Alleviate the Pain in the System:

Using process improvement and systems design tools to strive for a High Quality Breast Healthcare System for low-income residents in the District of Columbia metro area.

Communities Joined in Action Conference, October 7, 2011

Presented by:

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Regional Partnership

Primary Care Coalition of Montgomery County, MD (PCC):

- A private, non-profit, charitable organization working with public/private partners to provide high-quality, accessible, equitable, efficient, and outcome-driven health care services for low-income, uninsured County residents.

Regional Primary Care Coalition (RPCC):

- An active collaboration among existing and emerging coalitions of primary care providers serving the region's low income residents and health philanthropies in Washington, D.C., Northern Virginia, and Suburban Maryland.

Tom Nolan, PhD – Founder of Associates in Process Improvement (API) and Institute for Healthcare Improvement Senior Fellow

Overview of Region

The National Capital Region

Loudoun County
Montgomery County
Washington, DC
Prince George's County
City of Falls Church
City of Fairfax
Arlington County
City of Alexandria
City of Manassas
Fairfax County
Prince William County

Jurisdictions: 8
(DC, 2 Counties in Maryland, 5 Health Districts in Northern Virginia)

Total Population:
Just over 4.5 million

District of Columbia:
13% (600,000)
Suburban Maryland:
40% (1,807,000)
Northern Virginia:
47% (2,156,000)

Uninsured:
over 600,000

Source: 2010 Census

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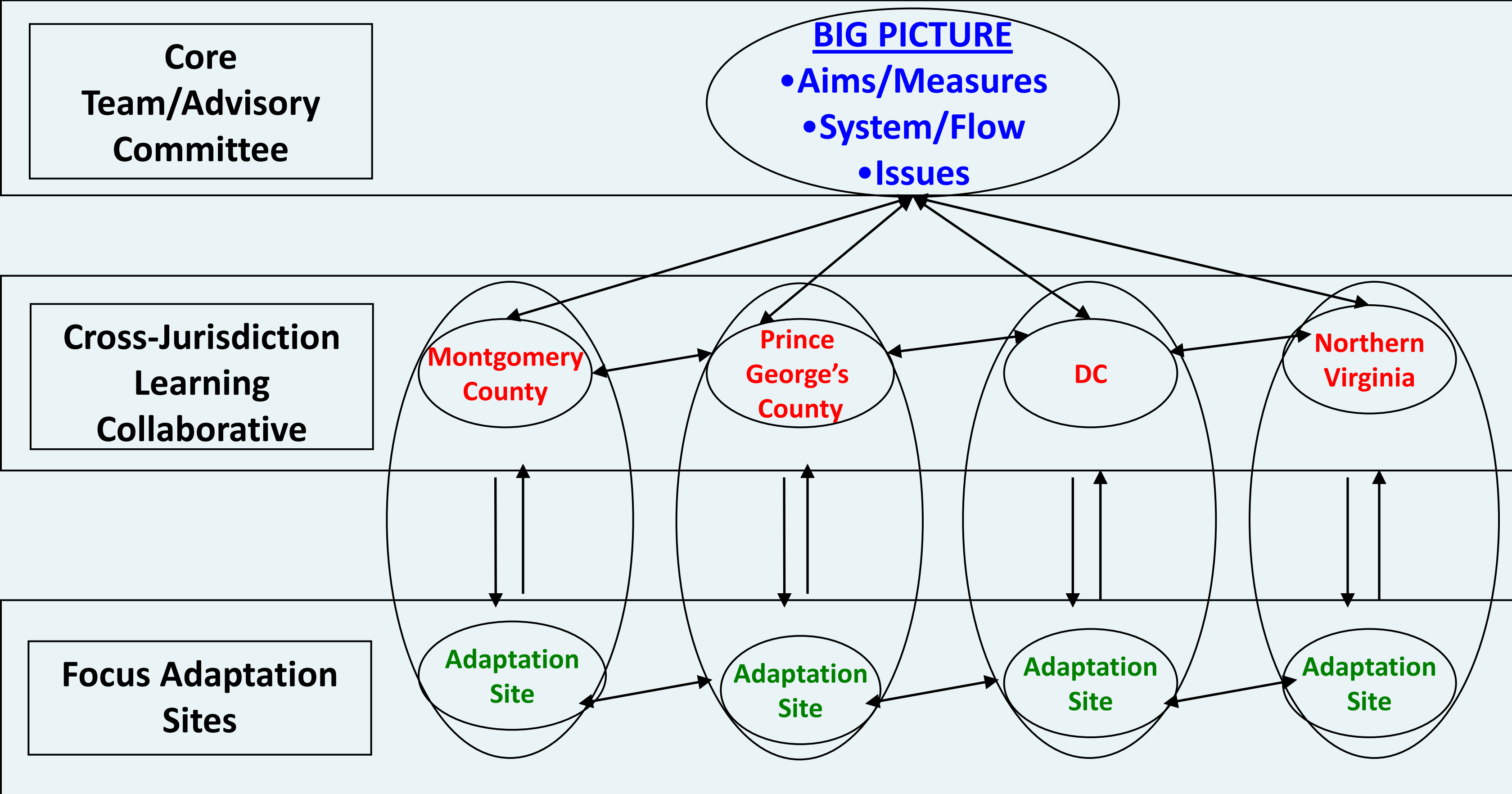
Susan G. Komen Regional Award

"National Capital Area Regional Breast Healthcare Improvement Initiative for low-income women seen in the primary care setting"

- **Goal:** To improve the efficiency and effectiveness of breast cancer screening, referral, and follow-up so that jurisdictions and clinics can be better positioned to provide 100% low-income women residents ≥ 40 with access to breast healthcare.

- **Methods:** Adopt Montgomery County Primary Care-Based Model in at least three clinics & 2-3 jurisdictions: 1) implement process improvement approaches to show improvements in breast cancer screening, referral, and follow-up; and 2) cross-jurisdictional learning community to continue process improvement efforts and enhance spread.

Framework for the Project



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Project Measures: Triple Aim

Patient Experience	Population Health	Cost
•Referrals/month	•Cancer Staging	•Per Capita Cost
•Screening/month	•Cancer Rate	•Reimbursement Strategy
•% of women referred that were screened/month		
•Breast Cancer Screening Rate/quarterly and annually		
•Cycle Time: Referral to Screening, Screening to Diagnosis, Diagnosis to Treatment		

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Health Issue and Disparities

- **High Rates of Breast Cancer Mortality:**
  - Washington, DC has one of the highest breast cancer mortality rates in the country.
  - The surrounding counties in Maryland and Virginia also experience higher than average breast cancer mortality among certain populations

  (United States Cancer Statistics (USCS) 2006)

- **Limited Access to timely breast health services for low-income women:**
  - Screening rates of uninsured appear to be significantly lower than insured.
    - Overall: DC (63.0%), VA (60.6%), MD (62.7%)
    - Uninsured: DC (36.6%) , VA (25.2%), MD (39.6%)
  - Screening rates in the overall safety-net population appear to be significantly lower.

(Data from 2006, ACS published 2009; US rates from State Cancer Profiles 2003-2007, VA, MD, DC data from State Cancer Registries 2003-2007)

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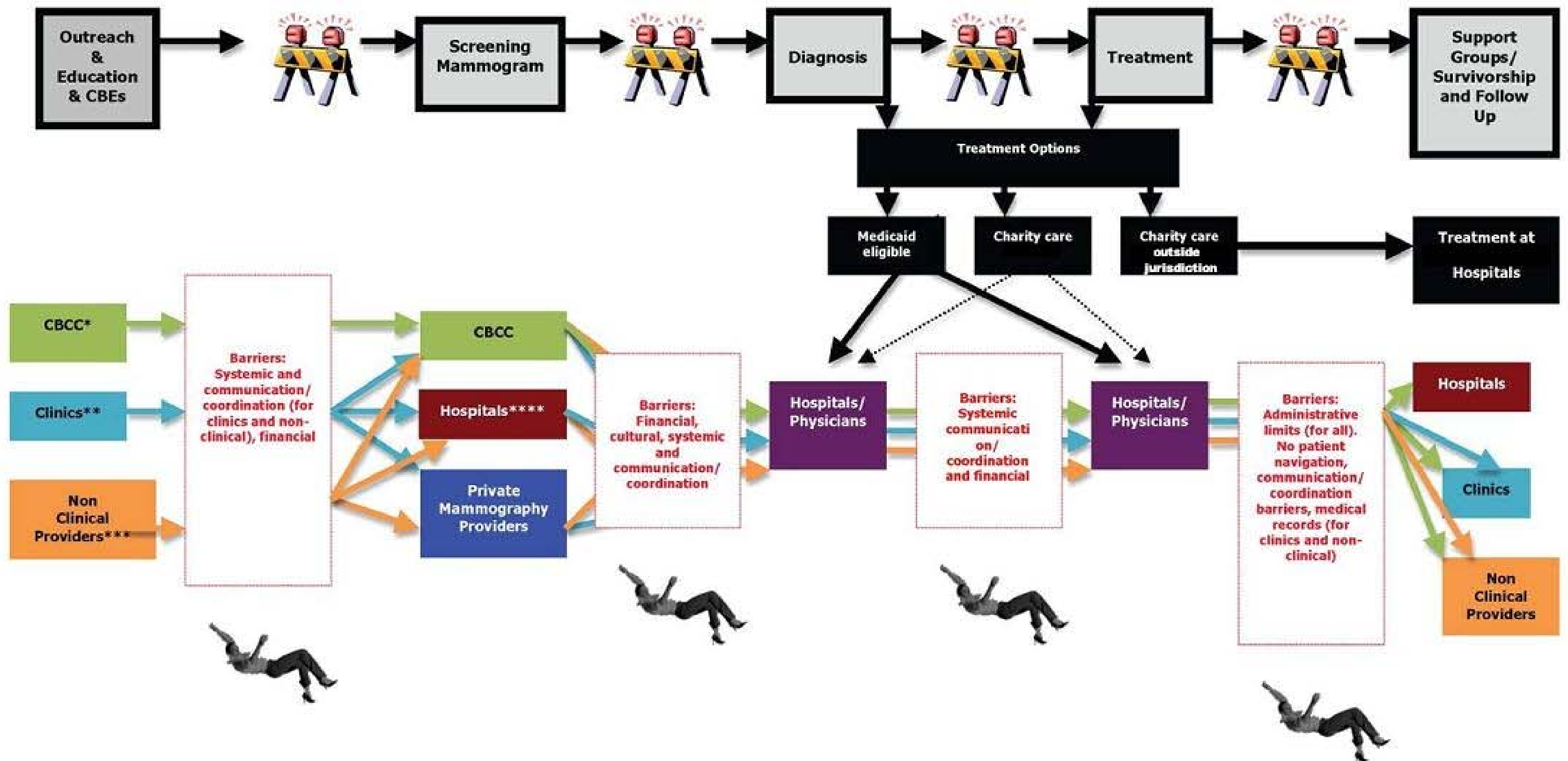
Health Disparity: Low-Income Women "fall out" of the System



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Systemic Issues leading to Health Disparities

- Limited service coordination
  - Outreach, primary care, screening, diagnostics, and specialty care
- Lack of access to breast health services along the continuum
- Inconsistent and limited data collection
- Need for systems change throughout the region
  - Jurisdictional differences in access to medical homes and breast health care services
  - Limited integration and coordination beyond borders

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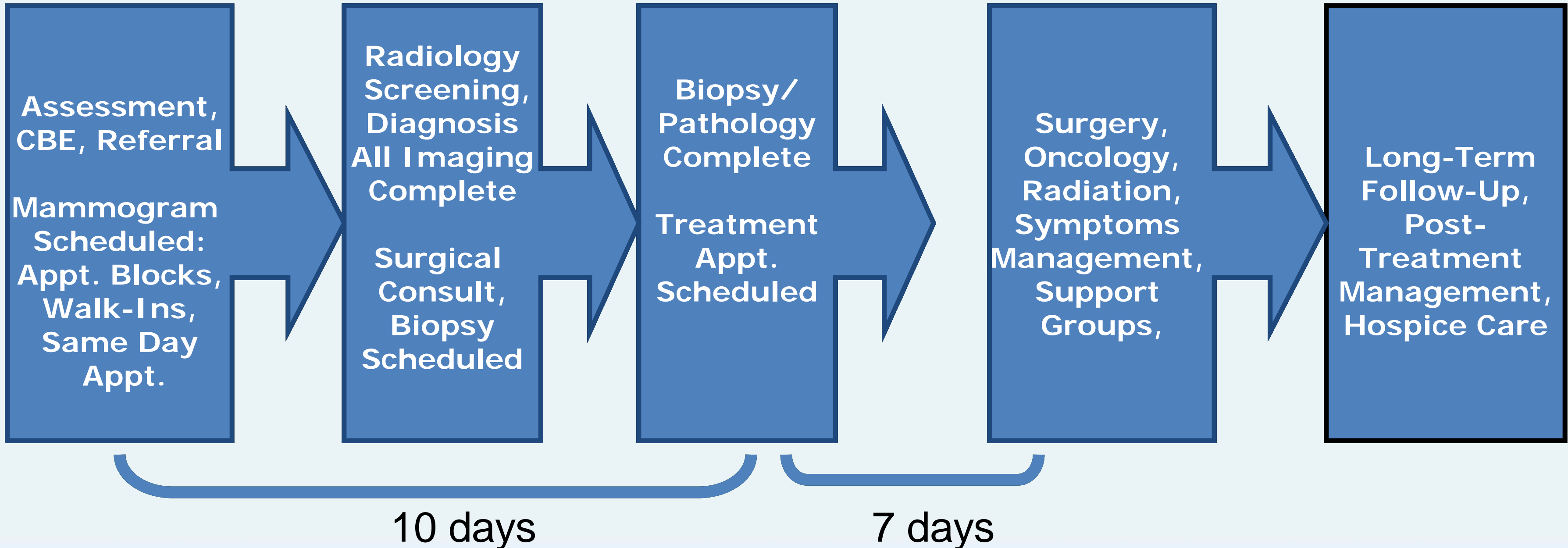
High Quality Breast Healthcare System*



* Developed March 2011, using Production System Design Theory with the assistance of Dr. Tom Nolan, Associates of Process Improvement. The "High Quality Breast Healthcare System" is a model of streamlined and timely access to services for all women.

Production System Design uses a method developed in an Institute for Healthcare Improvement Research and Development project in collaboration with Bellin Health.

6 Key Elements: Working toward the High Quality System

1. Care Coordination at clinic level
2. Defined population at the clinic to be referred for breast cancer screening
3. Understand supply and demand, and access to screening appointments
4. One-to-One relationship between clinic and screening facility
5. Monthly meetings with the clinic project team
6. Tracking and reporting tools to measure project progress

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Key Elements

1. Care Coordination at clinic level
    - Streamline clinic workflow, documentation
    - Develop patient navigation guide
    - Staff training and support
    - EMR enhancements for tracking and reporting
2. Defined population at the clinic to be referred for breast cancer screening
    - Implementation of breast health screening guidelines for the clinic population
    - Determine need for clinic population

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Key Elements
3. Understand Supply and Demand

Montgomery Cares Clinics	Female Patients ≥ 40 years CY 2010	65% of total patients ≥40 years (HEDIS Medicaid 90th Percentile)	Total patients ≥40 years enrolled in WCCP	Mammography Demand	Mammography Supply	Funder
Mercy	785	510	265	245	SGAH (250)	PCC: ABCF
Proyecto Salud-Olney	249	162		162	CRA (125)	Montgomery General Hospital
Proyecto Salud-Wheaton	1307	850	337	513	CRA (300 - June 2011) HCH (120)	PCC and Holy Cross Hospital (KCAMP): Komen
People's	248	161	30	131	HCH (130)	Holy Cross Hospital (KCAMP): Komen
Mobile Med- Germantown	706	459		459	CRA (300)	PCC: Komen
Mobile Med- Other	1047	681	193	488	Washington Radiology (150) SGAH (150)	Washington Radiology Adventist: Komen
Muslim	658	428	35	393	University Imaging (200) WAH (150 - starting 2012)	Cost sharing with clinic
Spanish Catholic	382	248	56	192	WAH (175)	PCC: ABCF
Mary Center**	200	130		130	WAH (150)	Adventist: Komen
CCI**	1269	825	129	696	HCH (120)	Holy Cross Hospital (KCAMP): Komen
CCACC	137	89		89	SGAH (85)	Adventist: Komen
Holy Cross**	1063	820		820	HCH (200)	Holy Cross Hospital (KCAMP): Komen
CMR	367	239		239	HCH (120)	Holy Cross Hospital (KCAMP): Komen
Other (patients from UOR)	190	124		124		
TOTAL	8608	5726	1045	4681	2725	

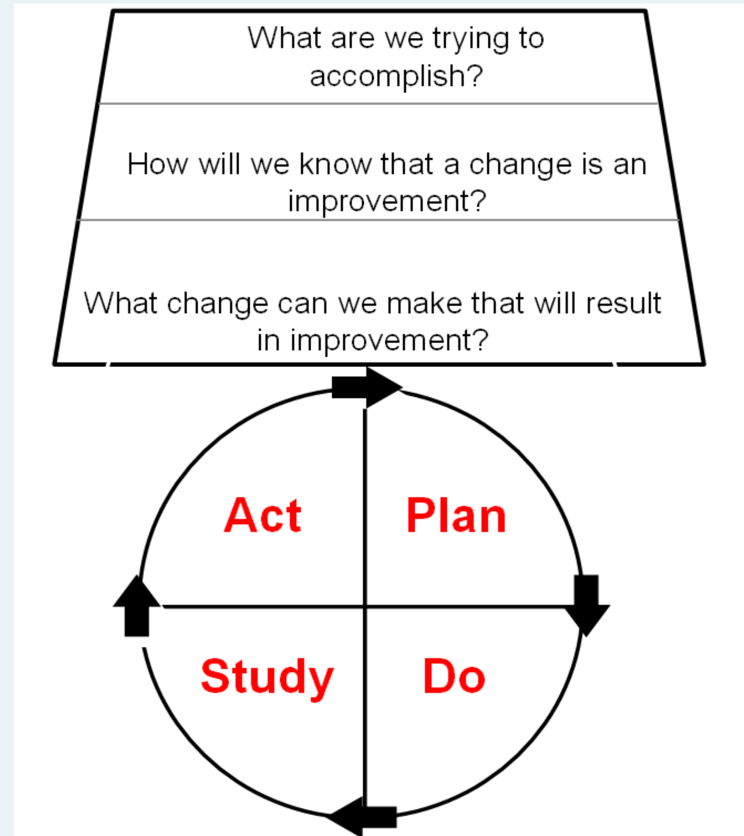
Key Elements

4. One-to-One relationship between clinic and screening facility
5. Monthly meetings with the clinic project team
6. Tracking and reporting tools to measure project progress

Examples:

- Previous films
- Standardized referral forms
- Negotiated rates

Model for Improvement



The Improvement Guide 2nd Edition, Langley, Nolan, et.al.

Initial Breast Health Initiative Results

- More than doubled mammography capacity: 1700 to 3660
- 4 out of 11 clinics are meeting or exceeding the HEDIS Medicaid Benchmarks for Mammogram Screening Rate (65%)
- Referral Rate increased from 41% - 75%
- Decreased average cycle time from referral to screening from 100 days to 30 days

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Tracking and Reporting Tools:
Mammogram Referral and Screening Rates

Mammogram Referrals by Quarter

100.0%
80.0%
60.0%
40.0%
20.0%
0.0%

Q306 Q406 Q107 Q207 Q307 Q407 Q108 Q208 Q308 Q408 Q109 Q209 Q309 Q409 Q110 Q210 Q310 Q410

Mercy
MCC
Peoples
MM
PS
SCC
Total

Mammograms by Quarter

100.0%
80.0%
60.0%
40.0%
20.0%
0.0%

Q306 Q406 Q107 Q207 Q307 Q407 Q108 Q208 Q308 Q408 Q109 Q209 Q309 Q409 Q110 Q210 Q310 Q410 Q111 Q211

Mercy
MCC
Peoples
MM
PS
SCC
Total

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What Does "Spreading Improvements" Mean?

A | P
S | D

A | P
S | D

A | P
S | D

System or Population of Focus for project (defined by team's Aim)

Small-scale tests of change

One-to-One Relationship with Radiology

Patient Navigation

Tracking Reporting

Define Population

Access Mammography

The Total System

The Improvement Guide 2nd Edition, Langley, Nolan, et.al.

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Regional Spread Thus Far

NCA Jurisdiction	Partnering Organizations	Number and Percent Participation of Safety-net Clinics
District of Columbia	Clinics Hospitals DCPCA PCC	16% (4/25 facilities)
Prince George's County, Maryland	Clinics DHHS BCCP PCC	20% (1/5 facilities)
Montgomery County, Maryland	Clinics Hospitals Private Radiology DHHS BCCP PCC	76% (13/17 facilities)
Northern Virginia	Clinics Hospitals DHHS PCC	3% (1/29 facilities)
TOTAL		**25%** **19/76**

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Acknowledgements

The Improvement Guide: A Practical Approach to enhancing Organizational Performance, Langley, Nolan, et.al.

- Susan G. Komen for the Cure: www.komen.org
- Associates in Process Improvement (API): www.apiweb.org
- Institute for Healthcare Improvement (IHI) Triple Aim: www.ihi.org
- Mosaica: The Center for Nonprofit Development and Pluralism: www.mosaica.org