PEDIATRICS TELE-ECHO OVERVIEW

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No Conflicts to Disclose

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WELCOME!

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OBJECTIVES

- Understand the ECHO model of case-based distance learning
- Review quality improvement principles to help you translate knowledge into action
- Consider questions framed through a formal patient case to create your own QI effort

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INTRODUCTIONS

- Department of Pediatrics Faculty
- Participants
- ECHO – Christina Choate
  - Understand the ECHO model of case-based distance learning

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Adolescent Medicine

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REGISTRATION & ENGAGEMENT

- More than 500 individuals in the Pediatrics teleECHO network
- 75 individuals have registered
  - 43% MD/DO
  - 13% APP
  - 19% RN
  - 3% Clinical Pharmacist
  - 5% LCSW
  - 5% Students (medical, nursing, pharmacy, etc.)
- Registration from 10 states:
  - AR, CO, ID, MT, NJ, PA, TX, UT, VA, WY

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FROM OCTOBER 2019 – JANUARY 2020

- Didactic instruction on Adolescent Medicine topics
- Quality Improvement instruction
- Quality Improvement application
  - MOC Part 4

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SAMPLE OF DIDACTIC TOPICS

- General Adolescent Health
- Depression and Suicide
- Early-onset Psychosis
- Anxiety
- Substance use
- ADHD
- LGBTQIA care
- MSK / Sports Medicine

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QUALITY IMPROVEMENT – APPLIED LEARNING

- Local stakeholders
  - UDOH
  - U AAP Chapter
  - Medicaid Payers
  - Dept of Peds
- Experienced in leading physicians
- National network

UPIQ

Utah Pediatric Partnership to Improve Healthcare Quality

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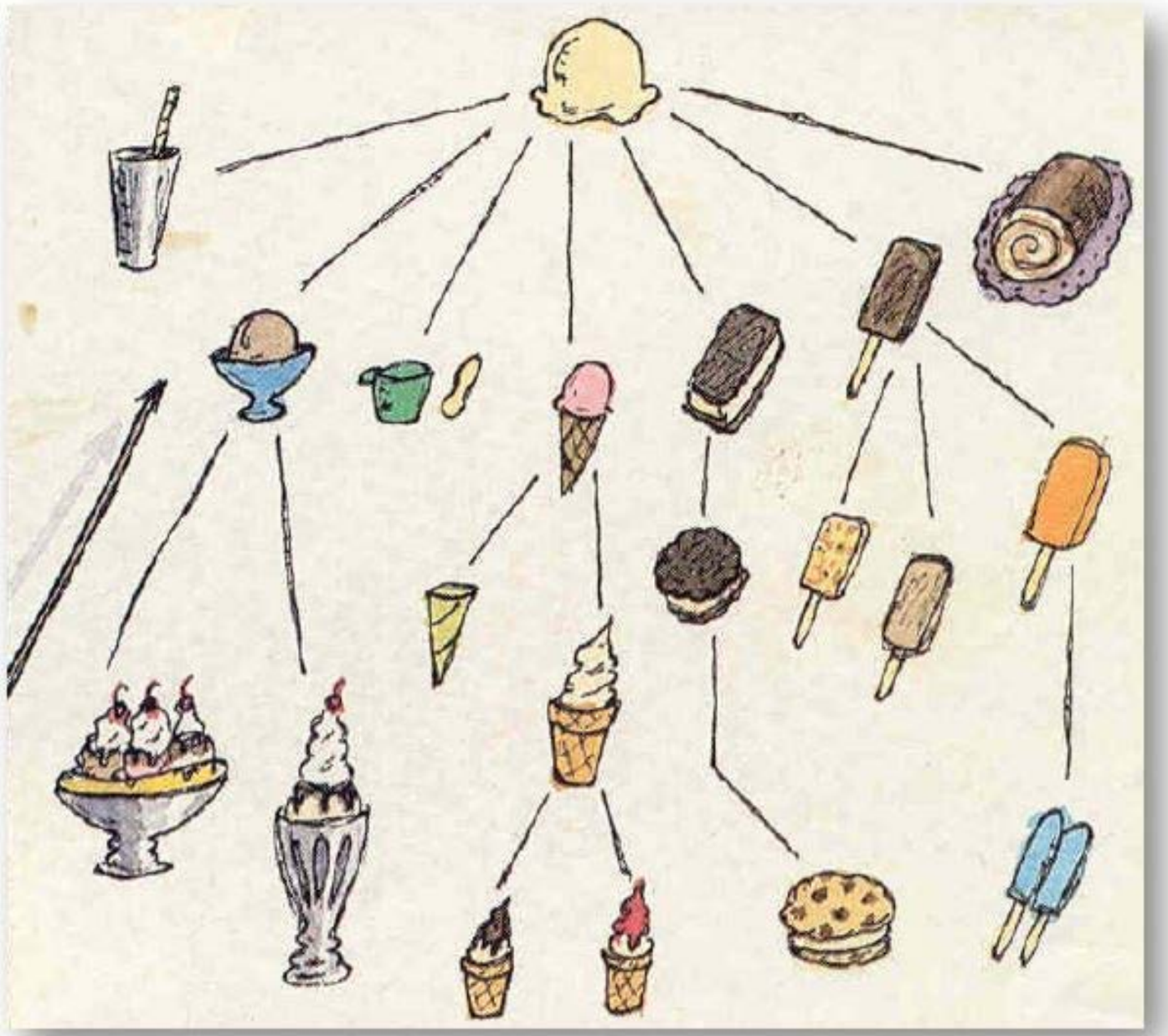

Source: The New Yorker 1986

Team-based Quality Improvement

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QI TEAM – ALL TEACH. ALL LEARN. ALL IMPROVE

- A group of individuals that work together on the QI project
  - shared goals and mutual accountability
  - plan/conduct tests of change
  - data collection and management
  - physicians, nurses, pharmacists, data managers, administrative staff, therapists, etc

Kaplan HC, Provost LP, Froehle CM, Margolis PA. BMJ Qual Saf. 2012 Jan;21(1):13-20.

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Tuckman's Team Development Model

Forming
- High dependence on leader
- Little agreement on team aims
- Individual roles and responsibilities unclear.
- Processes are often ignored
- Members test system and leader

Storming
- Leader coaches
- Clarification of team aims
- Individuals vie for power
- Focus on goals needed

Norming
- Leader facilitates and enables
- Roles and responsibilities are clear
- Big decisions are made by the team
- Delegation of small tasks possible

Performing
- Leader delegates and oversees
- Team has shared vision
- Focus on over-achieving goals
- Disagreements are handled politely and within the team

Adjourning
- Celebration at team success
- Sadness can occur as team is ending

RESEARCH SHOWS

team-based care in the primary care setting is associated with...

1. improved quality and safety of care
2. better health and functioning of individuals with chronic disease
3. higher patient and provider satisfaction
4. lower per capita costs

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EXAMPLE OF TEAM-BASED CARE STRATEGIES

- Structured communication (e.g.SBAR)
  - Hand-offs between systems
    - Discharge to PCP
    - ED RT to ED clinician
    - School nurse to parents
- Team huddles
- Checklists
- Standardized tools

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DESIGNING A QI EFFORT

- Select a QI project or effort
- Assemble a QI team
  - Professional diversity matters!
- Use a QI roadmap to guide activities
  - See the next slide
- Measure your progress
- Identify ideas to spread and sustain

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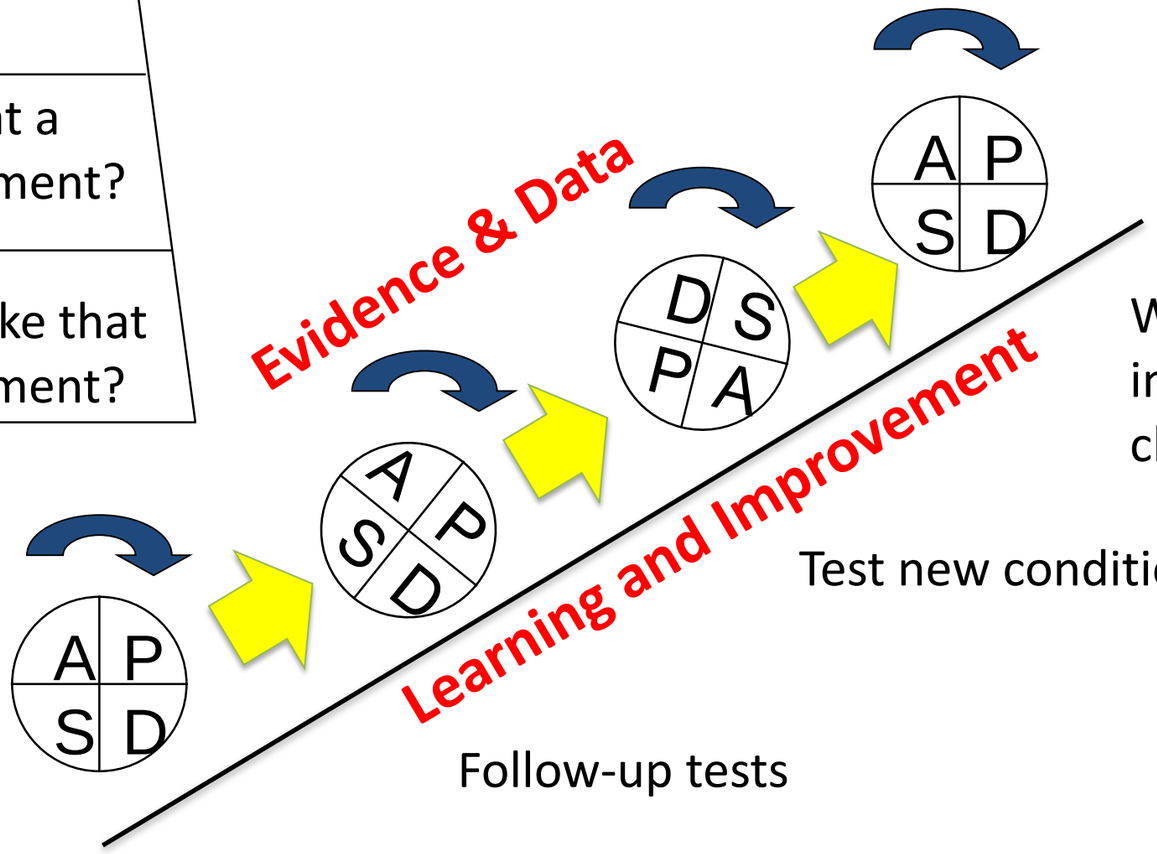
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in an improvement?

Breakthrough Results



Small Scale Testing

Follow-up tests

Test new conditions

Wide-scale implementation of change

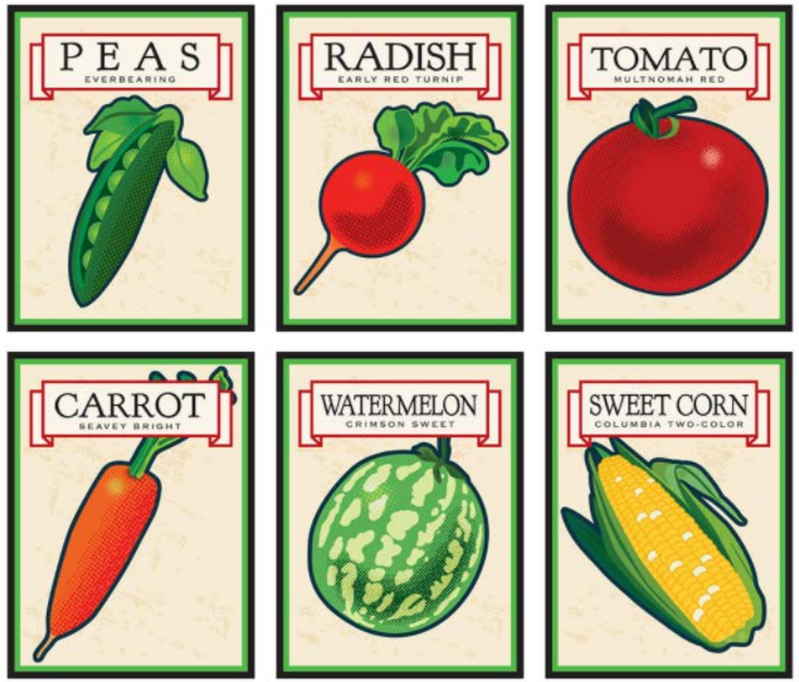
Theories, hunches, and best practices

Sequential Building of Knowledge with multiple PDSA Test Cycles

Figure 7.2 'The Improvement Guide' Langley, et al. 2009

IMPLEMENTATION SCIENCE

Seeds



Change Content

Nature of the Evidence

Planting Tools & Techniques

Facilitation of Change Process

QI methods – PDSA cycles, six sigma, Model for Improvement

Climate & Soil

Context

Culture, Leadership, Resources

QI 'PRE-WORK'

- Review QI principles
- Structure team-based care
- Identify problem
- Collect baseline data

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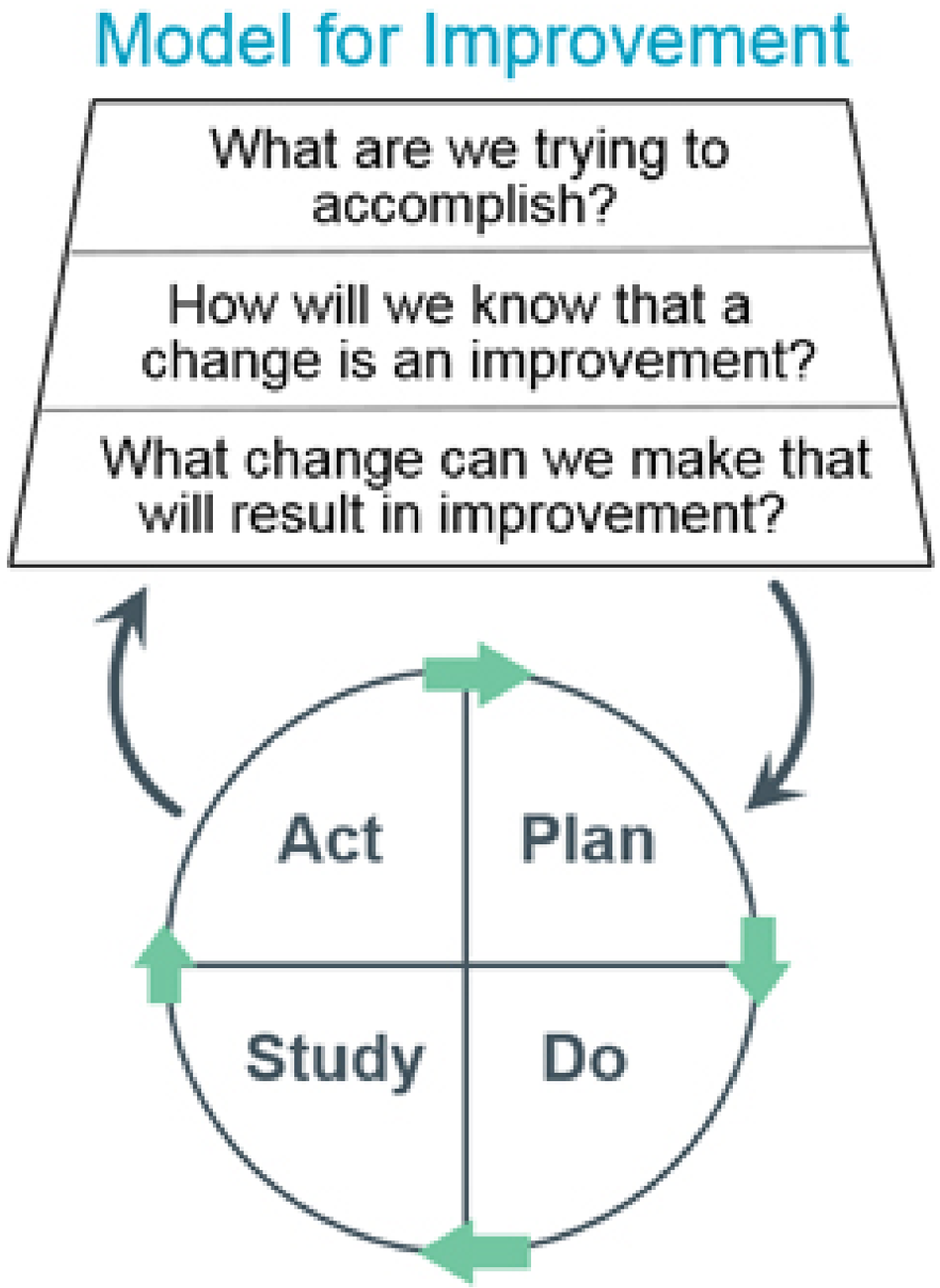
QI PDSA CYCLES

- Conduct site visits
- Maintain regular communication
- Review data analysis and feedback
- Provide resources



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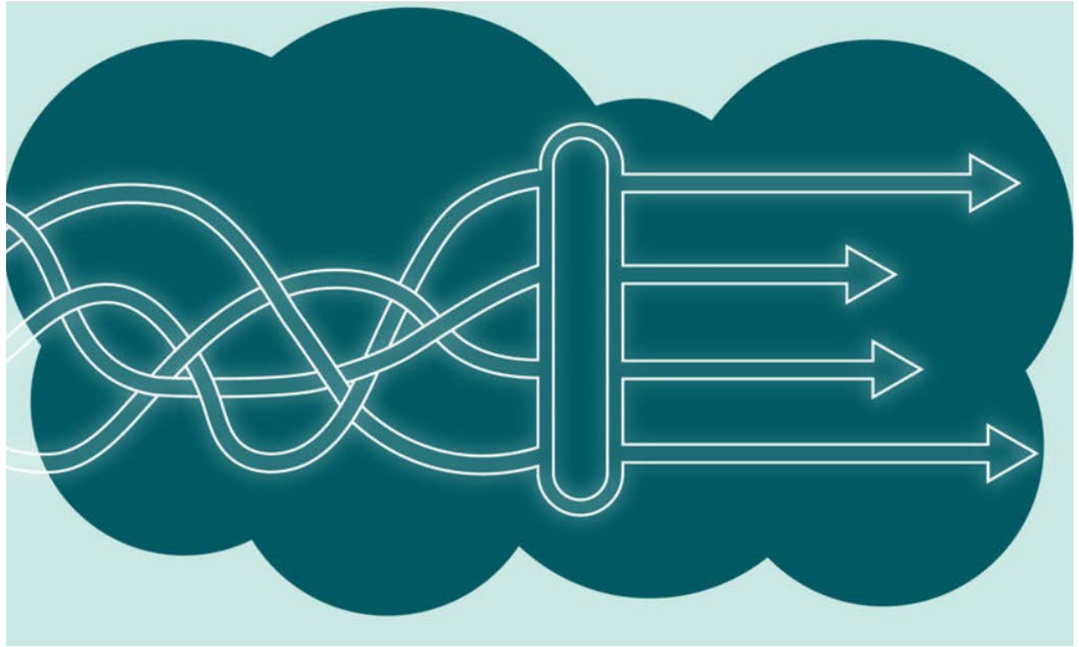
QI WRAP UP

- Develop standard work for sustainability plan
- Attest and receive MOC Part 4



Source: Accelerate 'Standard Work'

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THE NEXT SLIDES

- Frame the scientific model of what we do to help community practices through a patient ase

- Offer an opportunity for you to consider ways to improve your work

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PATIENT CASE DISCUSSION

Patient is a teen male (AFAB- assigned female at birth)

Chief Complaint: Follow up of gender dysphoria, testosterone therapy

Problem List/Past Medical History: Ongoing Gender identity disorder

Medications: testosterone cypionate 200 mg/mL IM: 0.3 mL subq every 10 days

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PATIENT CASE

If this patient presented to you for follow-up general care, what would you want to know next?

- How are you doing?
- Since I last saw you, tell me more about how you're feeling on the testosterone treatment?
- How are things going at home?

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PATIENT CASE

- What are strengths you identify?
- What are concerns you identify?
- What elements of care do you expect to give downstream after this history?
- What findings do you need to review and document on ROS and physical exam?
- What constitutes a full HEADSS assessment?
- Who else should you be coordinating care with?

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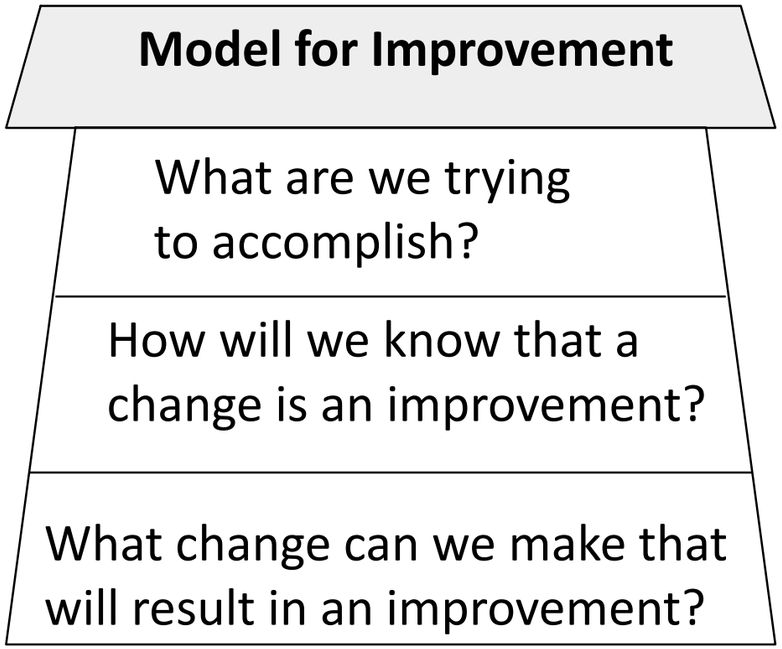
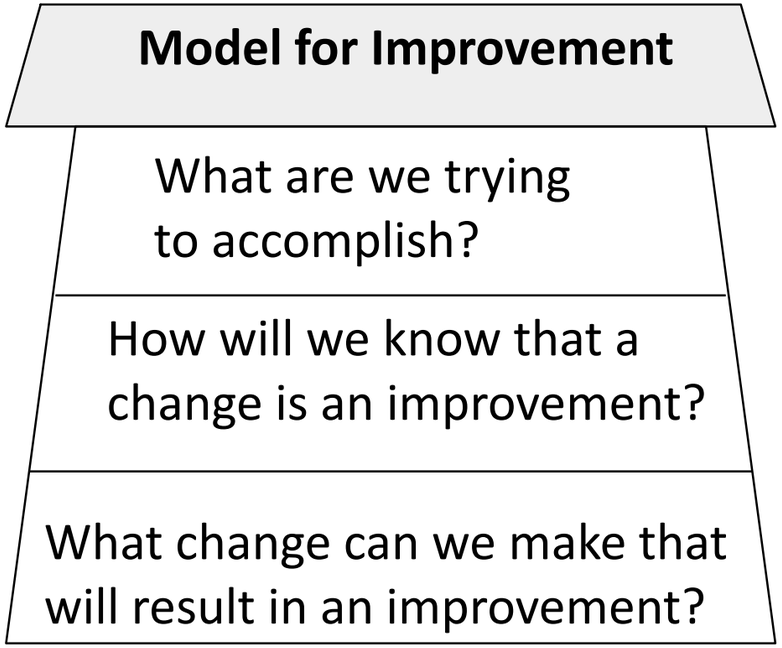
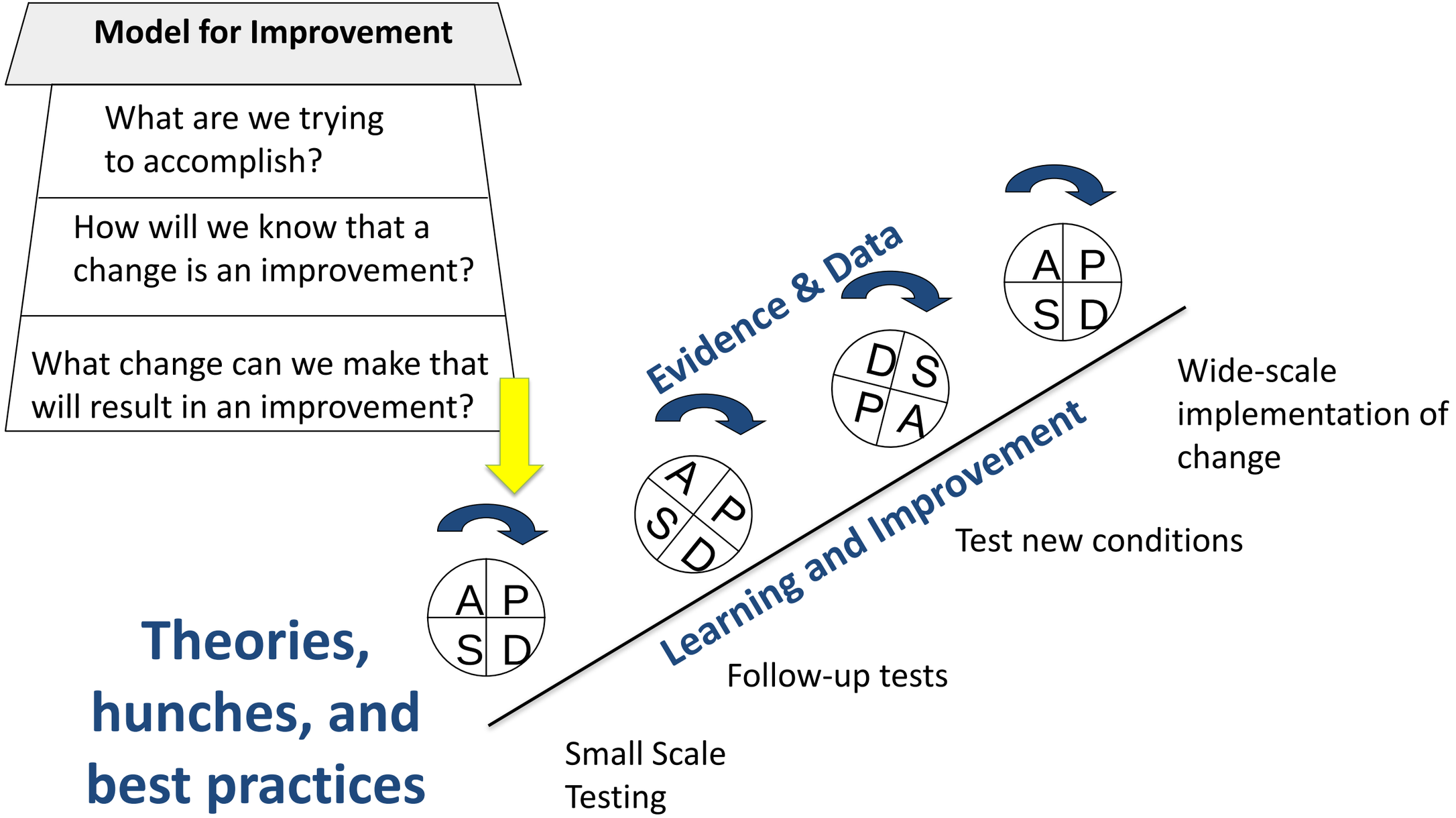


As a team you may consider answers to these questions such as:

1. We are trying to increase screening for depression and/or anxiety
2. We would like to improve adolescent vaccination rates (e.g. HPV)
3. We would like to implement comprehensive patient education on substance use
4. We'll know a change is an improvement through increased screening or vaccination rates
5. We'll know changing x process is an improvement because y outcome occurs
6. Changes we can make that will result in an improvement may be a change idea or intervention with patient education of providers and staff on Columbia suicide screening



Theories, hunches, and best practices


Model for Improvement
What are we trying to accomplish?
How will we know that a change is an improvement?
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Evidence & Data
Learning and Improvement
A P S D
Wide-scale implementation of change
Test new conditions
Follow-up tests
Small Scale Testing
Theories, hunches, and best practices

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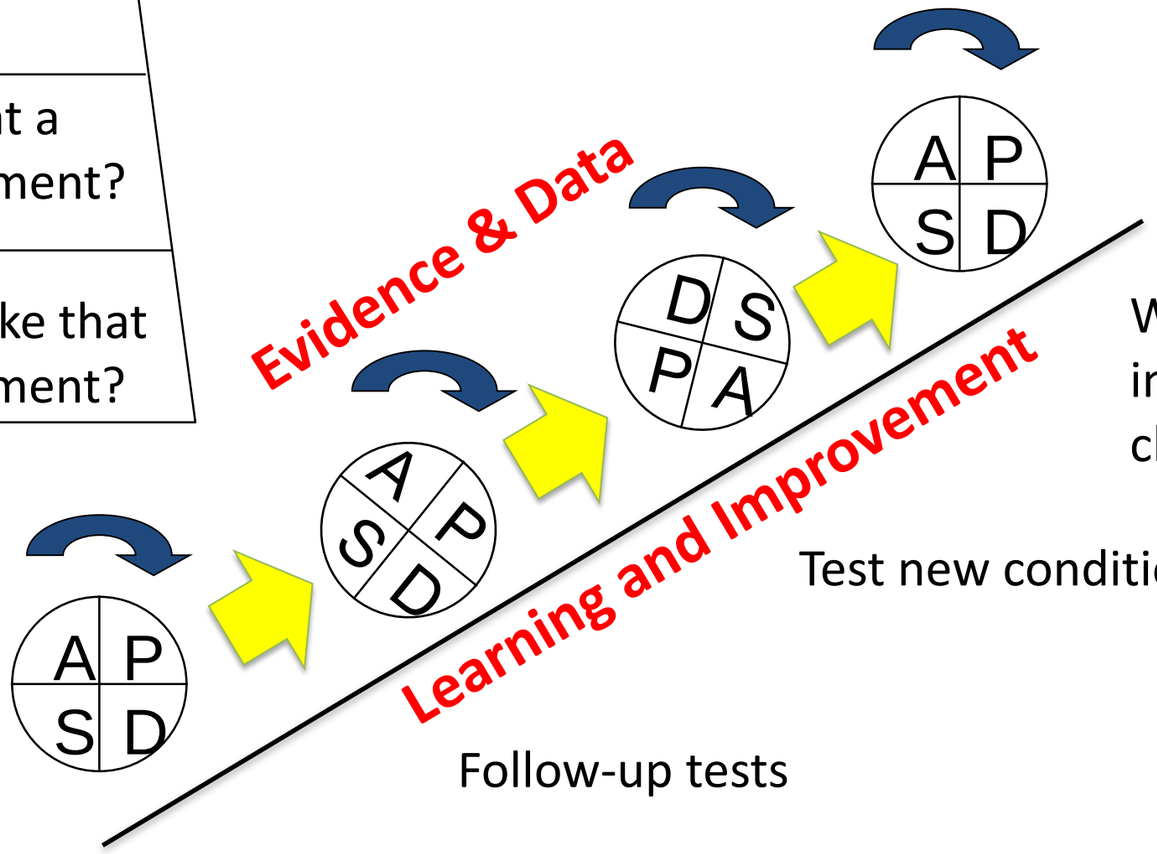

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QI LESSONS LEARNED

What improvement really looks like Credit: Kim Mahoney

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Meaning & Mastery

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