

Triple Aim Measurement Toolkit Webinar (January 30, 2016)

Questions & Answers

Q: On staff engagement, how often does the panel recommend sharing data and findings with clinic staff for optimal engagement? Also, what methods of communicating data with clinic staff has been most successful in their experience—electronic vs. paper postings, personalized e-mails vs. broad e-mail announcements, or other ideas?

A: It really depends on what the undertaking is and whether it is new or in sustainment. If this is an effort to improve post-emergency department (ED) follow up, and it is newly launched, then weekly data updates may be most appropriate. For example, the information to share might include: *How many of our patients were in the ED? How many were contacted within 48 hours of the ED visit? What is the feedback among patients who received timely post visit follow up?* If a health centers is trying to reduce ED utilization or increase post-ED visits, start trending that utilization on a weekly basis first, and then on a monthly basis. Tracking on a monthly basis is probably appropriate for regular tracking purposes.

Sharing at the “team” level is the best. If there are outliers, then personalized discussions are important to engage and understand and educate if needed.

Visual graphs can readily communicate whether objectives in your metrics have been met. In addition to team sharing, either electronic or posting in a common area can also be effective. There are data visualization examples on www.measuretripleaim.org.

Q: What are some ways that health centers have overcome the challenges or barriers (e.g. staffing, bad data or data gaps, etc.) to making Triple Aim measurement a priority?

A: Health centers have had to have a continuous focus on data and measurement. There was leadership commitment and understanding the importance of monitoring the health, patient experience and costs to the organization and patients. They started where they were—with the data they had. They have committed the time and resources (for example, data analytic staff) and continued to focus on sharing the data and learning about the concerns about the data in order to improve it.

They are multiple examples of health centers experiences in measuring the triple aim and their recommendations for overcoming the barriers on www.measuretripleaim.org.

Q: How do you think through the relationship between health, experience, and cost? What steps do you suggest health centers take?

A: Health centers are well positioned to improve health, experience and bring down total cost of care. You have the most in depth understanding of your patient population, how to engage different types of your patients with different needs or backgrounds. You understand the

cultural or economic drivers of care seeking patterns. Bringing Triple Aim measurement to your work will unlock the multiple ways your clinical improvement efforts impact experience and cost. Just pick one clinical improvement effort. Think about how improving on that domain will improve the experience of care (*e.g.*, engagement, satisfaction, or access—think broadly) and then think how improving that domain relates to reducing total costs of care (*e.g.*, through preventing late-stage complications of diabetes or hypertension or undiagnosed cancer or through reducing hospital utilization, etc.). You are probably already doing Triple Aim work. We want you to recognize and write down the ways your improvement work improve all three domains of the Triple Aim!

Q: How did you choose the Pulse One Minute (POM) survey collection target?

A: North East Valley Health Corporation (NEVHC) fielded the survey three times in one year and then made changes to services based on survey results. The POM survey allows for gathering the patient experience more quickly. You can target one site to start or one department depending on your goals for the POM and where you most want feedback. It still can be a challenge to collect completed POM survey though—for example, getting the patients to complete the verbatim responses. We worked with the staff who gave specific instructions to the patients and asked them to write 15 words. This really helped our verbatim response level go up.

There is more information on the process for implementing the POM survey from the Center for Care Innovations (CCI) podcast of NEVHC and two other health centers' experience using the POM survey at the following link:

<http://www.careinnovations.org/knowledge-center/cci-podcast-implementing-the-poms-patient-experience-survey>

Q: Do you use SAS or SPSS?

A: For data analyses, we used Stata. For creating the enhanced data visuals, we used Tableau.

Q: Given the challenges we have with data (including data extraction, data validity, and limited business analytics staff), what are your recommendations with getting started with Triple Aim measurement?

A: Start where you are. Use the data you have. Health centers will need to commit resources to this effort especially data analytics staffing. Staff will need to be engaged to support data validity efforts. It will be important to collect measures on all three aims now to support demonstrating value as well as support your quality improvement work. The tools and resources on www.measuretripleaim.org can support your efforts.