APPENDIX 1
Interventions, Implementation and Metrics

A. Improving Clinical Quality Interventions

Description of the Primary Intervention: Clinical Quality Improvement (CQI) is the primary intervention for the quality improvement year and is designed to improve clinics' capacity to provide high quality chronic care by teaching four related capacities: using registries for population management; managing care through coordinated, multi-disciplinary teams; proactive outreach to patients requiring testing or care, and teaching patients self-care. These skills are drawn from the Chronic Care Model developed by Ed Wagner, MD, MPH at the MacColl Institute for Healthcare Innovation at Group Health Cooperative of Puget Sound[1]. In the Seamless Care Initiative, these skills are developed through a focus on diabetes care.

Delivery of the Primary Intervention: Improving Clinical Quality learning sessions are delivered by SNI staff who serve as trainers and coaches for this component of the Seamless Care Initiative. This intervention is taught to cross-functional, multi-disciplinary front line improvement teams in clinics through two in-person learning sessions with follow-up webinars. ICQ was delivered in Riverside between May 2010 and March 2011 and in Los Angeles between September 2010 and July 2011. (Year 2: April 2011- November 2011 in Alameda and January – September 2011 for San Mateo). Alameda and San Mateo also participated in a Panel Management training taught by Dr. Tom Bodenheimer from the UCSF Center for Excellence in Primary Care

Description of the Secondary Intervention: Choices and Changes is an intervention designed to improve providers' skills working with their patients to manage chronic conditions. The basic intervention is a four hour training. The SCI sites were trained in a "train the trainer" version of this training that first teaches the basic skills and then in an additional two and a half days teaches trainees to deliver the training to others in their health systems. The expectation is that participants will train others.

Delivery of the Secondary Intervention: The Institute for HealthCare Communications Choices and Changes was delivered in Riverside in June 2010 and in Los Angeles in May 2010 (Year 2: in San Mateo in March 2011 and in Alameda in May 2011).

Key Metrics for Access and Efficiency: The Safety Net Institute is tracking eight key metrics for improving clinical quality. These measures fall into the categories of process measures (indicators that procedures necessary to improve the care of diabetics are occurring), short-term outcome measures (health outcomes that could be expected to occur within a relatively short period of time if improvement processes are occurring) and longer-term outcome measures (health outcomes that could be expected to occur after

[1]From the Group Health website, last accessed in October, 2011. http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2

a more extended period of time if improvement measures are being implemented). Learning Partnerships selected a sample of one process measure, one short-term outcomes measure and two longer-term outcome measures for this report. These are:

Process Measure

- Percentage of eligible diabetic patients with one HbA1c[2] test recorded in registry past 12 months (SNI measure 7)

Outcome Measures

Short-term

- Percentage of eligible diabetic patients whose most recent blood pressure is <130/80 (SNI Measure 6)

Longer-term

- Percentage of eligible diabetic patients whose most recent LDL-C[3] is <100 mg/dl (SNI Measure 5)
- Percentage of eligible diabetic patients whose most recent HbA1c test is > 9% (poor control) (SNI Measure 8)

B. Access and Efficiency Interventions

Description of the Primary Intervention: Patient Centered Scheduling is the primary intervention for the access and efficiency year and is designed to increase access to health services for patients by decreasing the number of days that they have to wait for appointments. This is achieved through approaches to scheduling that include "scrubbing" schedules to assure that the appointments are necessary and appropriate; confirming with patients that they are still able to make their appointments, and opening up appointments to be available for patients requiring urgent care visits. One of the

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[2] HbA1c is a form of hemoglobin which is measured primarily to identify the average plasma glucose concentration over prolonged periods of time. Normal levels of glucose produce a normal amount of glycated hemoglobin. As the average amount of plasma glucose increases, the fraction of glycated hemoglobin (HbA1C) increases in a predictable way thus serves as a marker for average blood glucose levels over the previous months prior to the measurement. In diabetes mellitus, higher amounts of glycated hemoglobin, indicating poorer control of blood glucose levels, have been associated with cardiovascular disease, nephropathy, and retinopathy. Lower levels of HbA1C are better. (Wikipedia, September 2011)

3 Low-density lipoprotein (LDL) enables transport of lipids like cholesterol and triglycerides within the water-based bloodstream. Blood tests typically report LDL-C, the amount of cholesterol contained in LDL. In a clinical context, mathematically calculated estimates of LDL-C are used to estimate how much low density lipoproteins are driving the progression of atherosclerosis. Lower levels of LDL are better. (Wikipedia, September 2011)

intended outcomes for this process is to reduce the number of patients that do not show up for their scheduled appointments (no shows).

Delivery of the Primary Intervention: Patient Centered Scheduling is taught and coached by Coleman Associates who typically deliver this training in five, in-person, full-day trainings (called Learning Sessions or LS1, LS2, etc). This was modified for SCI to be two, full-day trainings and two half-day webinars. Coleman Associates deemed the webinars not as effective as in-person meetings so the format was modified in northern California to include a final half-day, in-person learning session. After seeing the effectiveness of the in-person LS4 compared to the LS3 webinar, Coleman Associates made the decision to do all their remaining trainings for PCS in person. In the southern California Year Two sites, they now do four in-person sessions. LS1, LS2, and LS3 are whole day sessions and LS4 is half-day.

PCS was delivered in Alameda between May, 2010 and January 2011 and in San Mateo between July 2010 and September 2010. (Year 2: February – September 2011 in Riverside and September 2011 – January 2012 for Los Angeles)

Description of the Secondary Intervention: High Impact Management Program (HIMP) teaches skills in team work and leadership that support skills necessary for Patient Centered Scheduling, as well as many other improvement approaches. Because teamwork is required to support the front line improvement teams as well as accomplish other system improvements, the participants in HIMP include a broad cross-section of leaders I the health system.

Delivery of the Secondary Intervention: This training consists of a one-time, full-day, in person training followed by twelve weeks of teleconferencing calls averaging 8-11 calls and homework assignments. Personal consultation is also available from Coleman staff during designated office hours.

HIMP was delivered in Alameda for 12 weeks beginning September 2010 and in San Mateo beginning June 2010. (Year 2: April 2011 for Riverside and TBD for Los Angeles)

Key Metrics for Access and Efficiency: Key access and efficiency metrics for PCS included in this report are:

- Days until the third next available appointment (TNAA) and
- The percentage of scheduled appointments that are no-shows.

The Safety Net Institute also collects the access and efficiency metrics of provider productivity (patients seen per provider per hour) and cycle time (elapsed time from when a patient enters a clinic to when they leave with all business (such as getting prescriptions, next appointments and meds if there is an on-site pharmacy) accomplished. These two measures are highly related to access and efficiency but are not included in this report as those numbers are more closely tied to another intervention (Patient Visit Redesign), are reviewed elsewhere and are not quite as central to PCS as the two measures that were selected.

Seamless Care: Survey for Report Appendix

Seamless Care Initiative

We appreciate your time to provide feedback on your experience with the Seamless Care Initiative.

We want to assure you that your participation in this survey is confidential. The California HealthCare Foundation has contracted with Learning Partnerships to assess various aspects of change in health settings that the Foundation is funding and your feedback is very important to them. Neither the Foundation nor your workplace will receive feedback that can be linked to you or any individual respondent.

If you need to interrupt your work on the survey, you can close out of the survey and come back to it later through the same web address that originally brought you to the survey. In order to save your responses if you leave the survey, you must click the [Next] button at the end of a section. Once you select [Done] at the end of the survey, you will not be able to re-enter.

If you have any questions, please contact Melissa Ramos of the Learning Partnerships team at learningpartnershipsonline@gmail.com or 415.637.0610.

Thank you for your feedback.

1. What is your position or role in your clinic or health system?

- [ ] Physician
- [ ] Nursing staff (RN, NP, LVN)
- [ ] Hospital administration (clinic management, quality management, clerical support, front desk staff, scheduling, finance)
- [ ] Social worker, case manager, community health worker, or health educator

Other (please specify)

2. Which description best fits your job responsibilities?

- ◯ Line staff at one or more clinics
- ◯ Middle management at one or more clinics
- ◯ Upper management at one or more clinics
- ◯ Manager with system-wide responsibilities

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3. Have you been ever participated in in any of the following approaches to improvement in healthcare settings? (check all that apply)

- [ ] Health Care Leadership Program (sponsored by the California HealthCare Foundation)
- [ ] LEAN Management (the Toyota way)
- [ ] Optimizing Primary Care
- [ ] Patient Visit Redesign (PVR)
- [ ] Phase/All (KP)
- [ ] SEED (diabetes care)
- [ ] None/Not applicable

Other (please add)

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Patient Centered Scheduling

4. Did you participate in Patient Centered Scheduling (the intervention coached by Coleman Associates that aimed to reduce wait times for third next available appointments and no-shows)?

- ◯ Yes
- ◯ No
- ◯ Don't know

Patient Centered Scheduling (PCS)

5. Overall, how satisfied are you with the impact of Patient Centered Scheduling (PCS) at your clinic(s)?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat disappointed
- ◯ Very disappointed

6. Has your clinic continued to implement PCS by after the trainers (Coleman Associates) were no longer involved?

- ◯ All of the time or most of the time
- ◯ Sometimes
- ◯ Rarely
- ◯ We are no longer implementing PCS
- ◯ Don't know

Comments

7. Has your clinic continued to collect data on ...

	Yes, regularly	Yes, sometimes	Rarely	Never	Don't know
Wait-times for third next available appointments	◯	◯	◯	◯	◯
Number of no-shows	◯	◯	◯	◯	◯
Length of cycle times	◯	◯	◯	◯	◯
Provider productivity	◯	◯	◯	◯	◯

Comments

8. If your clinic has continued to collect PCS data (third next available appointment and/or number of no-shows), who reviews and uses this information?

	Reviews	Uses	N/A
The front-line improvement team	☐	☐	☐
Clinic management	☐	☐	☐
System-wide management	☐	☐	☐

9. How important to your clinic management is it that your clinic continues to implement Patient Centered Scheduling?

- ◯ Very important
- ◯ Important
- ◯ Neutral
- ◯ Not important
- ◯ Don't know

10. How important to your system-wide management (management above the clinic level) is it that your clinic continues to make progress implementing the Patient Centered Scheduling?

- ◯ Very important
- ◯ Important
- ◯ Neutral
- ◯ Not important
- ◯ Don't know

11. What, if anything, HELPED your clinic or clinics implement Patient Centered Scheduling? (up to three most important factors)

12. What, if anything, HINDERED your clinic or clinics implement Patient Centered Scheduling? (up to three most important factors)

13. What are three words or phrases that describe your experience or opinions about Patient Centered Scheduling?

14. Have you or your clinic helped other clinics learn Patient Centered Scheduling?

- ◯ Yes
- ◯ No
- ◯ Don't know

Comments

15. If yes, how many clinics have you or your clinic helped?

Implementing the Chronic Care Model

16. Did you participate in implementing the Chronic Care Model?

- ◯ Yes
- ◯ No
- ◯ Don't know

Implementing the Chronic Care model

17. Overall, how satisfied are you with the progress your clinic made implementing the Chronic Care Model?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat disappointed
- ◯ Very disappointed

Comments

18. During the training period, was your clinic able to ...

	A lot	Somewhat	A little	Not at all	N/A	Don't know
Increase the number of diabetic patients (or your population of focus) in the registry?	◯	◯	◯	◯	◯	◯
Use the registry to identify diabetic patients (or your population of focus) requiring specific tests?	◯	◯	◯	◯	◯	◯
Increase outreach to patients requiring tests or visits?	◯	◯	◯	◯	◯	◯
Work as a team to meet the needs of diabetic patients (or your population of focus)?	◯	◯	◯	◯	◯	◯
Use data to guide care?	◯	◯	◯	◯	◯	◯

Comments

19. Since the training ended, has your clinic continued to:

	A lot	Somewhat	A little	Not at all	N/A	Don't know
Increase the number of diabetic patients (or your population of focus) in the registry?	◯	◯	◯	◯	◯	◯
Use the registry to identify diabetic patients (or your population of focus) requiring specific tests?	◯	◯	◯	◯	◯	◯
Increase outreach to patients requiring tests or visits?	◯	◯	◯	◯	◯	◯
Work as a team to meet the needs of diabetic patients (or your population of focus)?	◯	◯	◯	◯	◯	◯
Use data to guide care?	◯	◯	◯	◯	◯	◯

Comments

20. How important to your clinic management is it that your clinic continues to make progress implementing the Chronic Care Model?

- ◯ Very important
- ◯ Important
- ◯ Neutral
- ◯ Not important
- ◯ Don't know

21. How important to your system-wide management (management above the clinic level) is it that your clinic continues to make progress implementing the Chronic Care Model?

- ◯ Very important
- ◯ Important
- ◯ Neutral
- ◯ Not important
- ◯ Don't know

22. What, if anything, HELPED your clinic or clinics implement the Chronic Care Model? (up to three most important factors)

23. What, if anything, HINDERED your clinic or clinics implement the Chronic Care Model? (up to three most important factors)

24. What are the three words or phrases that describe your experience or opinons about implementing the Chronic Care Model?

High Impact Management Program

25. Did you participate in the High Impact Management Program?

- ◯ Yes
- ◯ No
- ◯ Don't know

High Impact Management Program

26. How frequently did you participate in the High Impact Management Program training sessions?

- ◯ All of the time or most of the time
- ◯ Sometimes
- ◯ Rarely
- ◯ Don't know

27. How satisfied are you with the impact of the High Impact Management Program in improving YOUR OWN leadership skills?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat disappointed
- ◯ Very disappointed

28. How satisfied are you with the impact of the High Impact Management Program in improving the leadership skills OF OTHERS?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat disappointed
- ◯ Very disappointed
- ◯ Don't know

29. How often do you use what you learned in the High Impact Managment Program in your work?

- ◯ Everyday
- ◯ Often
- ◯ Sometimes
- ◯ Rarely
- ◯ Never

30. How effective do you feel the High Impact Management Program was in strengthening teamwork?

- ◯ Very effective
- ◯ Effective
- ◯ Not so effective
- ◯ Not effective
- ◯ Don't know

31. Please describe other impacts (if any) from High Impact Management Program.

32. What are three words or phrases that describe your experience or opinions about High Impact Management Program?

Choices and Changes

33. Have you participated in Choices and Changes communications training?

- ◯ Yes
- ◯ No
- ◯ Don't know

Choices and Changes

34. How often do you use the techniques you learned in Choices and Changes in your own work?

- ◯ Everyday
- ◯ Often
- ◯ Sometimes
- ◯ Rarely
- ◯ Never

Comments

35. How satisfied are you with the impact of the Choices and Changes on YOUR OWN communications with patients?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat disappointed
- ◯ Very disappointed

36. How satisfied are you with the impact of the Choices and Changes that you observe in OTHERS' communications with patients?

- ◯ Very satisfied
- ◯ Somewhat satisfied
- ◯ Neutral
- ◯ Somewhat disappointed
- ◯ Very disappointed
- ◯ Don't know

37. To what extent do you believe that Choices and Changes has resulted in patients taking more responsibility for their own health?

- ◯ To a large extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all
- ◯ Don't know

38. What are the three words or phrases that describe your thoughts about Choices and Changes?

39. Since completing the training yourself, have you trained others?

- ◯ Yes
- ◯ No
- ◯ Don't know

Seamless Care: Survey for Report Appendix

Seamless Care Overall

This section looks at the combined effect of the four different interventions offered under Seamless Care.

40. Do you think that the skills you learned through participating in the Seamless Care Initiative are important to your ability to provide high quality, patient-centered health care?

- ◯ Very Important
- ◯ Important
- ◯ Not So Important
- ◯ Not Important
- ◯ Don't Know

41. Overall, to what extent do you think your clinic was able to ...

	A lot	Somewhat	A little	Not at all	N/A
Improve its ability to work effectively in teams?	◯	◯	◯	◯	◯
Improve its ability to use data to guide change?	◯	◯	◯	◯	◯
Learn other change skills that can be applied in other situations?	◯	◯	◯	◯	◯

Comments

42. Knowing that all public health systems are under great pressure to make improvements preparing for health reform, would you say that the Seamless Care Initiative...

- ◯ Was central to the changes that your health system must make
- ◯ Was related but not central to the changes that your health system must take
- ◯ Was not central to the changes that your health system must make

Comments

43. We welcome any additional comments or feedback that you may wish to add here.

Thank you for your feedback!

Appendix 3: Interview template for system-wide leaders

NAME:
TITLE:
ROLE WITH SCI:

INTRODUCTION

- First of all, thank you for taking the time to speak with us. Your input is very important to help understand the impact of the Seamless Care.
- Now that the Seamless Care Initiative has concluded, we would like to ask your opinion about how it went. We are talking to you because you are someone with a big picture view on what was accomplished.
- Before we begin, I just want to make sure you know that what you say is just between you and me. I am writing down your comments but I will not use your name at any point when I report results.
- Do you have any questions before we begin?

INVOLVEMENT WITH EACH OF THE FOUR COMPONENTS

What was your involvement with:

- PCS
- Quality care—implementing patient registries
- High Impact Management Training
- Choices and Changes communications training

ACCOMPLISHMENTS AND CHALLENGES

I would like to get a short summary of what you feel you accomplished, and what you may feel didn't get accomplished – your highlights and lowlights for each of these components:

- PCS:
- Quality care—implementing patient registries:
- High Impact Management Training:
- Choices and Changes communications training:

Was there one that stands out as most valuable to the clinics you work with?

What makes that the most valuable?

Overall, what would you identify as factors that helped you and your clinics be successful in the Seamless Care Initiative?

Can you identify any specific challenges that hindered your success?

BIG PICTURE

I would like to take the big picture view for a moment. As public health hospitals and clinics prepare for health reform, there are a lot of things that need to be in place.

Were the activities that you took under the SCI initiative central to the work that your system needs to accomplish?

How? In what ways?

Among the four different interventions, there was a hope that they would all contribute to building some meta-skills necessary for continuing improvement. These are:

- Working effectively in teams
- Use data to guide change
- Learn other change skills that can be applied in other situations

What do you think your clinics need to do most in order to prepare for health reform?

Is there anything else you would like to share?