
Towards Improved Clinical Care Management in BC

Nick Grant
Executive Director
Health System Planning Division
BC Ministry of Health Services
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Strategic Context

Drive efficiencies and better manage drivers (aging, utilization, health system inflation) of growth by focusing on:

1. Prevention
2. High Quality Clinical Care
3. Improved Efficiency

Seven Key Areas of Focus

- **Prevention –**

1. Health promotion and prevention – key focus on frailty, chronic disease and cancer;

- **High Quality Clinical Care –**

2. Integrated Primary Health Care teams- for cost effective management of chronic illness, frailty, and mental health, as well as, closing gaps in care;
3. **Clinical guidelines- improve management of high-cost clinical services for safe, effective, and appropriate care;**
4. Focus on the patient – *choice about their care;*

Seven Key Areas of Focus (con't)

- **Improving Operational Efficiency -**
 5. Administrative cost savings;
 6. Cost-effective use of resources – both human and technology; and,
 7. Improve Governance, Leadership, and Financial management.

4. Clinical guidelines- improve management of high-cost clinical services for safe, effective, and appropriate care

- Developing a provincial, evidence-informed *clinical care management* system modelled on the Intermountain Healthcare approach in order to improve the management of high cost clinical services for safer, more effective and appropriate patient care

What is a Clinical Care Management System (CCM)?

A comprehensive quality framework that integrates continuous clinical improvement work with service design and post-development control

Intermountain Health Care

Intermountain Healthcare (IHC)

- Integrated, not for profit health system serving Utah and south-eastern Idaho
- Operating 21 hospitals and over 100 outpatient clinics
- 26,000 employees - including 1,250 core physicians and 2,000 associated physicians

Intermountain Healthcare (IHC)

- Began in 1996 to implement their CCM system after several failed attempts at system wide quality improvement
- Focused on four classes of work process
 - Clinical conditions
 - Clinical support services
 - Service Quality
 - Administrative supports

Key Elements of IHC Clinical Care Management System

- Key process analysis
- A timely, accurate outcome tracking system
- Ability to use outcome data to hold practitioners accountable and measure progress towards shared clinical goals
- Aligned incentives

IHC – Key Process Analysis

- Identified and prioritized key processes based on volume, intensity of care, variation and social importance
- Of over 1000 processes identified 104 accounted for over 95% care delivery
- 90/10 rule – patient care and costs were concentrated within a small number of high priority processes

Intermountain Healthcare (IHC) Process

- Implemented the four key elements through permanent team based Guidance Councils
- Guidance Councils include front line providers and CCM development teams (additional front line staff, experts and data/technical support)

IHC – Guidance Council Process

1. Develop best practice guidelines
2. Convert guidelines into clinical work flows for the “treatment cascade”
3. Identify outcomes and develop tracking system
4. Where possible, automate into patient care data systems
5. Develop educational materials
6. Provide ongoing implementation support

IHC – Implementation Support

- Clinical Learning Days for providers
- Improvement knowledge and skills developed through Advanced Training Program (ATP)
- Patient education materials
- Clinical and decision support tools for practitioners
- Feedback mechanisms

IHC – Performance Management

- CCM linked and integrated with broader management structure through Balanced Score Card approach focusing on key domains:
 - Clinical
 - Service Quality
 - Financial performance

Critical Success Factors from IHC

- Must be a core business strategy – not a project
- Leadership support
- Clinician engagement
- Ability to embed pathways in information systems; electronic decision support tools
- Availability of outcome data
- Quality Improvement skills and knowledge
- “Organize everything around front-line value added work processes”

BC Challenges

- Consistent approach and leadership
- Funding and payment mechanisms
- Clinical Information Systems

Where we are starting from: Guideline Development

- Provincial guidelines are developed by BCCA, BC PHP, GPAC, BCPRA and other organizations
- Guidelines are jointly created by clinicians, undergo peer review and are evidence-based
- Other guidelines developed are usually specific to regions or sites

Where we are starting from: Performance Management

- Performance measures established prior to guideline development
- Evaluation of GPAC Guidelines is underway
- Currently measure: physician/patient usage, practice change and patient outcomes

Where we are starting from:

Implementation Support

- Support for GPAC guidelines has included patient guides, flowsheets linked with CDM toolkits, and in some cases incentives
- Pockets of quality improvement training and support occurring around the province

Opportunities for BC

- Strategic focus on quality care
- Provincial approach
- Multidisciplinary, cross-continuum pathways, protocols and guidelines
- Embed clinical quality measures in performance management structures
- Building from a solid foundation of current work – with a successful example in IHC to learn from

Discussion

- Strengths and weaknesses in BC's existing practices and structures
- Applicability of IHC model for BC
- How you might see this initiative proceeding (priorities, process, pitfalls)
- How HQN and BCPSQC can continue to be involved and provide input