



ZUCKERBERG  
SAN FRANCISCO GENERAL  
Hospital and Trauma Center

# Advancing Value, Safety and Care For ZSFG's Patients Through Value Based Programs

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# TRUE NORTH



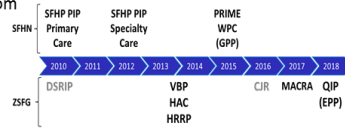
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**I. BACKGROUND**

The national landscape for payment is shifting to support value based programs, which provide reimbursements based on quality and cost of care provided to patients. Starting in July 2017, the San Francisco Health Network (SFHN), along with all California Public Hospitals will be participating in the Quality Incentive Program (QIP), which is part of the Medicaid Managed Care Rule. QIP is a year after year performance program tied to approximately to \$20 million/year of funds. These funds replace supplemental payments that we received to be in alignment with the Medicaid Managed Care Rule.

In the last decade, ZSFG and SFHN witnessed the progression of value based programs. By 2018, SFHN will have received > \$80 million total from these programs, compared to the \$0 we received prior to 2009. ZSFG has participated in multiple Value Based Programs (VBP). Given the changing landscape, ZSFG leadership has shifted the strategic Safety Goals from reducing four patient harm events (i.e. falls with injury, CAUTI, Colon SSI and HAPI) to meeting QIP targets.

2009 \$0 → 2018 >\$80M  
2023 potential: \$100 M



|  |   |  |
|--|---|--|
| <p><b>FY 2015-2016</b><br/>True North Strategic A3: Reduce Patient Harm<br/>Status Sheets and A3 Development<br/>5 Model Cells<br/>Inpatient Hospital Move<br/>Saw a 35% increase in harm events</p> | <p><b>FY 2016-2017</b><br/>True North Strategic A3: Reduce Patient Harm<br/>Focused improvement efforts from 9 to 4 harm metrics (i.e. falls, HAPI, CAUTI, Colon SSI)<br/>Increased leadership involvement through Steering Committee<br/>A3 Improvement Framework<br/>5 Model Cells<br/>Saw a 32% reduction in harm events</p> | <p><b>FY 2018-2019</b><br/>Operational A3 under ZSFG Way Strategic A3<br/>Shift focus to meeting value based program targets QIP &amp; PRIME<br/>Continued leadership involvement through Steering Committee<br/>A3 Improvement Framework<br/>Align with DMS Spread<br/>EPIC Implementation Planning</p> |
|--|---|--|

ZSFG will report on 12 metrics across three out of four domains for QIP: Specialty Care, Inpatient Care, and Resource Utilization. Primary Care metrics will be covered under the SFHN. This A3 will be nested underneath the ZSFG Way Strategic A3.

**II. CURRENT CONDITIONS**

From our efforts to reduce patient harm, we learned that we can achieve Quality Improvement (QI) success through the use of A3 thinking, executive oversight and holding all leaders accountable. Despite this progress, there remains no consistent management system across the organization to drive improvement work. With ZSFG's participation in QIP and other VBP, the organization has seen the need to further focus and align departmental goals with strategic priorities, such as the implementation of the Daily Management System (DMS) across all ZSFG departments/units. The QIP roadmap will involve three phases: Acquiring Baseline Data, Conducting PI work, and Data Submission.

| PHASES             | BASELINE DATA   | PI WORK   | REPORTING  |
|--------------------|---|---|--|
| CURRENT CONDITIONS | <ul style="list-style-type: none"> <li>Data build and validation time is consuming and is proving to be difficult</li> <li>Operating using very complicated data systems</li> <li>Require pulling data from multiple data systems; Data systems are siloed</li> <li>QIP was only approved May 2018 by CMS and QIP Manual specifications are still being finalized; metric definitions keep changing</li> <li>Newly formed teams: Triad model (IS analyst, Analyst, and Subject Matter Experts (SME))</li> </ul> | <ul style="list-style-type: none"> <li>Current performance (baseline data) to inform QI is unknown</li> <li>Current benchmarks unknown</li> <li>We have siloed units/departments</li> <li>Lack of alignment between departments and strategic priorities</li> <li>Our staff have competing priorities</li> <li>Staggered DMS roll out across hospital.</li> </ul> | <ul style="list-style-type: none"> <li>Multiple sources for data</li> <li>There is usually a scramble to submit data last minute, due to the complexity of our data systems and resources</li> </ul> |

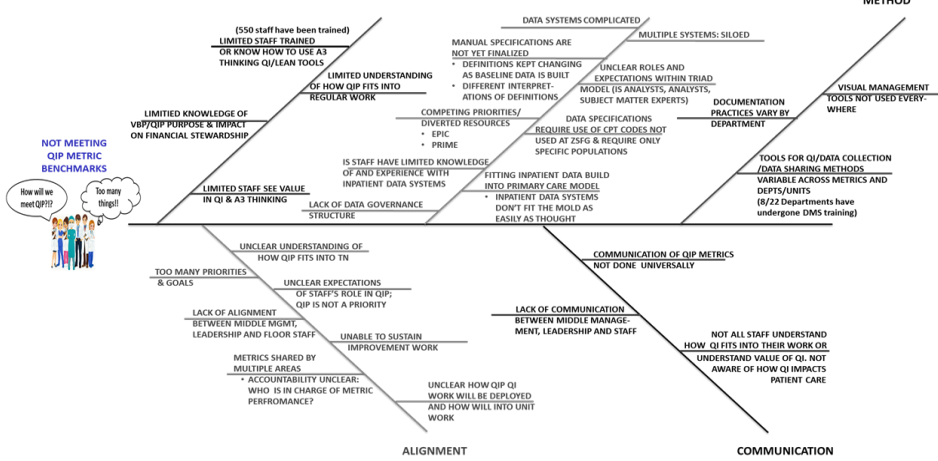
For the first reporting year, we will receive payments for reporting all 12 metrics regardless of our performance on each metric. However, starting in Year 2 of QIP, we will receive payments based off our performance. Targets for each metric are considered met either by meeting the 90<sup>th</sup> percentile for that metric, or by meeting a 10% gap closure.

**Problem Statement (Gap):** ZSFG will lose \$12 million in FY 17-18 if we don't report all 12 metrics by December 15, 2018 and will continue to lose \$12 million /year if we don't meet QIP targets.

**III. GOALS & TARGETS**

|                   |  |
|-------------------|--|
| Year 1            | Report all Specialty Care, Inpatient Care and Resource Utilization QIP metrics by December 15, 2018.   |
| Years 2 & onwards | 90% of metrics will meet QIP metric targets for payment year (either by meeting the 90 <sup>th</sup> percentile or meeting a 10% gap closure). |

**IV. ANALYSIS**

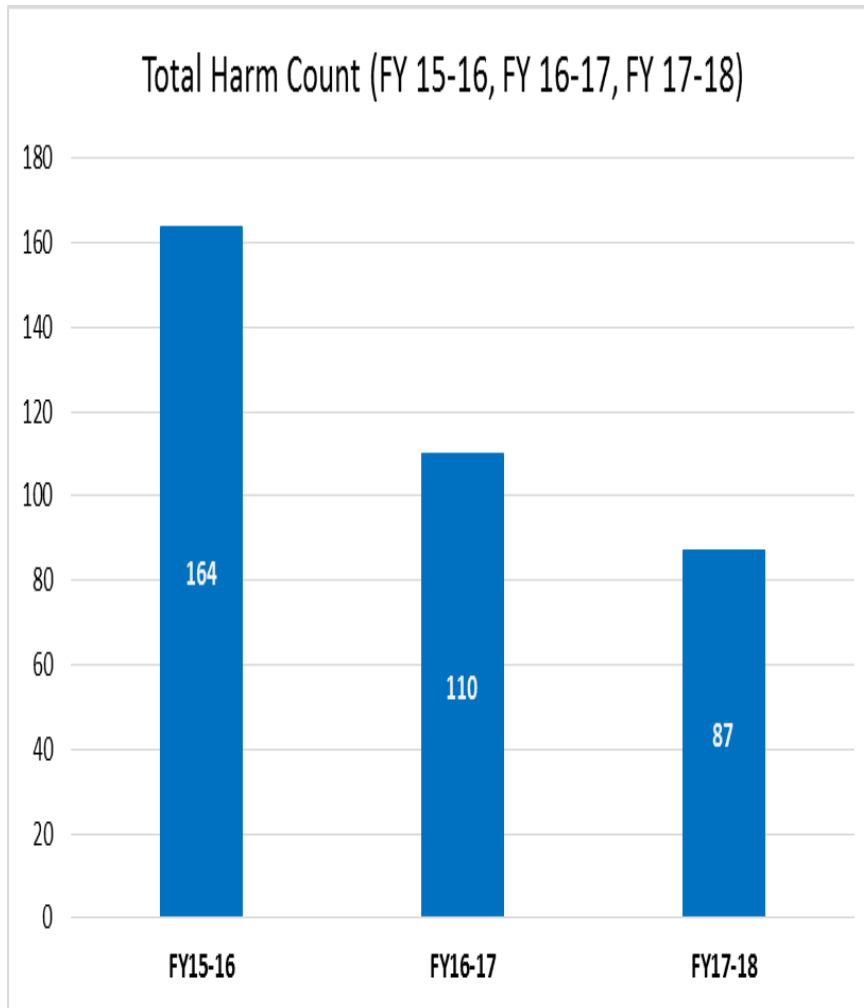


| ROOT CAUSE                | V. PROPOSED COUNTERMEASURES   | IMPACT       | EFFORT       |
|---------------------------|---|--------------|--------------|
| Data                      | <ul style="list-style-type: none"> <li>Work with EPIC to capture required elements of QIP and facilitate performance reporting.</li> <li>Build teams consisting of IS analysts, data analysts, SME, and clinical informaticist to build and validate data.</li> <li>Analyze QIP baseline data and identify PI drivers.</li> <li>Create structure to monitor ongoing performance (i.e. monthly dashboards).</li> </ul> | High<br>High | High<br>High |
| Alignment                 | <ul style="list-style-type: none"> <li>Integrate QIP metrics with departmental drivers Deployment Plan and executive strategies</li> <li>Monitor metric performance via TN scorecard.</li> <li>Incorporate QIP metrics into DMS improvement huddles and department PIPS reports.</li> </ul>   | High         | Med          |
| No Standard QI Method     | <ul style="list-style-type: none"> <li>Implement DMS across all units at ZSFG.</li> <li>Create dashboards informing teams of QIP metric progress.</li> </ul>  | High<br>High | High<br>High |
| Communication /Engagement | <ul style="list-style-type: none"> <li>Develop steering committee to actively engage clinical and administrative leadership in improving QIP driver metrics.</li> </ul>   | High         | Med          |
| Knowledge                 | <ul style="list-style-type: none"> <li>Educate unit leaders regarding deployment of QIP metrics on their units.</li> </ul>  | High         | Med          |

| PLAN  | WHO                                   | WHEN   | STATUS                                |
|---|---------------------------------------|--|---------------------------------------|
| <ul style="list-style-type: none"> <li>Create triads consisting of an IS Analyst, Data Analyst and Subject Matter Expert (and Clinical Informaticist) for each metric.</li> <li>Create taskforce to monitor data build challenges and opportunities.</li> <li>Determine baseline data for each metric.</li> </ul> | Reena Gupta, and Renata               | Apr - Jul 2018<br>May 2018<br>Apr - Dec 2018 | Completed<br>Completed<br>In progress |
| <ul style="list-style-type: none"> <li>Share Deployment Plan at Pre-PIPS Coaching sessions with each PIPS department, highlighting applicable QIP metrics.</li> </ul>   | Will Huen, Leslie Safier, Nisha Anand | Apr- Dec 2018                                | In progress                           |
| <ul style="list-style-type: none"> <li>Develop PASTA and structure for Steering Committee</li> </ul>  | Troy Williams                         | Jul 2018                                     | In progress                           |
| <ul style="list-style-type: none"> <li>Catchball A3 with stakeholders.</li> </ul>   | Troy Williams                         | Jul 2018                                     | In progress                           |
| <ul style="list-style-type: none"> <li>Integrate QIP work into EPIC Regulatory Quality Reporting Workgroup</li> </ul>   | Reena Gupta                           | Sep - Dec 2018                               | In progress                           |
| <ul style="list-style-type: none"> <li>Integrate QIP measures into DMS unit scorecards within 3 months of DMS implementation</li> </ul>   | Leslie Safier                         | Jul 2018- Jun 2019                           | In progress                           |

**VII. Follow-Up**

# 2017 ACHIEVEMENTS



- Achieved a 48% reduction in patient harm (CAUTI, Colon SSI, Falls with injury, HAPI) from FY 15-16 baseline (164 harm events/year).
- Achieved 63% safe discharge to home rate for CJR patients.

# 2017 LESSONS LEARNED

- Through a combination of applying A3 thinking, leadership oversight, and holding all parties accountable, we successfully met our Safety goal in FY 17-18.
- No consistent management system across the organization to drive improvement work.
- Focus and alignment of departmental goals with strategic priorities is needed to successfully sustain improvements.



# 2018 STRATEGIES

8



Advancing Equity



Improving Value and Patient Outcomes



Ensuring Flow and Access



Optimizing Care Experience



Optimizing Workforce Care & Development



The ZSFG Way



Building for the Future



Implementing an enterprise-wide Electronic Health Record

3



The ZSFG Way



Advancing Equity



Advancing Value, Safety and Care For ZSFG's Patients Through Value Based Programs



Ensuring Flow and Access



Optimizing Care Experience



Financial Stewardship



Building for the Future



Implementing an enterprise-wide Electronic Health Record

# BACKGROUND

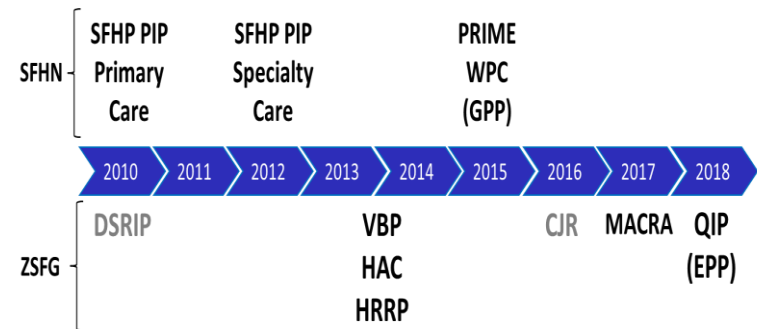
## Shifting Landscape:

- Payment structures have been shifting to support value based programs.
- By 2018, the SFHN will have received >\$80 million from all value based programs.

## Quality Incentive Program (QIP):

- QIP began in 2017. Year 1 is FY 17-18.
- QIP is tied to approximately \$20 million/year of funds across the SFHN.
- These funds replace supplemental payments that we received through the Managed Care Rule.
- QIP is a year after year incentive program.

2009 \$0  2018 >\$80M  
2023 potential: \$100 M

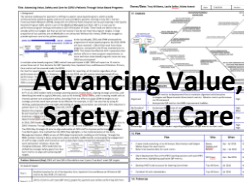
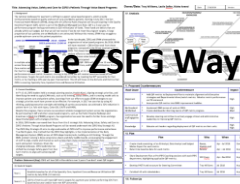


# CURRENT CONDITIONS

- Shifting the strategic Safety goal from reducing total harm events to meeting QIP targets.



- The Advancing Value, Safety and Care to ZSFG's Patients Through Value Based Programs A3 will be nested underneath the ZSFG Way Strategic A3.





# PROBLEM STATEMENT

- ZSFG will lose \$12\* million in FY 17-18 if we don't report all 12 metrics by December 15, 2018, and will continue to lose \$12 million /year if we don't meet QIP targets.

\*Note: ZSFG is responsible for 12 QIP metrics, each tied to \$1 million dollars/year.

# TARGET AND GOALS

|                                  |  |
|----------------------------------|--|
| <b>Year 1<br/>(FY 17-18)</b>     | Report all Specialty Care, Inpatient Care and Resource Utilization QIP metrics by December 15, 2018.   |
| <b>Years 2 &amp;<br/>onwards</b> | 90% of metrics will meet QIP metric targets for payment year (either by meeting the 90 <sup>th</sup> percentile or meeting a 10% gap closure). |

# COUNTERMEASURES

| Categories                   | Proposed Countermeasure   | Completion Date                      | Status Update              |
|------------------------------|---|--------------------------------------|----------------------------|
| Data                         | <ul style="list-style-type: none"> <li>Work with EPIC to capture required elements of QIP and facilitate performance reporting.</li> <li>Build teams consisting of IS analysts, data analysts, SME, and clinical informaticist to build and validate data.</li> <li>Analyze QIP baseline data and identify PI drivers.</li> <li>Create structure to monitor ongoing performance (i.e. monthly dashboards).</li> </ul> | June –Aug 2018                       | In progress                |
|                              |   | Apr – Dec 2018                       | In progress                |
|                              |   | Dec 2018<br>Jan 2018- Mar 2019       | Not Started<br>Not Started |
| Alignment                    | <ul style="list-style-type: none"> <li>Integrate QIP metrics with departmental drivers Deployment Plan and executive strategies</li> <li>Monitor metric performance via TN scorecard.</li> <li>Incorporate QIP metrics into DMS improvement huddles and department PIPS reports.</li> </ul>   | Jan – Mar 2018                       | Completed                  |
|                              |   | Mar – Dec 2018                       | In progress                |
| No Standard QI Method        | <ul style="list-style-type: none"> <li>Implement DMS across all units at ZSFG.</li> <li>Create dashboards informing teams of QIP metric progress.</li> </ul>  | Mar - Dec 2018<br>Jan 2018- Mar 2019 | In progress<br>Not Started |
| Communication/<br>Engagement | <ul style="list-style-type: none"> <li>Develop steering committee to actively engage clinical and administrative leadership in improving QIP driver metrics.</li> </ul>   | Dec 2018                             | Not Started                |
| Knowledge                    | <ul style="list-style-type: none"> <li>Educate unit leaders regarding deployment of QIP metrics on their units.</li> </ul>  | Mar – Dec 2018                       | In progress                |

# 2018 ACHIEVEMENTS

- Collaborated with IS, QM and Clinical Subject Matter Experts to create a process to identify, develop and validate QIP Baseline data.
- Integrating QIP metrics into EPIC reporting workflows.
- Integrating QIP metrics into DMS roll out and PIPS reports.
- Educated unit leaders regarding QIP metrics that affect their units.
- We have learned how truly complicated our data systems are.

# NEXT STEPS

- Determine baseline data for each metric.
- Share deployment plan with department leaders through PIPS.
- Develop structure for Steering Committee.
- Catchball A3 with key stakeholders.
- Integrate QIP Measures into DMS unit scorecards within 3 months of DMS implementation.
- Integrate QIP work with EPIC Regulatory Quality Reporting Workgroup