

Collaborating in Improving Population Health:

Developing and Evaluating a Population

Health Management Curriculum

US Department of Veterans Affairs Centers of Excellence in Primary Care Education (COEPCE) 2017
Collaborating Across
Borders VI
Banff, Canada

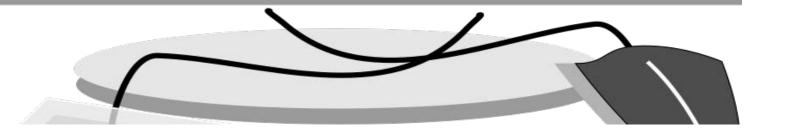
Stand Up Check In (get handouts)



Question 1: Mr. J is a 65 yo male with T2DM (Hgb A1c 8.5 on 10/2016) and HTN. You saw him in March and ordered labs. In April, you finally get results and the A1c is 9.8. You ask your nurse to schedule him into a group visit.

What best describes this approach?

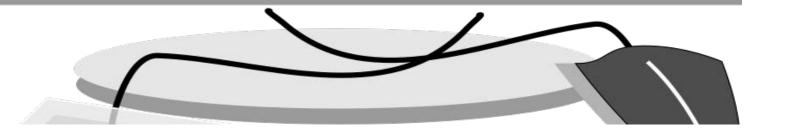
- a) Panel management
- b) Alert management



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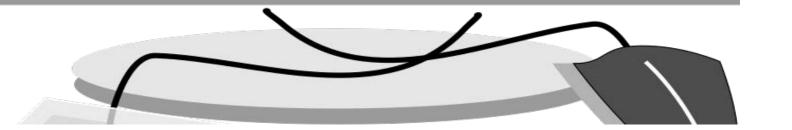
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Question 2: Which profession below has panel management language in accreditation documents?

- a) Pharmacy ACPE Standard 2
- b) Psychology APA Cluster 5
- c) Social Work CSWE Competency 9
- d) All of the Above



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Workshop Overview

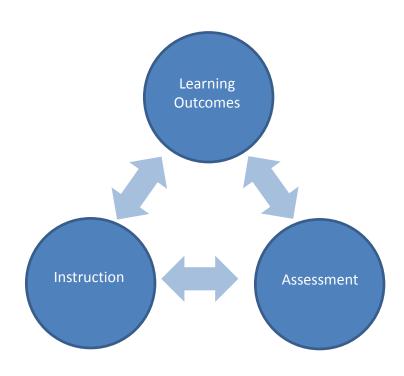
- Overview (and definition!) of population health/panel management
- Curriculum development to date
- Small groups
 - Instructional Strategies
 - Assessment of Learners
- Wrap up

Panel Management Shared Definition

- The tools and processes for identifying patients in a primary care practice with unmet preventive and chronic care needs and working systematically as a team to address these needs
 - Individual Patients
 - Populations
 - Guidelines
 - > Teamwork
 - > Improvement
- Shared definition guided 2 ½ year collaborative effort of COEPCE Performance Improvement Workgroup

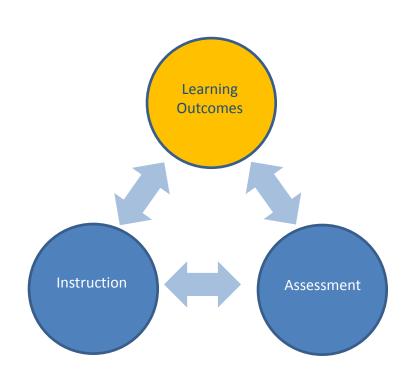
Objectives

- What should we know? (Learning Outcomes)
 - > Consensus definition of panel management
 - COE's PM curriculum development to date
- How do we teach it? (Instructional strategies)
 - Optimal learning activities that lead to desired outcomes and allow observation of trainee behaviors
 - Develop approaches to implementation challenges
- How will we know what is learned? (Assessment)
 - ➤ Have plan for systematic assessment of learners and evaluation of population health management curriculum



Panel Management Curriculum Development

- Identified and adapted Englander and IPEC 2016 competencies
- Wrote desired learning outcomes (DLO) for each competency
- Used developmental continuum
 - novice, advanced beginner, competent, and proficient
- Iteratively adapted DLO language for interprofessional learners
 - Handout #1 Panel Management Desired Learning Outcomes

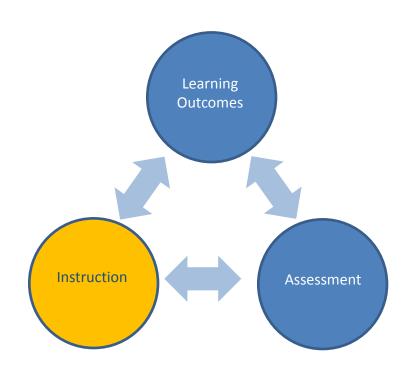


Handout #1 - PANEL MANAGEMENT DESIRED LEARNING OUTCOMES - DOMAINS AND LEVELS

	Level 1 - Novice	Level 2 – Adv. Beginner	Level 3 - Competent	Level 4 - Proficient
Individual patients	(1) Identifies own panel or team's panel and patients on those panels who are not meeting specific population- appropriate measures	(2) Demonstrates skills for accessing panel data/reports (as system allows) and is prepared to participate in panel data review with interprofessional team (3) Identifies patients within team's panel who are highest risk for adverse outcomes	(4) With input from team members, prioritizes and justifies approach to addressing gaps in care for individual patients using a patient-centered approach that is sensitive to the patient's context (5) Uses databases to identify patients with chronic disease or preventive care gaps to address overall population health of team's panel	(6) Leads and coaches others in developing panel management skills (7) Offers meaningful suggestions for improvement of (or participates in development of) the dashboard or panel management tools
Population	(8) Demonstrates how to access panel management data/reports (9) Explains how population care differs from individual disease care	(10) Identifies causes for not reaching population performance goals and identifies an approach to address some of these causes	(11) Uses panel management data/reports to monitor progress on desired performance metrics	(12) Identifies root causes for not reaching performance goals and routinely addresses causes (13) Develops realistic goals for improvement in care for specific disease/condition population metrics over time
Guidelines & Measures	(14) Identifies and describes chronic disease and preventative care performance measures for specific populations (i.e. diabetes, heart failure, chronic pain)	(15) Locates current chronic disease and preventive measure guidelines for common conditions in healthcare setting (16) Relates health system performance measures to guidelines	(17) Interprets current chronic disease and preventive measure guidelines for common conditions in healthcare settings and applies guidelines to the care of individual patients	(18) Describes various approaches to developing chronic disease and preventive medicine guidelines including risk of bias in determining performance measures
ork	(19) Identifies members of the panel management team	(20) Describes profession- specific panel management responsibilities for each interprofessional team member	(21) Performs profession-specific roles and responsibilities in interprofessional team panel review meetings, including leadership role when appropriate (22) Engages interprofessional team members	(24) Elicits and engages interprofessional team members in brainstorming specific interventions for most challenging patient populations (25) Identifies and recruits additional

Small Group Breakouts

- What should we know? (Learning Outcomes)
- How do we teach it? (Instructional strategies)
 - Optimal learning activities that lead to desired outcomes and allow observation of trainee behaviors
 - Develop approaches to implementation challenges
 - ➤ Handout #2 Instructional Strategies
- How will we know what is learned? (Assessment)



Handout #2 – Instructional Strategies

Examples of Panel Management Instructional Strategies Used by VA Centers of Excellence in Primary Care Education

Site	Typical #/ Type of learners in session	Setting	Faculty	Health Conditions/ Performance Measures Addressed	Tools/Teaching strategies
воі	12 Total (5 MD, 2 NP, 3 Pharm, 2 Psych)	Staffing room in clinic	1 MD 1 NP 1 Pharm 1 RN	DM Opioid Safety End of year transition	Interprofessional teaching quick topics Registry demonstration and consult Team time to work with RN and other clinic staff Telephone time
CLE	10 Total (6 MD, 2 NP, 1 Pharm, 1 Psych)	Computer lab Conference room	1 MD 1 Pharm 1 Psych	Admissions DM HTN ED utilization Obesity	Chart Review Tools Excel Tracking Worksheets Practice Improvement Plans
SEA	10 Total (3-5 MD, 1-4 NP, 2 Pharm, 1 Psych)	Computer lab Library classroom with multiple computers	1 MD 1 NP 1 Pharm 1 RN (variable)	DM HTN ED utilization Obesity Opioid Safety Tobacco Cessation	Overview of topic; rationale for session; current literature Instruction/demonstration: data acquisition and interpretation, chart review Chart Review Tool Case presentations Construct Pareto chart Discussion of individual-focused action plans Identify system resources for care/disease management
SF	10 Total (3 MD, 3 NP, 3 Pharm, 1 Psych)	Computer room Conference room	1 MD 1 NP 1 Pharm 1 MD chief resident 1 Psych (variable)	DM HTN ED utilization Opioid safety CHF COPD Medication Safety	Excel Tracking Worksheets Highlight systems resources, guideline based care Some worksheets shared by professions, some profession specific Flipped classroom – teaching pearls from trainees Time to collaborate with interprofessional trainees and staff
	S Total	Conference room			

How do we teach it: 1/2/Share on Instructional Strategies (Activity #1)

- Instructions for One/Two/Share
- One Thinking about Desired Learning Outcomes (DLO's) for Population Health/Panel Management curriculum, please fill out the worksheet below for your current (or planned) setting.
- **Two** After you have completed this, chose a person from a different profession or location to share your proposed instructional strategies.
- Share Following this, we will debrief as a group.

Fill out on your own...

Trainees involved: Nurse Practitioner Pharmacy Physician Psychology RN Social Work Other:						
Level of training:Classroom/prelicensure Clinical/prelicensure Postlicensure						
Location of training: Didactic/LectureSmall Group Simulation Workplace learning						
Physical location of training: Lecture hall Small group setting Computer training room Clinical setting						
Population (what is the disease state or population of patients of focus?)						
Empanelment method (how will you "assign" a list of patients to each trainee to be reviewed?)						

Pick 2 rows, fill out, then share...

Based on this setting, please list an instructional strategy to achieve the DLO/Performance Assessent FOR ONLY TWO OF THE ROWS BELOW:

Performance Assessment statements	Instructional Strategy	Barrier(s)
(representing focused DLOs)		
EXAMPLE:	Provide trainees with a list of	Identifying a list of "assigned"
Analyzes clinical performance data to	their assigned patients diabetes	patients for pharmacy and
identify individuals with care gaps in panel	quality metrics from the	psychology trainees is difficult, as
population	electronic health record	they don't have specifically
		empaneled patients.
Reviews clinical performance reports to		
monitor progress on key performance		
indicators		
Elicits and integrates patient's context and		
preferences when making care		
recommendations for individual patients		
Applies current evidence and guidelines to		
populations with chronic diseases and		
preventive care needs		
Uses findings from panel management to		
initiate quality improvement work with		
interprefessional team members and other		

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How will we know: Assessing our learners and evaluating our curriculum

Kirkpatrick model:

• Level 1: Satisfaction

• Level 2: Knowledge

Level 3: Behaviors

• Level 4: Pt Outcomes

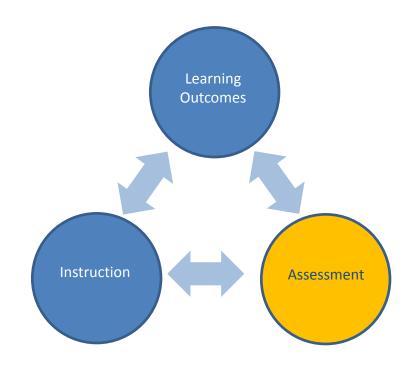
Measurement:

Minute papers

~Self-monitoring

Direct-observation

Patient measures



How do we assess it? Evaluating learners' behaviors during PM activities

- Meet your avatar learner (handout)
 - > Assign an Avatar!
 - > Listen to avatar's recent experience with panel management
 - > Feel free to ask questions!
- Use Direct Observation tool (handout) to rate your avatar learner
 - ➤ What behaviors does your avatar reflect?

Wrap Up

Please complete Minute Papers!

CoE Performance Improvement Workgroup

PIWG Representatives

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Thanks to Judith Bowen, MD, PhDc –Oregon Health Sciences University And Joyce Wipf, MD – VA Puget Sound HCS/University of Washington