

## 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

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JALAL CLEMENS

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DR. ROTRUCK  
PEDIATRIC OPHTHALMOLOGY FELLOW  
DUKE UNIVERSITY

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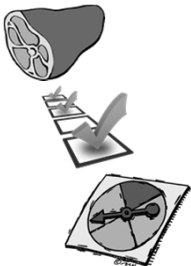
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### TODAY'S TOPICS



- 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.
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## LOOKING THROUGH ALL LENSES

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



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## 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>

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## 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>

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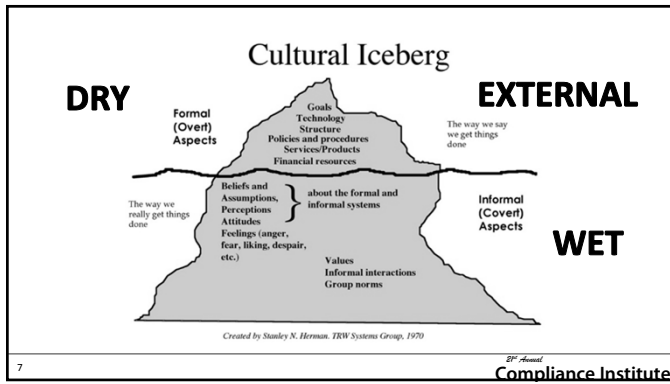
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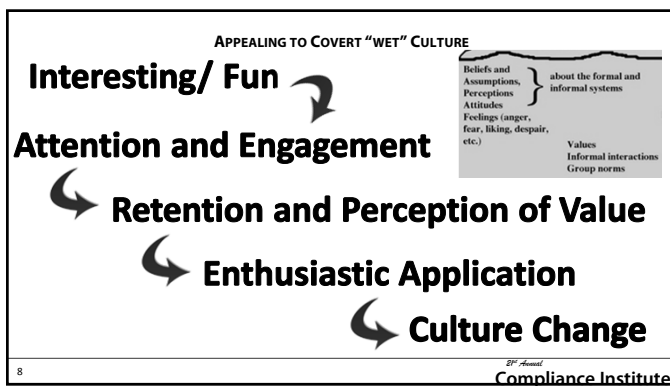
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**WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?**  
**THREE OVERARCHING AIMS**

Patient-centered  
 Accessible  
 Reliable  
 Safe

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**WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?**  
**FOUNDATIONAL PRINCIPALS**

**Foundational Principles**

- Eliminate Racial & Ethnic Disparities
- Strengthen Infrastructure & Data Systems
- Enable Local Innovations
- Foster Learning Organizations

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**WHAT'S THE MEAT OF THE NATIONAL QUALITY STRATEGY (NQS)?**  
**SIX PRIORITIES**

**ALL TO SUPPORT THE THREE OVERARCHING AIMS**

Better Care    Healthier People    Smarter Spending



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**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>

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**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/QualityInitiativesSeverinbyDownloads/CMS-Quality-Strategy.pdf>

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**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\\_8.Def.pdf](http://www.who.int/management/quality/assurance/QualityCare_8.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>

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**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."

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**LET'S WAKE UP**

How many As did you count?

**Perception and Focus**

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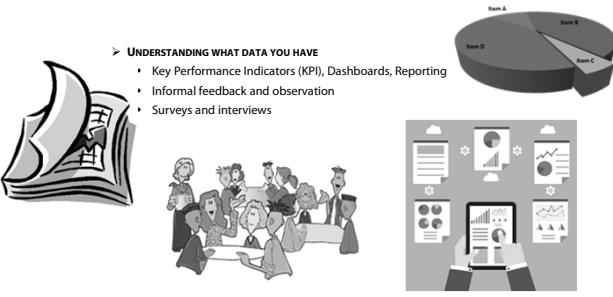
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**START AT THE BEGINNING...**

➤ **UNDERSTANDING WHAT DATA YOU HAVE**

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



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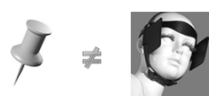
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**So much information!**

**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"

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**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
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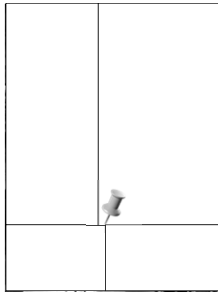
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### ASKING THE RIGHT QUESTIONS



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### 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

SurveyMonkey

Zoho  
Work - Online

Forms



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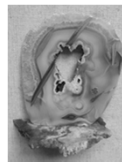
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### BONUS: HOW TO GET PARTICIPATION

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

**Short + Sweet**



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### 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

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## CHANGE

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### 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



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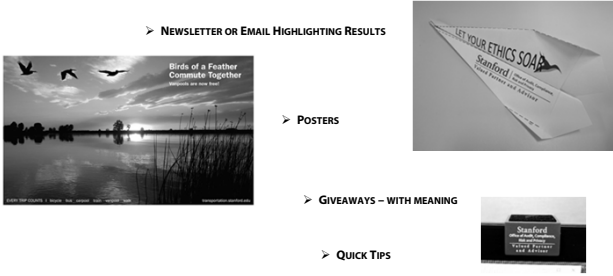
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**THINKING INSIDE THE BOX . . . SORT OF**

- NEWSLETTER OR EMAIL HIGHLIGHTING RESULTS
- POSTERS
- GIVEAWAYS – WITH MEANING
- QUICK TIPS



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**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.

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**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



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### 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



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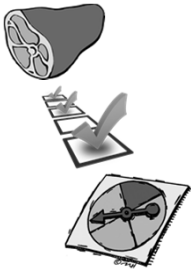
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### MAIN TAKEAWAYS



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.

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**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)

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