CPCPracticeSpotlight44

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Teamwork, Transparency and Rewards Drive Improvement in Quality Measures

PriMed Physicians, Dayton, Ohio; multispecialty (6 CPC sites); 30,167 patients

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These strategies stem from **CPC Change Driver 1: Comprehensive Primary Care Functions**

- 1.2: Planned Care for Chronic Conditions and Preventive Care
- 1.3: Risk-Stratified Care Management
- 1.5: Care Coordination Across the Medical Neighborhood

Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review
- 3.2: Culture of Improvement

Change Driver 4: Optimal Use of Health IT

- 4.3: EHR-Based Quality Reporting

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: In early 2014, clinical leadership at PriMed Physicians began planning how to implement CPC clinical quality measures (CQMs) at its six CPC sites. At that time, PriMed was concurrently implementing multiple other measures associated with PCMH and payer initiatives as well as regulatory measures. In the past, when new initiatives were rolled out, PriMed physicians expressed some concerns about how they could achieve goals. First, physicians often perceived that they would need to do the work individually, and second, the new processes would disrupt and slow their daily schedules, resulting in hectic, stressful days for everyone on their teams.

Strategy: PriMed pursued three strategies to help physicians and their teams adapt and embrace integrating the CPC CQMs: teamwork, data transparency and rewards for performance.

Teamwork. CPC CQMs and other Milestone work clearly depend on effective teamwork for implementation. Knowing this and that physicians would need to see some early wins to lend their support to the work, PriMed jump started the process by emphasizing a whole team approach. Daily huddles included everyone from the front desk to the care coordinators. Attendance in huddles is also a metric included in the physicians' individual scorecards. When the practice clearly expected every role to contribute to the CQMs' success, this motivated how teams performed. The resulting gains demonstrated to physicians they have support from a capable team in the new endeavors. Once physicians were confident their teams could carry out the work, their positive influence further encouraged the teams' progress toward goals. Success with this approach is seen in the data sample shown in the inset where the pilot site for implementing the depression screening workflow doubled its rates of PHQ orders in two successive quarters.

	% PHQ Resulted Orders				
Office & Provider	Q1	Q2	Q3	Q4	Change [Q1 to Q4]
SITE 1 (Started pilot in Q1)	**11%**	**20%**	**54%**	**57%**	**46.1%**
DR A	6%	17%	60%	58%	51.6%
DR B	20%	29%	65%	65%	44.8%
DR C		11%	27%	45%	
SITE 2	**0%**	**2%**	**14%**	**28%**	**27.6%**
[illegible]	0%	0%	13%	22%	22.0%
[illegible]	[illegible]	[illegible]	[illegible]	21%	21.3%

Above: A sample of 2014 quarterly data (de-identified) that is shared with all PriMed physicians. As of 2015, outcomes data is tracked monthly. A separate dashboard displays physician performance on 11 measures, each tied to a larger strategic goal.

Data transparency. Sharing data sparks friendly competition among teams as well as clearly recognizes high performers. All teams see outcomes by clinic site and physician team (see sample above for the PHQ screenings). In 2014, the data was run quarterly to share with teams; in 2015 with the learning curve with new processes behind them, teams will begin seeing data monthly.

Starting in fall 2014, PriMed provided physicians with individual score cards displaying performance metrics, which included five CPC-related metrics such as depression screening and care conferences (Milestone 2), monthly adult patient meetings (Milestone 4) and following hypertension processes (Milestone 5). Each metric is also tied to a larger goal such as quality, patient experience and physician/personal experience. This again connects daily work to the larger goals the practice has targeted.

Rewarding performance. "Treating You Well" is PriMed's tagline for both patients and employed personnel. PriMed acts on this by recognizing high performers at meetings and practice events, as well as through financial incentives. Storytelling has been particularly effective at all levels of the organization. When team members share success stories with peers and leadership, they help teach best practices, model leadership and confirm goals are attainable. Physicians earn individual incentives based on results from their score cards, and teams are recognized and rewarded, too.

Combined with the three strategies described above, PriMed leadership emphasizes two key components to engaging physicians and their teams: follow through and consistency. Teams operate effectively and with confidence when clinical and administrative leadership is a steady influence.

TMF Health Quality Institute

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