



Community Quality Collaborative

How Will Quality Improvement
Work?



Guiding Principles

- Establish a principled partnership grounded in core values of honesty, respect and integrity
- Engage physicians to determine medical appropriateness
- Develop quality measures in response to under use, overuse, or misuse
- Provide clear, actionable and transparent data
- Provide education to support success
- Align incentives
- Provide a feedback loop



How might QI initiative development work?

How has RIPA done it in the past?

- Observation/Hypothesis
- Initial analysis/Confirmation
- In-depth analysis
- Compare observation to desired state/Validate
- Intervention/Education
- Measure results
- Evaluate

Observation/Hypothesis



- Trends, data, updated guidelines, a hunch point to underuse/overuse/misuse/variation
 - Committees, staff, community practitioner, business, insurer
- RIPA – ENT Nasal endoscopy/laryngoscopy
 - 2004-2005 overall utilization trend 10.5%. Endoscopies > 15%.
 - Appeared in specialty budget/utilization reports



Initial analysis/Confirmation

- Conduct an initial review to confirm whether unexplained variation (underuse /overuse / misuse) indeed exists
- RIPA – ENT Nasal endoscopy/laryngoscopy
 - Nasal endoscopy utilization (Diagnostic & Surgical) experienced 23% increase in trend from 2004-2005
 - Laryngoscopy utilization experienced 20% increase in trend from 2004-2005
 - Significant increase in RVUs for identified codes contributed to budget variance.

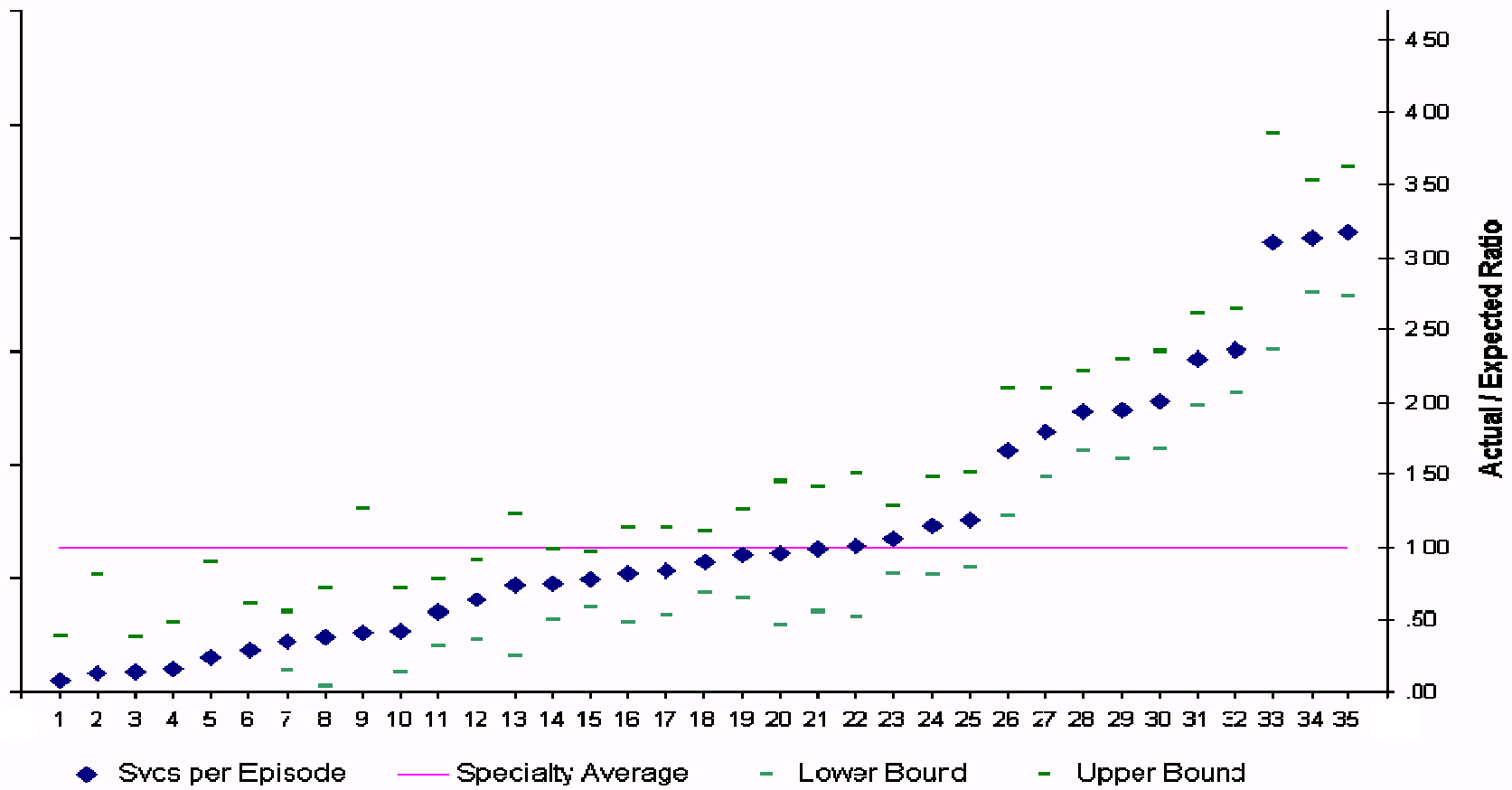


In-Depth Analysis

- Increase level of granularity in data analysis
- Create analysis at the practitioner level
- Identify specific practitioners with variation of greater than standard deviation

- RIPA – ENT Nasal endoscopy/laryngoscopy
 - Create curve of individual variation
 - Generate a curve showing case-mix adjusted comparative utilization.

Case Mix Adjusted Utilization Curve – Fiberoptic Laryngoscopy use by Physician



Compare observation to desired state/Validate



- Review literature
- Seek expert input from external resources
- Present data and research to a clinical committee to establish a community standard
- RIPA – ENT Nasal endoscopy/laryngoscopy
 - Review literature on use of procedures
 - Consultation and review by clinical expert(s)
 - Present to the ENT committee and develop consensus on appropriate use



Intervention/Education

- Identify for individual practitioners that variation exists
- Meet with physicians to present and understand their results
- Develop and execute strategies to help practitioners identify actionable steps to realize change
- Provide staff support
- RIPA – ENT Nasal endoscopy/laryngoscopy
 - Medical Director met with practitioners whose practice was outside expected variation; explored reasons and brainstormed solutions to increased variation.
 - Listened to comments, suggestions and solutions.
 - Return visits with follow-up data and information



Measure results

- Revisit data at planned intervals to determine if change has occurred
- Evaluate why change has or has not occurred
- RIPA – ENT Nasal endoscopy/laryngoscopy
 - Overall utilization increase in 2004-2005 → **22%**
 - Intervention began 1st Qtr./2006
 - Overall YTD Utilization for ENT → 1.5%
 - Fiberoptic laryngoscopy **utilization decreased by 11.4%** - (Financially and statistically significant)



Evaluate

- Learn from the experience
- Examine all processes to continuously improve
- Assess feedback received during outreach steps

- RIPA – ENT Nasal endoscopy/laryngoscopy
 - Outreach appeared to have an effect
 - Also important was spread to
 - Other committee members
 - Groups where one member had outreach
 - Groups connected to committee members
 - Engaging physicians at multiple levels leveraged results
 - Results persisted over a year after intervention
 - The ENT community deserves much credit