Culture Change

Bryan J. Weiner, Ph.D.
WHAT IS ORGANIZATIONAL CULTURE?

“The way things are done around here.”
WHAT KIND OF CULTURE SUPPORTS PERFORMANCE IMPROVEMENT?

Learning Organization:
- Continuous learning
- Inquiry and dialogue
- Team learning
- Empowerment
- System connection
- Strategic leadership
Psychological Safety: shared belief that the team is safe for interpersonal risk taking.
WHAT KIND OF CULTURE SUPPORTS PERFORMANCE IMPROVEMENT?

Adaptive Reserve:
A practice’s ability to make and sustain change (and to be resilient in face of change)
HOW DO YOU CHANGE CULTURE?

• Walk the talk via leadership
• Make use of rituals, stories, and artifacts
• Hire for attitudes and aptitudes
• Communicate the message via onboarding
• Align performance evaluation criteria
• Align reward and recognition systems
• Change behaviors → mindsets will follow
We regularly take time to consider ways to improve how we do things.
People in our practice actively seek new ways to improve how we do things.
People at all levels of this office openly talk about what is and isn’t working.
People are aware of how their actions affect others in this practice.
Most people in this practice are willing to change how they do things in response to feedback from others.
This practice encourages everyone (front office staff, clinical staff, nurses, and clinicians) to share ideas.
I can rely on the other people in this practice to do their jobs well.
Difficult problems are solved through face-to-face discussions in this practice.
We regularly take time to reflect on how we do things.
After trying something new, we take time to think about how it worked.
The practice leadership makes sure that we have the time and space necessary to discuss changes to improve care.
Leadership in this practice creates an environment where things can be accomplished.
Practice leadership promotes an environment that is an enjoyable place to work.
Leadership strongly supports practice change efforts.
This practice learns from its mistakes.
It is hard to get things to change in our practice.
Mistakes have led to positive changes here.
People in this practice have the information that they need to do their jobs well.
When we experience a problem in the practice, we make a serious effort to figure out what’s really going on.
I have many opportunities to grow in my work.
People in this practice operate as a real team.
Most of the people who work in our practice seem to enjoy their work.
This practice is a place of joy and hope.

DIMENSIONS OF LEARNING ORGANIZATIONS QUESTIONNAIRE

CONTINUOUS LEARNING
- In my organization, people help each other learn.
- In my organization, people are given time to support learning.
- In my organization, people are rewarded for learning.

EMPOWERMENT
- My organization recognizes people for taking initiative.
- My organization gives people control over the resources they need to accomplish their work.
- My organization supports employees who take calculated risks.

SYSTEMS CONNECTIONS
- My organization encourages people to think from a global perspective.
- My organization works together with the outside community to meet mutual needs.
- My organization encourages people to get answers from across the organization when solving problems.

STRATEGIC LEADERSHIP
- In my organization, leaders mentor and coach those they lead.
- In my organization, leaders continually look for opportunities to learn.
- In my organization, leaders ensure that the organization’s actions are consistent with its values.

DIALOGUE AND INQUIRY
- In my organization, people give open and honest feedback to each other.
- In my organization, whenever people state their view, they also ask what others think.
- In my organization, people spend time building trust with each other.

TEAM LEARNING & COLLABORATION
- In my organization, teams/groups have the freedom to adapt their goals as needed.
- In my organization, teams/groups revise their thinking as a result of group discussions or information collected.
- In my organization, teams/groups are confident that the organization will act on their recommendations.

EMBEDDED SYSTEMS
- My organization creates systems to measure gaps between current and expected performance.
- My organization makes its lessons learned available to all employees.
- My organization measures the results of the time and resources spent on training.

TEAM LEARNING CLIMATE

PSYCHOLOGICAL SAFETY

- When someone makes a mistake in this team, it is often held against him or her.

- In this team, it is easy to discuss difficult issues and problems.

- In this team, people are sometimes rejected for being different.

- It is completely safe to take a risk on this team.

- It is difficult to ask other members of this team for help.

- Members of this team value and respect each others' contributions.

Adapted from: Edmondson, A. Psychological safety and learning behavior in work teams. Administrative Science Quarterly; Jun 1999; 44, 2; p350.
Current State: Oncology Landscape

US healthcare is fragmented, inefficient, inaccessible and terribly expensive. To address this issue, CMS has mandated the transition from 'volume' to 'value-based care'.

Cancer care targeted as one of the greatest opportunities to reduce variability in spend and outcomes. Alternative Payment Models (APMs) like CMS's OCM are crystallizing the transformation.

Medicare Access and CHIP Reauthorization Act of 2015
MACRA 2015

- Eliminates SGR Formula
- Transition from “fee for service” to Value Based Care
- Four year implementation (2019)
- Streamlines reporting programs into 1 new system: Merit Based Incentive Payment System (MIPS)
- Incentivizes involvement in Alternative Payment Models (APMs)

Sources of Cost Savings

<table>
<thead>
<tr>
<th>Source</th>
<th>% Cost Reduction</th>
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<tbody>
<tr>
<td>Drug pathways compliance</td>
<td>1.0% to 3.0%</td>
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<tr>
<td>Avoidable ER utilization</td>
<td>0.6% to 1.1%</td>
</tr>
<tr>
<td>Avoidable hospital admissions</td>
<td>4.0% to 7.0%</td>
</tr>
<tr>
<td>Diagnostics (imaging, lab)</td>
<td>0.2% to 0.5%</td>
</tr>
<tr>
<td>End-of-life care management</td>
<td>0.9% to 1.9%</td>
</tr>
<tr>
<td>Total potential savings</td>
<td>6.7% to 13.3%</td>
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</table>

About 2/3 of the savings comes from avoidable hospital events.

NWMS Vision for Value-Based Care

Develop a new patient-centered oncology care model focused on providing the highest quality patient care while driving down the cost of cancer care.

Create innovative solutions around quality reporting that drive practice transformation and efficiency.
Ongoing Value Initiatives

70% of oncology patients in a Value Based Care program
1 of 13 NCQA OMM accredited practices
QOPI accredited practice

Background
• Focused on drug and acute care costs vs. Washington state
• Utilizing treatment pathways
• 3 year program

OCM Basics
• Goal: “to utilize appropriately aligned financial incentives to enable improved care coordination, appropriateness of care, and access to care for beneficiaries undergoing chemotherapy. CMMI expects that these improvements will result in better care, smarter spending, and healthier people.” [innovation.cms.gov/initiatives/oncology-care]
• Eligibility: physician practices that provide care for oncology patients undergoing chemotherapy for cancer
• Term: 5-year program commencing July 1, 2016 (“Start Date”)

Practice Redesign Activities
• Patient access 24/7 to clinician who has real time access to patient’s medical record
• Attestation and use of ONC-certified EMR
• Utilize data for Continuous Quality Improvement (CQI)
• Provide core functions of patient navigation
• Document care plan in accordance with IOM
• Chemotherapy treatment consistent with nationally recognized clinical guidelines

Activities 1, 4, 5, 6 above are the OCM “Enhanced Services.” Participants must attest to implementation by Oct 31, 2016

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ONCOLOGY CARE MODEL

CMMI provided a very specific set of OCM requirements:
- Who to include
- What data to gather
- When to gather it

Our Approach

- Structured OCM after our current value programs with commercial payers
- Employed methodology commonly used by clinical research programs

Value Based Care at NWMS

Expensive and time consuming
- Expanded staff
- Technology
- Analytics
- Urgent Care clinics
- Enhanced triage systems

VBC requires both commitment and passion

MULTIPLE INVESTMENTS

- Expanded staff
- Technology
- Analytics
- Urgent Care clinics
- Enhanced triage systems

IMPACT ON PROVIDER TIME

- Structured data (staging, clinical data)
- Co-morbidities
- Advanced Care Planning (ACP) Visits
- Urgent Care clinics
- Enhanced triage systems

Our OCM study team

Medical Oncologists
Advanced Practice Providers
Triage Staff
Nurse Case Managers
Patient Navigators
Social Workers
Patient Care Coordinators
Financial Counselors

Value Based Care at NWMS

Think clinical trial...

Enrollment
- Set activities and timepoints
- Data collection and reporting
- Patient Care Coordinators
- Use of Clinical Trials Management software (CTMS)
- Navigating Cancer tool
Patient Care Coordinator (PCC) Functions

This role is the “glue” of the program and keeps everyone in sync:

- Screen New Starts
- Track Quality Measures
- Coordinate Patient Care
- Stay on Top of Regulations
- Track & Bill Meds Payments

Case Manager (CM) Functions

CMs are oncology-certified RNs who worked previously as infusion nurses:

- Chemo Follow-Up Calls
- Conduct Post ED Follow-Up Calls
- Conduct Triage Follow-Up Calls
- Conduct Infusion Visits
- Provide Appointment Assistance
- Conduct Infusion Visits
- Track & Manage Clinical Care for High Risk Patients
- Track Hospital Use and Trends
- Provide Patient Symptom Education and Management

Claims and Reporting

OCM reporting vs. peers includes:

- End of life measures
- Total cost of care by disease
- Comparison of expense categories (Imaging, Drugs, Acute Care, Radiation)
- Acute care utilization (ED, admit, readmission)
- Outcomes (mortality, survival)

Utilization Before OCM

| Time period | Median of 4-quarter averages
|-------------|-----------------------------
| OCM practices in the same patient risk quartile or peer practice | 20.4
| OCM practices in the same patient risk quartile or peer practice | 15.3
| Number of planned admissions to the same acute care hospitals and EDs in the same patient risk quartile or peer practice | 1.2
| Number of unplanned readmissions to the same acute care hospitals and EDs in the same patient risk quartile or peer practice | 1.0
| Number of ED visits not leading to admission or observation day, in the same patient risk quartile or peer practice | 1.0

Utilization before and after OCM

| Time period | Median of 4-quarter averages
|-------------|-----------------------------
| OCM practices in the same patient risk quartile or peer practice | 20.4 → 16.0
| OCM practices in the same patient risk quartile or peer practice | 22.5 → 18.0
| Number of planned admissions to the same acute care hospitals and EDs in the same patient risk quartile or peer practice | 3.1
| Number of unplanned readmissions to the same acute care hospitals and EDs in the same patient risk quartile or peer practice | 6.6
| Number of ED visits not leading to admission or observation day, in the same patient risk quartile or peer practice | 15.7

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Our OCM Progress

We have shown improvement in nearly every category from our baseline:

- ▼ 25% decrease in IP admits
- ▼ 55% decrease in readmits
- ▼ 10% decrease in ED visits
- ▲ 21% improvement in hospital related care costs

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<thead>
<tr>
<th></th>
<th>Your practice</th>
<th>Non-practice</th>
<th>All-practice/other care</th>
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<tbody>
<tr>
<td>Medicare expenditures for all services per beneficiary per month</td>
<td>$4,099</td>
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<td>$4,525</td>
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Scaling care to all patient populations

OCM / OMH Commercial Pilots All Payers

01 Automate reporting and care coordination tasks so the care team can focus more time on managing patients and less time on admin

02 Focus on proactive care management through triage & remote monitoring software

03 Provide patients with tools to engage with their care team and in their own care

Quality Cancer Care Alliance (QCCA)

- 21 clinics across the USA
- 250 Oncologists
- EMRs linked for benchmarking and joint development of programs
- Sharing of knowledge and best practices
- Joint payer initiatives
- Bundling Coalition

Triage Pathways

- Clinical content written by a QCCA practice-CCBD
- Software development by Navigating Care
- Needed to transform the organization by hiring staff and changing flow
- 2 FTE triage RNs (centralized), one first responder, 2 CMs, stationary MAs

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Managing patient populations with 'Care Pathways'

Proactively monitor and manage patient reported symptoms w/ mobile app

Collect routine patient assessments for proactive outreach and management

Future

• Lower cost
• Best quality
• Keep patients at home, safe
• Hospital, outpatient organization collaboration in achieving these goals

Thank you
sblau@nwmsonline.com
Practice Transformation

Sibel Blau, MD
Northwest Medical Specialties, PLLC
Washington State Society of Medical Oncology
Quality Cancer Care Alliance

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- **CHEMO FOLLOW-UP CALLS 24 HOURS AFTER INFUSIONS**
- **CONDUCT POST ED FOLLOW-UP CALLS**
- **CONDUCT TRIAGE FOLLOW-UP CALLS**
- **TRACK & MANAGE CLINICAL CARE FOR HIGH RISK PATIENTS**
- **TRACK HOSPITAL USE AND TRENDS**
- **PROVIDE APPOINTMENT ASSISTANCE**
- **TRACK OCM / CSHI PATIENT HOSPITAL UTILIZATION**
- **PROVIDE PATIENT SYMPTOM EDUCATION AND MANAGEMENT**

Care coordination check list created with our Clinical Trial Management System (CTMS)

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<th>Provider</th>
<th>Clinical Area</th>
<th>Roles, Tasks</th>
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<td>Oncology</td>
<td>Medical Oncology</td>
<td>Clinical Nurse, Nurse Practitioner</td>
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<td>Chemotherapy</td>
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