Collaborative Improvement Networks and Physician Accountability

Collaborative Improvement Networks in Children’s Healthcare
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Paul V. Miles MD FAAP
Senior Vice President for MOC and Quality
American Board of Pediatrics
Why are Collaborative Improvement Networks important to the American Board of Pediatrics?
Independent certifying board that is not membership-based

Sole mission is to the public

One of the 24 specialty boards of the American Board of Medical Specialties (ABMS)

Created in 1933 by the pediatric community to certify physicians with specialized education and clinical expertise in the care of children

Includes 250 physicians who volunteer their time to set the standards of certification
Number of Certified Pediatricians

The American Board of Pediatrics
The Four Parts of Maintenance Of Certification (MOC)

- Part 1 assesses professionalism
- Part 2 shows evidence of continuous knowledge acquisition and self assessment
- Part 3 assesses the fundamental knowledge of the specialty
- Part 4 demonstrates a diplomate’s ability to assess and improve the quality of their care

Continuous Professional Development based on the six core competencies leading to improved outcomes for children
Demands on Physicians for Demonstrating Quality of Care

- Professional obligation
- Maintenance of Board Certification
- Career development/credentialing
- Maintenance of licensure
- Meaningful use of electronic medical records
- Physician incentive programs
- Malpractice
System-based Practice - A Profound Shift in Healthcare
What is the Unit of Accountability?

Care delivered by individuals to care delivered by teams in complex systems
What is the Unit of Accountability?

Bill Nugent
Jointly developed six areas in which a physician must be competent in order to deliver quality care:

- Professionalism
- Patient care
- Communication skills
- Medical knowledge
- Practice based learning/QI
- Systems based practice

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Quality (Safety) in Healthcare

“Best Possible Science” + “In the context of what a particular patient wants and needs” → Quality

Reliable care involves both (Six Core Competencies)

(IOM dimensions of Quality)
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient centered

After Paul Batalden
The problem with American health care quality is not the care of a few “poor” performers, it is the gaps in quality of the “high” performers.

Two recurring themes: Variation and Gaps in Quality
“How can the best health care in the world cost twice as much as the best health care in the world?”

…Elliot Fisher – Dartmouth Atlas
Inspection

Looking for Bad Apples
(Sanctioning performance that fails to meet minimal standards)

Brent James

The American Board of Pediatrics
Challenges in a High Stakes External Assessment of Individual Clinical Performance: Approach to Improving Care

- Small sample size
- Attribution of care
- Risk adjustment
- Creating a culture of defensive practice
- Potential gaming
- Does quality of care in one area indicate quality of care in all areas?
- Snapshot of performance using retrospective data

Brent James

The American Board of Pediatrics
Improvement

Improving Good Apples
(Focus on everyone improving care)

Number of providers at particular quality level

Before

Mean performance before change

After

Mean performance after change

Higher Quality

Higher Quality

Quality Gap

Quality Benchmark

ABP standard for MOC Part 4

The American Board of Pediatrics
WASHINGTON, June 21, 2008 — The federal government has gingerly stepped back into rating the care delivered by the nation’s hospitals, releasing for the first time in nearly two decades a list of hospitals where heart patients are most likely to die.
Cystic Fibrosis Foundation Quality Improvement Initiative

60 CF Centers, 13,000 patients, have participated
55% of all CF patients in the US
Goal: Speed rate of improvement in CF care
Cystic Fibrosis Foundation
Quality Improvement Initiative

Median Predicted Survival Age, 1994-2007

Predicted survival improves from 27.7 years to 28.6 years

First CFF Center reports reveal variability
CFF QI Grant program
CFF National Quality Initiative

Predicted survival improves from 28.6 years to 37.4 years

898 Lives

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In the first 6 months, 29 children’s hospitals reduced infection rates in the PICU by nearly 70 percent by adhering to a rigid set of evidence-based practices shown to prevent infections in children.

51% improvement: 85 lives saved, over 850 infections prevented, $25 million saved over first 30 months. Now with 62 units
Reduced Variation and Improved Outcomes
Reduced Variation and Improved Outcomes
Results for NACHRI Quality Transformation Network

The numbers are impressive. In early September, the NACHRI Quality Transformation Network (QTN), initiated in 2006, had prevented an estimated 2,964 central line infections and saved 355 lives, as well as saving $103,722,423.
QI Design: Likelihood of Large Scale Sustained Improvement

- Individual QI effort
- Web-based QI module
- Workplace QI project
- Improvement Network – Non coordinated interventions
- Collaborative Improvement Networks
Collaborative Improvement Networks

• Provide physicians access to real time data
• Provide knowledge and coaching on how to improve care (Improvement Science)
• Provide the infrastructure for collaborative multisite testing for improvement – focus on high reliability
• Engage multidisciplinary teams including parents
• Align incentives (MOC, CME, MOL, JCAHO, P4Pi)
• Care will improve, costs will go down: Physicians and other providers are not a barrier
• An opportunity to bring together clinical practice, medical education, ongoing professional development, and translational research to learn and improve from every patient we treat
National Subspecialty Pediatric Collaborative Improvement

- GI – Inflammatory Bowel Disease*
- Critical Care – Catheter Associated Blood Stream Infections*
- Hematology/Oncology – Line infections*
- Pulmonology – Cystic Fibrosis*
- Endocrinology – CF Related Diabetes
- Neonatology – Multiple topics* (VON and CPQCC and others)
- Cardiology – Hypoplastic Left Heart*
- Rheumatology – JRA
- Nephrology – Dialysis Catheter Associated Infections*
- Emergency Medicine – Pain Management
- Severe Combined Immune Deficiency
- Congenital Heart Surgery (in discussion – STS database)
- Sickle Cell, Cardiac Catheterization, Pacemakers, Eating Disorders (planned)

*Approved for MOC Part 4 credit
Other Examples

• AAP Chapter Quality Network*
• CHCA Children’s Hospital Collaboratives*
• Improving Performance in Practice (IPIP)*
• VCHIP Improvement Partnerships*
• Sickle Cell Collaborative
• Adult CLABSI Collaboratives – STOP BSI
• Northern New England Cardiovascular Study Group
• Dartmouth Spine Clinic
• ACC Adult Cardiac Door to Balloon National Initiative
• VA NSQIP (Surgical Collaborative Improvement/Database)
• DARTnet Family Medicine

*Approved for MOC Part 4 credit
The First Year of Part 4 MOC 2010

2010 MOC Part 4 Credit by Category

- Approved QI Project: 506
- PIMs: 4036
- Non ABP Web based modules: 3418

ABP Web based modules
“a sustainable model (for funding networks) needs to be enabled by a payment system that rewards networks of providers for the results achieved.”

“a champion is needed for transformation of care at the front line who can convene stakeholders and build the requisite capacity and infrastructure. This will require clinicians, consumers, plans, employers, researchers, government agencies, and all other stakeholders to join and focus efforts where it matters—at the front line of care between clinician and patient.”
Acute Lymphoid Leukemia

Every child we treat is a child we study

Simone J., Lyons, J: J Clin Oncology 1998 Sep;16(9):2904-5

The American Board of Pediatrics