

Outcomes Management: Are You Identifying and Measuring the Right Results?

Jannet Carmichael,
PharmD, FCCP, FAPhA,
BCPS, VISN 21 Pharmacy
Executive

Tricia Killingsworth,
RPh, BS Pharmacy

Objectives

1. Explain the difference between the whirlwind and wildly important goal(s) for pharmacy that can positively impact patient care and will drive the metrics that you need to measure.
2. Identify and compose lag and lead metrics that measure and support your goal(s).
3. Differentiate between a leader's scoreboard and a team's scoreboard.
4. Evaluate opportunities to find appropriate data and keep a compelling scoreboard to display your metrics.
5. Create a structure of accountability for your team to accomplish your wildly important goals.

Workshop Outline

- Present key concepts for each object
 - Small group application exercises
- Group discussion, dialogue and feedback
- Electronic Polling
- Pre and Post Test

Execution/Implementation/Success

- Execution starts with focus
 - Focus on the few goals that will make all the difference, instead of giving mediocre effort to dozens of goals
 - Over the past several years, the health care community has endorsed the need to reduce the overuse of medical resources that offer little or not benefit but carry significant risk of harm
 - Choosing Wisely
 - Cassel CK, Guest JA. JAMA 2012;307(17):1801-2.
 - <http://www.choosingwisely.org/>
 - Less is More
 - Grady D, Redberg RF. Arch Intern Med 2010;170(9):749-50.

Top 5 List

Brody H. N Engl J Med 2010;362(4):283-5.

- Challenged the medical community to
 - Practice more in accordance with evidence-based guidelines
 - Study more seriously the data on regional practice variations
- Called on each specialty society to generate a "Top Five" list
 - Diagnostic tests or treatments commonly ordered
 - Offer limited benefits or carry risks that outweigh their benefits

Less is More

Grady D, Redberg RF. Arch Intern Med 2010;170(9):749-50.

- Archives of Internal Medicine series that highlights situations in which:
 - Overuse of medical care may result in harm
 - Less care is likely to result in better health
- Encourage articles that
 - Compare strategies that provide more health care service vs. those that provide less
 - Assess both benefits and harms
- Include commentaries & clinical vignettes

NPA "Top 5 List" in Primary Care Arch Intern Med 2011;171(15):1385-90.

- Good Stewardship Working Group
 - Developed methodology to compile an evidence-based top-5 list
 - Family medicine, internal medicine, pediatrics
- Subsequent analysis estimated savings of >\$5 billion could be realized if the items on the lists were eliminated

Choosing Wisely

Cassel CK, Guest JA. JAMA 2012;307(17):1801-2.

- American Board of Internal Medicine Foundation
 - Expand the number of "Top 5" lists by collaboration with national organizations of medical specialists (grown from 9 organizations in 4/2012 to >60 today)
 - Ensure each recommendation is also supported by clinical guidelines and evidence
 - Spark discussion between clinicians and patients about the need – or lack thereof – for many frequently ordered tests or treatments

Choosing Wisely

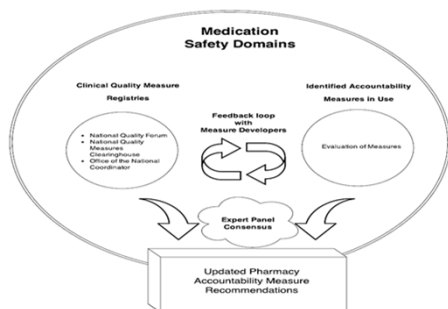
<http://www.choosingwisely.org/>

- Lists from >60 specialty organizations
- Consumer Reports patient tools & resources
- Monthly newsletters
 - New lists
 - Examples of real-life efforts to translate lists into practice

How do I translate these resources into improving care ?

- Can we develop services and tools that encourage reduction of commonly ordered treatments which offer limited benefits or carry risks that outweigh their benefits?
 - Consults
 - Clinical reminders
 - Dashboard Reports
 - Patient resources
- Can we measure the outcomes of these efforts?
 - Performance Measures
 - Outcomes Projects

ASHP Accountability Group Metrics



• Andrews MA and Carmichael J. A suite of inpatient and outpatient clinical measures for pharmacy accountability: Recommendations from the Pharmacy Accountability Measures Work Group. Am J Health-Syst Pharm. 2014; 71:e99-100.

Appendix A—Accountability measures recommended by the ASHP Pharmacy Accountability Measures (PAM) Work Group

Measure Title/Description	Numerator	Denominator	Implementation Guidance	Measure Developer/Endorsement Status
Anticoagulant safety				
Apixone anticoagulation (VTE) measure				
VTE-1 Veno Thromboembolism Prophylaxis	Patients who receive VTE prophylaxis or have documentation why no VTE prophylaxis was given	All patients	Centers for Medicare and Medicaid Services (CMS) core measure aligns with the National Quality Strategy (NQS)	Joint Commission/Notes of Quality Forum (NQF) endorsed NQF# 371
VTE-2 Intensive Care Unit Veno Thromboembolism Prophylaxis	Patients who receive VTE prophylaxis or have documentation why no VTE prophylaxis was given: 1. The day of or the day after ICU admission (or transfer) 2. The day of or the day after surgery and date for surgery that start the day of or the day after ICU admission (or transfer)	Patients directly admitted or transferred to the ICU	CMS core measure aligns with the NQS	Joint Commission/NQF endorsed NQF# 372
VTE-3 Veno Thromboembolism Patients with Anticoagulation Overlap Therapy	Patients who received overlap therapy	Patients with unformed VTE who received warfarin	CMS core measure aligns with the NQS	Joint Commission/NQF endorsed NQF# 373
VTE-4 Veno Thromboembolism Warfarin Therapy Discharge Instructions	Patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: 1. Compliance issues 2. Dietary advice 3. Follow-up monitoring 4. Potential for adverse drug reactions and interactions	Patients with unformed VTE discharged on warfarin therapy	CMS core measure aligns with the NQS	Joint Commission/ no longer endorsed (previously NQF# 374)
VTE-5 Rapid Anticoagulation for VTE	Patients who receive no VTE prophylaxis before the VTE diagnosis test order date	Patients who developed confirmed VTE during hospitalization	CMS core measure aligns with the NQS	Joint Commission/ no longer endorsed (previously NQF# 375)

Continued on next page

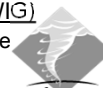
The 4 Disciplines of Execution

McChesney C, Covey S, Huling J. *The 4 Disciplines of Execution*.
Franklin Covey Publishers 2012

The 4 Disciplines of Execution

1. Focus on the Wildly Important Goals (WIG)

- The whirlwind will occupy most of our time
- What are the goals we must achieve
 - The WIGs must have a finish line in the form of from **X to Y by when**
 - Make these Outcome not Process focused



2. Act on Lead Measure

- Lag Goals – because by the time you get the data the result has already happened; they are always lagging
- Lead Metrics – measures of activities most connected to achieving the Lag goal

McChesney C, Covey S, Huling J. *The 4 Disciplines of Execution*.
Franklin Covey Publishers 2012

The 4 Disciplines of Execution

3. Keep a Compelling Scoreboard

- Simply put, people disengage when they don't know the score

4. Create a Cadence of Accountability

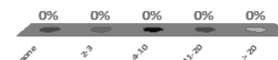
- Creating a relationship between the lead and lag measures that plays out on the scoreboard everyday
- Make accountability local, employees who hold themselves, *and each other*, accountable for results

McChesney C, Covey S, Huling J. *The 4 Disciplines of Execution*.
Franklin Covey Publishers 2012

What is the optimal number of goals to achieve with excellence?



- a. none
- b. 2-3
- c. 4-10
- d. 11-20
- e. > 20



The Whirlwind



The whirlwind will occupy most of our time

Whirlwind vs. Wildly Important Goal(s)

- | | |
|--|--|
| <ul style="list-style-type: none"> • Whirlwind <ul style="list-style-type: none"> – 131 goals for this year – All of our goals are high priority – Can do them all if we multi-task – All we need to do is work harder, smarter and longer | <ul style="list-style-type: none"> • Wildly Important Goals <ul style="list-style-type: none"> – 2-3 goals – Many goals are important – Our best efforts can only be given to a few goals |
|--|--|

Identifying Your Wildly Important Goal(s)

- What are the goals we must achieve
 - Identify what are the vital few goals
 - When you work on many, you actually get none of them done well
 - Select the few where the stakes are high and the team can really make a difference
 - The WIGs must have a finish line in the form of from **X to Y by when**
 - Make these Outcome not Process focused

Brainstorming

- Consider possible goals
 - Get input
 - Brainstorm with peers
 - Brainstorm with team members
 - Brainstorm alone
- Consider top down vs bottom up goals
- Consider:
 - Is there a specific area of our teams performance that we would want to improve?
 - What are the strengths of our team we can leverage to ensure success?
 - What areas of our teams performance need to be improved on most to ensure we achieve our goal?

Ranking of Goals

- Consider what will have the greatest impact for the organization in these 3 areas
 - Financial Goal
 - Revenues
 - Profitability
 - Cash flow
 - Cost savings
 - Quality
 - Efficiency improvement
 - Productivity or cycle time improvement
 - Outcomes or safety
 - Strategic Goal
 - Mission alignment
 - Competitive edge
 - Opportunities or threats reduction

Test Your Top Goals

- Additional things to consider:
 - Is the team goal aligned with the organizational goal(s)?
 - Can the goal be measured?
 - Who owns the results? Us or someone else?
 - Who owns the goal? Is it the leader or the team?

Define the Goal

- Make sure it is clear and can be measured
- Consider
 - Does the goal begin with an action (a verb)
 - Define in terms of measurement
 - If X to Y and by When
 - KISS (Keep it super simple)
 - Focus on the what not the how
- Make sure it can be achieved
- Make sure you can deliver

Small Group Application Exercise

- Each person write down your current or next year goals in the left column of the Goals worksheet
- Share goals you have for this year or next at the table (1-2 minutes per person) and get feedback from the group
- Identify your top 1 – 3 wildly important goals and write them in the right side of the goal worksheet.

Small Group Application Exercise

- Ask yourself these questions.
 - Is this goal aligned with the organizations goal(s)?
 - Can it be measured? (X to Y by when)
 - Who owns the results – our team or some other team?
 - Who owns the game – our team or the leader?
 - Is this really a WIG or part of the Whirlwind
- One person from each table capture the top wildly important goals from each person on the flipchart
- One person from each table will report out these goals

Lag and Lead Measures

- Different ways to keep score

Lag and Lead Measures

- Lag Measures
 - Measure the goal
 - The measurement of the result you are trying to achieve
 - Tell you if you achieved the goal
 - The whirlwind is full of lag measures
 - Examples of lag measures
 - Revenue and expenses
 - Pounds of weight loss
 - Average daily census
 - Inventory turns
 - Decreased use of inappropriate antibiotics, pain meds, etc.
 - Re-hospitalizations

Lag and Lead Measures

- Lead Measures
 - Tell you if you are likely to achieve the goal
 - They are predictive
 - Measure something that leads to the goal
 - They can be influenced
 - Something that your or your team can influence

Lag vs Lead Measures Example: Goal is to loose 10 lbs in 60 days

- | | |
|---|-------------------------|
| • Lag Measure | • Lead Measure |
| – Loss of 10 lbs | – Number of calories |
| • Can measure this daily, weekly or monthly | – Minutes of exercise |
| | – Intensity of exercise |

Pain (Opioid Safety Initiative)

Lag Goal ↓ by 5% the amount of Morphine Equivalent (ME)/patient unique

PAIN Lead Goals	Measures
% of patients on chronic opioid/tramadol/carisoprodol therapy seen in the last 6 months	80%
% of patients on chronic opioid therapy who have had a UDS in the last year	65%
% of patients on chronic opioid therapy co-prescribed benzodiazepines with an opiate	13%
Patients Receiving Morphine Equivalents > 200mg Daily	4.4%
% of patients on chronic opioid therapy with a pain agreement in place	53%
% pts on ME >= 120 mg with BDZ + OSA	4%

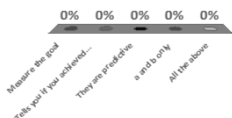
RED – Support/Align with National Measures
BLACK – VISN PBM metric; local implementation
GREEN – Director Measure



Which of the following apply to lag measures?



- a. Measure the goal
- b. Tells you if you achieved the goal
- c. They are predictive
- d. a and b only
- e. All the above



Small Group Application Exercise

- Each person write their top one or two goal(s) they identified in the previous exercise and add the lag measure for each goal on a Lead Measure Template
- Each person brainstorm ideas for lead measures for one or two of their goal(s) and record them on the Lead Measure Template
- Each person brainstorm how you would measure each of the lead measures
- Each person rank (in order from highest to lowest) the impact the lead measure could make to their top goals

Small Group Application Exercise

- Each person share their lead measure(s) for each goal with the table (1-2 minutes per person) and get feedback from the group
- One person from each table record the lead measures for each person(s) top goal(s) on the table's flipchart
- One person from each table be ready to report these out to the larger group

Small Group Application Exercise

- Ask yourself the following questions about your lead measures:
 - Are the predictive? Will they provide the most impact to the goal?
 - Can the influence by me or the team?
 - Can they be measured and can you track performance from day one?
 - Are they work measuring? Will the data cost more to gather than it's worth? Can measuring this data lead to unintended consequences?
 - Does it start with a simple verb?
 - Is the measure quantified?

Data and Dashboards

Data and Dashboards for Pharmacy

- Concepts and tools of how to identify meaningful metrics
- Support your most important work and goals
- Allow you to take action
- Hold your team accountable

Current State

- Healthcare is data driven
 - Productivity
 - Financial performance
 - Operational performance
 - Safety
 - Quality of care
 - Evidence based medicine
 - Outcomes

Finding Appropriate Data

- Data challenges
 - Timeliness
 - Retrospective
 - Accuracy
 - Validation process
 - Interpretation
 - Do we all agree
 - Actionable
 - Accountability

Finding Compelling Data

- Things to consider
 - Is it for the lead or lag measures
 - Is it for the leader or the team scoreboard
- How easy is it to get the information
 - Is it readily available
 - Can it be automated
- Does it provide the information that is needed
 - Is it actionable?
 - Are we winning?
 - Are we where we should be

Getting timely, accurate, actionable data for a team scoreboard is always easy?



- True
- False



Building an Effective Scoreboard

- Coaches scoreboard is not the player's scoreboard
 - Coach complex full of data
 - Player's simple (easy to tell if you are winning or losing)
- People give less than their best effort if not on is keeping score
 - People play differently when THEY are keeping score
 - Healthy competition by benchmarking

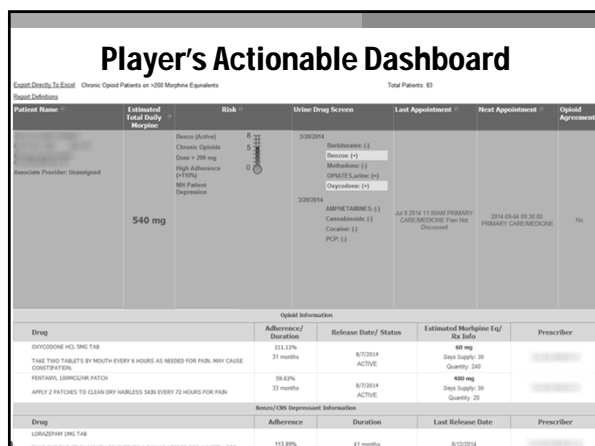
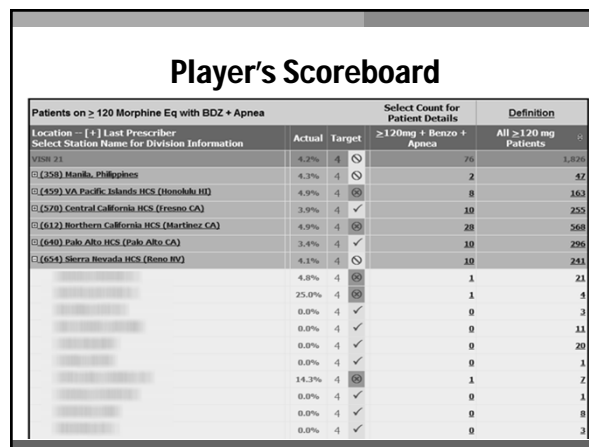
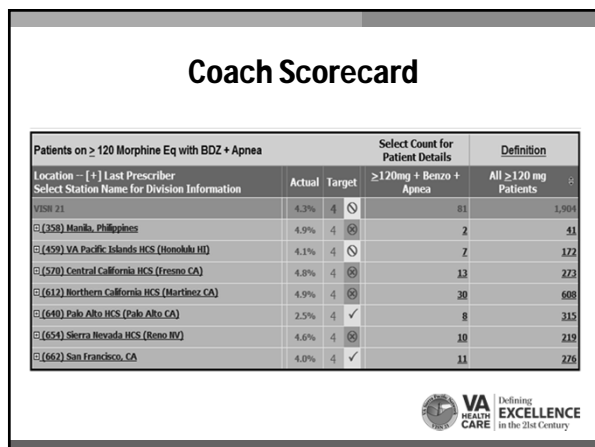
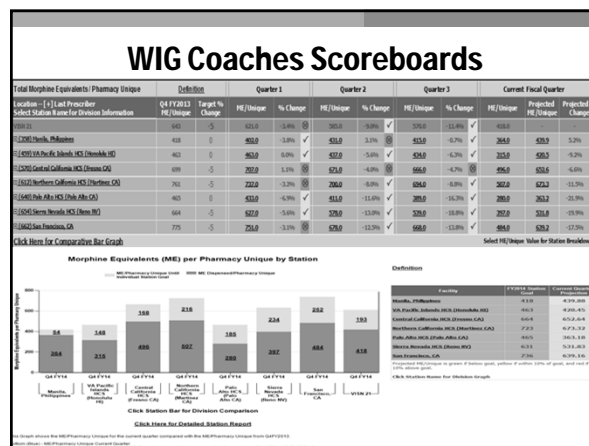
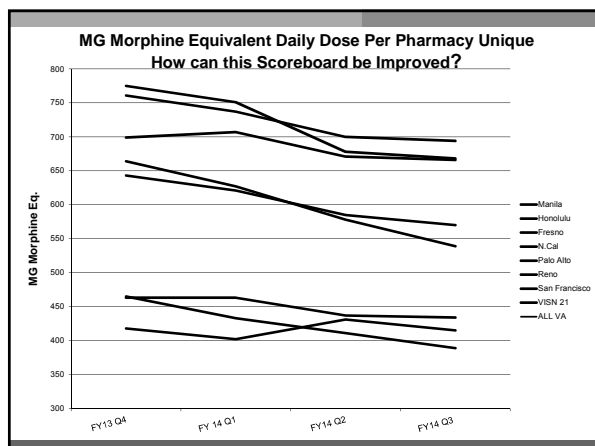
Pain (Opioid Safety Initiative)

Lag Goal ↓ by 5% the amount of Morphine Equivalent (ME)/patient unique

PAIN Lead Goals	Measures
% of patients on chronic opioid/tramadol/carisoprodol therapy seen in the last 6 months	80%
% of patients on chronic opioid therapy who have had a UDS in the last year	65%
% of patients on chronic opioid therapy co-prescribed benzodiazepines with an opiate	13%
Patients Receiving Morphine Equivalents > 200mg Daily	4.4%
% of patients on chronic opioid therapy with a pain agreement in place	53%
% pts on ME >= 120 mg with BDZ + OSA	4%

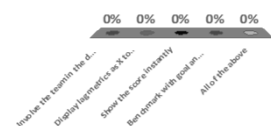
RED – Support/Align with National Measures
BLACK – VISN PBM metric; local implementation
GREEN – Director Measure





How should you use scoreboards to motivate players to win?

- a. Involve the team in the design and theme
- b. Display lag metrics as X to Y by when
- c. Show the score instantly
- d. Benchmark with goal and other players
- e. All of the above



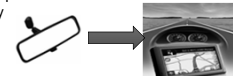
Why Data Dashboards ? (Strongest Version of the Truth)



- Analytic data to look at a problem from many angles
 - Combine many related measures
- Decrease the cost of data collection (all EMR files)
 - 100% sample
- If real time, Dashboards can be used directly by providers to:
 - Improve care
 - Validate data and results
 - Analysis cycle time (plan, do, study, act)
 - Evaluate prospectively vs. retrospectively (Lead metric to move Lag measures)
- Performance Measures are not perfect (all or none)
 - Allow application to individualize care
- Prioritize work of improvement to healthcare teams
 - Worst performing group first (smaller)
 - Most available group based on next appointment
 - Most "important" – Pay 4 Performance
- Allows sustained improvement
 - Not one and done

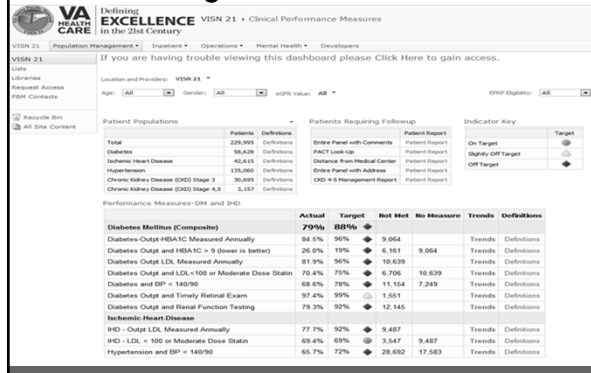
Developing a Process Improvement Culture

- Quality measurement and reporting is changing rapidly and will continue to do so
 - Improvement Science – manage variability
 - Rapid Process Improvement Teams
 - Lean Thinking – waste
 - Comparative Effectiveness
- While measuring the quality of healthcare and using those measurements to promote improvement is commonplace, it is not universally embraced
 - Clipboard Quality operations are being replaced
 - Analysis of data for Transactional Quality
 - Measure Lead rather than Lag Goals



- Many quality measurement have been tied to incentives to promote involvement
 - Focus now on value not just performance

Creating a Dashboard Culture



Lead and Lean Goal Dashboard Pair for Anticoagulation

Patients with AF or VTE with Active Warfarin Prescription With TTR > 62%				Report Definitions	
Station	Actual	Target (%)		Patients With TTR <= 62%	All
VISN	60.5	60	✓	1862	4713
Hawaii	50.0	60	✗	2	4
Pacific Islands	58.9	60	✗	158	384
Central California	66.6	60	✓	162	500
Northern California	55.3	60	✗	640	1431
Palo Alto	68.3	60	✓	335	1056
Sierra Nevada	56.1	60	✗	320	729
San Francisco	60.6	60	✓	240	609

% All Supratherapeutic INRs (>4.5) With Repeat INR Within 7 Days				Report Definitions	
Station	Actual	Target (%)		Critical Value With No Repeat Value Within 7 Days	All
VISN	83.6	82	✓	75	458
Pacific Islands	91.2	82	✓	3	34
Central California	96.2	82	✓	1	26
Northern California	78.2	82	✗	32	170
Palo Alto	84.1	82	✓	13	82
Sierra Nevada	82.4	82	✓	19	108
San Francisco	94.7	82	✓	2	38

Key Concepts of Building Effective Scoreboards

- Decide on the theme
 - Decide which type of scoreboard works best
 - Trend Lines, Speedometer, Bar Chart, Andon
- Design the score board
 - Keep it simple
 - Display it where the team can readily see it
 - Make sure it contains both lag and lead measures
 - Can we see if we are winning?

Key Concepts of Building Effective Scoreboards

- Build it
 - Best to have team build the scoreboard to get ownership and by
 - Design how and where it will be displayed
 - Electronic, poster, whiteboard, chalk board
- Keep it updated
 - Simple design makes this easy
 - Leader should be clear on:
 - Who is responsible for scoreboard
 - When it's posted
 - How often it's updated

Small Group Application Exercise

- Each person pick one of their goals to use to develop a scoreboard around.
- Think about the type of data that is available to you and your team.
- Decide what type of scoreboard will work best for your goal.
 - Trend line (From X to Y by when)
 - Speedometer
 - Bar Chart
 - Andon

Small Group Application Exercise

- Design the scoreboard (Note: best to do this with the team)
 - Using the Scoreboard Template Sheet and colored markers each person design a scoreboard for one of their goals
- Each person share their scoreboard with the table (1-2 minutes per person) and get feedback from the group
- One or two people from each table will be asked to share their scoreboard with the larger group

Small Group Application Exercise

- Ask yourself the following questions about your scoreboard:
 - Is it simple
 - Does it show both lag and lead measures
 - Also think about:
 - Where would this be displayed
 - Who would be responsible for it
 - Who often would it be updated

Accountability

Accountability

- Executing a plan is more than setting a goal and achieving it
- Difficult to achieve important goals while living in the everyday whirlwind
- Changing behaviors is even more difficult

Three Reasons Why We Disengage From Work

1. Anonymity: They feel their leaders don't know of care what they are doing.
2. Irrelevance: They don't understand how their job makes a difference.
3. Immeasurement: They cannot measure or assess for themselves the contribution they are making.

The Three Signs of a Miserable Job by Patrick Lenioni

Accountability = Commitment

- The entire team
- Committed to moving scores forward
- Follow through in a disciplined way
- Scoreboard to measure how you are doing
- Process to adjust

Team Accountability

- Weekly team meetings (at least)
 - 20 to 30 minutes
 - Use set agenda
 - Sets the cadence of accountability
 - Focus:
 - To hold each other accountable
 - To take action
 - To move lead measures forward
 - To achieve the goal in spite of the whirlwind

Team Meeting Preparation

- Use a standing agenda
- Each team member should consider
 - What are the most important things I can do to impact the lead measures?

Team Meeting Agenda

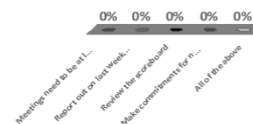
- Report out on commitments
 - Start with the “I”
 - I committed to seeing three new Heart Failure Patients to discuss new medication therapies but only saw two. Here is what happened.....
- Review the scoreboard
 - We are doing great on our lag measure, however one of our lead measure has been yellow for the past 5 days.
- Develop and state the plan
 - Start with the “I”
 - I can help with scheduling to make sure you have time to see the additional Heart Failure patients.

Accountability = Commitment = Change

- Stay with the process of weekly meetings
 - Avoid discussing the whirlwind
 - Stick to the important goals
 - Stay focused on the lead measures
 - Watch for the improvement of the lag measures
- Be patient
 - Can take several weeks for the team to find it's cadence
- Celebrate the “wins”

What are the key elements for successful team meetings that hold everyone accountable?

- Meetings need to be at least weekly
- Report out on last week's commitments
- Review the scoreboard
- Make commitments for next week
- All of the above



Wrap - Up

- Key Concepts
 - Whirlwind vs wildly important goals
 - Lag vs lead measures
 - Building and effective scorecard
 - Holding the team accountable

Contact Information

Jannet Carmichael: jancarmichael@va.gov

Tricia Killingsworth: tkconsult21@msn.com