Delivering Better, Safer Care in Communities Nationwide:
The PSPC Performance Story

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HRSA Patient Safety and Clinical Pharmacy Services
Collaborative (PSPC)

Questions to run on

- PSPC – Where is it? Where are we taking it?

- How are our teams in action?

PSPC – Where is it?
Where are we taking it?

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Northwestern University School of Medicine
PSPC 3.0 Faculty Co-Chair
January 27, 2011

How Reliable is our Care?
A Function of System and Culture

?		Error rate?		?
-Custom-crafted processes		-Standard process -Safety drills -Alerts		-Loss of individual identity -Defer to expertise -Safety Culture
-Each Doc writes unique orders		Multi-disciplinary rounds Protocols for high risk meds		-Anesthesia safety -Airline industry

Autonomy

How Reliable is our Care?
A Function of System and Culture

PSPC AIM

Chaos		1:100		1:million
-Custom-crafted processes		-Standard process -Safety drills -Alerts		-Loss of individual identity -Defer to expertise -Safety Culture
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CPS

Autonomy   **Teamwork**   **Highly Reliable Org's**

Let's Improve Health Outcomes!
A Decade of "Calls for Action"

Primary Care Status Quo:

- Physicians Rx patients, w/o collaboration

- Accept Rx errors as ok, or not my problem

- Tolerate non-adherence, poor outcomes

Calls us to lead "Significant Change",

Target: Chronic Disease via Primary Care

PSPC AIM:

To save and enhance thousands of lives a year by:
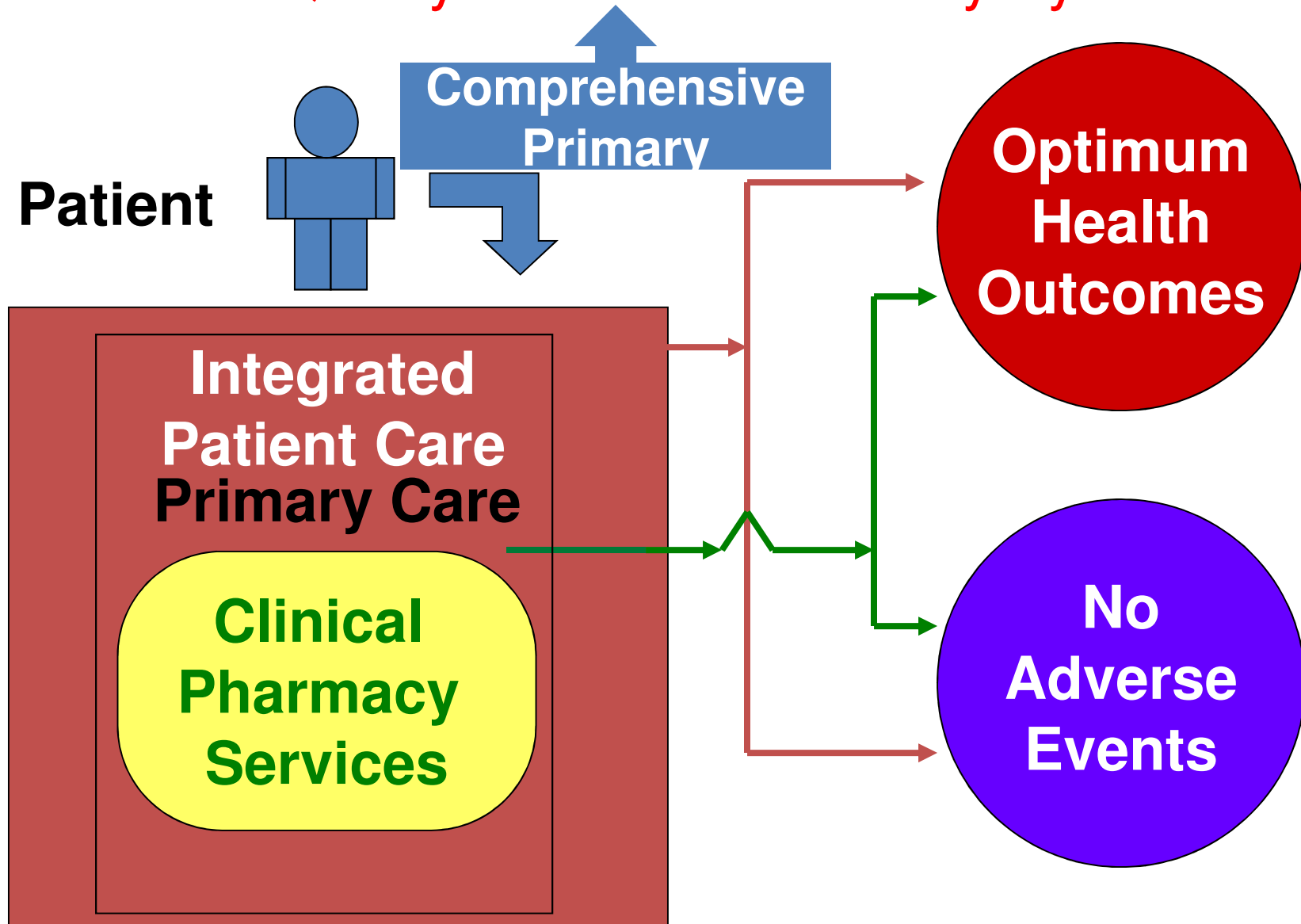
1. Achieving optimal health care outcomes

2. Eliminating adverse drug events

3. Increasing clinical pharmacy services
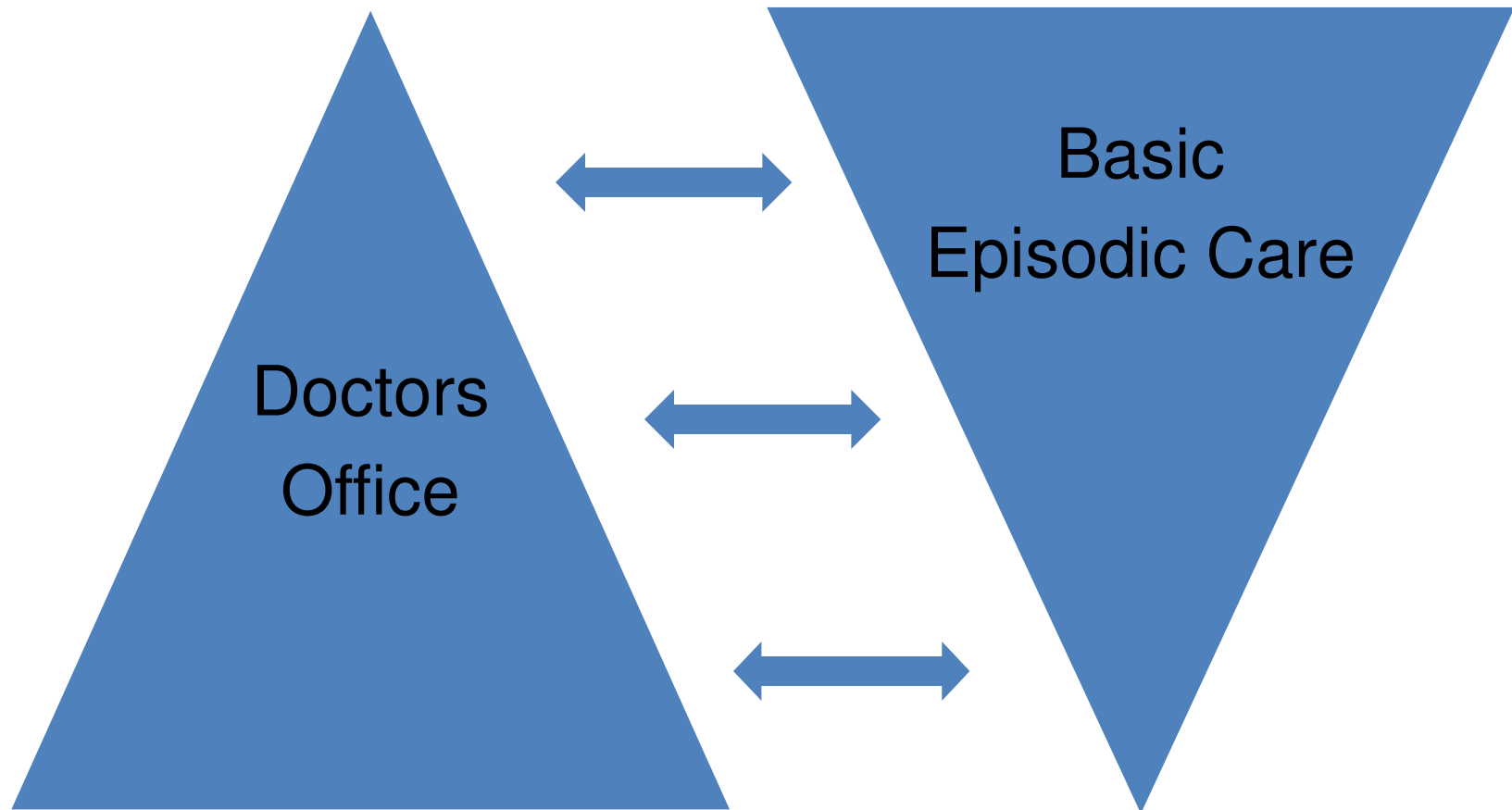
Who drives this work…

- PSPC National Planning Team
  - Federal core team
  - Faculty members
- PSPC Public-Private Alliance
- Leadership Coordinating Council
- Federal partners

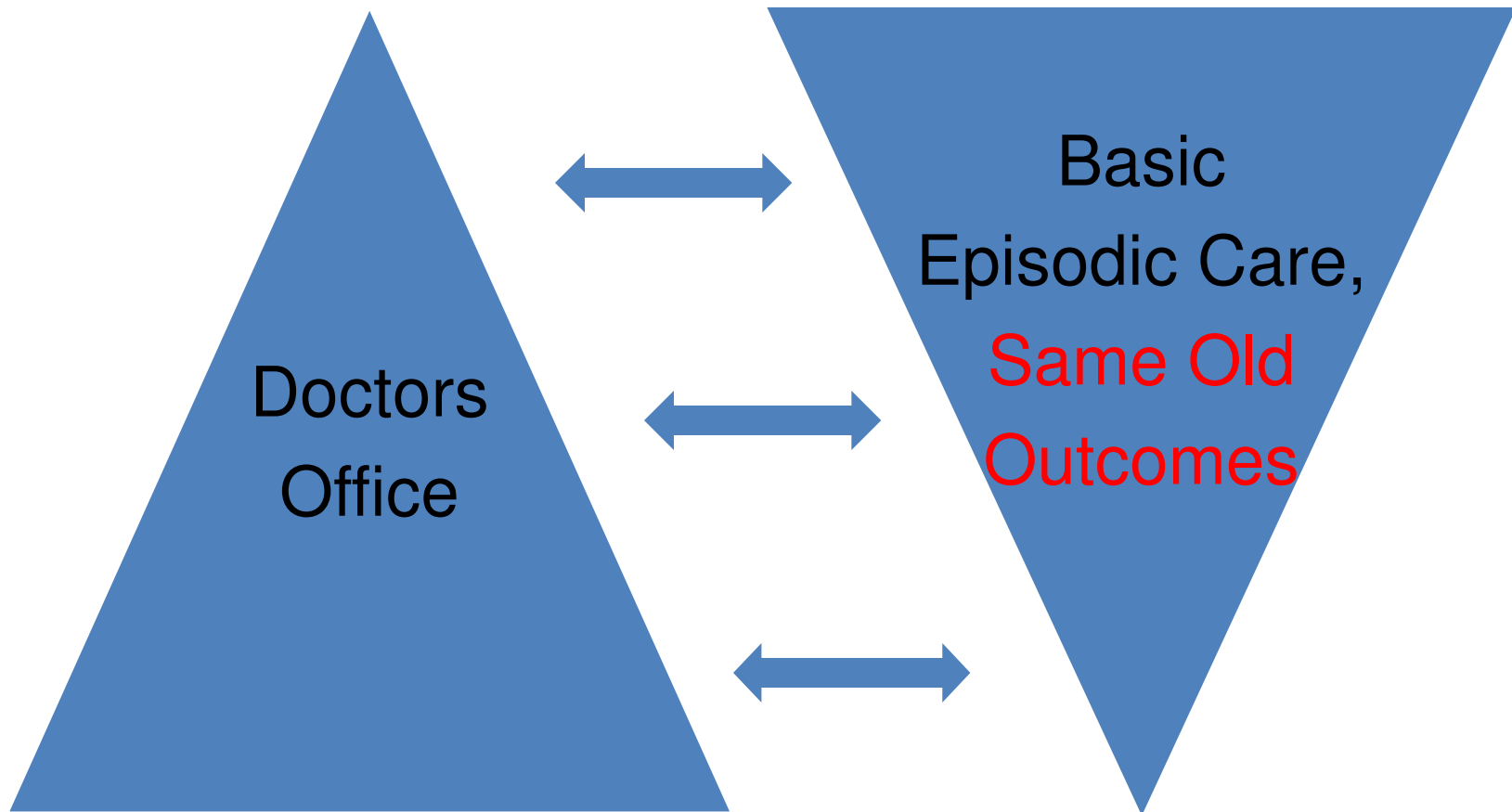*Most importantly* – our community partners and leaders!

PSPC Teams are Transforming and Improving Quality Healthcare Delivery Systems

Patient

Comprehensive Primary

Integrated Patient Care
Primary Care

Clinical Pharmacy Services

Optimum Health Outcomes

No Adverse Events

Models for the Medical Home Phase I

"Marcus Welby" *Model for Medical Home*
Doc alone with an Rx pad

Doctors Office

Basic Episodic Care, Same Old Outcomes

Models for the Medical Home
Systems/Teams for Better Outcomes

C.P.S.

C.P.S.

Doctors Office

Expanded Medical Home

Comprehensive Health Home:
(Community Health Centers)
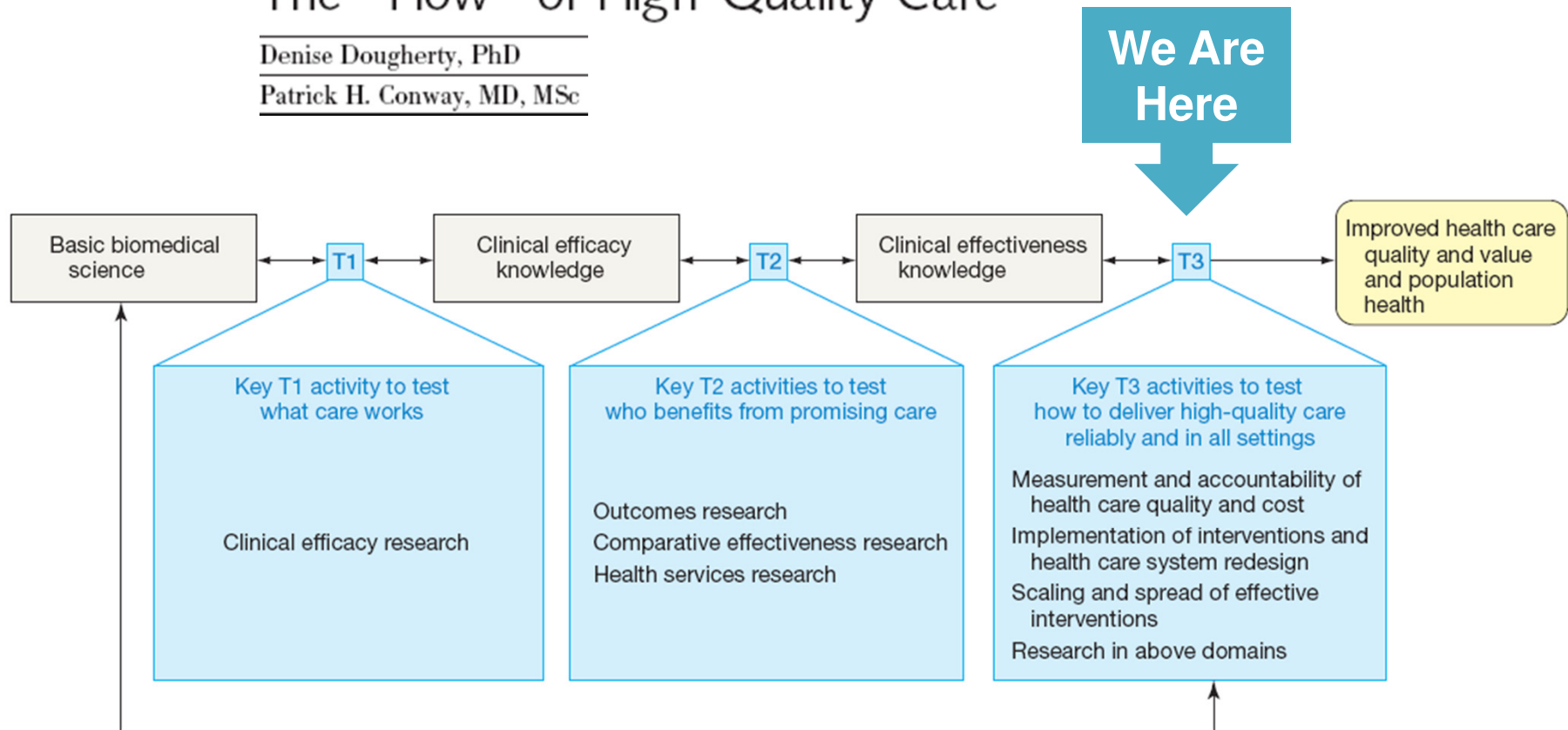
Basic Care, Episodic

Preventive, Planned Care

Disparity
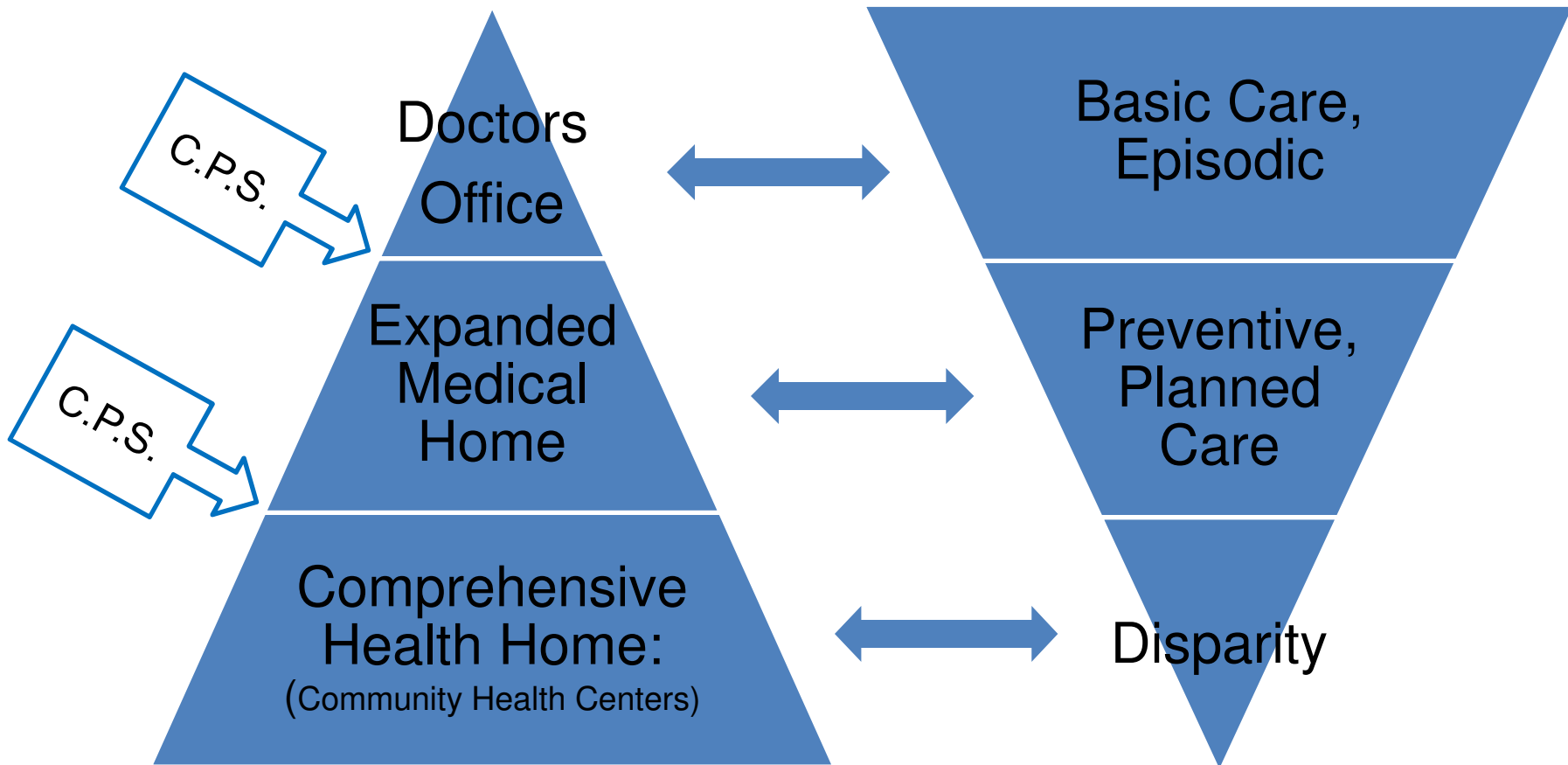
The "3T's" Road Map to Transform US Health Care
The "How" of High-Quality Care

Denise Dougherty, PhD
Patrick H. Conway, MD, MSc

We Are Here

| Basic biomedical science | T1 | Clinical efficacy knowledge | T2 | Clinical effectiveness knowledge | T3 | Improved health care quality and value and population health |

Key T1 activity to test what care works

Clinical efficacy research

Key T2 activities to test who benefits from promising care

Outcomes research
Comparative effectiveness research
Health services research

Key T3 activities to test how to deliver high-quality care reliably and in all settings

Measurement and accountability of health care quality and cost
Implementation of interventions and health care system redesign
Scaling and spread of effective interventions
Research in above domains
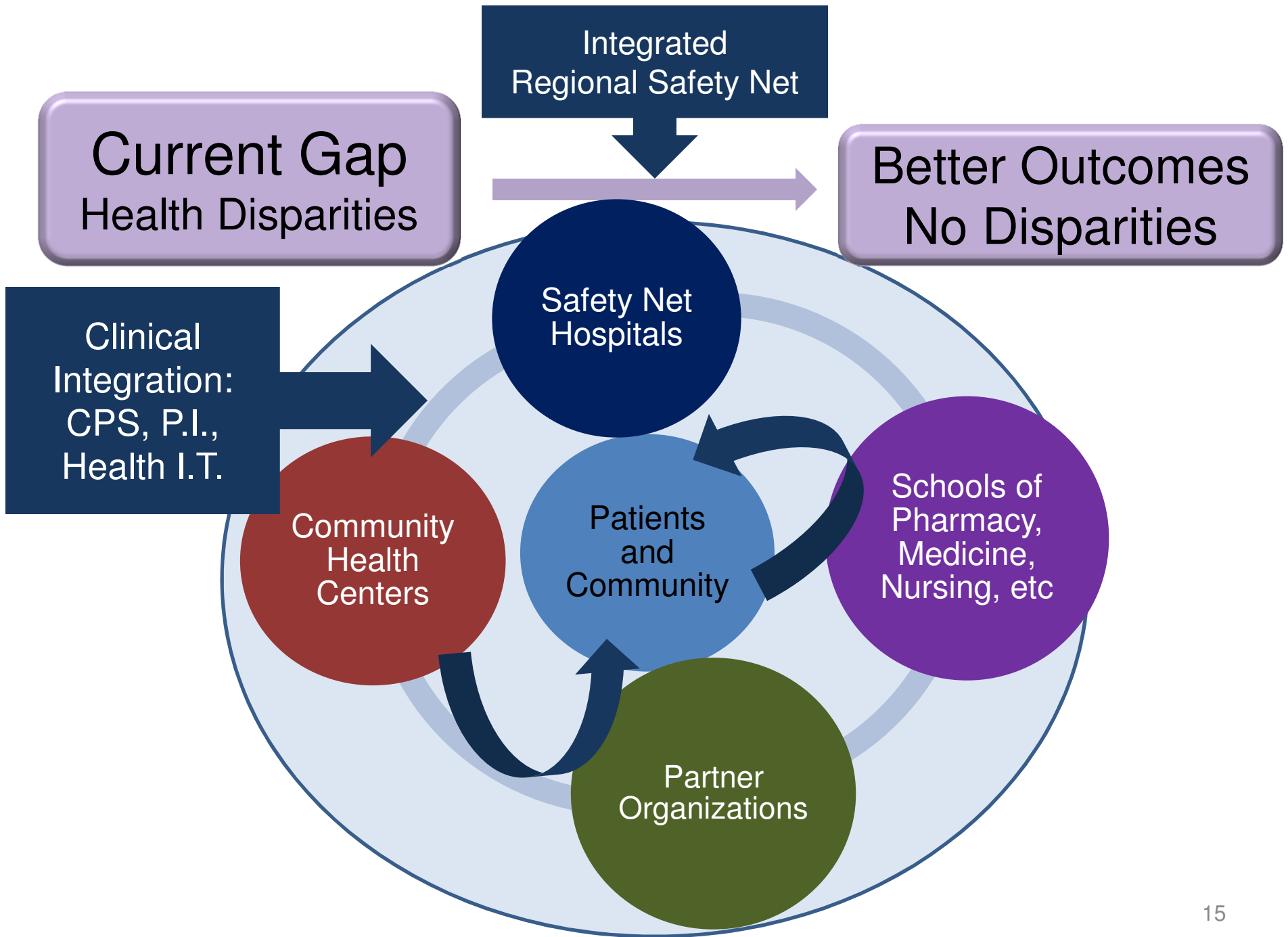
T indicates translation. T1, T2, and T3 represent the 3 major translational steps in the proposed framework to transform the health care system. The activities in each translational step test the discoveries of prior research activities in progressively broader settings to advance discoveries originating in basic science research through clinical research and eventually to widespread implementation through transformation of health care delivery. Double-headed arrows represent the essential need for feedback loops between and across the parts of the transformation framework.

Acquiring and Advancing Knowledge to Achieve Better Outcomes

We Are Here

Implementing What Works To Achieve Better Outcomes

T1 basic biomedical   T2 clinical trials   T3 performance improvement
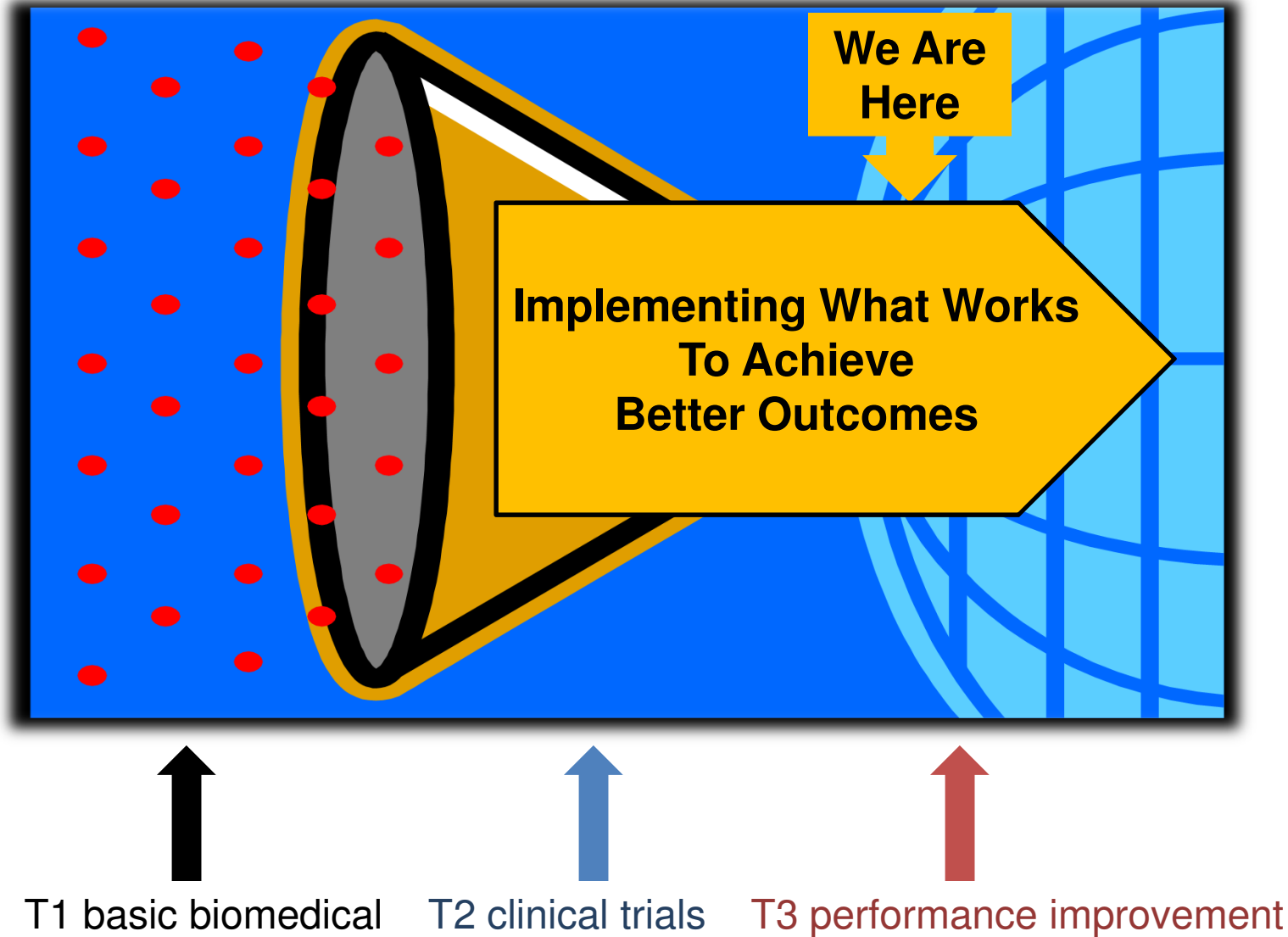
RESEARCH and CLINICAL INQUIRY

14

Current Gap
Health Disparities

Integrated
Regional Safety Net

Better Outcomes
No Disparities

Clinical
Integration:
CPS, P.I.,
Health I.T.

Safety Net
Hospitals

Community
Health
Centers

Patients
and
Community

Schools of
Pharmacy,
Medicine,
Nursing, etc

Partner
Organizations

Health Status Breakthroughs in High-Risk Patient Populations

The PSPC high-risk patient population is characterized by:

- **8 medications** per patient
- **5 chronic conditions** per patient
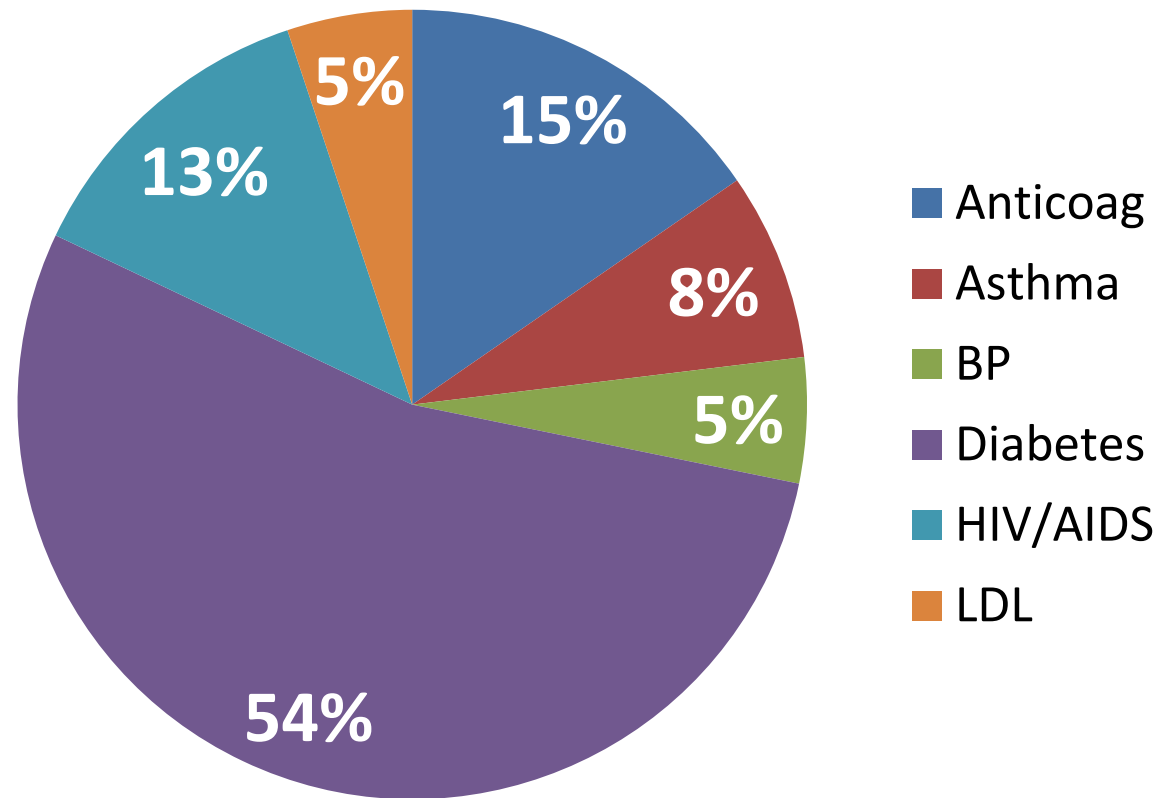- **3 providers** per patient

The soundtrack for our patient's health care stories?:

      Scary Music

30% of PSPC teams' total patients are in this high-risk population

Health Status Breakthroughs for Multiple Populations of Focus (PoFs)

Distribution of Teams by PoF

Legend:
- Anticoag
- Asthma
- BP
- Diabetes
- HIV/AIDS
- LDL

For each of these PoFs, teams are working to bring patients from health status *out of control* to *under control*
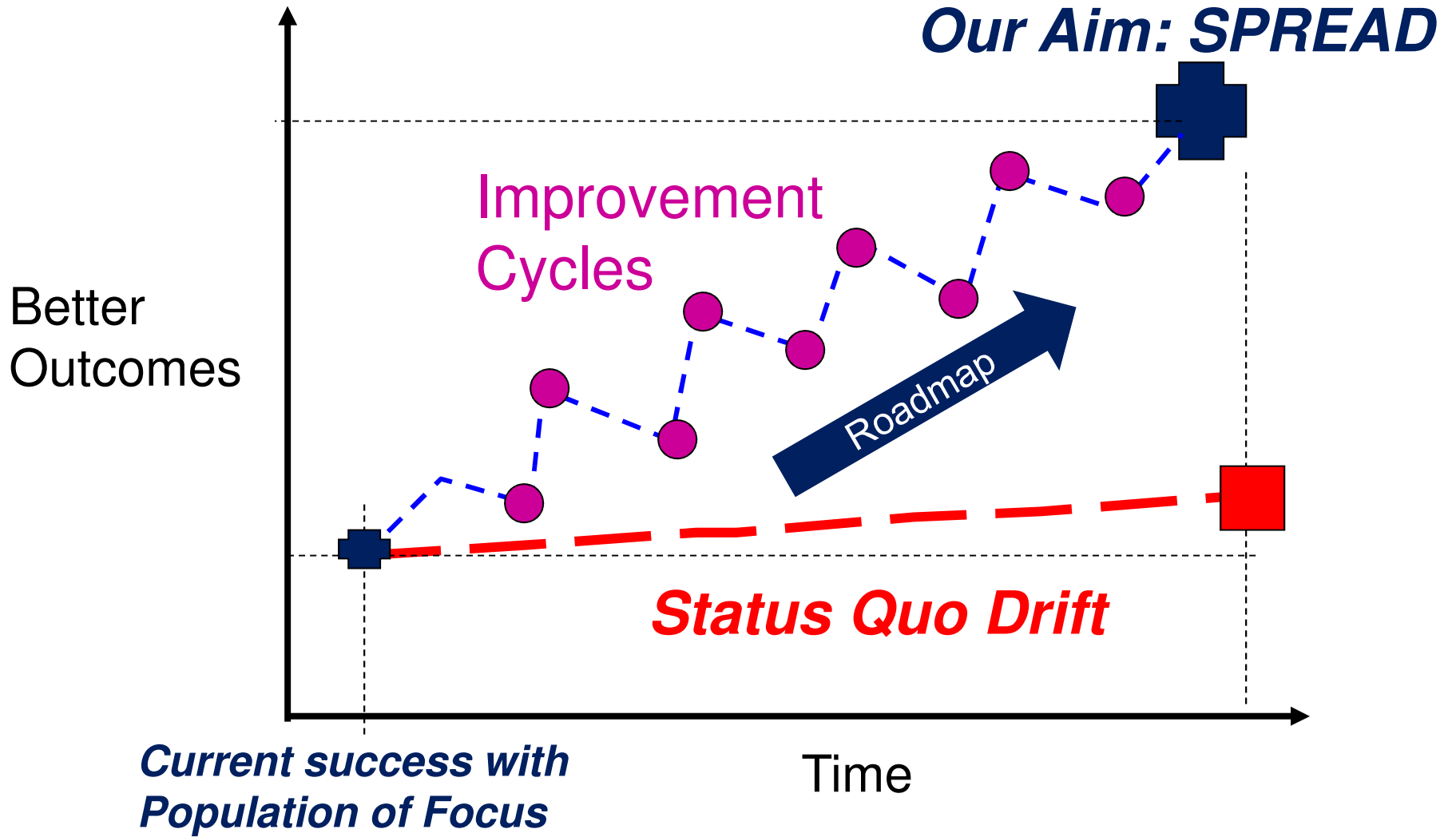
Imagine a future when:

Patients

- Are in proactive, comprehensive medical homes
- Receive indicated planned/preventive care
- Understand what each med is intended to do
- Safely use indicated Rx to achieve those goals
- Are in a world class community of practice

Health Professionals

- Work collaboratively, with joy

- PSPC is doing this, and WILL BLOW THE DOORS OFF STAUS QUO!

Breakthrough Model for Improvement

Our Aim: SPREAD

Improvement Cycles

Better Outcomes

Roadmap

Status Quo Drift

Current success with Population of Focus

Time

Change Package:
A Road Map for Improvement

What is a "Change Package"

- Details the leading practices that together address the Aim and Goals of the improvement process.

- Developed by harvesting lessons from high performing organizations that have achieved outstanding results.

- Reviewed and vetted by a panel of national experts.

- Serves as the catalogue of leading practices that teams adapt and use to accelerate the improvement process.

The PSPC Change package is organized into five color-coded strategies to achieve results:
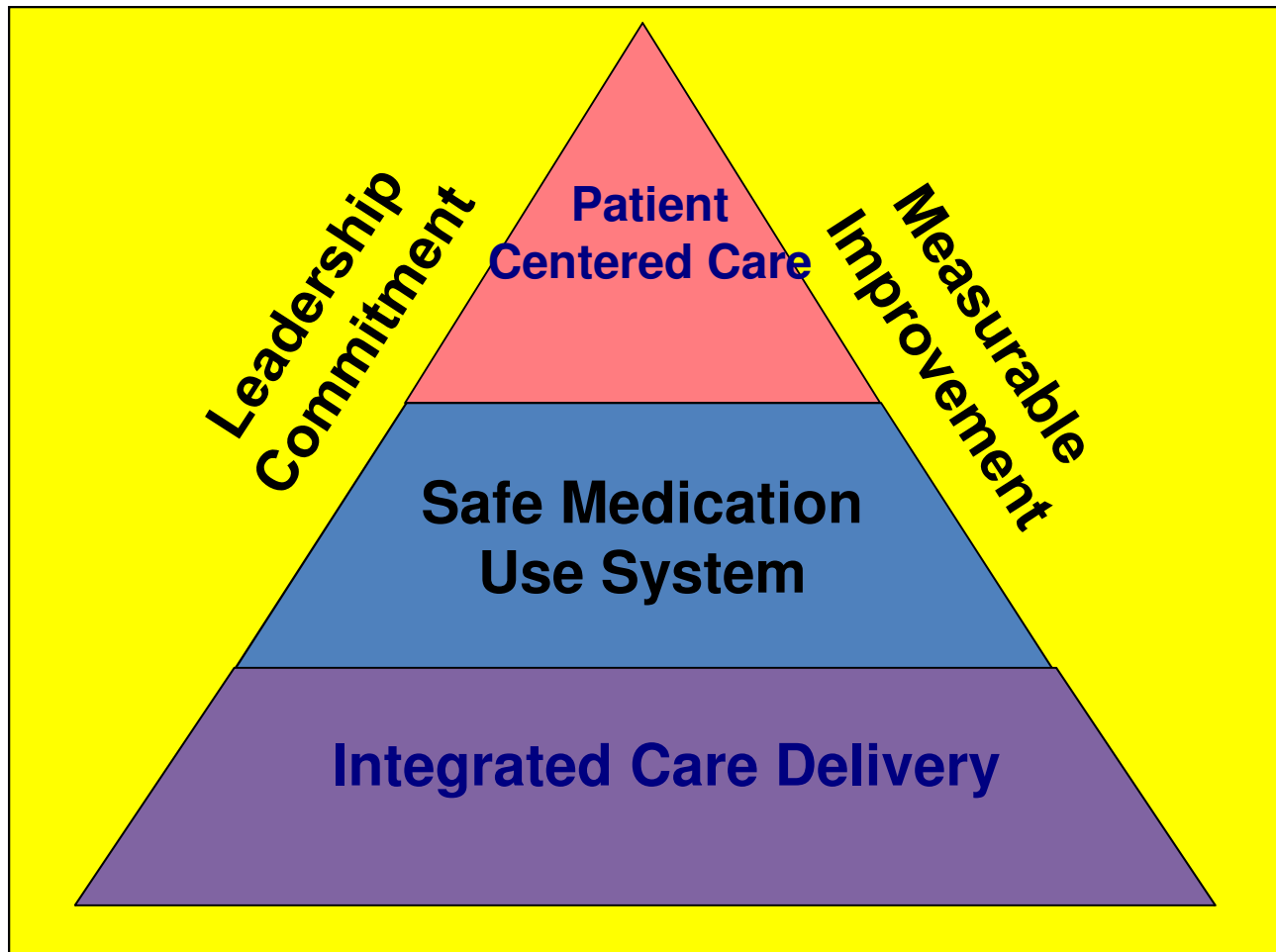
Breakthrough Model meets the Change Package

- Focus on better outcomes
  (Patient Centered Care)
- Consistent use of guidelines and best practices
  (Safe Medication Use)
- Allied health working at highest level possible
  (Integrated Care Delivery)
- Changing practices in response to data
  (Measurable Improvement)
- Quality/Safety "culture" goes all the way to the top
 (Leadership Commitment)

# *Comprehensive Health Home a "Team Sport" Engaging Providers in CPS*

- **Reframe Values First - then Engage**
  - Patients are customers, Providers are partners
  - Involve physician champion(s) early, often
  - <u>**Not new work**</u>, but a new and better way to get it done
  - Standardize what you can, then hand it off
- **Find Common Purpose**
  - Better outcomes with **less** hassle
  - Make the doing the right thing the easiest thing
  - Bring the **"JOY"** back to healthcare
- **Show Courage**
  - Leadership backs/nurtures improvement culture
    - CPS as a tool, not an end
  - Be open and transparent with AIM, data, outcomes
  - You don't need permission to put patients first

PSPC Performance Story
Patients with Health Status Out of Control,
September 2009 (Baseline)

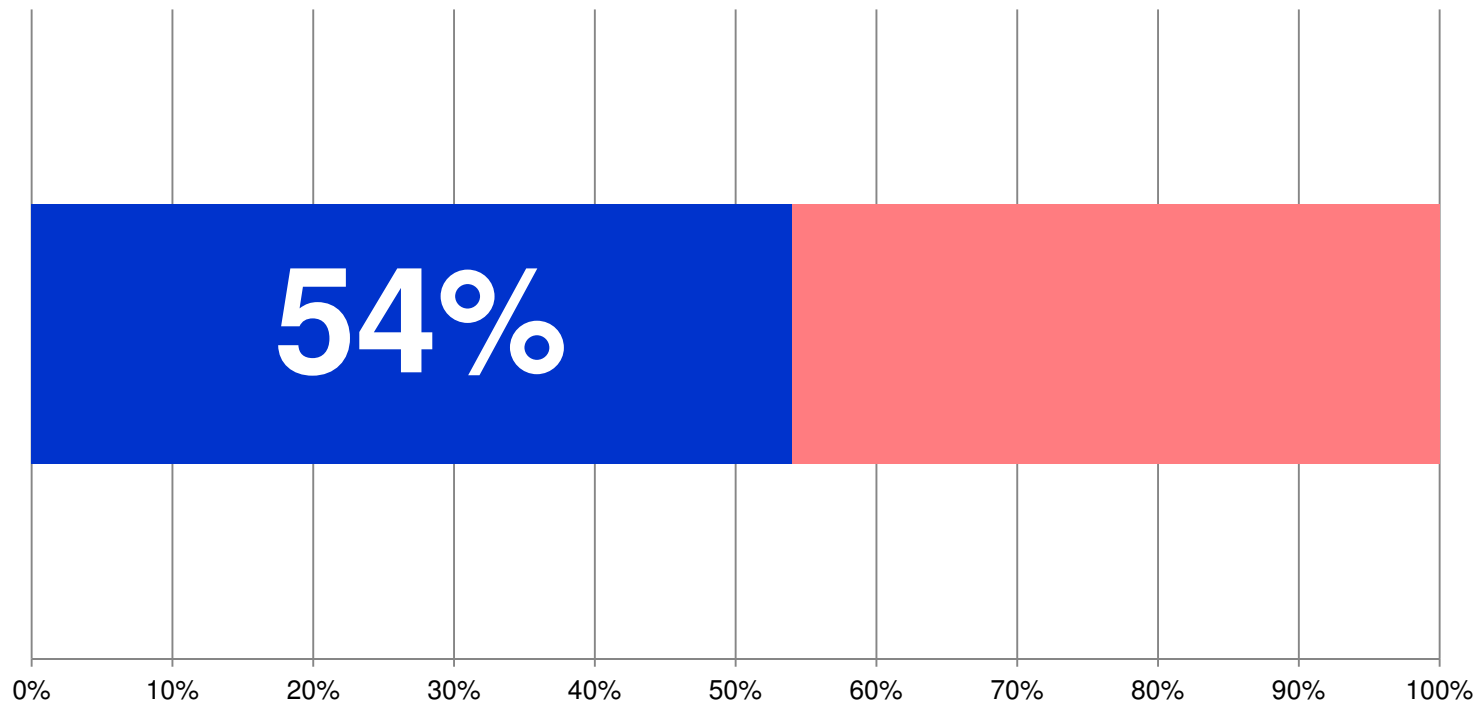Out of Control

Teams

Number of Patients
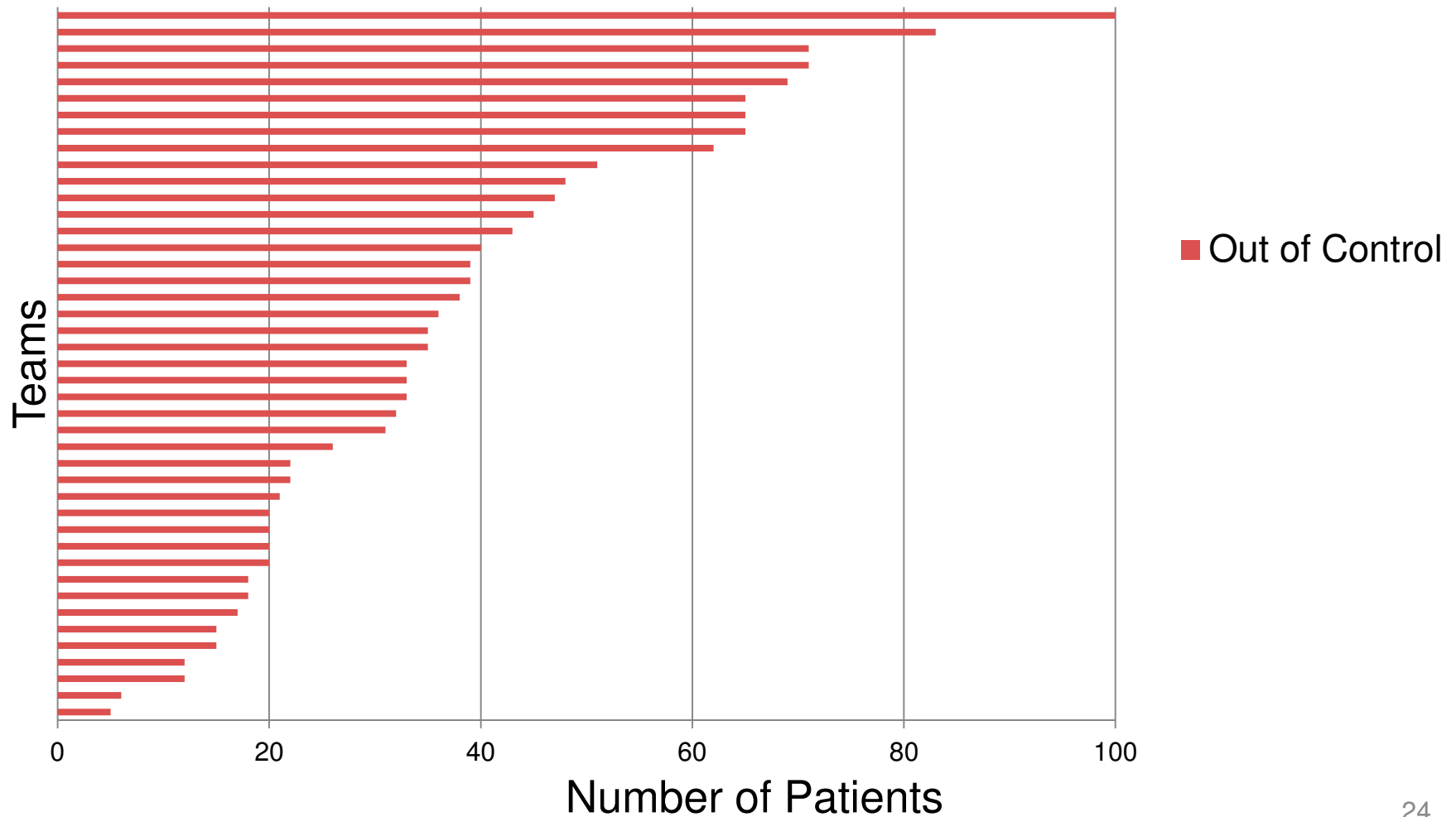
Patients with Health Status now
"Under Control" vs. "Out of Control"
through PSPC 2.0 (12 Months)
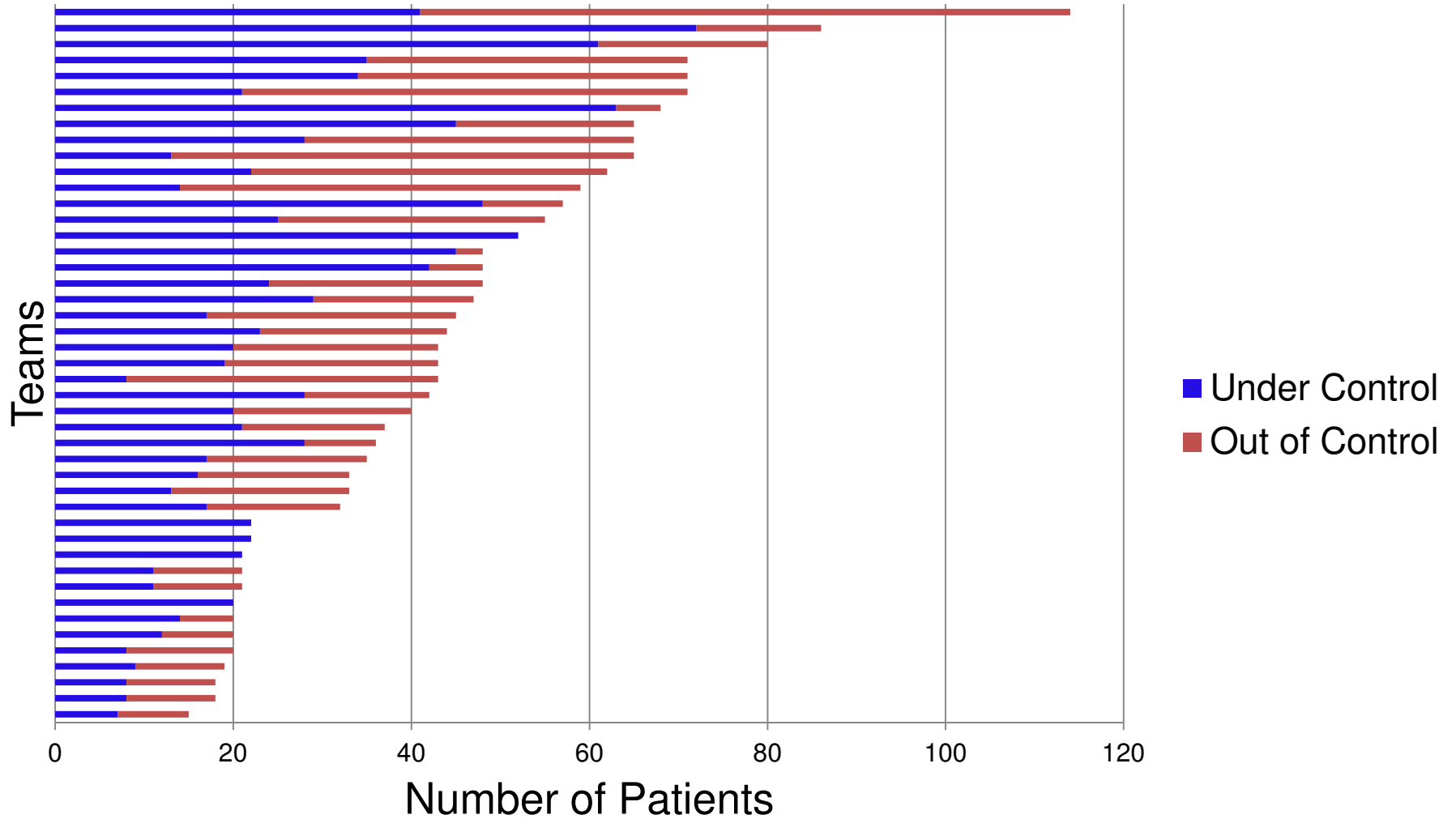
Health Status Breakthroughs

In just 12 months, 54% of patients brought their health status under control

54%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Patient Safety Breakthroughs

Teams are working to drive rates of
***potential adverse drug events* (pADEs) and**
***adverse drug events* (ADEs) to ZERO**

Average team improvement through PSPC 2.0
- **pADE rates fell 60%**
  from an average of 0.86/pt to 0.34/pt
- **ADE rates fell 49%**
  from an average of 0.12/pt to 0.06/pt

PSPC Potential Impact at full scale up

CHC patient population expected to reach 40 million

- Extrapolating from PSPC Data:
  - **12 million patients will need CPS**
  - **5.4 million potential ADEs avoided**
  - **720,000 actual ADE's prevented**
- Savings Generated:
  - **$8.7K/ preventable ADE**

PSPC Spread

	PSPC 1.0	PSPC 2.0	PSPC 3.0
Organizations	209	350	300+
Teams	68	110	128
CHCs	57	79	92
Hospitals	30	43	26
Schools of Pharmacy	24	53	57

Why not make this the norm?

Imagine a future in your Organization/Program where:

- What are you hearing that fits your goals?

- Which aspects of this work is your work?

PCPCC Call
Team Experiences:
Engaging in the Work

Kyle Peters, Pharm.D., BC-ADM, CDE
Clinical Pharmacist Siouxland CHC
Clinical Assistant Professor UNMC COP
Faculty Co-Chair PSPC3.0
January 27, 2011

The Work: PSPC AIM

To save and enhance thousands of lives a year by:

1. Achieving optimal health care outcomes

2. Eliminating adverse drug events

3. Increasing clinical pharmacy services

Clinical Pharmacy Service (CPS) Elements

1. Medication Access Services to Patients
2. Patient Counseling
3. Preventive Care Programs
4. Drug Information Services to Patients
5. Medication Reconciliation Services
6. Provider Education
7. Retrospective Drug Utilization Review (DUR)
8. Medication Therapy Management (MTM)
9. Disease State Management
10. Prospective Chart Review and Provider Consultation

Integrated Primary Care and CPS

- The 10 CPS elements are important variables in the equation for success

- Who performs them can vary between organizations and professions

- Determining where these elements occur in a patient visit will improve health outcomes and patient safety

January 2011 All Team Call: Engaged in the Work

- Team Name: Salud Partners

- Location: Albuquerque, Espanola, and Las Vegas, New Mexico

- Presenter: Krista Salazar, Pharm.D.

- PoF: DM HbA1c >10

CPS Team Discussion

1. Describe 1 CPS interaction with a patient.

2. What CPS elements were performed?

3. What pADE/ADE was identified or prevented?

4. How did this make you/your care team feel about the work?

Describe 1 CPS Interaction with a Patient

- New patient to health care for the homeless clinic comes in with a BG of 463 mg/dL, due to being out of insulin for 2 days

- Fled her home with daughter to escape domestic violence

- Patient's main goal was to improve her health to provide a "normal" life for her daughter

Describe 1 CPS Interaction with a Patient

- No providers available, so nurse consulted Clinical Pharmacist

- Clinical Pharmacist gave the patient insulin, calculated a new dose, and monitored the patient for 1 hour.

CPS Elements Performed

1. Medication Access Services to Patients
   – New Insulin, glucose meter, test strips, glucose tablets
2. Patient Counseling
   – Explained how the insulin worked and what to expect
3. Medication Reconciliation Services
   – Obtained history of current/past insulin type and dose to develop new insulin regimen
4. Disease State Management
   – Calculated dose of insulin

What pADE/ADE was Identified or Prevented?

1. Hyperglycemia and associated complications
   - DKA, polyuria, polydypsia, and fatigue
2. Hypoglycemia and potential harm
   - Described how to identify and treat hypoglycemia
3. Prevented need for ambulance ride and hospitalization
   - This allowed the patient to have less stress and separation from her current life situation
   - Saved the system money and resources

How Did This Make You/Your Care Team Feel About the Work?

- Made the team feel effective and efficient
- Made the team recognize they have a positive impact on the patient's life by improving knowledge and treatment of diabetes
- Made the team members anxiously engaged in a good cause; looking for more situations to make a difference

Effective Question #2

- What excited you about the story you just heard?

- What potential do you see for the PSPC to have a bigger impact on patients' lives?

Open enrollment

- HRSA recognizes the value in opening up this effort to any organization/partner who is ready to join others to improve patient safety and health outcomes

- Some organizations weren't ready to join in the Fall but are ready to participate now!

- Provide an opportunity to introduce you, our partners, to the PSPC work

What does open enrollment mean?

- Join any time!
- Join the collaborative cycle and participate with current PSPC teams
- Participate in monthly All Team Calls, learning events and other collaborative activities
- Learn from the 120+ teams that are already doing this work!!
- Quarterly informational calls will be offered – Next one is March 10, 2011 (email patientsafety@hrsa.gov for webinar information)

Charge to the PCPCC – Care Coordination Task Force

- **Get involved in this work!**
- **It's the Right Thing to Do for the Patients We Serve**
  - ❖ Safer
  - ❖ Increased and Better Pharmacy Services
  - ❖ Improved Health Outcomes
  - ❖ Not new work! Aligned with national standards of care, integrates into performance improvement plan
  - ❖ Integrates Services to Maximize Community Health

Need more information?

- HRSA Patient Safety Web site
  - http://www.hrsa.gov/patientsafety

- Email patientsafety@hrsa.gov

Q & A

- Why not make this the norm? *Imagine a future in your Organization/Program where:*
  - What are you hearing that fits your goals?
  - Which aspects of this work is your work?
- What excited you about the story you just heard?
- What potential do you see for the PSPC to have a bigger impact on patients' lives?