

CQI UPDATES: Cardiac Imaging, LEAN and Anticoagulant Management

**PGIP Quarterly Meeting
Schoolcraft Community College
June 13, 2008**

**Presenter: David Share, MD, MPH
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- **Advanced Cardiovascular Imaging Consortium (ACIC) Coronary CT Angiography (CCTA) Registry**
- **LEAN Clinical Reengineering for PC-MH CQI**
- **Michigan Anticoagulation Quality Improvement Initiative (MAQI²) CQI**
- **Follow-up to May 6 CHRT Dialog Session**

ACIC Coronary CT Angiography (CCTA) Registry



- **23 hospital based CCTA imaging centers**
- **4 physician office based CCTA imaging centers**
- **Expectation that physician champions at all imaging centers will work with the referring physician community to disseminate and explain clinical algorithms aimed at thoughtful, judicious use of high technology diagnostic cardiac imaging services**
- **Additional expectation that CCTA providers will serve as experts for consultation in process of planning diagnostic steps for patients with CAD to assure optimal use of this and alternative imaging and functional testing strategies**

LEAN Clinical Reengineering for PC-MH CQI



- **LEAN: Professional Collaborative Quality Initiative (CQI) new in 2008**
- **Follow-up to successful LEAN pilot in 2007**
 - 6 POs actively participated; U of M served as the facilitator
 - ProMed recently presented at IHI on “Use of Lean to Improve Flow of Diabetic Patients in the Office”
- **Expanding LEAN initiative to an additional 6 POs – total of 12 POs**
- **Focus is on partnering with POs to reengineer their practice units so that they can achieve PC-MH functionality**
- **LEAN utilizes a Train-the-Trainer approach. PO’s LEAN Coach ultimately facilitates and coaches Lean initiatives within their PO**
- **U of M is serving as the Coordinating Center**
- **Chris Wise, PhD, is the Project Director and will be working with the Lean Transformation Group (Beau Keyte, Margie Hagene, etc.)**

LEAN Participation Requirements



- **Participation Requirements of Interested POs:**
 - Leadership Commitment
 - Allow time of the process owners to participate in a 3 day Value Stream Mapping workshop, and time for implementation efforts during subsequent 90 days.
 - Identification of internal person(s) to study the principles & methods of Lean Thinking and ultimately serve as PO's internal LEAN Coach
 - PO executes 3 Lean learning cycles over course of 12 months
 - Allow time for PO process owners & leaders to share their learnings with other PGIP members

LEAN Recruitment Process



- **Remuneration provided to POs for support to cover some of expenses associated with active staff involvement in workshops**
- **POs should expect to see resulting improvements in many PGIIP utilization and quality initiatives**
- **LEAN Participant recruitment process:**
 - Currently soliciting interest from POs.
 - Participation criteria being released today
 - Interested POs indicate their interest and provide contact information of the proposed LEAN Lead to Tom Leyden by 7/8
 - Chris Wise from Coordinating Center will schedule conversations with the interested parties to discuss PO readiness for LEAN CQI
 - LEAN kicks off with each PO at a distinct point in time

Michigan Anticoagulation Quality Improvement Initiative (MAQI²)



- **Goal of MAQI² is to:**
 - Develop methodology for systematizing and coordinating anticoagulation care in a proactive and consistent manner
 - Assess quality of care and risk-adjusted acute and long-term outcomes of patients receiving anticoagulation care
 - Identify the essential elements of a well-functioning anticoagulation service (ACS) as well as determine risk factors for poor patient outcomes
 - Develop recommendations and guidelines for the design of highly effective ACS
- **UMHS to serve as the Coordinating Center and partner with established ambulatory practices providing coordinated ACS and collect data regarding associated outcomes**
- **James B. Froehlich, MD, MPH , is the Project Director**



- **Partial list of participation criteria:**
 - Be a pre-existing, ACS that has been fully functioning for at least 1 year
 - Annual minimum, ongoing caseload requirement of 150 distinct patients
 - Staffed with a medical director who has expertise or training in anticoagulation
 - Have dedicated health professionals who execute proactive management of patients receiving anticoagulation therapy
 - Have an efficient, uniform, timely approach to obtaining results of lab studies
 - Utilize protocol-driven service dedicated to timely and reliable proactive management
 - Be able to collect, process and report both patient-specific and program-specific data
 - Analyze outcomes, develop and implement CQI initiatives
 - Demonstrate commitment for active participation in MAQI2 by having at least one physician champion, data coordinator and administrative lead identified



- **MAQI² Participant recruitment process:**
 - BCBSM *Record* will be announcing MAQI² mid-June
 - BCBSM will be soliciting interest from POs with associated ACS providers
 - Interested POs indicate their interest and provide details regarding ACS and leadership team to Tom Leyden in August
 - BCBSM reviews applications; notifies applicants of whether they met privileging criteria
 - Coordinating Ctr works with ACS providers meeting criteria to include them in final MAQI² planning discussions
 - MAQI² expected to kick off October 1st for all privileged ACS providers

Follow-up to May 6, 2008 CHRT Dialog Session



- **CHRT plans recruitment in June of interested POs for participation in their Radiology and Cardiology projects**
- **These projects will be extensions of PGIP Initiatives (enrichment projects)**
- **There will be rigorous evaluation components requiring data sharing and IRB approval**
- **Researchers are being recruited, then IRB approval will be sought from UMHS, and data use agreements between BCBSM and CHRT are in development**
- **The steps in the previous bullets are proceeding more slowly than anticipated, but aren't absolute road blocks**