

# Driving Quality of Care Through Culture Change Strategies

Identifying culture challenges,  
collecting data to show value for change,  
and creating culture change by demonstrating  
“what’s in it for me?”

HCCA's 21ST ANNUAL COMPLIANCE INSTITUTE  
MARCH 29, 2017

Jalal Josh Clemens  
Compliance Program Manager  
Stanford University

21<sup>st</sup> Annual  
**Compliance Institute**

## DISCLAIMER



JALAL CLEMENS

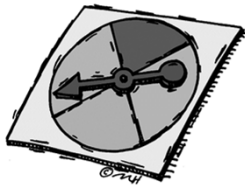
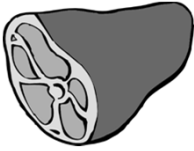
**WHILE I DO WORK FOR STANFORD UNIVERSITY, ALL THE VIEWS, OPINIONS, AND COMMENTS EXPRESSED IN THIS PRESENTATION ARE MY OWN AND MAY DIFFER FROM STANFORD UNIVERSITY AND OTHER ASSOCIATED ENTITIES.**

***NOTE: I WORK FOR STANFORD UNIVERSITY NOT STANFORD HEALTHCARE WHICH ADMINISTERS ALL THE STANFORD BRANDED HOSPITALS.***



**DR. ROTRUCK**  
**PEDIATRIC OPHTHALMOLOGY FELLOW**  
**DUKE UNIVERSITY**

## TODAY'S TOPICS



- **UNDERSTANDING THE EXISTING CULTURE, INDIVIDUAL PSYCHOLOGY AND CREATING CULTURE AND CHANGE CHAMPIONS BY LEVERAGING THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) QUALITY STRATEGY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) NATIONAL QUALITY STRATEGY AND OTHER GUIDELINES.**
- **DESIGNING, COLLECTING, AND COMPARING DATA STATISTICS AND SURVEY RESULTS ON QUALITY OF CARE TO PINPOINT STAGNATION OR POTENTIAL CULTURAL BARRIERS TO IMPROVING QUALITY OF CARE WITHIN YOUR ORGANIZATION.**
- **EXAMPLES AND DISCUSSIONS OF INEXPENSIVE PROGRAMS, FRIENDLY COMPETITIONS, AND OTHER TOOLS THAT CAN BE USED TO DRIVE TARGETED CHANGES IN QUALITY OF CARE WITHIN ORGANIZATIONS.**

3

21<sup>st</sup> Annual**Compliance Institute**

## LOOKING THROUGH ALL LENSES

- **ADMINISTRATIVE BACK OFFICE**
- **PATIENT AND FAMILY**
- **CAREGIVER**
- **COMMUNITY**
- **PAYER (GOVERNMENT, INSURANCE AND SELF PAY)**



4

21<sup>st</sup> Annual**Compliance Institute**



## Culture [kuhl-cher]

1. The **behaviors and beliefs** characteristic of a particular social, ethnic, or age group.
2. A particular form or stage of civilization, as that of a certain nation or period.
3. Development or improvement of the mind by education or training.

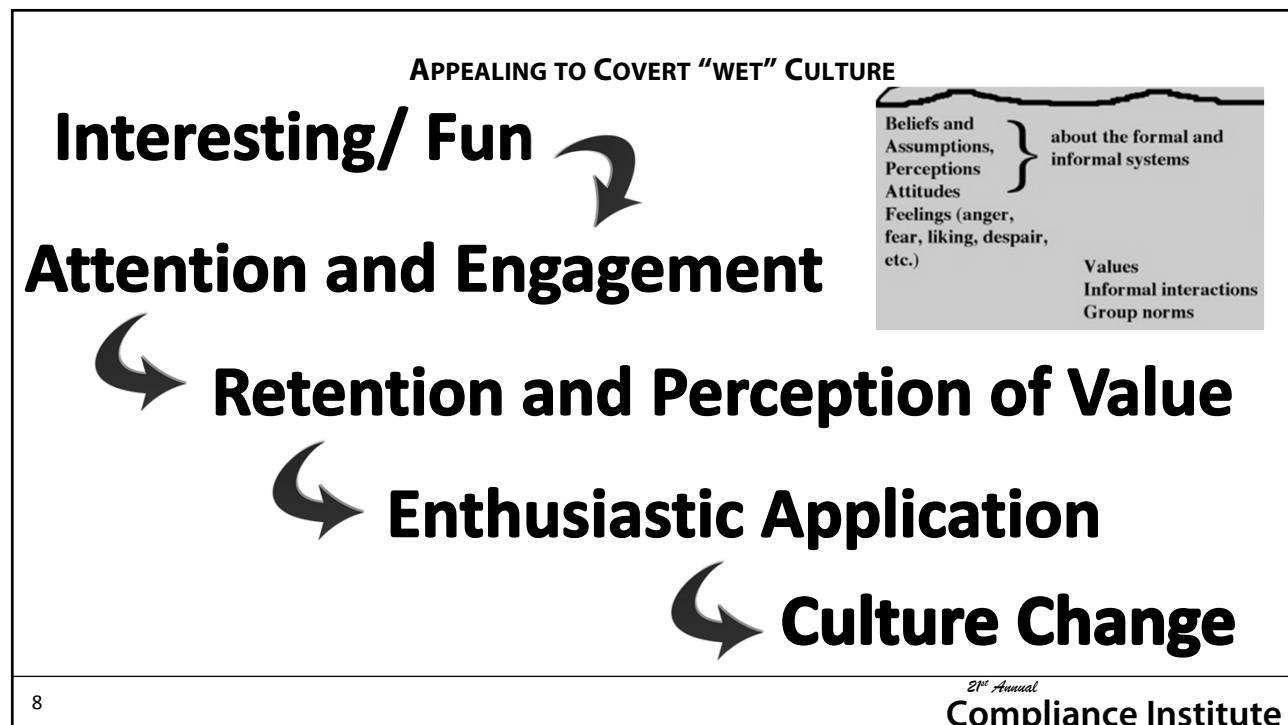
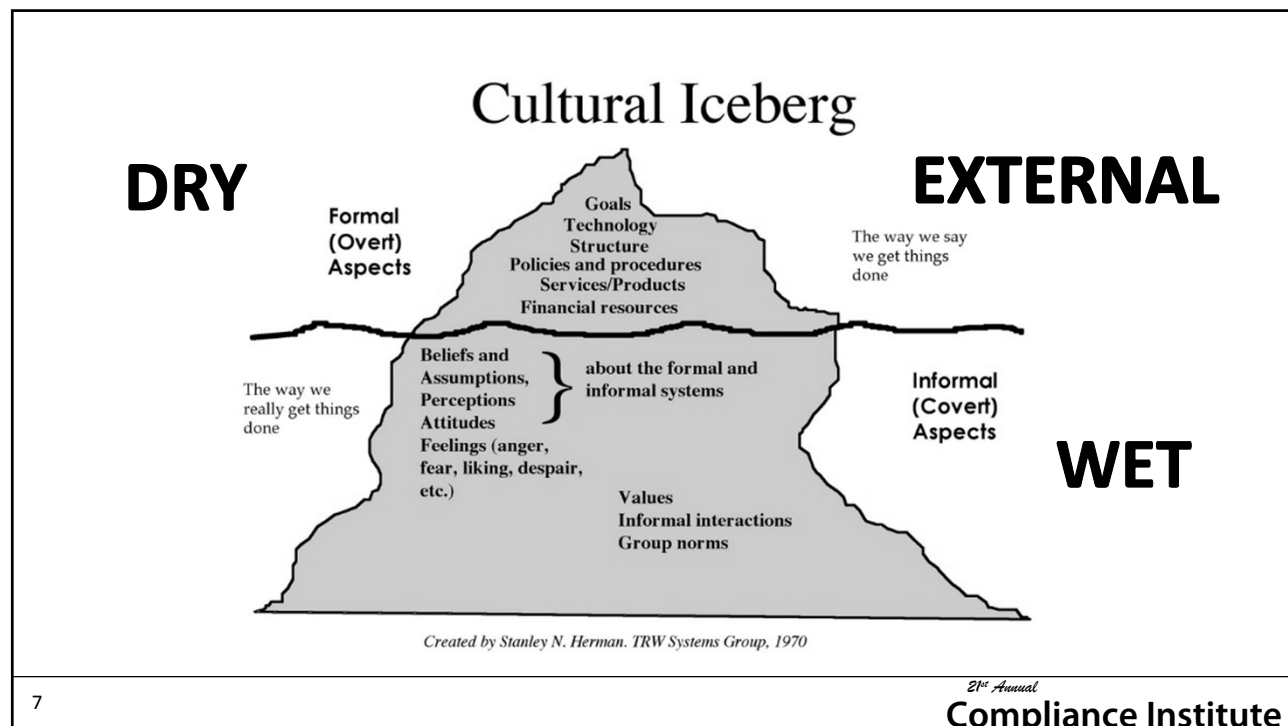
culture. (n.d.). *Dictionary.com Unabridged*. Retrieved October 18, 2016 from Dictionary.com website <http://www.dictionary.com/browse/culture>



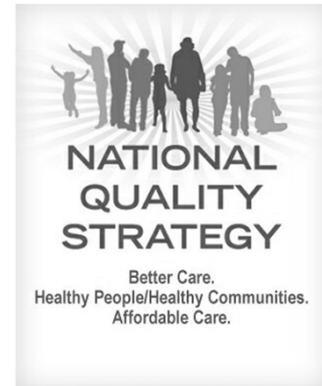
## Organizational Culture

The customs, rituals, and **values** shared by the members of an organization that have to be accepted by new members.

organizational culture. (n.d.). *Collins English Dictionary - Complete & Unabridged 10th Edition*. Retrieved October 18, 2016 from Dictionary.com website <http://www.dictionary.com/browse/organizational-culture>



## WHERE DO WE START?



9

21<sup>st</sup> Annual

Compliance Institute

## WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?

### THREE OVERARCHING AIMS



Patient-centered  
Accessible  
Reliable  
Safe

10

21<sup>st</sup> Annual

Compliance Institute

## WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?

### FOUNDATIONAL PRINCIPALS



11

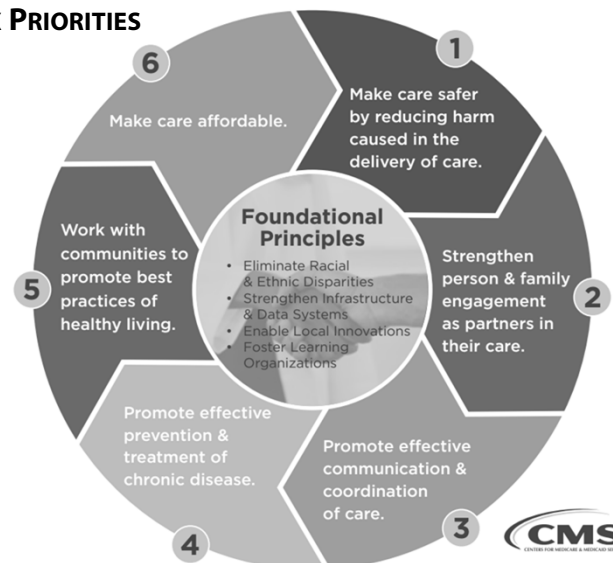
21<sup>st</sup> Annual

Compliance Institute

## WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?

### SIX PRIORITIES

#### ALL TO SUPPORT THE THREE OVERARCHING AIMS



12

21<sup>st</sup> Annual

Compliance Institute

## WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?

### NINE LEVERS

- MEASUREMENT AND FEEDBACK
- PUBLIC REPORTING
- LEARNING AND TECHNICAL ASSISTANCE
- CERTIFICATION, ACCREDITATION, AND REGULATION
- CONSUMER INCENTIVES AND BENEFIT DESIGN
- PAYMENT
- HEALTH INFORMATION TECHNOLOGY
- INNOVATION AND DIFFUSION
- WORKFORCE DEVELOPMENT



<http://www.ahrq.gov/workingforquality/reports.htm>

## 2016 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) QUALITY STRATEGY

"... envisions health and care that is person-centered, provides incentives for the right outcomes, is sustainable, emphasizes coordinated care and shared decision-making, and relies on transparency of quality and cost information."<sup>1</sup>

- REFLECTS THE HHS NATIONAL QUALITY STRATEGY
- SET GOALS FOR VALUE-BASED PAYMENTS WITHIN FEE-FOR-SERVICE
- FOUR FOUNDATIONAL PRINCIPLES
- UPDATES ON ACTION TAKEN TO ACHIEVE GOALS RELATED TO NQS SIX PRIORITIES

<sup>1</sup> Centers For Medicare & Medicaid Services. 2016 CMS Quality Strategy (2016): n. pag. 2016 CMS Quality Strategy. 2016 CMS Quality Strategy.  
Web. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-Quality-Strategy.pdf>

## OTHER MATERIALS HELPFUL TO QUALITY STRATEGY

### ➤ QUALITY OF CARE – 2006 WORLD HEALTH ORGANIZATION

- Big picture thoughts on healthcare quality analysis, strategy and implementation  
[http://www.who.int/management/quality/assurance/QualityCare\\_B.Def.pdf](http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf)

### ➤ STATE HEALTH OFFICIAL LETTER – CMS 2013

- Titled: Quality Considerations for Medicaid and CHIP Programs
- High-level technical assistance to states regarding a framework for quality improvement and measurement  
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho-13-007.pdf>

### ➤ NQS REPORTS AND ANNUAL UPDATES

- More detailed focus and status updates on the NQS  
<http://www.ahrq.gov/workingforquality/reports.htm>

## LET'S WAKE UP

You have 30 seconds

How many As do you count in the below paragraph?

## READY?

“You don’t need to memorize all these policies. I obviously have not. What you can do is think about the comprehensive picture and then take the policies piece by piece, methodically thinking about what you are doing now to meet them – what you will find is sometimes you don’t know what you are doing or why you are doing it. That is fine its ok to cut corners. Find the right contact or start putting that information together.”



## LET'S WAKE UP

How many As did you count?

# Perception and Focus

17

*21<sup>st</sup> Annual***Compliance Institute**

## TODAY'S TOPICS



- **UNDERSTANDING THE EXISTING CULTURE, INDIVIDUAL PSYCHOLOGY AND CREATING CULTURE AND CHANGE CHAMPIONS BY LEVERAGING THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) QUALITY STRATEGY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) NATIONAL QUALITY STRATEGY AND OTHER GUIDELINES.**
- **DESIGNING, COLLECTING, AND COMPARING DATA STATISTICS AND SURVEY RESULTS ON QUALITY OF CARE TO PINPOINT STAGNATION OR POTENTIAL CULTURAL BARRIERS TO IMPROVING QUALITY OF CARE WITHIN YOUR ORGANIZATION.**
- **EXAMPLES AND DISCUSSIONS OF INEXPENSIVE PROGRAMS, FRIENDLY COMPETITIONS, AND OTHER TOOLS THAT CAN BE USED TO DRIVE TARGETED CHANGES IN QUALITY OF CARE WITHIN ORGANIZATIONS.**

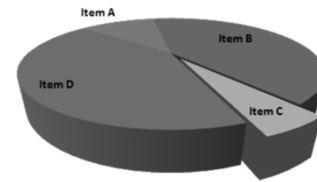
18

*21<sup>st</sup> Annual***Compliance Institute**

## START AT THE BEGINNING. . .

### ➤ UNDERSTANDING WHAT DATA YOU HAVE

- Key Performance Indicators (KPI), Dashboards, Reporting
- Informal feedback and observation
- Surveys and interviews



19

21<sup>st</sup> Annual  
**Compliance Institute**

## So much information!

### Remember:

We are looking at this through the frame of **pinpointing** stagnation or potential cultural barriers to improving quality of care within your organization.



Don't miss the: "its ok to cut corners"

20

21<sup>st</sup> Annual  
**Compliance Institute**

## NINE LEVERS OF THE NATIONAL QUALITY STRATEGY

### ➤ DOES YOUR INFORMATION AND REPORTING COVER THE LEVERS?

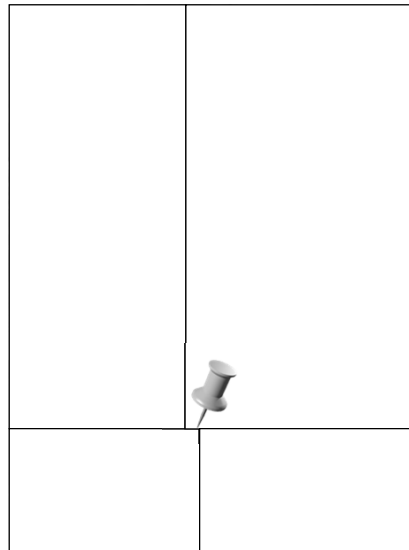
- MEASUREMENT AND FEEDBACK
- PUBLIC REPORTING
- LEARNING AND TECHNICAL ASSISTANCE
- CERTIFICATION, ACCREDITATION, AND REGULATION
- CONSUMER INCENTIVES AND BENEFIT DESIGN
- PAYMENT
- HEALTH INFORMATION TECHNOLOGY
- INNOVATION AND DIFFUSION
- WORKFORCE DEVELOPMENT



21

*21<sup>st</sup> Annual***Compliance Institute**

## ASKING THE RIGHT QUESTIONS



22

*21<sup>st</sup> Annual***Compliance Institute**

## HOW TO GET INFORMATION

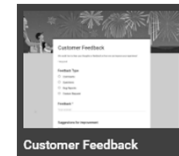
### ➤ EXISTING DATA

- Encrypted minimum necessary
- Validate the data
- Cleanup the data

**.txt**  
**.CSV**

### ➤ SURVEYS

- Use a tool that provides easy analysis
- Keep information secure, and anonymous if appropriate
- Ease of access and use for the target
- Ease of data manipulation/extract
- Be willing to pay a small fee for the extra features



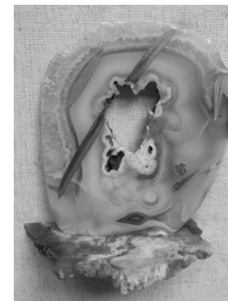
23

21<sup>st</sup> Annual  
**Compliance Institute**

## BONUS: HOW TO GET PARTICIPATION

- EASE OF USE FOR CONTRIBUTOR
- TIMELINESS OF FEEDBACK
- SINCERE THANK YOU NOTES

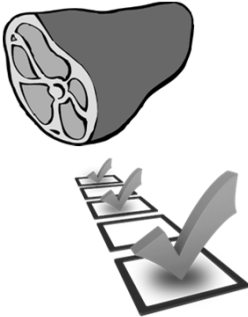
**Short + Sweet**



24

21<sup>st</sup> Annual  
**Compliance Institute**

## QUICK CHECK – WHERE ARE WE?



1. IDENTIFIED REFERENCE GUIDES TO BUILD ON.
2. ANALYZED INDIVIDUAL PARTS OF OUR QUALITY OF CARE PROGRAM AND CULTURE AGAINST REFERENCE GUIDES LISTS.
3. UNDERSTOOD BROADLY WHAT INFORMATION IS AVAILABLE IN OUR ORGANIZATION RELATED TO QUALITY OF CARE.
4. STARTED THINKING ABOUT WHAT THE RIGHT QUESTIONS ARE BY UNDERSTANDING GAPS IDENTIFIED IN #2 AND #3.

What has not occurred yet?

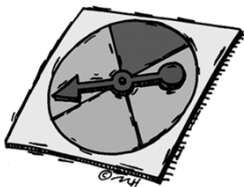
# CHANGE

25

*21<sup>st</sup> Annual***Compliance Institute**

## TODAY'S TOPICS

- UNDERSTANDING THE EXISTING CULTURE, INDIVIDUAL PSYCHOLOGY AND CREATING CULTURE AND CHANGE CHAMPIONS BY LEVERAGING THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) QUALITY STRATEGY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) NATIONAL QUALITY STRATEGY AND OTHER GUIDELINES.
- DESIGNING, COLLECTING, AND COMPARING DATA STATISTICS AND SURVEY RESULTS ON QUALITY OF CARE TO PINPOINT STAGNATION OR POTENTIAL CULTURAL BARRIERS TO IMPROVING QUALITY OF CARE WITHIN YOUR ORGANIZATION.
- EXAMPLES AND DISCUSSIONS OF INEXPENSIVE PROGRAMS, FRIENDLY COMPETITIONS, AND OTHER TOOLS THAT CAN BE USED TO DRIVE TARGETED CHANGES IN QUALITY OF CARE WITHIN ORGANIZATIONS.



# CHANGE

26

*21<sup>st</sup> Annual***Compliance Institute**

## CHANGE SUCCESS



## GETTING BUY-IN

- BUILD RELATIONSHIPS BEFORE CHANGE ASK
- UNDERSTAND THE POLITICS AND CULTURE OF THE ORGANIZATION
- IDENTIFY **CHAMPIONS** IN LEADERSHIP
- MEET WITH DETRACTORS AND TALK THROUGH THEIR CONCERNS
- CONVERT THE LOUDEST/MOST OPINIONATED TO YOUR SIDE

THIS CAN TAKE . . . **Months**



27

21<sup>st</sup> Annual

Compliance Institute

## THINKING INSIDE THE BOX . . . SORT OF

- NEWSLETTER OR EMAIL HIGHLIGHTING RESULTS



- POSTERS



- GIVEAWAYS – WITH MEANING

- QUICK TIPS



28

21<sup>st</sup> Annual

Compliance Institute

## THINKING OUTSIDE THE BOX

- SCAVENGER HUNT
- NOMINATIONS OR COMPETITION WITH AWARDS FOR CHAMPIONS
- GAMES WITH PRIZES
- ...

## Beware the Pitfall:

**If it is optional and  
requires time and effort  
outside of work,  
even if it is fun,  
People may not come.**

29

*21<sup>st</sup> Annual***Compliance Institute**

## WHAT MIGHT NOT SPEAK TO THE MASSES

- FORMAL MEMOS
- GROUP MEETINGS – ESPECIALLY IF ATTENDANCE IS MANDATED
- POLICY UPDATE EMAIL BLASTS
- REPORTS WITHOUT ANY TEETH OR FOLLOW-UP
- SYSTEM UPDATES WITHOUT APPROPRIATELY BROAD COMMUNICATION



30

*21<sup>st</sup> Annual***Compliance Institute**

## FINAL THOUGHTS

- **ALWAYS** GET A SENIOR LEADERSHIP SPONSOR AND CHAMPION – IDEALLY THE PERSON(S) MOST RESISTANT TO CHANGE IN THE FIRST PLACE OR SOMEONE WITH REFERENT POWER (INFLUENCE)
- **HAVING AN ESTABLISHED POSITIVE RELATIONSHIP BUILDS CREDIBILITY**
- **A PERSONAL ONE-ON-ONE TOUCH MAKES A BIG DIFFERENCE IN RETENTION**
- **FOLLOWING UP REINFORCES AN IDEA MORE THAN YOU MIGHT THINK**
- **ASSOCIATING CHANGE WITH A POSITIVE EXPERIENCE REDUCES RESISTANCE**

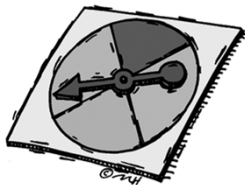


31

21<sup>st</sup> Annual

Compliance Institute

## TODAY'S TOPICS



- **UNDERSTANDING THE EXISTING CULTURE, INDIVIDUAL PSYCHOLOGY AND CREATING CULTURE AND CHANGE CHAMPIONS BY LEVERAGING THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) QUALITY STRATEGY, THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) NATIONAL QUALITY STRATEGY AND OTHER GUIDELINES.**
- **DESIGNING, COLLECTING, AND COMPARING DATA STATISTICS AND SURVEY RESULTS ON QUALITY OF CARE TO PINPOINT STAGNATION OR POTENTIAL CULTURAL BARRIERS TO IMPROVING QUALITY OF CARE WITHIN YOUR ORGANIZATION.**
- **EXAMPLES AND DISCUSSIONS OF INEXPENSIVE PROGRAMS, FRIENDLY COMPETITIONS, AND OTHER TOOLS THAT CAN BE USED TO DRIVE TARGETED CHANGES IN QUALITY OF CARE WITHIN ORGANIZATIONS.**

32

21<sup>st</sup> Annual

Compliance Institute



## MAIN TAKEAWAYS



1. **LEVERAGE THE QUALITY OF CARE FRAMEWORK TO ANALYZE YOUR PROGRAMS.**

2. **BE THOUGHTFUL AND PRECISE ABOUT WHAT YOU NEED TO KNOW AND HOW TO GET IT WITH THE MINIMUM INTERRUPTION TO PEOPLE'S LIVES.**



3. **CLEARLY COMMUNICATE VALUE - DEFINE THE REASON FOR THE CHANGE, THE POSITIVE RESULTS, AND BE CREATIVE IN COMMUNICATING THE NEEDED CHANGE.**

33

21<sup>st</sup> Annual

Compliance Institute

## DISCUSSION/QUESTIONS?

**Jalal Josh Clemens, CIA, CCEP, CRMA**

Compliance Program Manager, Office of Compliance and Ethics  
Stanford University Office of Audit, Compliance, Risk and Privacy  
616 Serra Street, Room 10 | Stanford, CA 94305  
650.724.7024 | [jalal.clemens@stanford.edu](mailto:jalal.clemens@stanford.edu)

**Stanford** | Office of Audit, Compliance,  
Risk and Privacy  
Valued Partner and Advisor

[acrp.stanford.edu](http://acrp.stanford.edu)

21<sup>st</sup> Annual

Compliance Institute