Anexas Consultancy Services

Welcome to
ANEXAS EUROPE
CPHQ TRAINING

Introductions and Expectations

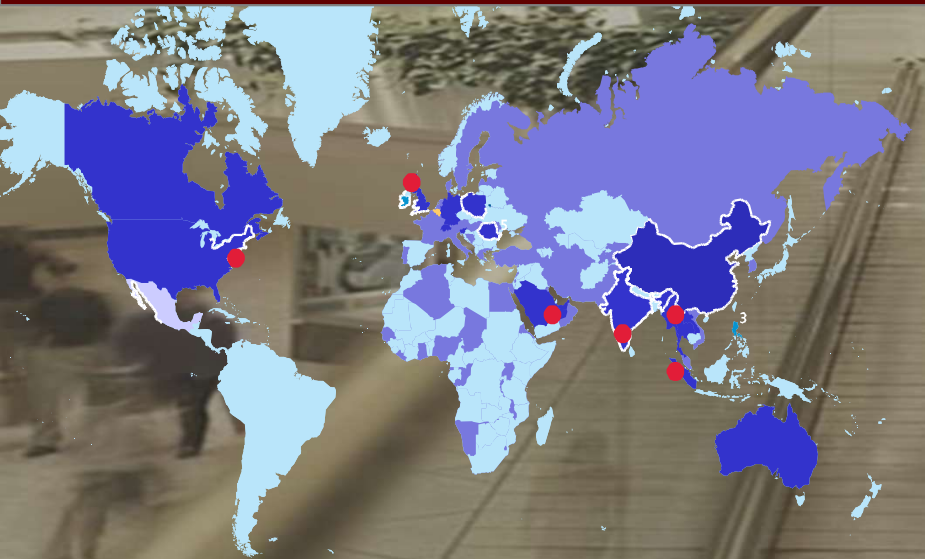Introduce yourself to the group:

- Name

- Job

- Expectations for the session

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About Anexas

Enabling individuals and organizations achieve excellence since 2006

Anexas Consulting

- Anexas is a global network of lean six sigma, Artificial Intelligence, Data Science and project professionals serving the wide spectrum of industries. We operate in 10 countries and have 25 professionals in the team.

- Our mission is to help organizations and individuals achieve excellence.

- Trained more than 1,50,000 professionals in Lean and Six Sigma, Project Management and quality related trainings across the world from various industries.

- Lean Green Belts and Black Belts certified by Anexas have completed more than 5000 successful projects under our guidance.

Global Clients - Worldwide Programs
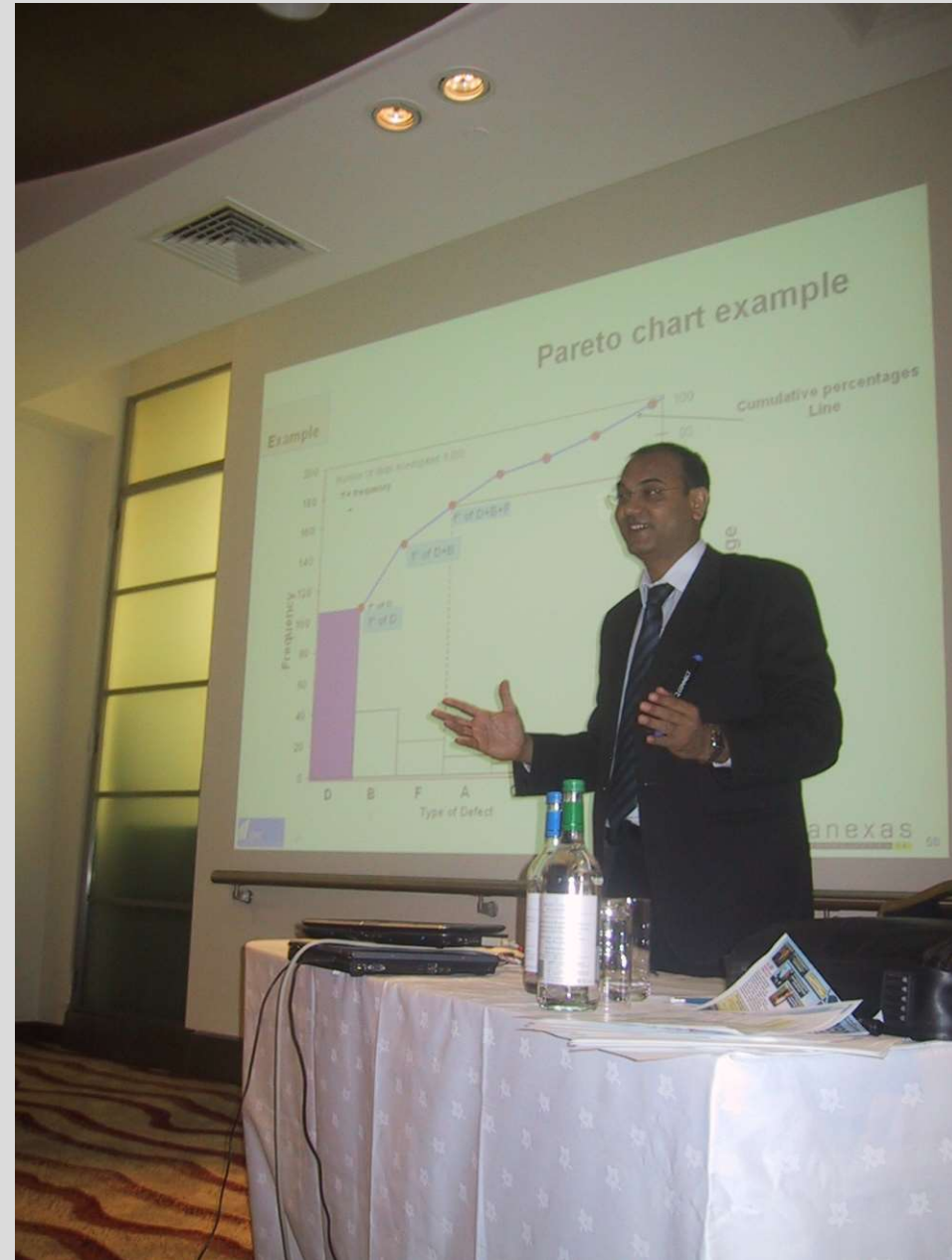
Global Clients - Worldwide Programs

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Programs Worldwide

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Golden Peacock National Quality Award

Amitabh Saxena, receiving the Golden Peacock award For Innovative Services

Best Quality Institute Award

Project and Quality Management Awards

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Module 1:
Quality Leadership and Integration

Quality Leadership and Integration

- Advise leadership on organizational improvement opportunities
- Assist with the development of action plans or projects
- Assist with establishing priorities
- Participate in activities that support the quality governance infrastructure
- Align quality and safety activities with strategic goals
- Identify resource needs to improve quality
- Assess the organization's culture of quality and safety
- Engage stakeholders to promote quality and safety
- Provide consultative support to the governing body and key stakeholders regarding their roles and responsibilities related to quality improvement
- Promote engagement and inter-professional teamwork

Leadership vs. Management

Leadership:

- Ability to influence an individual or group toward achievement of goals
- Leaders cope with change by developing a vision and aligning subsystems

Management:

- Through fulfilling required tasks, goal achievement will be accomplished.
- Managers cope with complexity through planning and budgeting

Successful Leader:

- Defines and inspires a shared vision
- Understands that transformation depends on successful leadership
- Enables others to lead
- Makes quality everyone's responsibility
- Understands that significant change takes 18-24 months to implement and ten years to anchor it in practice and culture
- Fosters a sense of community
- Creates consistent system of rewards
- Incorporates quality into strategic planning, budgeting, and other internal systems

Board of Director's Quality Role

The organization's board of directors (governing body) bears the ultimate responsibility for:

- Setting policy
- Financial and strategic direction
- Quality of care
- Goals and objectives

Note: Quality management has an important role in advising/ establishing quality priorities with the board and the medical staff.

What is my role in Strategic Planning ?
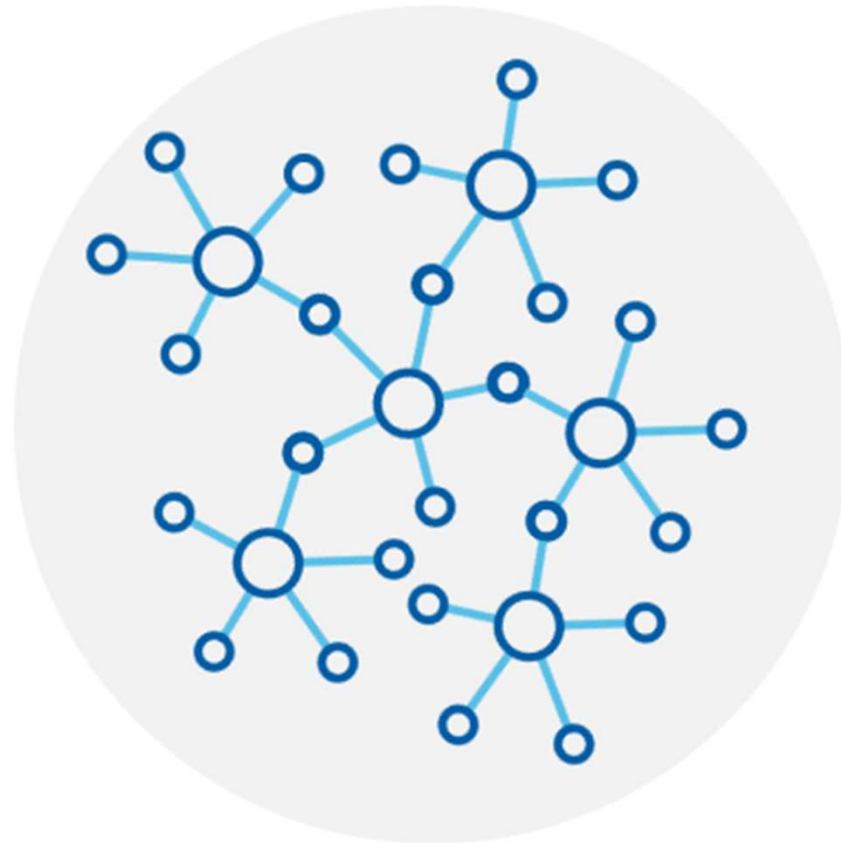
What are the goals of strategic planning?

Create	a framework for operations
Create	a fit with external environment
Establish	processes for coping with change and renewal
Foster	anticipation, innovation, and excellence
Facilitate	consistent decision making
Create	an organizational focus

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What is the role of the quality professional?

Advise	leadership on organizational improvement opportunities
Assist	with development of action plans or projects
Assist	with establishing priorities
Participate in	in activities that support the quality governance infrastructure
Align	quality and safety activities with strategic goals.

Strategic Planning Process

WHAT ORGANIZATION WANTS TO DO (DEFINE AND FORMULATE GOALS)	WHAT ORGANIZATION SHOULD DO (ASSESS THE EXTERNAL ENVIRONMENT)	WHAT ORGANIZATION CAN DO (ASSESS ORGANIZATIONAL RESOURCES)
IDENTIFY STRATEGIC OPPPORTUNITIES & THREATS	GAP ANALYSIS	DETERMINING CHANGES FOR CURRENT STRATEGY
STRATEGY FORMULATION	STRATEGY IMPLEMENTATION	MEASURE AND CONTROL PROGRESS

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Quality Program and Organizational Strategic Alignment

- Organization's strategic direction/plan must align with quality goals:
  - Organization's mission, vision, and values
  - Alignment with financial resources
  - Patient safety and quality activities aligned with strategic goals
  - Organization's goals and objectives
  - Key Stakeholders
  - Governing body and medical staff roles and responsibilities

MISSION & VISION

MISSION

Organization's purpose or reason for existence; why are we here?

VISION

Organization's statement of its goals for the future.

Organization's direction is built on mission and guided by vision.

CORE VALUES

Define organization's attitudes and help direct vision.

Goals and Objectives

GOALS

- Broad, general statements specifying a purpose or desired outcome.

- May be more abstract than objectives.

- One goal can have several objectives.

- OBJECTIVES

- Specific statements that detail how goal(s) will be achieved through specific and measurable action(s).

- Relatively narrow and concrete.

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SMART Goals and Objectives

- Specific: clear to anyone.
- Measurable: measure progress.
- Attainable or achievable: it can be completed.
- Realistic and relevant: should relate to your mission.
- Time bound: has a start and end point.

Objective: Eliminate COVID-19 infection outbreaks traced to newly admitted residents within one month and reduce exposure of residents to COVID-19 infections from visitors by 75%.

Use the check list to determine if this is a strong objective.

- S- Is the goal specific?
- M - Is the goal measurable?
- A - Is the goal achievable?
- R- Is the goal relevant?
- T-Is the goal time bound?

Strategy/Goals/Objectives

Strategy

- Improve Veterans' experience with the VA (Veterans Affairs)

Goals

- Reduce the number of Veterans living on the streets and experiencing homelessness to zero as measured by the annual point-in-time (PIT) count.

Objectives

- Place 100% of Veterans in permanent housing including moves to HUD-VASH program and moves from VA SSVF into permanent housing by September 30th annually.

Environmental Influences

Customer Focus

Organizational plan considers customer perspective:

- Identify customers
- Assess customer needs
- Helps organization refine mission, vision, and core values
- Survey customer needs - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Hospital CAHPS
  - Home Health CAHPS
  - Emergency Department CAHPS
  - CAHPS Home and Community Based Services Survey

Voice of Customer

- Tool conducted as the start of any new product, process, or service design initiative.

- Used to understand better the customer's wants and needs.

- Can serve as key input for new product definition, quality function development, or setting of detailed design specifications.

- Four aspects of the VOC are:
  - Customer needs
  - A hierarchical structure
  - Prioritize
  - Customer perceptions or performance

- Is a list of needs, wants, and desires of the customer of a process output (e.g. specifications, requirements)

Voice of Customer

Questions to ask to customer

- What do you like about the current process?
- What do you think needs improvement?
- What would you recommend to improve the current process?
- What could threaten the success of the project?

How to Construct

- 1. Identify customers of a process output.
- 2. Develop a list of questions to ask customers about the process and their needs.
- 3. Refine the list to use with the process review and improvement.

When to use

- To gain the insights that will direct process improvements to reach the true needs of the customer
- Customer

Hoshin Planning

- Strategy implementation

- Deployment or roll down to departments to develop plans including targets and means

- Implementation of departmental plans

- Regular process review (- monthly + quarterly)

- Annual review

Hoshin Planning
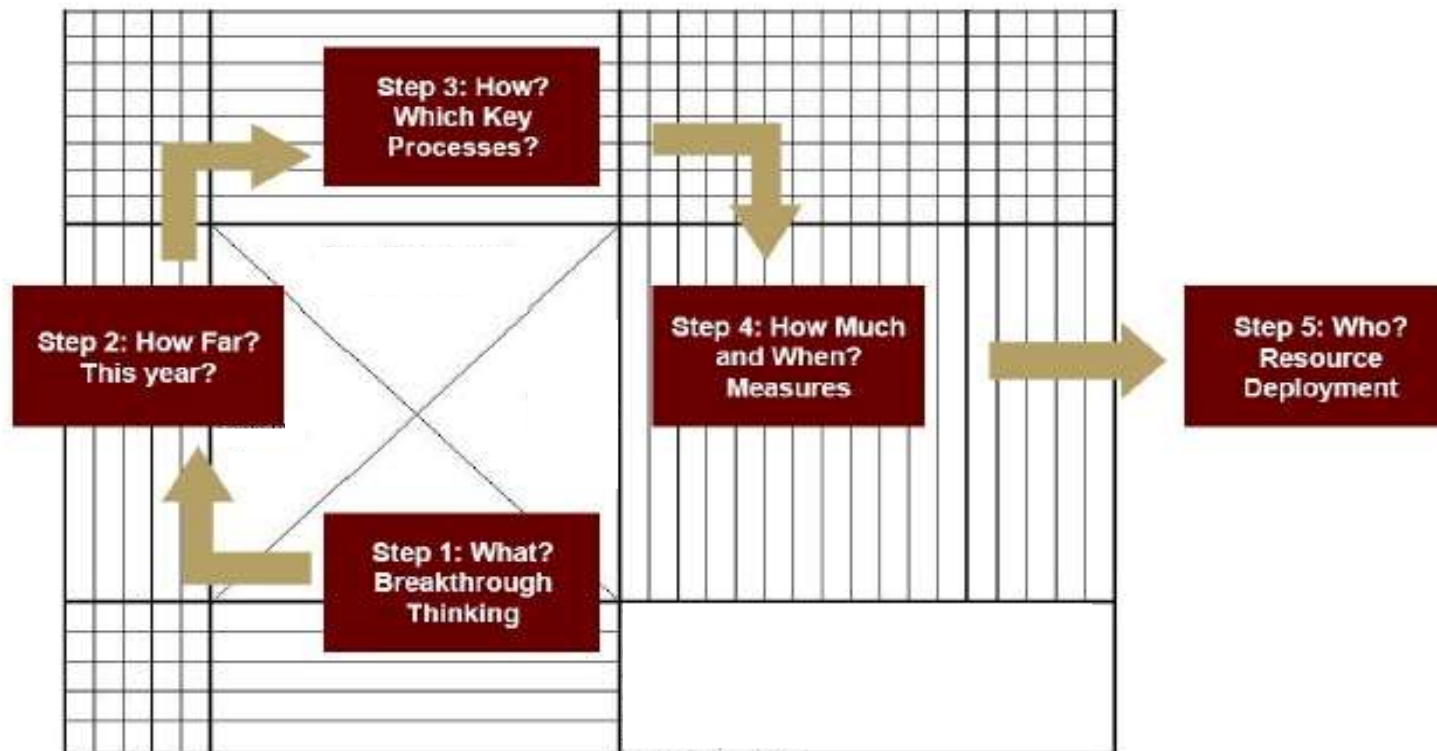
The Hoshin Planning X Matrix

Hoshin X Matrix

Step 3: How? Which Key Supporting Action/Project ?

Step 2: How Far? This year?

Step 4: How Much and When? Measures

Step 5: Who? Resource Deployment

Step 1: What? Breakthrough Thinking

X Matrix Labels
1) 3 year Breakthrough Objectives
2). Annual Breakthrough Objectives
3) Supporting Action/Project Priorities
4) Action Measures of Success

Strategic Plan Owner:

Date:

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X "Matrix" Example

Considerations for Quality Initiatives

- Regulatory or contractual requirements

- Performance incentives offered by purchasers/providers (Leapfrog)

- Alignment with explicit performance incentives (pay for performance)

- Strategic advantage over competition by bolstering image and reputation or marketing a particular product (brand identity)

- Commitment to provide better care and patient outcomes

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How Quality Leadership Affect Payment and Reimbursement ?

Managed Healthcare

- System of healthcare delivery to manage cost, quality, and access to healthcare

- Variety of systems ranging from fee-for-service, preferred provider organizations (PPOs), and health maintenance organizations (HMOs)

- Techniques used to manage healthcare costs by affected patient costs through influencing patient care decision making with assessments of appropriateness and provisions of care

Managed Healthcare

- **Fee-for-service**

  Providers receive payment for each service provided

- **Traditional Retrospective Payment**

  Pays providers after services have been provided

- **Managed Care Reimbursement**

  Third party payers manage cost of healthcare and episodes of care

- **Episode of Care Reimbursement**

  Providers receive one lump sum for all services related to a condition/disease

Managed Healthcare

- **Capitation**

  Third party payer reimburses providers a fixed per capita amount for a period (PMPM or Per Member Per Month)

- **Prospective Payment**

  Payment rates established in advance for a specified time period; pre-determined rates based on average levels of resource use (DRGs)

Pay for Performance

- Provide financial incentives to hospitals, physicians, and other healthcare providers to achieve optimal outcomes for patients.

- Provides bonus to health care providers if they meet or exceed agreed upon quality or performance measures.

- May also reward improvement in performance over time.

- Could apply to individual providers, practices, or healthcare organizations.

Patient Protection and Affordable Care Act (PPACA)

- Commonly known as the ACA or Affordable Care Act

- Gives more individuals access to affordable, quality healthcare insurance.

- Reduces the growth in health care spending.

- Expands affordability, quality, and availability of private and public health insurance

- Includes consumer protections, regulations, subsidies, taxes, insurance exchanges, and other reforms.

Value-based Purchasing

- Patient Protection and Affordable Care Act established value-based purchasing program for Medicare to pay hospitals based on performance on quality measures.

- Measures change over time.

- Hospital-Acquired Conditions (HAC): Reduces Medicare payments to hospitals for certain hospital acquired conditions.

- Preventable Readmissions the Hospital Readmissions Reduction Program (HRRP): Reduces Medicare payments that would otherwise be made to hospitals by specified percentages to account for preventable hospital readmissions.

Quality Payment Program

- CMS created the Quality Payment Program in 2017.

- Rewards value and outcomes in one of two ways:

- Merit-based Incentive Payment System (MIPS) focuses on individual clinicians and their practices.

- Incentive to perform well on quality, cost and interoperability measures.

- Advanced Alternative Payment Models (APMs)

Quality Payment Program

Be accountable for overall care of Medicare beneficiaries.	• Multi-faceted. May include care coordinators and care navigators.
Have adequate participation of primary care physicians.	• Primary care provider is considered the hub of care.
Defined processes to promote consistent evidence- based care	• Defined processes promote consistent evidenced-based care.
Report on quality and cost	• Reports of quality and cost measures need to be readily available and meaningful to clinicians.
Coordinate care	• Crucial to reduce errors and readmissions.

Provider Networks

- Reimbursement often tied to Provider Networks.
- May be based on the type of health plan an individual has.
- Plans contract with vendors to provide services.
- Health insurance provider network:
- Group of healthcare providers that have contracted with a health insurance carrier (HMO, PPO, EPO) to provide discounted care.
- Preferred Provider Network

Preferred Provider Network	
Primary Care Services	Specialty Physicians
Laboratories	Radiology Services
Home Health Care	Hospice
Medical Equipment Services	Infusion Centers
Same-day Surgery Centers	Physical/Occupational Therapy Centers

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Health Maintenance Organizations (HMOs)

- Health Maintenance Organizations (HMOs)

- Members need to receive most or all care from network provider.

- Select a primary care physician (PCP) responsible for managing and coordinating all healthcare.

- PCP provides referrals to network specialists or laboratory or radiology tests.

- Members pay for using providers outside the network.
  - Preferred Provider Organization (PPO)
  - Exclusive Provider Organization (EPO)

Preferred Provider Organization (PPO)

- Health plan contracts with a network of preferred providers from which to choose.

- Do not need to select PCP.

- Do not need referrals to see other network providers.

- Only responsible for annual deductible and co pay for visit.

- Pay higher amount if using providers out of network.

Exclusive Provider Organization (EPO)

- Network of individual medical care providers or groups of medical care providers who have entered into a written agreement with an insurer to provide health insurance to subscribers.

- Must receive care exclusively from healthcare providers with EPO contracts or EPO won't pay.

- Services limited to medically necessary or preventive care.

- Emergency services are covered.

Utilization Management

- Organized, comprehensive approach to analysing, directing, and conserving organizational resources.

- Goal to facilitate delivery of high-quality, low-cost, efficient, and effective care to patients.

- Response to changing needs and expectations of consumers, healthcare changes, and technology advances.

Utilization Management

- **Pre-Admission Review**
  - Certification that takes place before services are provided.
  - Reviewer determines if admission to the facility is reasonable and medically necessary

- **Concurrent Review**
  - Performed while the patient is in the facility.
  - Covers appropriateness of level of care by evaluating condition of patient against services provided.

- **Retrospective Review**
  - Performed after discharge

Utilization Management

- ## Authorizations
  - Performed to ensure that payment is appropriate.

- ## Length of Stay
  - Basic attempt to control costs.
  - The number of days that a patient should stay in a facility for a specific diagnosis.

- ## Variances
  - Can help assure appropriate patient care and services as well as making the best use of organizational resources through utilization management.

Case Management

- Collaborative process which performs the following options and services to meet an individual's health needs.

- Care delivery system focuses on improvement of patient goals within defined timeframe, integrating efforts of team members.

- Addresses entire episode of illness through use of case management plans or clinical pathways or guidelines.

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What is the value of Stakeholder Engagement ?

Stakeholder Engagement

- Identify resource needs to improve quality

- Engage stakeholders to promote quality and safety within every department

- Provide consultative support to the governing body regarding the roles and responsibilities of key stakeholders related to quality improvement.

- Promote engagement and interprofessional teamwork

Culture

- Culture: Shared values and behavioural norms

- Provides sense of identity

- Enhances cooperation

- Creates system of informal rules

- Creates distinctions between organizations, allowing competitive edge.

Elements of Culture

Elements of Culture

- Symbols : represents ideas

- Language, slogans, and brands : convey cultural meaning

- Rituals : reinforce core values and strengthen culture

- Stories, legends, and myths: are narrative examples of culture

- Heroes : are company role models

- Councils and committees should include multiple levels from the organization because valuable input is provided based on unique perspectives.

- Core values and norms : are invisible elements that inspire commitment to an organization.

Characteristics of Organizations that Support Quality

- Involvement of leaders

- Allocation of resources

- Reward quality focused behaviours and maximize opportunities to learn from mistakes (Just Culture)

- Involvement in quality improvement activities

- Time and discussion spent on quality improvement activities

- Prevailing quality focused attitude

Characteristics of Structures that Support Quality

- Focus on processes

- Recognition of internal customers

- Reduction of hierarchy

- Creation of a team-based organization

- Use of councils and steering committees

- Development of agile organization

- Develops and fosters a Just Culture

Cultural Screening Tool

1. Desired change

2. Actions
- Rules and polices
- Goals and measurement
- Customs and norms
- Training
- Ceremonies and events
- Management behaviours
- Rewards and recognition
- Communications
- Physical environment
- Organizational structure

3. Sustained change

How does Quality Information Help Leaders?

- Assess progress toward mission and values
- Understand changes in needs, resources, and technology
- Develop a vision and evaluate program achievements
- Prioritize strategic goals
- Judge progress toward strategic goals
- Make effective individual credentialing recommendations
- Set goals for community health improvements
- Evaluate effectiveness of programs
- Defend organization's resources, efficiency, and effectiveness
- Help governing body evaluate and improve performance
- Weigh long-term and short-term financial viability
- Assess the impact of budgetary decisions on quality of care
- Monitor aspects of organizational performance and take corrective action
- Understand mechanism for physician appointment and credentialing

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How do I prioritize Training and Education ?

Evaluating Training Results

- Identify how to improve future training
- Determine whether the current training should be continued
- Demonstrate training outcomes for individuals
- Verify organizational outcomes
- Determine if education was sufficient or if more is needed

Levels of Evaluation of Learning

- REACTION - satisfaction with training

- LEARNING - knowledge, skills & attitude

- BEHAVIOR CHANGES - transfer to job

- RESULTS - on driving force for training

- RETURN ON INVESTMENT - how bottom line changed

Summary

- You used your knowledge of good leadership skills versus management skills.

- You then looked at the Mission statement, Vision statement, and Core Values of a large healthcare organization and identified each one.

- You worked with your organization which was an accountable care organization that advances alternative payment models under the Medicare Quality Payment Program to develop a plan for each of the provider specialty groups to focus on how to improve the overall performance of the ACO.

- You then worked with your organization to develop a culture focused on quality after receiving low patient satisfaction survey results.

- Finally, you used your knowledge of quality training features to determine which features are best for a training course.