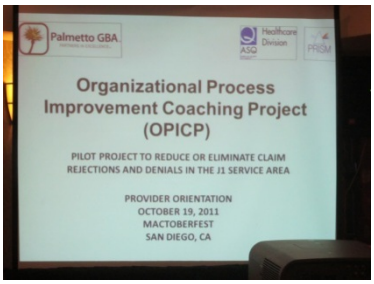
The Healthcare Division Chair's progress report for October 2011:

by Joe Fortuna

1. **The Healthcare Division (HCD) Marshall Plan is finally off the ground.**

At long last, the first HCD Marshall Plan **(MP)** project is now a reality. The **first MP** project has been named "The Organizational Process Improvement Coaching Project" (OPICP) by officials from the Centers for Medicare and Medicaid (CMS) who are funding for **the** project **in partnership with PalmettoGBA, the organization that pays the Medicare Part A and Part B provider bills in California and several other states**. Thanks to the efforts of many, including:

- ASQ Region 7 Director Elias Monreal.
- Several Region 7 section chairs.
- HCD member Craig Tingley (Section 706).
- HCD members Mary Hones-Burr and Kathy Merrill (Section 1000 and PRISM).
- HCD member Harry Feliciano, who is also medical director for PalmettoGBA.



OPICP held its first coach and candidate provider orientations on Oct. 18 - 19 in San Diego (see photo) in conjunction with Palmetto's 700 – 800 person annual meeting of Medicare Part A and Part B providers titled "MACtoberfest." Brooks Carder, treasurer of ASQ Section 703, graciously welcomed the group to San Diego.

Seven volunteer OPICP coaches from Region 7 ASQ Sections and five candidate Medicare provider organizations participated, as well as Dr. Feliciano and his colleague at PalmettoGBA, Dr. Arthur Lurvey.

OPICP is aimed at:

- Helping Medicare Part A provider organizations (hospitals) to find and sustainably correct the root causes of claim denials and rejections for one-day hospital stays for chest pain.
- Helping Medicare Part B provider organizations (physician offices) to find and sustainably correct the root causes of claim denials and rejections for evaluation and management services.

Until now, correction of the errors causing these claims denials and rejections has been focused on the traditional "medical model" for affecting needed improvements in clinical settings, such as:

- Dissemination of information. For example, making stakeholders aware of the Medicare-covered healthcare services available to Medicare beneficiaries and the design requirements for the health records supporting the covered services.

- Having a sample of healthcare providers undergo a limited inspection (review) of their records.

This approach assumes:

- The organizational capacity exists among healthcare organizations to use the information and to implement effective changes to and re-engineer, the current hospital and physician billing and documentation processes.
- Limited inspections will make a sufficient impact in promoting organizational and process improvement.

Recent feedback from hospitals and physicians, however, indicates that these assumptions are incorrect. Hospitals and physicians need proven process improvement and change management tools and approaches that can help them successfully implement and, once implemented, sustain the needed changes.

Together, the~~se~~ problems **that OPICP is attempting to solve** add up to hundreds of millions of dollars each year in waste in the healthcare system and in losses for these organizations. In most cases, fixes for these problems can be achieved using process improvement tools such as those the OPICP coaches will teach to the participating OPICP providers.

The coaches, in conjunction with PRISM (which is volunteering the time of its staff), also will be working to instill a culture of continuous improvement in each OPICP provider organization.

Coaches have been carefully screened. The ideal coach will be expected to have most or all of the following attributes:

- Places a premium on and is passionate about teaching and empowering providers and their staffs to make needed changes in their working environments and cultures.
- Knowledgeable of and highly skilled and experienced in the use of proven, validated techniques and modalities to enable a practice or facility to sustainably achieve and maintain the specific operational objectives of the project while moving the practice toward a culture of continuous improvement.
- Good to excellent "people skills."
- Patience to let others try and sometimes fail.
- Capable of explaining the same concept in different culturally and situationally correct manners.
- Understanding of systems and how to implement and support them.

Each provider organization must meet the following qualifications to ensure the success of the effort:

- Identify a full-time practice or facility implementation leader—typically the office manager.

- Identify a committed clinical champion—typically the lead physician.
- Agree to allow practice leader to meet at least weekly with coach.
- Agree to participate in weekly all-practice and all-facility leadership update meetings (15 - 30 minutes)
- Agree to conduct frequent (preferably daily) five-minute update meetings with staff to review metrics, obstacles and progress.
- Agree to empower staff to conduct and participate in projects that make an impact them and support the goals and objectives of the program.
- Agree to have relevant staff take the validated web-based Quality Work Competence Environmental and Cultural Assessment Survey[1] before the coaching intervention, at its mid-point and at the conclusion of the intervention.

The project will get underway in the OPICP provider organizations in mid-December and will conclude in the first quarter of 2012.

OPICP volunteer coaches are still needed, so anyone in southern California interested in taking part in this program should email me at jaf@prism1.org as soon as possible.

Also, as part of the MACtoberfest Meeting, myself, as HCD chair, and Dr. Feliciano delivered a joint luncheon keynote presentation to 600 - 700 of the MACtoberfest attendees on the details of the OPICP Project. During the presentation, the goals and objectives of ASQ and the HCD, as well as their relevance to the work of the attendees, also were explained.

Finally, ASQ and the HCD **were** also permitted to exhibit and were given prime exhibitor space next to PalmettoGBA— the host organization! Mary Hones-Burr, Kathy Merrill, Craig Tingley and I manned the booth **(see photo)** along with **one of the OPICP coaches**, Carole Elm, a member of Section 706. We introduced ASQ and the HCD to hundreds of the providers, CMS officials and other attendees. We **believe that we were** also successful in interesting many of them to become part of ASQ.

2. Second Marshall Plan project now in the works.

[1] Bengt B. Arnetz, MD, PhD, Todd Lucas, PhD, and Judith E. Arnetz PhD, "Organizational Climate, Occupational Stress, and Employee Mental Health: Mediating Effects of Organizational Efficiency," Journal of Occupational and Environmental Science, Vol. 53, No. 1, Jan. 2011.

Now that the first Marshall Plan project is a reality, a second is planned and will get under way in early first quarter 2012. This project will be conducted in partnership with the Heartland Kidney Network in Kansas City, MO and the Kansas City ASQ Section. This project will target several renal dialysis centers in that area, and focus on iteratively and sustainably teaching the staff of these centers process improvement skills and techniques, as well as introducing them to a culture of continuous improvement. The aim is to help these centers in their quest to improve the quality of their services and remove waste in their operations. Kay Brown, a member of the Kansas City Section and the HCD, as well as the quality director for the Heartland Kidney Network, is spearheading this Marshall Plan project.

3. Division Affairs Council (DAC) IV group representation.

The HCD is, once again, represented on the DAC 4 calls. I am happy to report that Tom Grinley has agreed to serve as the HCD representative on the monthly DAC 4 calls. Thanks, Tom! Tom also will be attending the ASQ Leadership Orientation Session in November in Milwaukee, as well as the DAC meeting.

Thanks, as always, for your valuable contributions to the HCD!

—Warm regards,

Joe Fortuna, HCD chair
***jaf@prism1.org** (248-709-6669)*