the patient and/or for the providers)? If not, can it be eliminated?

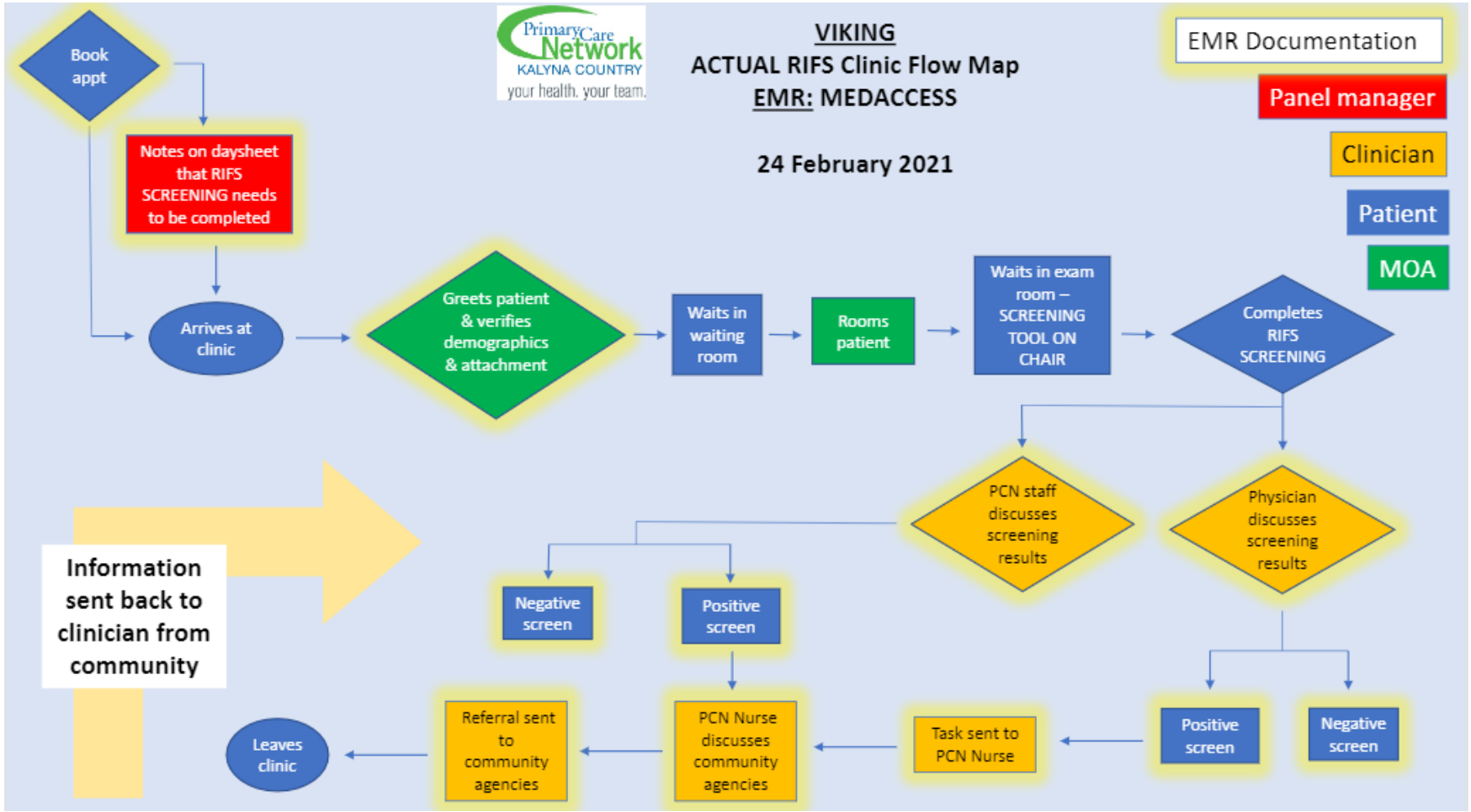
Examples of processes your team may wish to map for this change package include:

- Process for screening patients for financial strain
- Process for coordinating care including referrals to partners in the health neighbourhood for those patients who are experiencing financial strain
- Process for reassessing patients

The EMR guides provide recommended processes which can be adapted to help standardize the steps.

See sample process map below (Figure 2).

Figure 2. [Sample screening process map]



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Use the Model for Improvement

When making a change, the Institute for Healthcare Improvement 'Model for Improvement' asks three questions:

AIM	MEASURE	CHANGE
What are we trying to accomplish?	How will we know that a change is an improvement?	What change can be made that will result in an improvement?

These three questions are followed by small tests of change called Plan-Do-Study-Act (PDSA) cycles.

Aim Statement

When developing an aim statement, first consider your current circumstances. Then consider what aspects you would like to improve. An aim statement should define a specific population of patients or part of the system that will be affected. The statement should answer the questions:

1. What are we trying to improve?
2. By how much?
3. By when?

An example aim statement for the RIFS change package is:

"By X date X clinic team will have improved screening rates by X%"

Teams may also need to develop aim statements specific to each of the potentially better practices (PBPs) that are selected to be tested (PBPs defined and detailed below, see table 2 on page 13).

Identify Measures

Measurement is a key component of good quality improvement. Measurement allows you to track the changes that are occurring and assess their impact. **Process, outcome** and **balancing** measures should be collected to ensure that the change you're making is an improvement. However, remember to collect just enough data to inform decisions.

A process measure measures whether an activity has been accomplished. Often used to determine if a PDSA cycle was carried out as planned (e.g., # of referrals to health neighbourhood partners for financial strain).

An outcome measure measures the performance of the system under study. Often relates directly to the aim of the project and offers evidence that changes are actually having an impact (e.g., # of patients with documented financial strain assessment out of the total # of panelled patients).

A balancing measure determines the impact of a change on a separate part of the system (e.g., time to third next available (TNA) appointment).

Sample process, outcome and balancing measures for this change package are include in Table 1 below (page 13). The sample process measures are listed as counts (e.g., # of paneled patients assessed for financial strain). However, if you wish you wish to present your measures as rates, simply use the suggested process measure as the numerator and determine your denominator.

For example,

$$\frac{\#\ of\ patients\ screened\ for\ finacial\ strain\ [e.g.,\ \boldsymbol{n = 100}]}{\#\ of\ paneled\ patients\ [e.g.,\ \boldsymbol{n = 800}]}\ x\ 100 = 12.5\%$$

After you've selected your measure(s), start by determining your baseline to understand your current state. Determine an appropriate measurement interval (e.g., daily, weekly, monthly) and plot results on a run chart. Leverage measurement skills from your practice facilitator, if possible.

Select Changes or Potentially Better Practices (PBPs) to Test

Potentially Better Practices (PBPs) are change ideas that you might try out and test to understand if they actually make an improvement in your context. PBPs may come from peer-reviewed literature, the experience of others who have made successful improvements, or they may come from those who actually perform the work. It is important to select the PBPs that are endorsed by the clinical team members.

Table 1 below (PDF available, Appendix D) sets out possible changes a team can make to improve processes for patients at risk for experiencing financial strain. The table has the following headers:

High Impact Changes: These represent the main areas of focus that are considered most critical for a care team to work on to achieve optimal performance in a particular area such as addressing financial strain as in this example.

Potentially Better Practice (PBP): These are the specific processes and practices that can be tested and implemented based on their context. They're typically derived from related literature, clinical practice guidelines, and expert recommendations.

Process Measures: Defined above, these measures are typically simple to implement and track.

Tools: These are resources that may support teams in implementing the PBP.

To see the rationale for why each PBP was selected as a change idea, and some ideas for implementing it in your own clinic, refer to the Reducing the Impact of Financial Strain Potentially Better Practice: Rationale, Evidence and Implementation Advice document (Appendix E).

Test Changes (PDSAs)

After a change idea is selected, use PDSA cycles to test changes in a real-world setting. Consider starting with just one patient and one provider.
Use this PDSA Worksheet (Appendix F) as a guide.

Table 1. Reducing the Impact of Financial Strain Change Package Summary

Foundational change packages to consider before implementing: Panel Processes, Relational Continuity, Care Planning

REDUCING THE IMPACT OF FINANCIAL STRAIN (RIFS) CHANGE PACKAGE SUMMARY

Purpose: To assist primary care clinics in optimizing processes for paneled patients who are experiencing financial strain
Aim Statement: By X date X clinic team will have improved screening rates by X%
Outcome Measure: # of patients with documented financial strain assessment out of the total # of paneled patients
Balancing Measure: Time to third next available (TNA) appointment

Key Documents: Full Change Package, Evidence for PBPs, Sequence to Achieve Change Workbook

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Tools
1. Improve the patient experience	1.1 Establish a multidisciplinary improvement team and consider including a patient with lived experience	Regularly scheduled team meetings	Sequence to Achieve Change Patient Partners on an Improvement Team
	1.2 Incorporate a patient-centered care approach	# of patients screened for financial strain in the last 18 months	Care Planning Template
	1.3 Create a culture that allows for open conversations with patients about financial strain	• Patient survey or interview • Team Survey	Poster Samples Scripting Samples
2. Identify paneled patients	2.1 Define segment of paneled patients who would most benefit from an assessment of financial strain	Definition of patient population eligible for screening	HQCA Primary Health Care Panel Report
	2.2 Generate lists of patients who have been identified as needing an assessment for financial strain and review list with team	# of patients on EMR list	EMR guide
3. Standardize documentation	3.1 Define the social determinants of health that team will use for care provision and standardize documentation in the EMR	# of patients with social determinants of health documented	EMR guide

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RIFS CHANGE PACKAGE SUMMARY

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Tools
4. Optimize care management	4.1 Use a process to assess patients for financial strain	• # of panel patients assessed for financial strain • Completed PDSA template	Poverty Screening Tool ACTT PDSA template Questionnaire samples
	4.2 Use a process for responding to patients with financial strain	# of patients with documented financial strain	Scripting Samples Patient Resource Handouts
	4.3 Use a process for ongoing review of patient-centred goals and care coordination	# of patients with financial strain who have care follow up due for re-assessment	Care Planning Template
5. Coordinate care in the medical home	5.1 Establish clear roles and responsibilities for supporting patients with financial strain amongst the medical home team	Discussion of Team Assessment results with team	Roles and Responsibilities Guide Introductions with Intention Huddles Team Assessment Sample process maps
6. Coordinate care in the health neighbourhood	6.1 Establish processes that facilitate effective transitions of care	# patients with visit within 7 days post hospital discharge	Process Mapping Guide Home to Hospital to Home Change Package Collaborative Care Agreements

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5

Sustain the Gains

You've gathered a team, set an aim and have tested and measured changes. Now you've got to maintain the gains the care team has made. Some strategies to consider for maintaining improvements are[1]:

- Standardization: helps to ensure that new processes are followed. Standardizing tasks by role may help to create clarity around who is responsible.
- Accountability: does not rely on hierarchical structures, rather it promotes comradery amongst the team.
- A visual management system (e.g., QI board): develop and continually update a compelling visual scoreboard to keep team members engaged and energized.
- Daily communication: beyond the quality improvement team. Ensure that everyone on the team is aware of the change and understands why it is being made.
- A problem-solving technique: when problems inevitably arise, use a PDSA cycle approach to solve them.

Additionally, measurement does not stop once you have improved your outcomes. Continue to periodically measure your results to ensure that improvements are sustained over time. To save time and increase accuracy, standardize measurement in the EMR (i.e., save your search) so that the same measure is run the same way at each time interval.

Measurement does not stop once you have improved your outcomes.

6

Spread Successful Changes

After successful implementation with the initial provider(s), the improvement team can work to spread learning and changes to other providers/areas of the clinic or to other clinics within the primary care network or zone. Although actual spread occurs at the end of a successful improvement initiative, improvement teams should develop plans for spreading improvements from the very beginning. Strategies for spread may include[2]:

- Engage leadership in the spread.
  - Ensure financial strain process improvements (or more globally the social determinants of health) are a key strategic initiative, goals and incentives for the work are aligned, and an executive leader is assigned.
- Define the improvement ideas and communicate with the broader care team.
  - Identify target patient population and adopter group, involve key partners, and develop an initial spread strategy.
- Communication
  - Promote awareness of the improvement and technical support available.
- Organizational culture
  - Form communities of practice, make technical support available, seek support from the primary care network.
- Measure and solicit feedback.
  - Capture throughout the tests of change and compile so that it can be effectively communicated to others – supporting decision making.

Additionally, after successful implementation with the initial population of patients who are screened for financial strain, the improvement team can work to spread learning and changes to other aligned topics. Creating processes for this patient population supports care teams in developing processes for a wide range of paneled patients, such as other social determinants of health or other process that involve care coordination in the health neighbourhood such as Home to Hospital to Home transitions.

7

Celebrate!

It's often easy as an improvement team to see your PDSA cycles as items on your checklist that you tick off when they are completed and then you just move on to the next process improvement activity.

It's important to plan to celebrate at milestones along the improvement journey, as well as when you achieve your aim.

If you recognize and highlight the efforts and accomplishments of the team this will go a long way in ensure staff stay motivated as they are continuously trying to make improvement to the practice.

References

1. Scoville R, Little K, Rakover J, Luther K, Mate K. ***Sustaining improvement***. IHI white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at www.IHI.org)

2. Massoud MR, Nielsen GA, Nolan K, Schall MW, Sevin C. ***A framework for spread: From local improvements to system-wide change.*** IHI innovation series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available at www.IHI.org)

Appendices

Click on each appendix below to open the link

Appendix A: Sequence to Achieve Change Workbook for RIFS

Appendix B: RIFS infographic

Appendix C: Including a Patient Partner on an Improvement Teams

Appendix D: RIFS Change Package Summary

Appendix E: RIFS Potentially Better Practice Rationale, Evidence and Implementation Advice

Appendix F: PDSA Cycle Documentation