

Aligning Lean Techniques and Patient Partners



South Central Pennsylvania

From airline checklists to agricultural cooperative extension centers, those working to improve the health care system are taking and adapting enterprising improvement approaches developed in other industries. In South Central Pennsylvania (SCPA), the Aligning Forces for Quality alliance is taking advantage of its location in the “fast food capitol” to enlist manufacturing experts as quality improvement coaches in ambulatory practices. Rush Gross, an ex-Airman trained in lean process methodologies with previous stints at Frito-Lay and General Mills, serves as the coordinator for AF4Q-SCPA’s Planned Care Collaborative (Collaborative) where he and his team of practice coaches deploy into 16 local primary care practices to help improve the quality of care they provide.

Lean methodologies (or “lean” for short), best known as the processes responsible for the Toyota production system’s success, emphasize the quest to eliminate waste, improve quality, and drive down production costs. These principles of value have been adopted by top health care systems in the country, such as Denver Health and Virginia Mason in Seattle, WA.

In SCPA, practice coaches in the Collaborative are using lean to help practices achieve patient-centered care. Coaches help practices collect and interpret quality data, identify and improvement goals, and test strategies and spread successful innovations.

At Aspers Health Center, seven of eight diabetes process measures improved while the practice was in the Collaborative. Between May 2011 and March 2012, 24 more diabetes patients had their H_{A1c} levels updated – increasing from 89 percent to 94 percent of all patients – and 44 more had current microalbumin tests – increasing from 76 percent to 89 percent. There was a 24 percent improvement in eye exams, but providing them to 45 percent of patients was still far from the goal of providing them to 90 percent of patients.

Practice coaches also work with practice leadership to remove waste from work flow. A review of one practice resulted in moving a refrigerator to a more central location to reduce the time it takes for nurses to retrieve vaccines. Saving this time allowed nurses more time with patients, particularly to review self-management techniques.

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Contact

Chris Amy
Project Director
AF4Q SCPA
camy@wellspan.org

What makes the Collaborative approach in South Central PA unique from Toyota's lean process is the inclusion of patient voices. "We realized that the practice leadership teams were missing a key stakeholder to truly become patient centered—the patient," said AF4Q-South Central PA Project Director Chris Amy. "[The practices] could only get so far with their quality improvement efforts and needed to work with patients in a team setting."

The Collaborative paired practices with patient-partners who became part of their improvement team. The patients, volunteers who seek care at the practice they are paired with, provide practices with invaluable insight and feedback, from décor in the waiting room to initiatives impacting patient health. In one clinic, a patient-partner brought attention to outdated diabetes testing meters,

which resulted in the practice purchasing new meters for each exam room. "Each patient partner has expressed surprise at the volume of work and complexity of a primary care practice," said Amy. "The providers are grateful patients are willing to give their input."

An extraordinary example is the FRED initiative at Apple Hill Internal Medicine (AHIM). When data showed a problem with high blood pressure (BP) in their patient population, the practice leadership team sent residents out to collect strategies from other practices in the Collaborative that were doing well. The discovery period resulted in FRED, which emphasizes frequent visits for patients with high BP, regularly rechecking BP levels, educating patients about their levels and lifestyle changes, and use of drugs that lower BP.

The result? The percentage of patients who avoided poor BP control increased from a low of 63 percent to 74 percent in just one year. The practice leadership team plans to further spread FRED to patients directly as they continue to track improvements.

"We have achieved some very dynamic results," said Gross. "The motivated and outspoken patient partners in the Collaborative have demonstrated not only teamwork with the practices but among themselves."

As the Collaborative approaches the end of the second cohort, Gross is thinking ahead about how to sustain improvement in the practices with limited coaches.

"Now that the economy is picking back up, recruitment of coaches from the manufacturing plants is more difficult," he said. To build sustainable and internal capacity, practices are training select staff to be "QI Apprentices" with basic knowledge about basic lean processes.

Lessons Learned

- When developing and launching a collaborative, think about sustainability. The first cohort of the Planned Care Collaborative with seven practices struggled to sustain improvements. To boost engagement, the Collaborative continues to hold periodic meetings and dinners for practice leaders to report on progress. The Collaborative also connects practices from current and past cohorts to encourage mentorship and spread.
- Patients provide invaluable knowledge and perspectives that help practices achieve patient-centered care. Partners should be trained in health care and quality improvement so they are confident in providing input.
- Hold dinners, meetings, and conferences for patient partners to gather and learn among themselves. These events give patients an opportunity to share their strategies and work through challenges together.