Roadmap to HEALTH EQUITY

Driving Quality Improvement

- We'll get started in just a moment.
- Please make sure you are on mute unless you are speaking.
- We will have time for questions at the end, but feel free to type a question into the chat any time.
- If you'd like to ask a question or make a comment, please use the "raise hand" function.

Roadmap to **HEALTH EQUITY**

Driving Quality Improvement Project

April 8, 2025 | 1:00pm ET

americares | LOYOLA UNIVERSITY CHICAGO | NAFC The National Association of Free & Charitable Clinics

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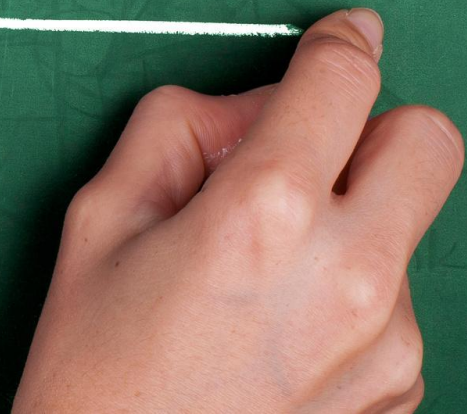
Hello!
My name is_____
- Your name
- Your clinic
- Location (City/State)

Roadmap Today

A first of its kind national partnership working toward delivering data-driven, equitable care in free and charitable clinics.

110+ Clinics in 27 states

15 Clinical Quality Measures Stratified by REaL

Quality Improvement and Shared Learning

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Driving Quality Improvement Project

To further the mission of Roadmap, Americares offered **26** free and charitable clinics an opportunity to receive support in continuous quality improvement.

Each clinic selected to participate will receive a **$5,000 grant** to support staff time and engagement and/or the development of strategies and tools to address identified disparities in patient health outcomes.

Participating clinics will also have access to **coaching** to support the selected improvement initiatives focused on continuous quality improvement.

Driving Quality Improvement Team

Christina Southey has been working in health care improvement for the past 15 years. She has served as an improvement advisor and faculty for multiple organization in Canada, the United States and internationally. Christina has contributed to projects focused on achieving Equity in the delivery and experience of care, age friendly care, chronic disease care, access, patient experience and mental health and substance use care in multiple locations. She has spent most of her career working on projects in the primary and community care realm in diverse environments. Christina has a passion for how to engage staff, patients and the community in improvement. She has applied her quality improvement expertise in multiple small and large group education session, working with diverse improvement learners from government to front line staff and patients. Christina has advanced training in facilitation and holds a Masters Degree in Community Health and Epidemiology. She lives with her family in Toronto, Ontario Canada.

Driving Quality Improvement Team

Mara Servaites from mjs Consulting Associates is an independent health care consultant who specializes in free and charitable clinic sector with a half century of experience. Having served the industry as a clinic director, state association director, and consultant, Mara works with organizations to achieve their desire outcomes through operations support, governance training, strategic planning, coaching, fundraising and consensus building. For close to 20 years, she has called individual clinics, state associations, and other health partners as constituents and clients. She was one of the first NCQA Patient-Centered Medical Home (PCMH) Content Experts within the free and charitable clinic sector and has helped to build programs assisting free and charitable clinics in receiving PCMH recognition. Mara has worked with Americares since 2016, on a number of projects related to quality improvement, telehealth implementation, and more. Mara holds a Master's degree in Social Work and Leadership Certificate in Nonprofit Management. She lives with her family in Virginia.

Driving Quality Improvement Project

To complement one-on-one support, a peer community of learning, **open to all Roadmap clinics**, will support the following:

- Sharing change ideas, successes, and challenges among a community with similar focus
- Problem-solving together on common challenges
- Learning about key tools and techniques that can support improvement work in under-resourced clinic environments

- Shining a spotlight on areas of success within the network for others to learn from

Program Overview

By the end of the 6-month program, we hope…

1. Your clinic will have a chartered improvement project linked to roadmap and internal clinic data that shows a gap in care

2. Your clinic will understand how to leverage both roadmap and internal data sources to support improvement

3. Your clinic will have started testing changes related to your improvement project

4. Your clinic will share your learning with your peers and learn ideas from others

To reach these goals we will..

- Learn in group calls about tools and methods of improvement to support any project focus

- Discuss in small group coaching calls our successes and challenges in executing on our projects
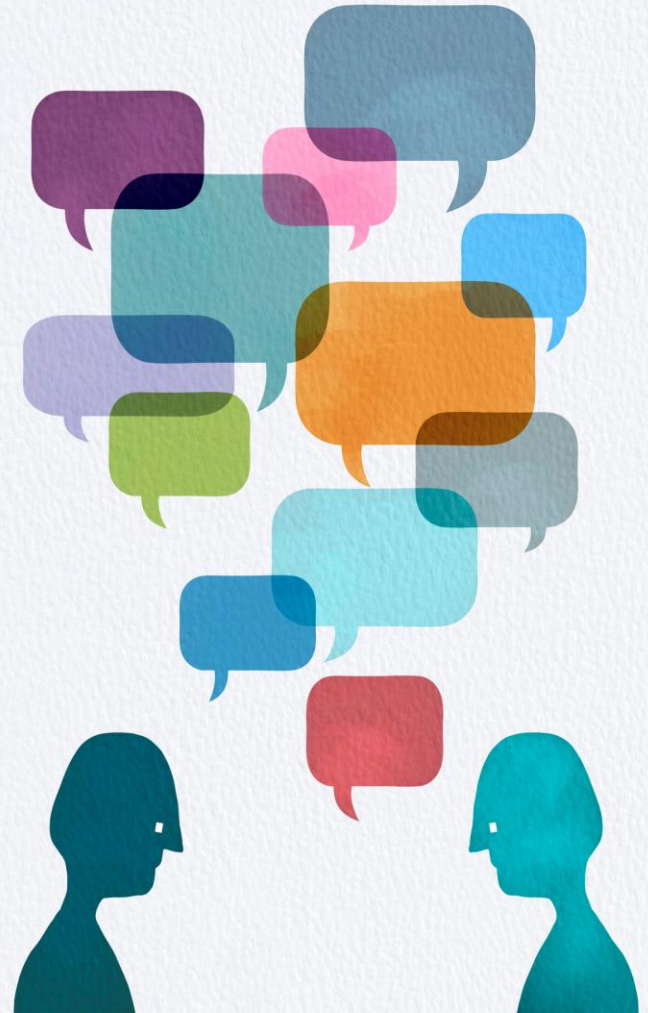
Program Activities

Grant recipients will be asked to:

- Complete a baseline assessment to identify the current state of quality improvement,

- Participate in six (6) monthly small group QI coaching sessions,*

- Participate in three (3) peer full cohort QI learning sessions,*

- Complete program related activities and tasks monthly in advance of meetings/sessions,

- Complete QI activities including project charter, Plan, Do, Study, Act (PDSA), etc.

- Complete all data collection including pre/post assessment, satisfaction surveys, etc.

- Complete final capstone presentations

*Note: Attendance will be tracked for coaching sessions and full cohort learning sessions. **At least** one member of the team is expected to attend all sessions.*

Key dates

Date	Focus
April 8th Cohort Call (Today!)	Kick off and intro to Quality Improvement
April Coaching Calls	Getting to know your cohort and sharing project focus
April 17th	Optional Office hours
May Coaching Calls	Exploring root cause analysis /problem identification tools and identifying ideas for change
June 5th Cohort Call	Testing changes
June Coaching Calls	Identifying our firsts tests of change
June 20th	Optional Office Hours
July Coaching Calls	Discussing our experiences in our first test of change
August 7th Cohort Call	Displaying and using data to drive improvement
August Cohort Calls	Discussing our data and introducing the Final Storyboard
August 15th	Optional Office Hours
Sept Coaching calls	Getting ready to share with our peers
September 26th Capstone Call	Sharing and celebrating your work!

How do we improve?

DQI Pre-Assessment Results

Organizational Approach to Improvement

Legend: Does not describe us, Just getting started, Almost there, Describes us well

Categories: We are always seeking to improve our practices. / Our organizational culture supports trying new things and learning from failure. / We have staff dedicated to CQI efforts. / We have resources dedicated to CQI efforts.
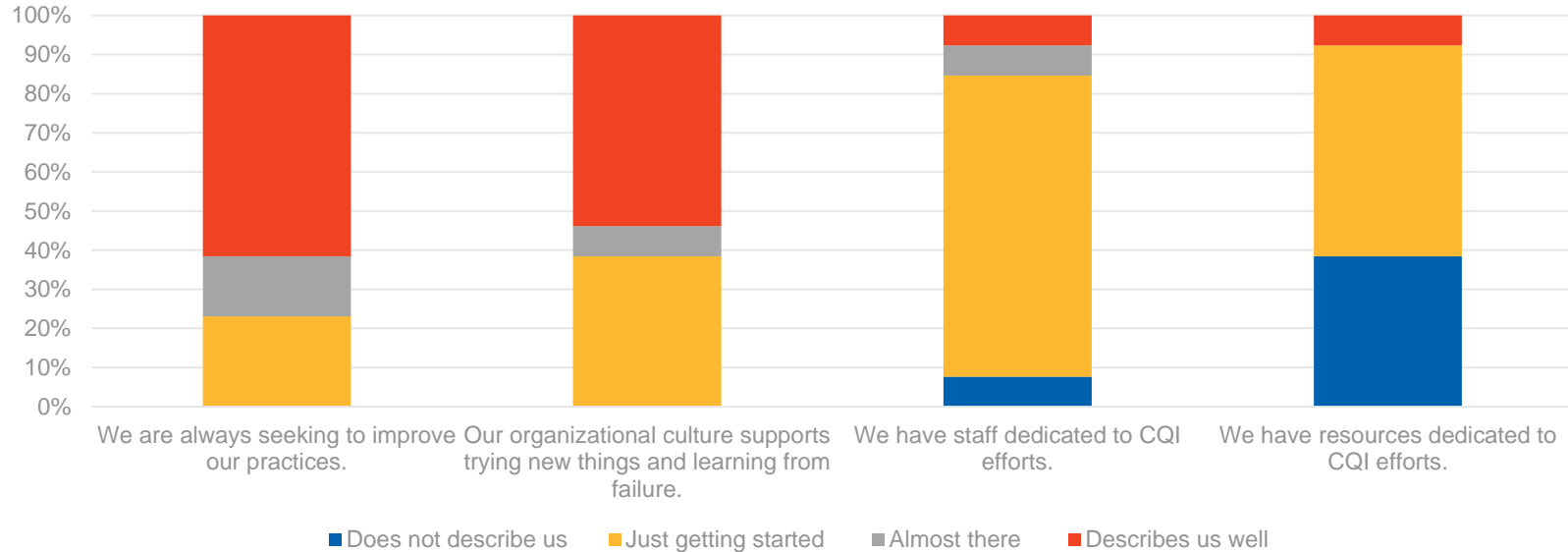
DQI Pre-Assessment Results

Using Data for Improvement

Chart legend:
- Does not describe us (blue)
- Just getting started (yellow)
- Almost there (gray)
- Describes us well (red)

Categories:
- Systems and processes for securely collecting, storing, and using data.
- Staff understand the importance of using data for learning.
- Staff have clear expectations for how and when to input and update data.
- We make data reports broadly accessible to staff .
- Internal skills to design a feedback survey, interview or focus group guide, or both.

DQI Pre-Assessment Results

Skills to Support QI

Legend: Does not describe us, Just getting started, Almost there, Describes us well

Categories: Skills to design a feedback survey, interview or focus group guide, or both. | Skills to carry out new data collection | Skills to analyze and interpret different types of data. | Ability lead conversations to start root cause analysis related to a focused improvement area. | Use of PDSA.

What is Quality Improvement?

The Agency for Healthcare Research and Quality defines quality improvement as:

"…the framework we use to systematically improve the ways care is delivered to patients."

Why is Quality Improvement Important?

- Improved patient health outcomes

- Improved efficiency of managerial and clinical processes

- Avoid costs associated with errors or poor outcomes

- Demonstrate value to community and constituents

- Proactive processes that recognize and solve problems before they occur to ensure that systems of care are reliable and predictable.

Improving health equity requires a holistic approach. **Change is needed everywhere – from the bedside to the board room to how payers pay for care to health policy changes.**

nam.edu/Perspectives

Standard Vs Culturally Competent Quality Improvement

"

Most QI interventions are broadly targeted to the general population—a "one-size-fits-all" approach. These standard QI efforts may preferentially improve quality for more advantaged patients and maintain or even worsen existing disparities. Culturally competent QI interventions place specific emphasis on addressing the unique needs of minority groups and the root causes of disparities.

"

Green et. Al The Joint Commission Journal on Quality and Patient Safety October 2010

Inspiring a Culture of Continuous Improvement

- Lead by Example – participate with gusto!

- Communicate Regularly

- Ask for Ideas

- Empower others

- Focus on SMALL, INCREMENTAL improvement

- Help share ideas and improvements
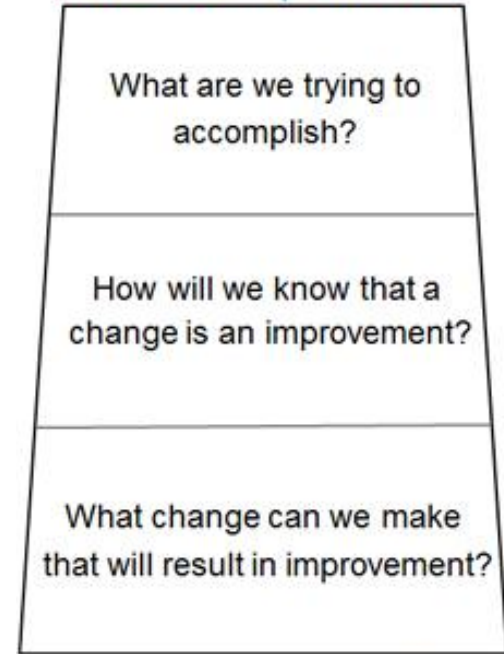
- Celebrate the results

- Keep methodology simple
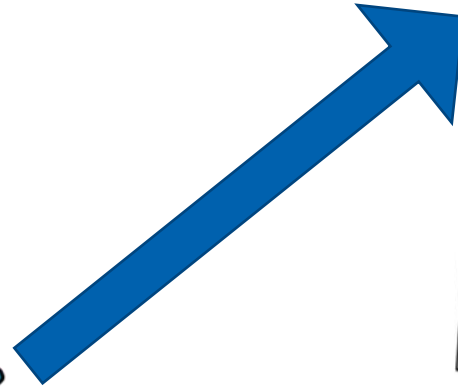
Model for Improvement - Basics

- Model developed by Associates in Process Improvement and used in health care settings around the world

- Proven structure for accelerating improvement and measuring change over time

- **Step 1**: answer 3 questions which can be asked in any order

- **Step 2:** Plan-Do-Study-Act (PDSA) cycles or tests which start small and build on adopted changes in the real world
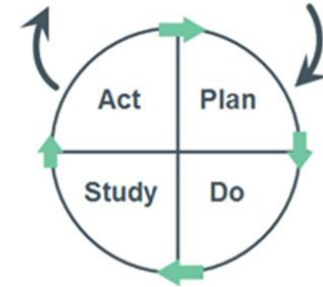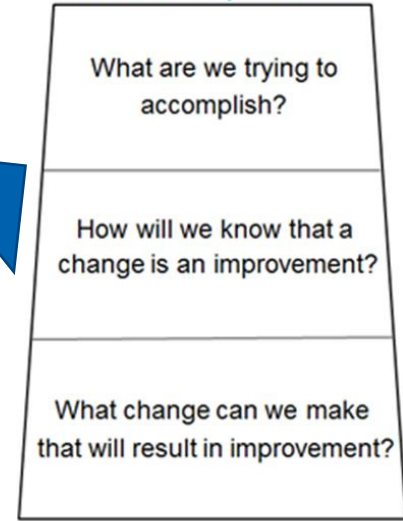

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan

Study | Do

Question 1

- Something new
- Something that you can start tomorrow
- Something that worked elsewhere
- Something that feels right

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act | Plan
Study | Do

Langley, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition).; 2009.

Aim Statement

Answers the question: What are we trying to accomplish?

- What is the problem?

- How much will you improve?

- When will you improve?

- Who will improve?

- What are the boundaries (geographic or other)?

Example: Offer all patients same-day access to their primary care physician within 9 months.
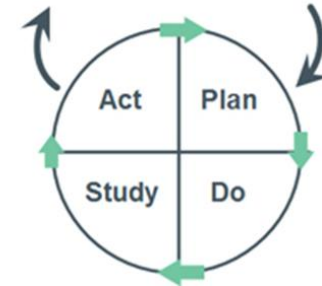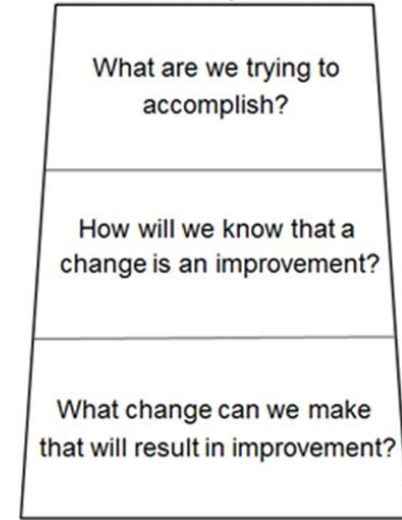
Question 2

- Which measures will help us know if we are reaching our aim?

- Include a goal

- Measure often

- Avoid drift – revisit the aim often

- Be ready and willing to refocus the goal

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act Plan

Study Do

Langley, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition).; 2009.

Measure Types

Outcome Measures: What are the results?
- For diabetes: Average hemoglobin A1c level for population of patients with diabetes
- For cancer screening: % of patients up to date with cancer screening

Process Measures: Are systems operating as planned?
- For diabetes: Percentage of patients whose hemoglobin A1c level was measured twice in the past year
- For cancer screening: % of patients out of date for screen that have been seen in the last 6 months.

Balancing Measures: Are changes causing other issues?
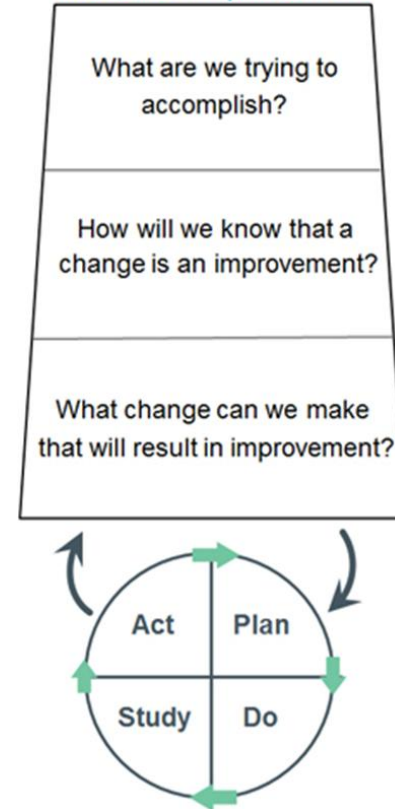- For both: delay for visits

Question 3

- Eliminate Waste
- Improve Work Flow
- Optimize Inventory
- Work Environment
- Points of Interface
- Manage Time
- Variation
- Errors
- Patient Outcomes

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act   Plan
Study   Do

Langley, et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition).; 2009.

Gap Analysis Activity

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Gap Analysis Worksheet

Use this worksheet to help you identify quality improvement efforts for your practice. Discuss gaps and identify solutions that you can test with a PDSA cycle.

Preliminary Questions:

To identify areas for improvement, consider asking these questions.

Where does your clinic need to improve patient care?

The clinic may already collect data that can reveal gaps in care processes or patient outcomes.

Where is your practice less efficient than it should be?

Staff may be able to identify bottlenecks in the workflow. Prioritize those areas that you have some control over and that the team thinks will be most impactful. Use a "go and see" approach of respectfully observing the work and then asking "why?" A team member can help identify key areas for workflow improvement within the bottleneck.

What about the day is most frustrating for your team and/or patients?

Ask patients and staff. This will generate a list from which you can prioritize areas for improvement.

Questions

Three actions from this call

1. Choose ONE focus area for your project and be ready to share on your first group coaching call this month

2. Start the Gap analysis worksheet and be prepared to reflect on your coaching call

3. Make a draft of an Aim for your improvement project to share with your peers on the coaching call

Thank you!