Dialysis Patient Engagement in QAPI Processes

Securing Trust, Substantiating Stuff, Filtering Fluff, and Mastering the Must

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Disclosures:

No competing interest affecting this presentation to declare. "No pay to play"—"Not paid to persuade"

- CAUTION: changing one aspect of a process may require adjustment elsewhere. It is important to consider the "what if" and "then what" scenarios and monitor the effects of changes with acceptable methods. This information cannot be used as a substitute for individualization of patient care by an appropriate prescriber. This is for information sharing purposes only.
- "What are we to do when the irresistible force of the need to offer clinical advice meets with the immovable object of flawed evidence? All we can do is our best: give the advice, but alert the advisees to the flaws in the evidence on which it is based."
- From the Oxford Center for Evidence Based Medicine
 http://www.cebm.net/?o=1025 Grades & Levels of Evidence

Objectives

- Review importance of dialysis program selfassessments of patient-centered care and patient engagement
- Review potential opportunities for improving patient engagement in the QAPI processes
- Review potential barriers adversely affecting patient engagement efforts

Evolving Expectations of Dialysis Providers as Beasts of Burden

- Do More Good for More People with Less Money and Less Autonomy
- Make QAPI less sloppy
- AIM for Victory with Value
- Compare & Contrast with Transparency and Mandatory Reporting
- Meaningfully Engage Patients Adding Volumes to Voice and Choice
- Collaborate with the Continuum of Care
- Measure what is meaningful and what matters most to patients

Sip the QIP before you DIP

- Calendar Year (CY) 2019 End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) Proposed Rule: ESRD Quality Incentive Program (ESRD QIP) Proposals: August 14, 2018 Presenters: James Payer, MS, Delia Houseal, PhD., MPH
- Proposed PY 2022 Scoring/Payment Reduction Method: Patient and Family Engagement ICH CAHPS total category weight 15%

- Value-Based Healthcare (pay to play, penalty for poor outcomes)
- Pay for performance (PIP), Quality Incentive Program (QIP)
- Comprehensive ESRD care models (ESRD Seamless Care Organization (ESCO)
- Triple Aim in Healthcare

"I wanna talk about me" Toby Keith

Written by Bobby Braddock

"Conjunction Junction, What's Your Function"?

Schoolhouse Rock: Grammar - Conjunction Junction

Bob Dorough

Program Self-Assessment

- Are patients' satisfaction, engagement, compliance, improved health and sense of well being, and rehabilitation at the heart of your program's mission?
- Does everyone on your team know the ranking of priorities regarding goals of care for each of the patients served? Patient concerns, fears?
- What about other patient perceptions? Safety? Do patients know what is QAPI?
- Does everyone on your team understand what QAPI means, and how they can contribute?
- Does your program encourage patients to submit QAPI topics?
- Does your program develop QAPI projects collaboratively with patients?
- How well does your program review with patients QAPI results?
- Does your program survey patients when they return from transient care, hospitalizations, disaster evacuations to help learn from experiences?

What is QAPI? Why is QAPI important?

What is patient engagement? Why is patient engagement important?

Why is the cornerstone of health not engaged in QAPI?

- The Mystery
- The Discovery Process
- Observation
- Exploring Opportunities; Creative Innovations
- Buoys and Boundaries
- Mitigating Barriers
- Gaining Trust
- Takes Time
- Baby Steps
- Encourage and inspire create desire

Patient Engagement

Cracking the code to prevent failure mode

How can patient engagement in QAPI mitigate potential barriers to effective QAPI and improve patient experience and program performance?

- "Tell me and I forget, teach me and I may remember, involve me and I learn" from an ancient Xunzi Chinese proverb
- Be creative, Mutualize the Metric
- Patient engagement and the vector of value

How can I get patients more engaged in QAPI processes?

- Listen to the needs and concerns of patients
- Provide an avenue for patients to suggest QAPI topics
- Select initial QAPI projects engaging patients that are realistically achievable with perceived meaningful aspects of care—with results/rewards quickly noticeable
- Offer options for participation in some aspect of QAPI
- Be upfront and honest about circumstances that may require establishing rules of engagement including what is off limits for patient engagement in QAPI processes

What are barriers that need to be recognized that might interfere with patient engagement?

- Medical Director, nurse manager, administrator other team members lack interest or support
- Environment does not support patient engagement
- Change is slow
- Other circumstances

Projects, Pitfalls, Practical Points

(HO-i-PE)

Home Options Improve Patient Experience with Dialysis

HOPE Inspires

Stewards of Care Reminders

- It's not about me
- We are service providers
- Encourage and Inspire create desire
- Listen
- Engage, Don't Enrage
- What's your function?
- Be positive and supportive; give hope and reassurance
- Patients are people too

Good Reads

Clin J Am Soc Nephrol. 2016 Feb 5; 11(2): 363–368.

Published online 2015 Aug 27. doi: 10.2215/CJN.06010615

Quality Measures for Dialysis: Time for a Balanced Scorecard

Alan S. Kliger PMID: 26316622 PMCID: PMC4741039

Engaging Patients, Shared Decision Making, Motivational Interviewing, Goal Setting https://www.niddk.nih.gov/health-information/communication-programs/ndep/heal

<u>Eight Dimensions of Patient-Centered Care Picker Institute and Harvard Medical School</u>

Crossing the Quality Chiasm: A new Health System for the 21st Century
Institute of Medicine (US) Committee on Quality of Health Care in America 2001