“Coach Be Nimble, Coach Be Quick": Improving, Sustaining, and Spreading a Facilitated QI Program for Medication Reconciliation

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LAPTN™
LOS ANGELES PRACTICE TRANSFORMATION NETWORK

Background and Significance

Medication Reconciliation is a pillar of patient safety and waste elimination

Barriers remain for completion of medication reconciliation for every patient at every visit

- Poor/inaccurate med lists
- Current provider has not made any changes to medications
- Medications prescribed by other clinicians/specialists
- Lack of time

Traditional EHR alerts and educational methods not enough

Practice Facilitation offers an array of techniques to fill the gap

Setting and Methods

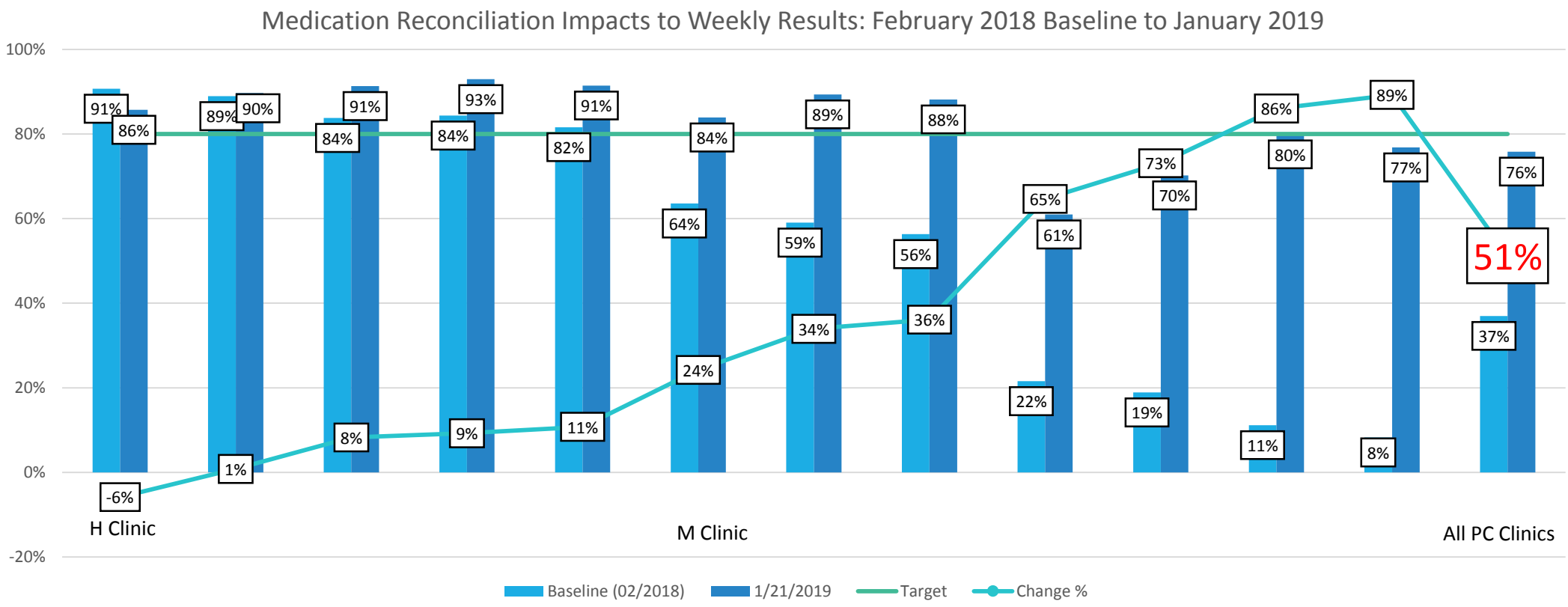
- Thirteen LA Net PBRN Practice Coaches
- Los Angeles County DHS Health Centers and Hospitals as part of the CMS funded TCPI initiative, 2nd largest municipal health system in the US
- Initiative began using the NaRCAD Academic Detailing (www.narcad.org) approach in Primary Care and spread to Specialty Care settings
- Additional methods were added for specialty settings including QI readiness assessments, leadership development and support, and development of practice capacity to work with a practice facilitator/coach.

NaRCAD Approach to Academic Detailing

Each of 13 primary care locations began by approaching the measure using NaRCAD technique for Academic Detailing:

- Introduction of medication reconciliation metric and practice facilitation
- Key Messages
- Review of Hot Sheet and Workflows
- Define Team roles
- Objection Handling
- Performance Review
- Summary and Wrap-up
- Documenting the Encounter

Primary Care Results



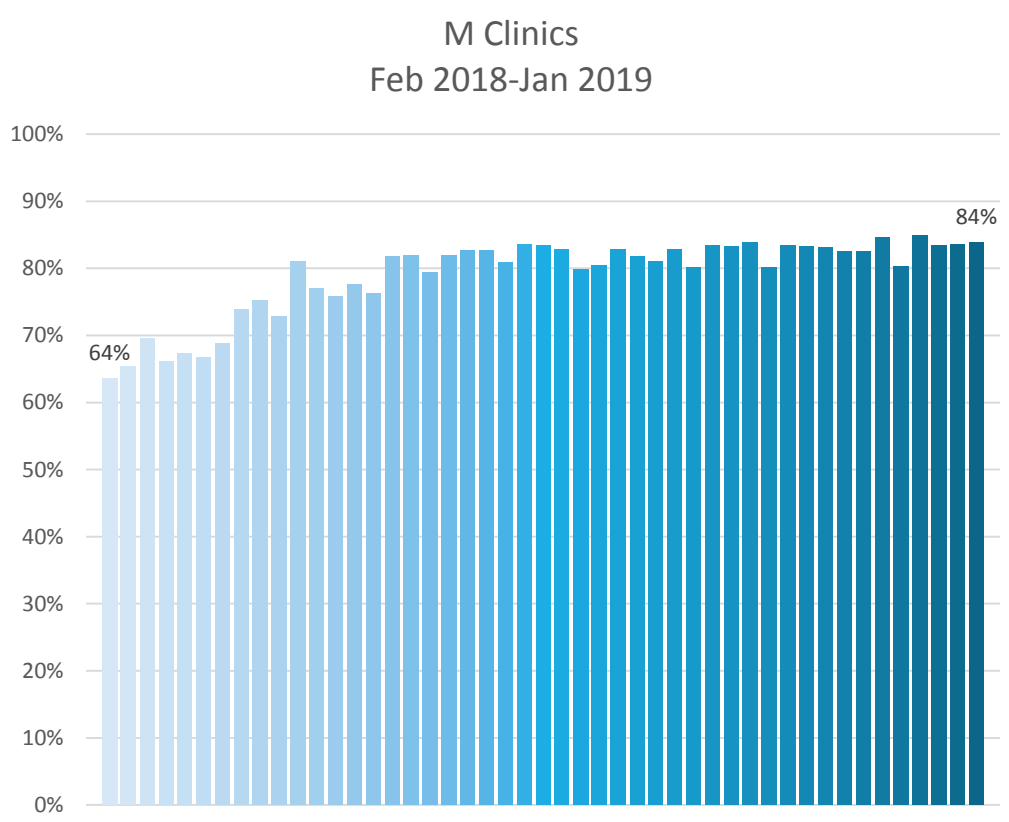
NaRCAD Model in Action at “M” Clinics

1. Use data reports to identify CMA/Nurse/Provider missing Medication List/Reconciliation targets

2. Root cause analysis
   - Nursing not documenting medication history
   - Adding medication orders after reconciliation completed
   - Running out of time during visit

3. Addressing causes
   - Coaching reminders to nursing about medication history workflow
   - Reviewing hot sheet for correct medication reconciliation procedures
   - Applying standardized visit workflow and adjustments for seamless medication list/reconciliation process

4. Follow up with providers using weekly audit and feedback until scores improved
   - Emailed data progress reports weekly with customized “help aides” to address specific root causes
   - Visual data wall with clinic and individual care team progress reports
   - Individualized in-person coaching



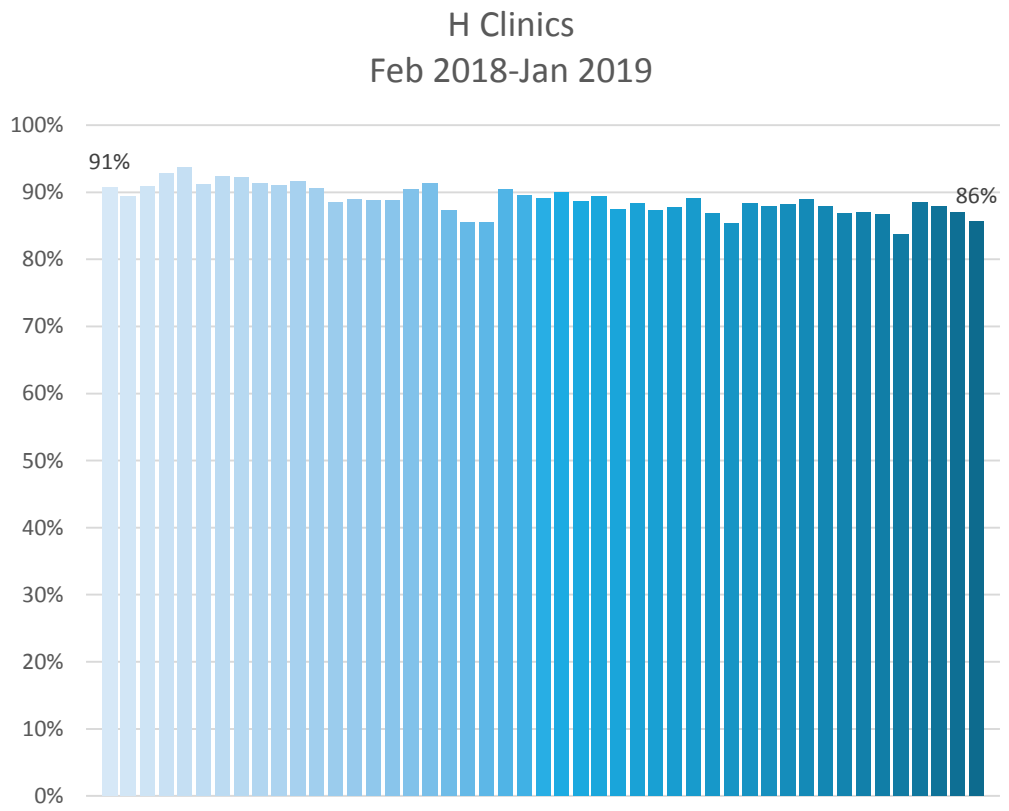
NaRCAD Model in Action at “H” Clinics

1. Use data reports to identify CMA/Nurse/Provider missing Medication List/Reconciliation targets

2. Root cause analysis
   - Not documenting correctly
   - Patient did not bring the medications
   - Running out of time during visit

3. Addressing causes
   - Reviewing correct documentation with Hot Sheet
   - Designing workflows for patient reminders to bring medication to visit, and/or follow up within 48 with patients who forgot meds
   - Applying standardized visit workflow and adjustments for seamless medication list/reconciliation process

4. Follow up with providers using weekly audit and feedback until scores improved



Spread to Specialty Care Clinics

- Leadership and accountability structures do not align between the university and county
  - Residents and Fellows (university) do not report to clinic leaders (county), limiting their ability to manage performance expectations
  - Mixed messaging between university and clinic leadership
- Data overload creates confusion
  - No standardization of reporting within the clinics
  - Leaders receive multiple variations
- Non-adherence to the standardized process
  - Documentation processes varied, resulting in partial documentation
  - Creates provider abrasion and resistance to data

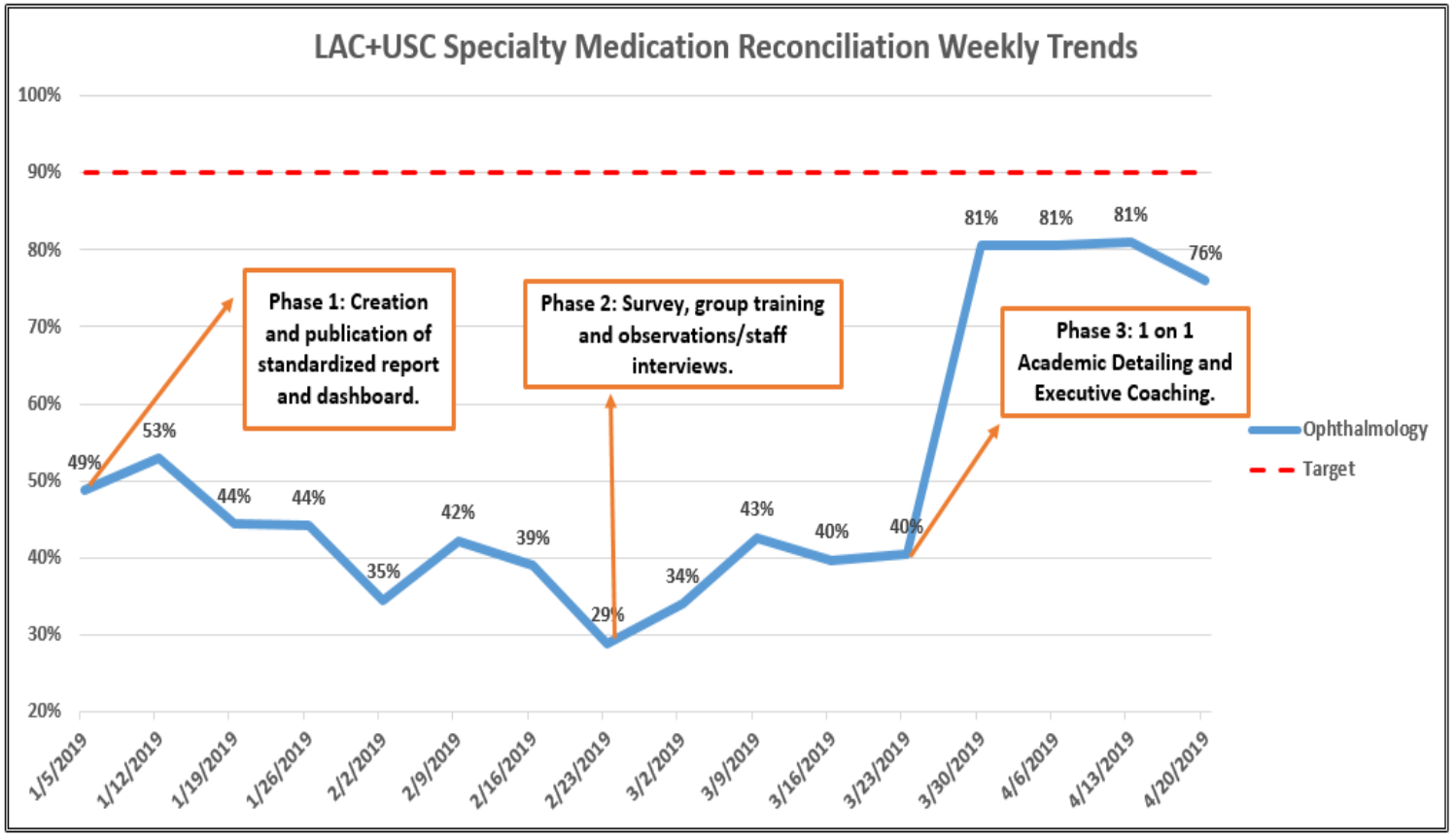
Specialty Care Clinics

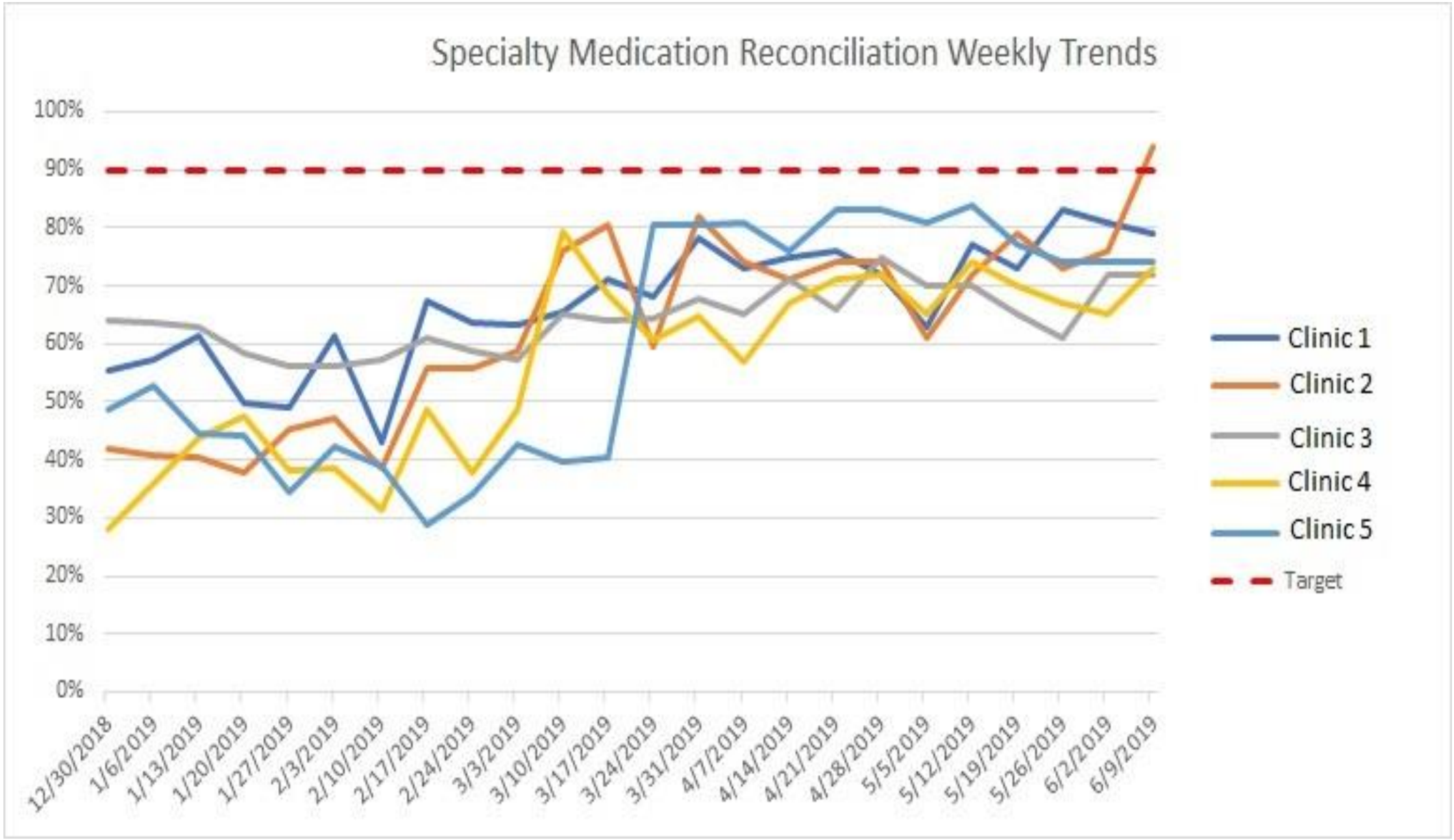
Intervention

- Phase 1: Data clean-up and dashboard creation
- Phase 2: Observation and Group Training
- Phase 3: Coaching

Impact

- Phase 1: Decreased performance after data shared and expectations communicated
- Phase 2: Minimal improvement, roadblocks identified
- Phase 3: Optimal and sustained improvement




Specialty Medication Reconciliation Weekly Trends
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
12/30/2018
1/6/2019
1/13/2019
1/20/2019
1/27/2019
2/3/2019
2/10/2019
2/17/2019
2/24/2019
3/3/2019
3/10/2019
3/17/2019
3/24/2019
3/31/2019
4/7/2019
4/14/2019
4/21/2019
4/28/2019
5/5/2019
5/12/2019
5/19/2019
5/26/2019
6/2/2019
6/9/2019
Clinic 1
Clinic 2
Clinic 3
Clinic 4
Clinic 5
Target

Next Steps

With a coaching program in place that is capable of evolving to meet the needs of new clinical areas, gains continue to be made across Primary and Specialty Care.

With the expansion of the program to Specialty Care at the DHS Medical Centers, we expect to see similar improvements to medication reconciliation documentation that were seen in primary care clinics and over time ultimately reach the goal of medication reconciliation with every patient at every visit.

Thank you!

Questions?