



Pathway to Excellence: Framework for Continuous Learning

Robert Moore, MD, MPH
Chief Medical Officer
Partnership HealthPlan of California



1



Conflict of Interest Disclosure

Robert Moore, MD, MPH reported no relevant financial relationships or relationships he has with ineligible companies of any amount during the past 24 months.



2



Presenter

Robert Moore, MD, MPH
Chief Medical Officer
Partnership HealthPlan of California

As the Chief Medical Officer for Partnership HealthPlan of California, Dr. Robert Moore is responsible for the appropriateness and quality of health care delivered through the PHC. He leads and oversees PHC's team of medical directors and keeps staff and providers informed and up to date on changing health regulations and guidance.

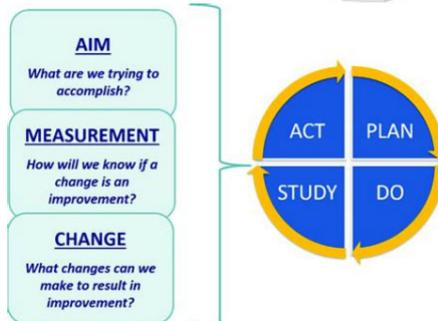


3



What is a Framework?

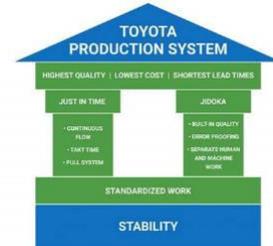
- A skeletal structure designed to support or enclose something
- A simplified conceptual structure for explaining key elements of something



4

Some Frameworks for Quality

- Toyota Production Model
- Lean Six Sigma
- Baldrige Quality Framework
- Accreditation Standards: Joint Commission, NCQA
- Utility maximization and other micro-economic theories
- Prospect Theory and other psychological frameworks
- Stakeholder theory and other theories of corporate governance



Source: automachi.com



Source: Next level purchasing.com

Eureka | Fairfield | Redding | Santa Rosa

5

Why a Framework for Continuous Learning?

Challenging implementations: what was missing?

- Pediatric Palliative Care
- Diabetes Prevention Program
- Transitions of Care

Goal: Optimizing success of post-COVID initiatives

Eureka | Fairfield | Redding | Santa Rosa

6



My Goals for You

- Develop a basic understanding of the Pathway to Excellence Learning Framework
- Consider how you can apply the elements of this framework to your hospital

Eureka | Fairfield | Redding | Santa Rosa

7



Foundational Definitions

- Knowledge
- Learning
- Innovation
- Learning Organization

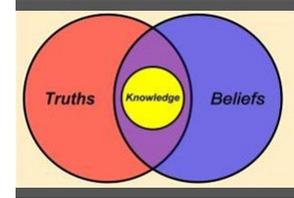
Eureka | Fairfield | Redding | Santa Rosa

8

Definitions: Knowledge

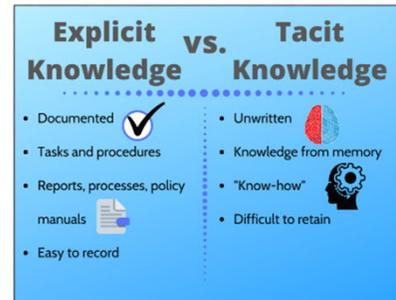
Knowledge: 2 definitions

- True belief or understanding of the relations which things and ideas bear to each other and to themselves
- Processed information



Organizational Knowledge

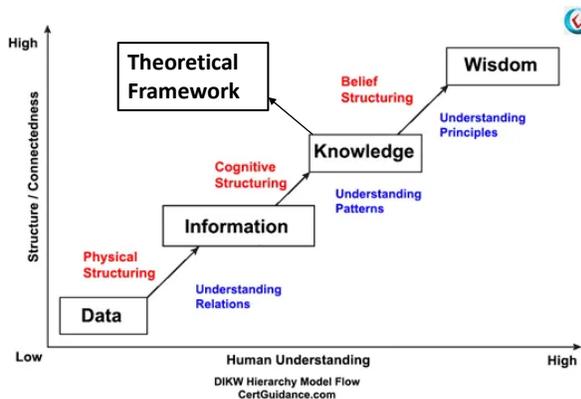
- Individual knowledge: within the brain of an individual, based on their experience, learning or analysis = **tacit knowledge**
- Individual knowledge: written down or recorded for reference by one person = **explicit individual knowledge**
- Group knowledge, written, recorded or programmed processed information for use by a multiple individuals in an organization = **explicit group knowledge**



Foundational Principles: Knowledge

DIKW Framework

- Data
- Information
- Knowledge
- Wisdom



Definitions: Learning

Learning (noun):

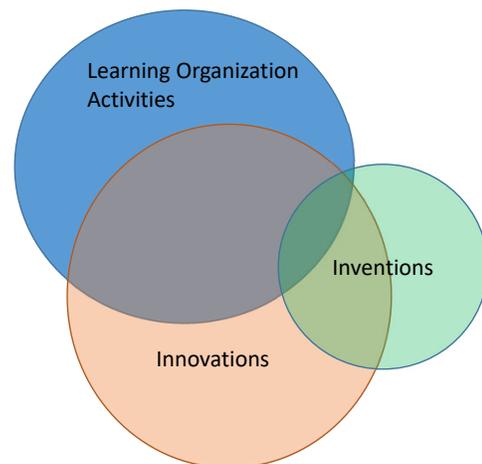
1. Process of acquiring information, knowledge, or understanding/wisdom
2. The process by which (tacit) knowledge is *created* through the transformation of experience

Machine Learning

1. A form of Artificial Intelligence (AI). The use and development of computer systems able to learn and adapt without following explicit instructions

Definitions: Innovation

1. Invention: brand new concept/idea
2. Innovation: The **creation, development and implementation** of a new product, process or service, with the aim of improving efficiency, effectiveness or competitive advantage.





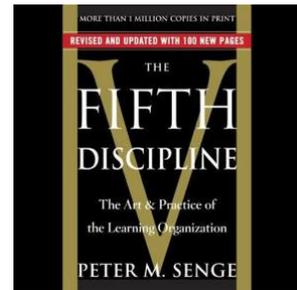
Learning Organization

Definition: “An organization that facilitates the learning of its members and continuously transforms itself.”

–*The Fifth Discipline: The Art and Practice of the Learning Organization*, 1990, P.M. Senge

The Five Disciplines of a Learning Organization

1. Personal Mastery
2. Mental Models
3. Shared Vision
4. Team Learning
5. Systems Thinking



Eureka | Fairfield | Redding | Santa Rosa

13



Learning a Key Component of Quality Improvement

“What are necessary and sufficient conditions for improvement in large systems? **Will, ideas, and execution!**”

– *Tom Nolan, creator of the Model for Improvement*

“Providing **will** refers to the tasks of fostering discomfort with the status quo and attractiveness for the as-yet-unrealized future. Providing **ideas** means assuring access to alternative designs and ideas worth testing, as opposed to continuing legacy systems. And **execution** was his term for embedding *learning* activities and change in the day-to-day work of everyone, beginning with leaders.”

– *Don Berwick, founder of the Institute for Healthcare Improvement*

Eureka | Fairfield | Redding | Santa Rosa

14



The Mindset of Continuous Learning

- We are all very proud of our organization, the work we do and the systems we have developed.
- Nonetheless, we recognize that we as individuals and as a company can do better.
- We strive as individuals to be curious and continuously learn.
- We also strive as an organization to learn and grow.

Eureka | Fairfield | Redding | Santa Rosa

15



Pathway to Excellence: What is it?

Using the scientific method to optimize implementation of quality improvement initiatives

- Learn from the past before building for the future
- Test new ideas before implementing them widely
- Avoid bias through appropriate application of logic and statistics
- Implement/scale scientifically, not haphazardly
- Manage and leverage the knowledge gained

Concetual Framework



Eureka | Fairfield | Redding | Santa Rosa

Source: Slideshare.net

16



Organizational Contributors

Leadership activities

- Ensure activities are related to organizational priorities
- Motivate staff
- Ensure smooth inter-departmental working relationships
- Ensure a supportive organizational culture

"Knowing is not enough; we must apply.
Willing is not enough; we must do."

- Johann Wolfgang von Goethe



Eureka | Fairfield | Redding | Santa Rosa

17



Five Elements

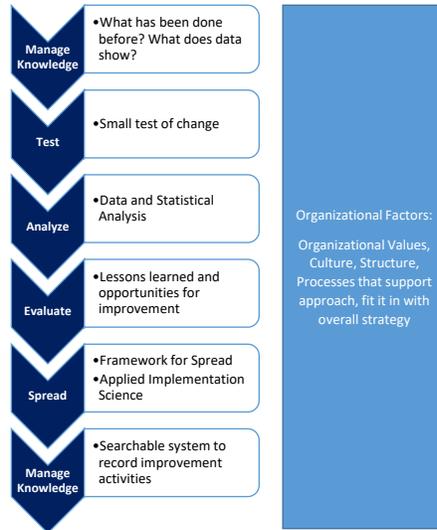
"If you can't explain it simply,
you don't understand it well
enough"

--Albert Einstein

Eureka | Fairfield | Redding | Santa Rosa

18

Pathway to Excellence (P2E): Five Elements



Eureka | Fairfield | Redding | Santa Rosa

19

Knowledge Management

- Beginning of the P2E Process: Building on prior research/ experiences
- End of the P2E Process: Capturing results of improvement projects, case studies, best practices in systematic way that is easily searchable

Eureka | Fairfield | Redding | Santa Rosa

20



Overall aim of Knowledge Management

Ensure that knowledge that is relevant to the business, from any source internal or external, is available at the right place at the right time to enable the right person in the company to make the right decisions and implement them so they help you achieve your strategic business objectives.



Source: Foreign Policy

Eureka | Fairfield | Redding | Santa Rosa

21



Goals of Knowledge Management

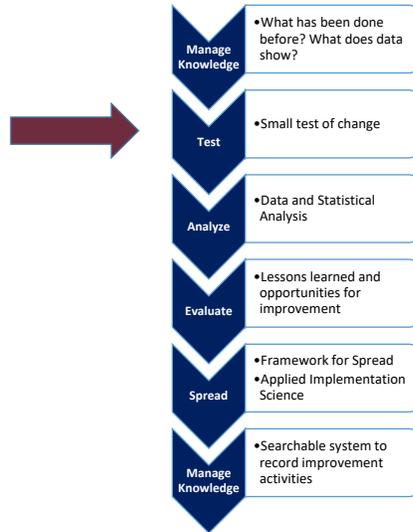
- Make knowledge accessible
- Avoid reinventing knowledge
 - ✓ Don't reinvent the wheel
 - ✓ Don't test or implement without finding out how previous efforts have succeeded or failed
- Easy and effective application of existing knowledge
- Create new knowledge



Eureka | Fairfield | Redding | Santa Rosa

22

Small Test of Change



Eureka | Fairfield | Redding | Santa Rosa

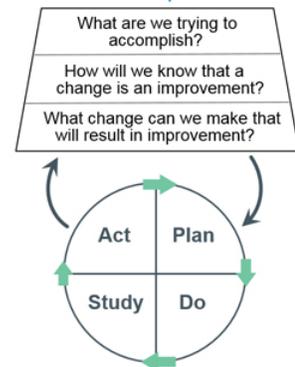
23

Small Tests of Change:

Consistently test new ideas before implementing widely

- Model for Improvement as the prototype for Improvement Projects
- DHCS mandated model for responding to low performing areas
- Consider the subsequent steps in designing small test of change

Model for Improvement

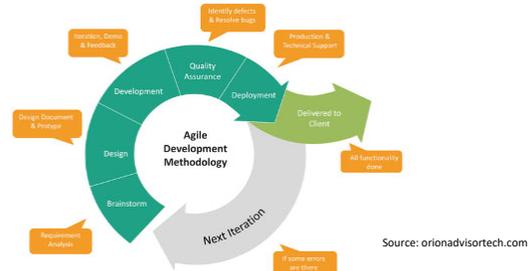


Eureka | Fairfield | Redding | Santa Rosa

24

Small Tests of Change: Variations

- **Agile product development:** build early stages/prototype before completely scoping entire process.
- **Modular implementation:** Reduce the size of the project to the smallest module that can produce product, then build overall project one module at a time (Monju Breeder Reactor vs. Tesla battery factory)



Source: Wikipedia commons

Eureka | Fairfield | Redding | Santa Rosa



Source: Tesla

25

What scale of testing?

Three variables:

1. Readiness to Change
2. Confidence that change idea will work
3. Cost of Failure

Pilot = Larger scale test

Current Situation		Are We Ready to Implement?		
		Appropriate Scope for a PDSA Cycle		
		Staff/Clinicians Readiness to Make Change		
		Resistant	Indifferent	Ready
Low Confidence that change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Confidence that change idea will lead to Improvement	Cost of failure large	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	Implement

API Improvement Guide, Revised Edition, Nancy Britt, April, 2009

Eureka | Fairfield | Redding | Santa Rosa

26



Factors to Consider When Designing Pilot

Design the pilot to scale successfully

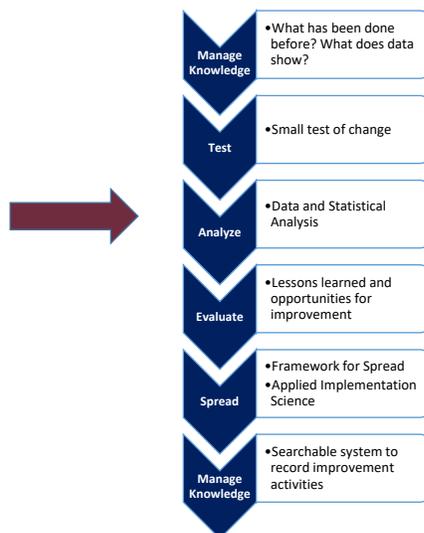
1. Large enough to see if it works
2. Similar population
3. Similar intervention
4. Similar incentives
5. Same staff planned for scaling up

Eureka | Fairfield | Redding | Santa Rosa

27



Data and Statistical Analysis

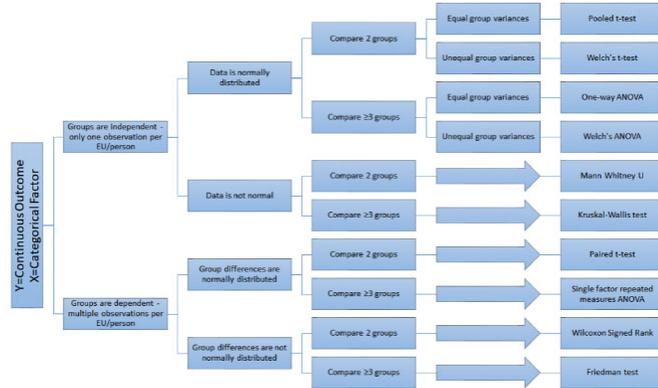


Eureka | Fairfield | Redding | Santa Rosa

28

Standardized Data and Statistical Analysis

- Use the right test for statistical significance.
- Before asking for data, be clear on what question you hope to answer, and what action you would take.
- Democratize the ability to understand data and analysis
- Use the data you have!



Example: bivariate flow chart (stat-methods.com)

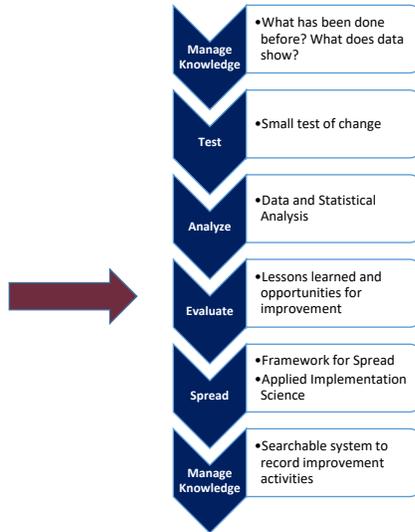
Categories of Data Analysis

Data Analysis

- Basic Analysis
- Complex Analysis



Optimized Evaluation

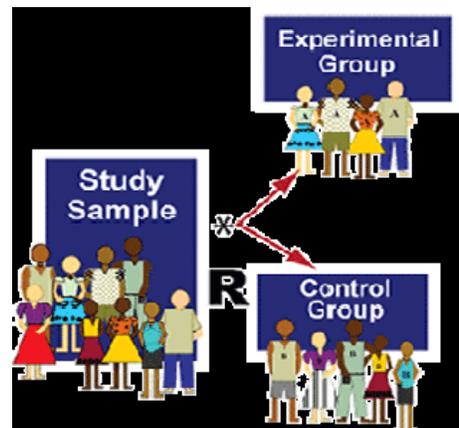


Eureka | Fairfield | Redding | Santa Rosa

31

Standardized Evaluation Methods

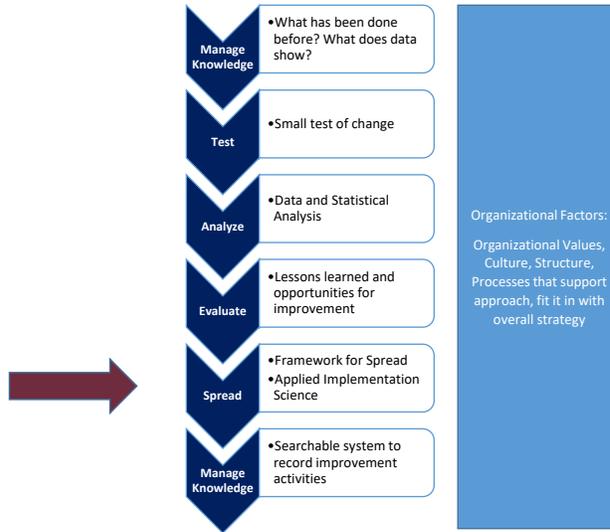
1. Define the evaluation of any pilot or implementation before designing it.
2. When possible, use a control group to see if the intervention worked.
3. Be objective in performing the evaluation and in presenting the evaluation. Be willing to accept that the intervention had no effect.
 - Don't say "We were happy to see . . ." or "We were excited to see . . ." it shows significant bias in outcome of evaluation



Eureka | Fairfield | Redding | Santa Rosa

32

Optimizing Implementation



Eureka | Fairfield | Redding | Santa Rosa

33

Optimizing Implementation

For spreading successful small-scale tests

Definition of Implementation Science:

The study of how programs get implemented into practice and how the quality of that implementation may affect how well that program works or doesn't work.

Eureka | Fairfield | Redding | Santa Rosa

34



Why Pilots Fail to Spread

1. Wrong people studied: The participants of the pilot are not representative of the larger population targeted for implementation
2. Flawed Statistics: The pilot used statistical techniques that were not valid (i.e. pilot really didn't work)
3. Diseconomy of Scale: The cost of the program increases greater than the increased size of the target population
4. Administration Variability: The administration of the program is different with implementation than with the pilot ("Low Fidelity" leads to "Voltage drop")

Eureka | Fairfield | Redding | Santa Rosa

35



Making Pilots Predictive

1. More precise statistical analysis when doing a pilot.
2. Repeat replication before attempting spread.

If goal is 95% confidence that small scale pilots will scale, you will need about 4 independent studies to show the same result to overcome the possibility that pilot results are not scalable.

The Science of Using Science: Towards an Understanding of the Threats to Scaling Experiments (Al-Ubaydli, List, & Suskind, 2019)

Eureka | Fairfield | Redding | Santa Rosa

36



Increasing the Fidelity of Implementation

1. Detail the core elements or “non-negotiables” of the intervention
2. Ensure the facilitators/project managers/staff understand the “whys” or the mechanism behind the intervention effect
3. Look for technology to standardize processes and to check fidelity: Upload data of spread sites in a way that can do fidelity testing as data entered
4. Ensure that the people who designed and ran the pilot play an important role in full implementation
5. Carefully measure the program efficacy when program is scaled. (Don't assume it will work because the pilot did.)

Eureka | Fairfield | Redding | Santa Rosa

37



Key Takeaways



Eureka | Fairfield | Redding | Santa Rosa

38



Further Reading

- Al-Ubaydli, O., List, J. A., & Suskind, D. (2019). The Science of Using Science: Towards an Understanding of the Threats to Scaling Experiments. *National Bureau of Economic Research, Inc. Working Papers*. National Bureau of Economic Research. Retrieved from <https://ideas.repec.org/p/feb/artefa/00670.html>
- Dubner, S. (2020, February 12). Policymaking Is Not a Science (Yet). *Episode 405*. Retrieved from <https://freakonomics.com/podcast/scalability/>
- Finkelstein, A. (2020, April 16). A Strategy for Improving U.S. Health Care Delivery -- Conducting More Randomized, Controlled Trials. *New England Journal of Medicine*, 382(16), 1485-1488.
- Hariharan, A. (2015). *The Strategic Knowledge Management Handbook*.
- Horwitz, L. I., Kuznetsova, M., & Jones, S. A. (2019, September 19). Creating a Learning Health System through Rapid-Cycle, Randomized Testing. *New England Journal of Medicine*, 381(12), 1175-1179.
- Institute of Medicine. (2007). *The Learning Healthcare System: Workshop Summary*. Washington D.C.: The National Academies Press.
- Khullar, D., & Jena, A. B. (2021, June 11). "Natural Experiments" in Health Care Research. *JAMA Health Forum*.
- Simon, G. E., Platt, R., & Hernandez, A. F. (2020, April 16). Evidence from Pragmatic Trials during Routine Care -- Slouching toward a Learning Health System. *New England Journal of Medicine*, 382(16), 1488-1491.
- Skyrme, D. J. (2000). Developing a Knowledge Strategy: From Management to Leadership. In D. Morey, M. Maybury, & B. Thuraingham, *Knowledge Management: Classic and Contemporary Works* (pp. 61-83). Cambridge: MIT Press.
- Venkataramani, A. S., Underhill, K., & Volpp, K. G. (2020, January 7). Moving Toward Evidence-Based Policy: The Value of Randomization for Program and Policy Implementation. *JAMA*, 323(1), 21-22.

Eureka | Fairfield | Redding | Santa Rosa

39



Questions



Eureka | Fairfield | Redding | Santa Rosa

40



Thank you

Robert Moore, MD, MPH
Chief Medical Officer
Partnership HealthPlan of California
rmoores@partnershiphp.org

