5 practice trends as observed by Washington and Idaho coaches

By Ross Howell, Qualis Health Program Manager for Healthy Hearts Northwest

One of the challenges in our Healthy Hearts Northwest (H2N) work has been accessing reliable, valid data to drive quality improvement on the ABCS (Aspirin-Blood pressure-Cholesterol-Smoking cessation) measures within our enrolled clinics. After recently talking with two of our practice coaches about what they're seeing out in the field, I noticed themes emerging across Washington and Idaho. Let's take a deeper dive into these change patterns.

Practice coaching is useful for boosting health IT

H2N has been a great opportunity to push the boundaries of what clinics with limited functioning electronic health records EHR can do with their technology to improve patient care. One coach expressed that before H2N some clinics "never ran reports or could never run reports. They never had, until we started asking."

Particularly challenging for clinics are what one coach called "third tier vendors"—those that sell a relatively inexpensive product accessible to smaller clinics with few resources -- but that lack the ability to change their user interface or see how their care helps patients at the population level. In the end, it takes much more work and costs clinics more time in process change and fixes to report their quality measures or identify care gaps.

Much of the time our coaches spent with these clinics was dedicated to collaborative HIT (health information technology) work to improve system capacity. They also worked with clinics on making sense of the data they received. This was especially important for clinics that were reviewing data for the first time, as the numbers they saw often didn't match the quality of care that they knew they were delivering

When clinics run a few PDSAs (Plan-Do-Study-Act cycles) and see their quality measures move in the right direction, they get more engaged in the idea of QI. As another coach put it, "the PDSA process has been really effective for demonstrating the value of this work. It's not just random variation; you can see the improvement as you're working toward the goal."

Choosing a 'good' EHR isn't the whole answer

In several clinics that our coaches worked with, the HIT challenges were as much as result of user knowledge gaps as system capabilities. Our coaches described several instances where reports we needed were accessible, but the clinic contact either had never received training or those reports had not been activated in the user interface. The coaches were able to support the clinics in accessing tech assistance or requesting the activation of reports through their vendor.

Some clinics have robust, highly functional EHRs with strong reporting capabilities and easily modified templates or user interfaces, in some cases custom-built for the practice. In other cases, EHRs are built by a third-party vendor that hosts their system remotely. In these clinics, both coaches stressed the importance of leadership engagement: "without leadership plugged into the project, it's very difficult to make progress. Even if you have a clinic team trying to improve, they just go in circles without leadership engagement."

Where we can overcome institutional or analytical barriers to accessing reports and implementing short change cycles, our coaches see improvement and positivity.

Size has an impact

In smaller practices it can be easier to get the leaders to commit time and resources to Healthy Hearts NW. In large clinic groups the leadership may have many competing initiatives, of which Healthy Hearts is just one.

At a certain size of organization, the administrative coordination involved in QI tends to make it difficult to innovate on the level of small clinical teams. For administrators trying to implement standard, reliable processes clinic- or organization-wide, small team-based innovation and change cycles can appear to be threatening deviations from their plan.

Despite having extensive HIT resources to support QI work, some clinics have layers of administration and bureaucracy slowing innovation and change. These tend to be large delivery systems, often associated with hospitals, with large QI departments including analysts and administrators.

Our coaches have also seen that first-tier EHRs don't guarantee access to high quality reports, especially for the smaller QI teams. This is especially the case where the EHR is purchased through a vendor that may require additional fees to produce the reports or connect to a third-party registry – costs that a smaller practice can't bear.

FQHCs have a head start

One coach was careful to distinguish between private practice clinics and those that operate under federal rules and funding systems—such as federally-qualified health centers (FQHCs) or tribal clinics. Among the latter, QI methods have been in use for many years due to reporting requirements associated with their funding sources.

Such clinics may have been running PDSA cycles or implementing changes for some time. Our Healthy Hearts NW coaches did less basic training in QI methodology and used their visits to improve the QI processes already in place. In the words of the coach, these clinics "have had different approaches to QI—but when we looked at what they were doing we saw that there were refinements we could make."

Clinics want to change

It's been an uphill battle to get our clinics the data they need to change for the better, but both coaches expressed optimism for the future: "With MACRA coming on, even small practices are starting to understand that this isn't sending data out to a black hole but about improving the population health of their patients".

Practices are increasingly "not seeing it as just about patient responsibility" but are moving toward understanding that they are part of a "synergistic relationship between healthcare and the population at large. It's a huge shift of change to understanding why QI is important and why HIT is valuable for finding the care gaps in your patients." The other coach expressed that he's seen "a lot more involvement and improvement than expected--clinics want the change. They're overwhelmed but starting to get rolling. They see the writing on the wall—and are implementing HIT improvements to prepare."

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Ross Howell provides the Qualis Health Healthy Hearts NW practice facilitator team with a coordinative backbone of organizational support, meeting facilitation, and information management. Prior to joining Qualis Health he served as a teaching assistant for undergraduate courses in the University of Washington School of Public Health and a research assistant at the Northwest Center for Public Health Practice.