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QI Connect: our reach

March 2018

703 organisations

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Informa

South Central Ambulance Service
NHS Foundation Trust

NHS

George Eliot Hospital
NHS Trust

Region Syddanmark

ZIBDY HEALTH
All territorial NHS Boards across Scotland are now linking in!
LEARNING TOGETHER..... AGAIN ... AND AGAIN...

View recordings of previous QI Connect sessions

You can find information on our previous speakers and view recordings of sessions at the links below.

2018

<table>
<thead>
<tr>
<th>Presenter</th>
<th>Session name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>JD Polk</td>
<td>NASA’s role in the 2010 Chilean Miners Rescue</td>
<td>25 January 2018</td>
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</tbody>
</table>

2017

<table>
<thead>
<tr>
<th>Presenter</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Chris Ham</td>
<td>Reforming the NHS from within</td>
<td>26 January 2017</td>
</tr>
<tr>
<td>Jaideep Prabhu</td>
<td>Frugal innovation: How to do more (and better) with less</td>
<td>21 February 2017</td>
</tr>
<tr>
<td>Emmanuel Gobillot</td>
<td>All person care is a whole system concern</td>
<td>4 April 2017</td>
</tr>
<tr>
<td>Stephen Swensen</td>
<td>Leadership and joy in work</td>
<td>2 May 2017</td>
</tr>
<tr>
<td>Don Norman</td>
<td>Don’t drop the patient</td>
<td>25 May 2017</td>
</tr>
<tr>
<td>Anna Roth</td>
<td>Doing common things uncommonly well: Building a culture of continuous improvement</td>
<td>27 July 2017</td>
</tr>
<tr>
<td>Bill Lucas</td>
<td>Getting the improvement habit: why QI is not enough</td>
<td>28 September 2017</td>
</tr>
<tr>
<td>Tom Marshburn</td>
<td>Healthcare that is out of this world: Reflections from a NASA astronaut</td>
<td>26 October 2017</td>
</tr>
<tr>
<td>Nigel Packham</td>
<td>NASA: From space, down to Earth</td>
<td>8 November 2017</td>
</tr>
<tr>
<td>Sally Magnusson</td>
<td>Playlist for Life</td>
<td>21 November 2017</td>
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</table>

http://www.healthcareimprovementscotland.org/our_work/clinical_engagement/qi_connect.asp
The QI Connect series now features as an approved resource within ISQua’s Fellowship Programme

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Q.health.org.uk or @theQcommunity
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Medical Director

Series Manager: Jennifer Graham
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Dr Catherine Calderwood, MA Cantab FRCOG FRCP Edin
Chief Medical Officer for Scotland
Delivering Value with Teams in New Models of Primary Care

New Roles, Measures, and Tools to Serve as the ‘Learning Front End’ of the NHS

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Learning from Variation to Deliver What is Valued

Historical Context

Variation in Surgical Rates in UK, Norway, US, McPherson, Wennberg
Learning from Variation to Deliver What is Valued

**Historical Context**


**United States, 1996 - 2012**
- $10,250 to 17,184
- 9,500 to < 10,250
- 8,750 to < 9,500
- 8,000 to < 8,750
- 6,039 to < 8,000
- Not Populated

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Learning from Variation to Deliver What is Valued

**Historical Context**

With higher intensity and cost:
- **No better outcomes** in mortality & function
- **More difficulty for patients** seeing doctors, longer waits
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England, 2010
Pursuing a Common Strategic Intent

Learning from variation to deliver what is valued

- We learn from variation in outcomes and costs by making visible the underlying variation in processes...
Pursuing a Common Strategic Intent

Learning from variation to deliver what is valued

- We learn from *variation in outcomes and costs* by making visible the underlying *variation in processes*...

- We learn from *variation in practices* by making visible the underlying *variation in preferences*...
Learning from Variation to Deliver What is Valued

Overcoming conceptual and operational challenges

**Operational Challenges**
- Box 1: Managing today’s performance
- Box 2: Selectively forgetting the past
- Box 3: Creating the sustainable future

**Strategic Intent**
- Learn from Variation
- Processes
- Outcomes
- Costs
- Preferences

**Conceptual Challenges**
- Conceptual challenges include:
  - *measuring what matters* among the people you serve; and
  - *managing for accountability* among people who must depend upon each other to achieve system success
Learning from Variation to Deliver What is Valued

Overcoming conceptual and operational challenges

**Conceptual challenges** include:
- *measuring what matters* among the people you serve; and
- *managing for accountability* among people who must depend upon each other to achieve system success.

**Operational challenges** include:
- *delivering with teams* that include new roles designed for engagement of patients and families; and
- *organising for innovation* when improvement is not enough for success.
Pursuing a Common Strategic Intent
Learning from variation to deliver what is valued

- We learn from *variation in outcomes and costs* by making visible the underlying *variation in processes*...

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*What does this look like in acute care?*
Learning from Variation in Joint Replacement across NHS England

From the Carter Review and GIRFT

• Deep wound infection rates vary from 0.5% to 4% among acute trusts
• Each is traumatic for the patient incurs additional costs of £50-100k

• Quantity of hip systems among trusts vary >15-fold with 1-7 brands
• Average price varies 2-fold from £788 to £1590
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From the NHS Atlas and RightCare
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The Strategic Intent of a Sustainable Health System

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What does this look like in primary care?
Learning from Variation to Deliver What is Valued

Making Primary Care Process Variation Visible to Improve Outcomes and Lower Costs

Health services that emphasise primary care – including emerging ACSs – have better outcomes and lower costs, but....
Learning from Variation to Deliver What is Valued

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ANALYSIS

The need to confront variation in practice

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Practice variation in primary care

• Scheduling, access, duration of visit
• Visit frequency and follow-up intervals
• Referrals to specialty consultants
• Referrals to A & E or urgent care
• Diagnostic test ordering and follow-up
• Imaging test ordering and follow-up
Imaging test variation in a 23 MD practice at MGH

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Variation in Imaging and Joint Replacement across NHS England

Imaging Rates from the NHS Atlas

Map 69: Rate of computed axial tomography (CT) activity per weighted population by PCT 2010m

Domain 1: Preventing people from dying prematurely
Variation in Imaging and Joint Replacement across NHS England

**Imaging Rates from the NHS Atlas**

**Hip Replacement Rates from the NHS Atlas**
Learning from Practice Variation in the US and Canada

Making Visible the Underlying Variation in Preferences

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Making Visible the Underlying Variation in Preferences

Total Joint Replacement for Arthritis

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<thead>
<tr>
<th>City</th>
<th>Episodes per 1,000</th>
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<tbody>
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<td>20.3</td>
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<tr>
<td>Denver, CO</td>
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<td>St. Louis, MO</td>
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Lower extremity joint replacements per 1,000 Medicare beneficiaries (2014)

- Ontario rate - if all potentially eligible patients underwent surgery
- Ontario rate - if all patients received shared decision-making


Learning from Practice Variation in the US and Canada

Making Visible the Underlying Variation in Preferences

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Learning from Practice Variation in the US and Canada

Making Visible the Underlying Variation in Preferences

There is nothing so useless as doing efficiently that which should not be done at all. – Peter Drucker
Delivering Value with Teams in New Models of Primary Care
New Roles, Measures, and Tools to Serve as the ‘Learning Front End’ of the NHS

Teams designed for engagement & learning
• Clinicians making highest & best use of their time
• Support personnel recruited for common lived experience, empathic communication skills
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## Learning from Variation to Deliver What is Valued

*The need to challenge prevailing assumptions*

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Learning from Variation to Deliver What is Valued
A personal perspective: unwarranted and warranted

Making Health Care Decisions,
The President’s Commission for the Study of Ethical Problems in Medicine and Biomedical Research, 1983
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**Patient preferences matter: Stop the silent misdiagnosis**

How much does keeping your breast matter?
Learning from Variation to Deliver What is Valued

*Patient preferences matter: Stop the silent misdiagnosis*

- How much does keeping your breast matter?
- How bothersome is urinary dysfunction?
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<td>Higher levels of health care produce higher levels of health &amp; wellbeing for people and populations;</td>
<td>Health care contributes less to health than social circumstances, including education and behaviour;</td>
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The Complex System of the Determinants of Health
Understanding complexity and context at the level of the individual

‘the circumstances in which people are born, grow, live, work, and age’
Delivering Value with Teams in New Models of Primary Care
New Roles, Measures, and Tools to Serve as the ‘Learning Front End’ of the NHS

![Graph showing the relationship between level of training & skills and difficulty of the task. High level of training & skills and high difficulty of the task results in ineffective or unsafe care.](image)
Delivering Value with Teams in New Models of Primary Care

New Roles, Measures, and Tools to Serve as the ‘Learning Front End’ of the NHS

Relational Coordination (Gittel)
- Shared Goals
- Shared Knowledge
- Mutual Respect
- Communication that is...
  - Frequent
  - Timely
  - Problem-solving
  - Accurate
Delivering Value with Teams in New Models of Primary Care

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<td>High</td>
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- Ineffective or unsafe care
- Inefficient care

Leaders see need at their level:
- Shared Goals
- Shared Knowledge
- Mutual Respect
- Communication that is...
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  - Accurate

Delivering Value with Teams in New Models of Primary Care

New Roles, Measures, and Tools to Serve as the ‘Learning Front End’ of the NHS

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Delivering Value with Teams in New Models of Primary Care

New Roles, Measures, and Tools to Serve as the ‘Learning Front End’ of the NHS

- Level of training & skills
- Difficulty of the task

Inefficient care

Ineffective or unsafe care

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Delivering Value with Teams in New Models of Primary Care

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New approaches to measurement and management for high integrity health systems

We need better tools to achieve the next generation reforms essential for delivering care that matters most to patients, say Albert Mulley and colleagues

Albert Mulley professor¹, Angela Coulter senior research scientist², Miranda Wolpert professor³, Tessa Richards senior editor/patient partnership⁴, Kamran Abbasi international editor⁴

Design Principles for High Integrity Health Systems

1. Continuous learning from and with populations
2. Co-production by teams of what is valued by individuals
3. Access to information, support, and integrated services
4. Supporting the personal agency of all people served
5. Mutual accountability among all stakeholders
Mutual Accountability from the Frontlines to System Leadership for Whole-System Patient Engagement
New frontline care teams hold themselves accountable for being the ‘learning front end’ of a sustainable ICS with micro-commissioning informing joint macro-commissioning.

Measures to Assess Health Organisations’ Readiness to Deliver

Tools to Target Learning from Variation in Rates & Underlying Preferences

Tools to Aggregate Outcomes, Preferences & Costs for a Population

Measures to Test Impact and ROI Assumptions for Cross-Sector Investments

Measures for Patient Engagement to Agree Goals, Needs & Wants

Tools to Govern for Sustainability across Health & Care Sectors

Tools to Partner across Health Organisations with Needed Capabilities

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Tools to Learn while Guiding Implementation of New Care Models

Measures to Assess Health Organisations’ Readiness to Deliver

Measures to Test Impact and ROI Assumptions for Cross-Sector Investments

Tools to Partner across Health & Care Sectors with Needed Capabilities

Tools to Govern for Sustainability across Health & Care Sectors

Measures to Test Impact and ROI Assumptions for Cross-Sector Investments

Frontlines of Delivery — — — — — — — — — — — — — — — — — — — — System Leadership

Number of Stakeholders Interdependences (Complexity)
Mutual Accountability from the Frontlines to System Leadership for Whole-System Patient Engagement

New frontline care teams hold themselves accountable for being the ‘learning front end’ of a sustainable ICS with micro-commissioning informing joint macro-commissioning.

Managers and system leaders hold themselves accountable for decisions informed by patients’ health and care needs to fund transformation and reallocation of capacity to deliver services.
Challenging Assumptions to Test the Sustainability Hypothesis

Delivering health with integrity of purpose
Health systems must learn how to co-produce and deliver services that patients and the public value

Albert Mulley director¹, Tessa Richards senior editor/patient partnership², Kamran Abbasi international editor²

¹Dartmouth Center for Healthcare Delivery Science, Hanover, New Hampshire, USA; ²The BMJ

The Care They Need and Want – No Less But No More

Children and Adolescents with Mental and Behavioral Health Needs

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- Children and Adolescents with Mental and Behavioral Health Needs
- People who Need Support to be Productively Employed in their Middle Years

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Children and Adolescents with Mental and Behavioral Health Needs

People who Need Support to be Productively Employed in their Middle Years

People who Need Care and Compassion due to Frailty or when Death is Near

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Another event at Elsterhorst had a marked effect on me. The Germans dumped a young Soviet prisoner in my ward late one night. The ward was full, so I put him in my room as he was moribund and screaming and I did not want to wake the ward.
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I examined him. He had obvious gross bilateral cavitation and a severe pleural rub. I thought the latter was the cause of the pain and the screaming. I had no morphia, just aspirin, which had no effect.
I felt desperate. I knew very little Russian then and there was no one in the ward who did. I finally instinctively sat down on the bed and took him in my arms, and the screaming stopped almost at once. He died peacefully in my arms a few hours later.

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Slides for Discussion
Learning from Variation to Deliver What is Valued

*Overcoming conceptual and operational challenges*

**Conceptual challenges** include:

- *measuring what matters* among the people you serve; and
- *managing for accountability* among people who must depend upon each other to achieve system success
Learning from Variation to Deliver What is Valued

*Overcoming conceptual and operational challenges*

**Operational Challenges**
- Box 1: Managing today's performance
- Box 2: Selectively forgetting the past
- Box 3: Creating the sustainable future

**Strategic Intent**
- Organizing for innovation
- Delivering with teams
- Learn from variation

**Conceptual Challenges**
- Conceptual challenges include:
  - *measuring what matters* among the people you serve; and
  - *managing for accountability* among people who must depend upon each other to achieve system success

**Operational challenges** include:
- *delivering with teams* that include new roles designed for engagement of patients and families; and
- *organising for innovation* when improvement is not enough for success
Learning from Variation to Deliver What is Valued
An historical perspective on market and state failure
Learning from Variation to Deliver What is Valued

An historical perspective on market and state failure

- Policy Makers
- Patients and Family
- Health Professionals

- Voice
- Compact

Client (Patient) Power

- Transparency: Outcomes/Cost
- Competition - Contestability
Learning from Variation to Deliver What is Valued
Confronting a critical source of market and state failure
Learning from Variation to Deliver What is Valued
*Confronting a critical source of market and state failure*

- **Voice**
- **Compact**

- **Patients and Family**
- **Policy Makers**
- **Health Professionals**

- Evidence: What is Possible
- Preference: What is Valued
Learning from Variation to Deliver What is Valued
*Confronting a critical source of market and state failure*

![Diagram showing the relationship between Patients and Family, Policy Makers, and Health Professionals with arrows labeled Voice and Compact, and text boxes labeled Evidence: What is Possible and Preference: What is Valued.]
Learning from Variation to Deliver What is Valued

Confronting a critical source of market and state failure

Policy Makers

Patients and Family

Health Professionals

Evidence: What is Possible
Preference: What is Valued

Voice
Compact
Accountability for Engagement

feedback
Learning from Variation to Deliver What is Valued
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Policy Makers

Patients and Family

Evidence: What is Possible
Preference: What is Valued

Health Professionals

Compact

Accountability for Engagement

Voice

Feedback

Commissioning Intelligence

High Quality Decisions
Dr Gregor Smith
Deputy Chief Medical Officer
Scottish Government

@DrGregorSmith
Atul Gawande
Surgeon, Writer & Public Health Researcher
‘Implementing the lessons from “Being Mortal”’
26 April 2018
4-5 pm UK time
QI CONNECT 2018: INNOVATION & INTEGRATION

Dr JD Polk
Chief Health & Medical Officer
NASA
25 January

Dr Nirav Shah
Former Senior Vice President & Chief Officer for Clinical Operations
Kaiser Permanente
22 February

Professor Al Mulley
Managing Director, Global Health Care Delivery Science Professor of Medicine, Geisel School of Medicine
The Dartmouth Institute
29 March

Atul Gawande
Surgeon, Writer & Public Health Researcher
26 April

Toby Cosgrove
Former President & Chief Executive
The Cleveland Clinic
31 May

Danielle Martin
Physician, health care administrator & an associate professor
University of Toronto
21 June

Brene Brown
Scholar, author, and research professor
University of Houston Graduate College of Social Work
30 August

Roy Lilley
Health policy analyst, writer, broadcaster and commentator
27 September

Fiona Godlee
Editor in Chief BMJ
31 October

ePatient Dave
Cancer survivor and expert in the meaningful use of health IT
29 November
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