CANADIAN SOCIETY FOR INTERNATIONAL HEALTH

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Implementing a Disease Management Program in Kazakhstan & Developing High-Functioning Multidisciplinary Teams

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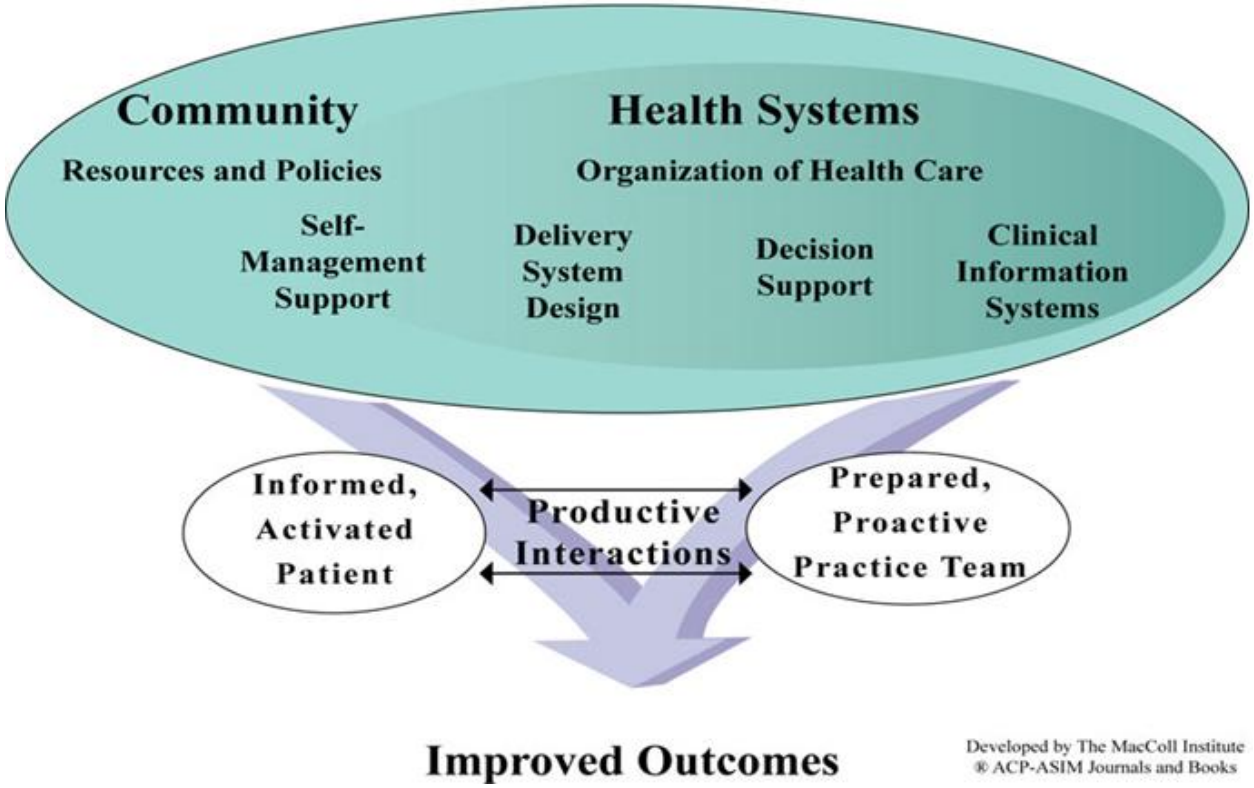
Disease Management Program

Key Components, Based on Chronic Care Model



Components of DMP

Flow Sheet used at **Planned Visits**

planned visit data to registry

Scheduling for planned visit

Disease Registry updated

Регистр пациентов с сахарным диабетом

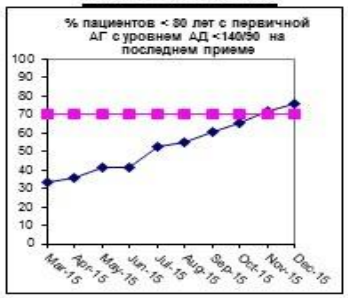
Имя Пациента	Дата Рождения	Индивидуальный Идентификационный Номер	Пол	Адрес	Номер телефона	Показания к последнему анализу HbA1c	Дата последнего анализа HbA1c	систолическое АД	участковое систолическое АД	Дата последнего измерения АД
Кюри Мария Склодовская	1950-01-01	123456789122		123 Street	14-15-16	7.50	2015-10-03	145	90	2015-10-08
Набоков Владимир Владимирович	1967-09-23	123456789123		456 Street	17-18-19	9.80	2014-12-03	160	100	2014-12-03
Достоевский Федор Михайлович	1943-06-21	123456789124		789 Street	20-21-22	6.50	2015-04-03	130	80	2015-04-03

Patient Recall Lists

Имя Пациента	Номер телефона	Просроченные элементы						месяцев после последнего посещения
		A1c	ЛПНП	цел по самомеме дименту	осмотр стоп	обследование офтальмолога	САК	
Кюри Мария Склодовская	14-15-16					X	X	0.2
Набоков Владимир Владимирович	17-18-19	X	X		X	X	X	8.5
Достоевский Федор Михайлович	20-21-22					X	X	4.5
Пушкин Александр Сергеевич	23-24-25	X			X	X	X	17.7
Шарапова Мария Юрьевна	26-27-28	X	X	X	X	X	X	17.7
Павлов Иван Петрович	30-31-32	X				X	X	0.2
Ломоносов Михаил Васильевич	50-51-52		X	X	X	X	X	0.2

auto calculated

Data Reports/ Run Charts



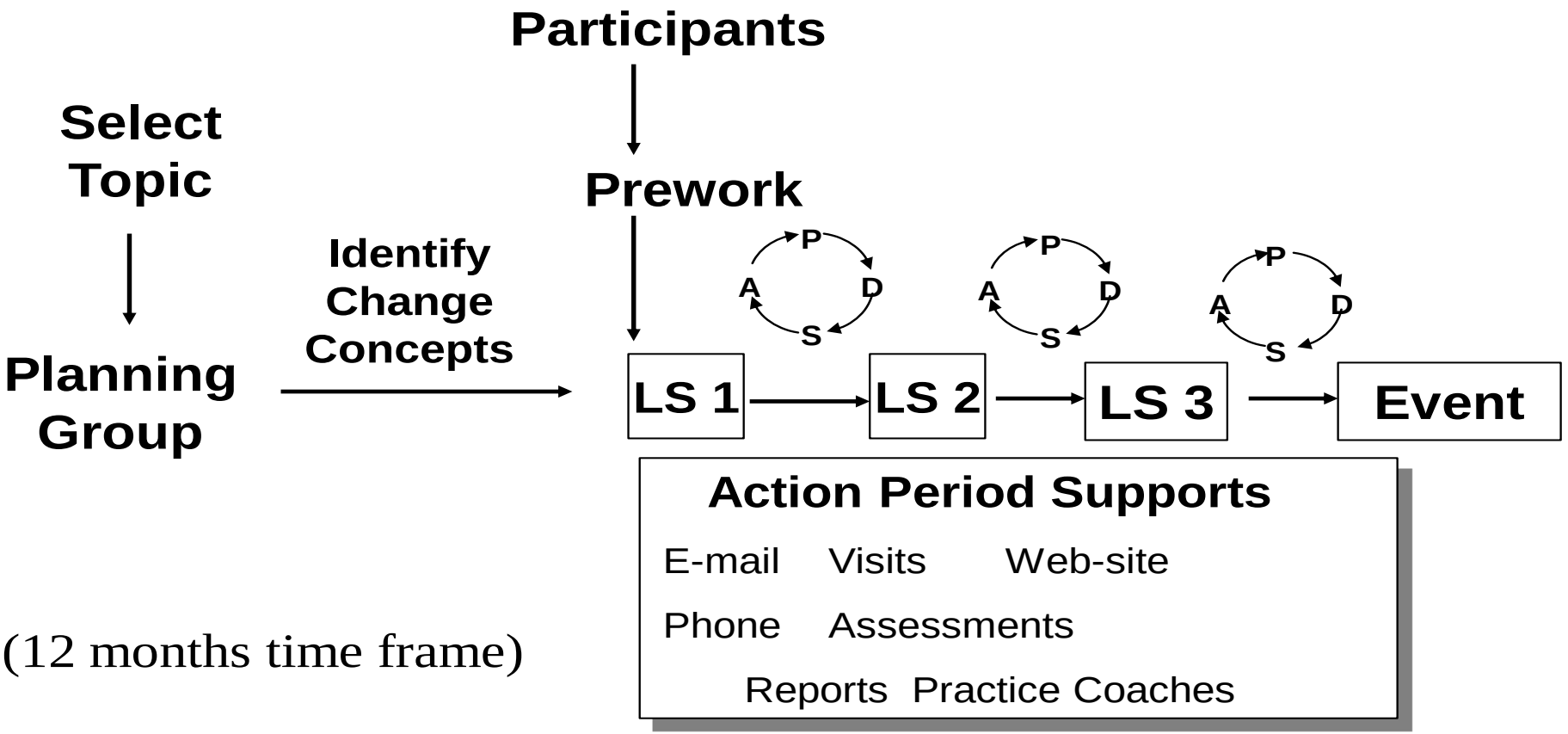
data sorted

Population Segmentation

Имя Пациента	Сегмент населения	A1c	систолическое АД	диастолическое АД	ЛПНП	статус курильщика	ИМТ	Уровень доверия
Кюри Мария Склодовская	субоптимальный	7.5	130	80	2.3	нет	31.1	8
Набоков Владимир Владимирович		6.7	140	80	0	нет	35.7	7
Достоевский Федор Михайлович	плохой	6.5	130	80	5.5	да	27.3	8
Пушкин Александр Сергеевич	субоптимальный	8.0	150	95	3.3	нет	21.6	5
Шарапова Мария Юрьевна	плохой	9.2	160	110	2.1	нет	19.4	6
Павлов Иван Петрович		0.0	130	80	2.1	нет	21.6	9
Ломоносов Михаил Васильевич	субоптимальный	6.7	130	80	3	да	19.4	7

List Generated

Learning Collaborative Structure



(12 months time frame)

Context

- Implementing DMP is great idea but…
  - "Everyone is overworked"
  - "No time to do all of the best practices"
  - "Only specialist can do that"
  - "Can I trust someone else to do what I'm doing now?"
- What is the solution?
  - High-functioning team is key to ensuring essential tasks of DMP are implemented well

Recipe for High-Functioning Interdisciplinary Team

- Common goal
- Leadership & good communication
- Clear role description & handoffs
- Task-shifting so everyone working at their greatest capacity
- Skills verification with protocols & audit
- Implement change with PDSA cycles

Scenario 1

- A specialist says to her colleague: “I hear they’re doing this big project called DMP. Do you know what this is all about? They’re probably just going to make us fill in more forms. I wish they would just leave us alone so we can see our patients.”
- Another specialist: “Everything is fine, we’re following all the best practices. Why do we need to do this DMP?”

High Functioning Team - DMP

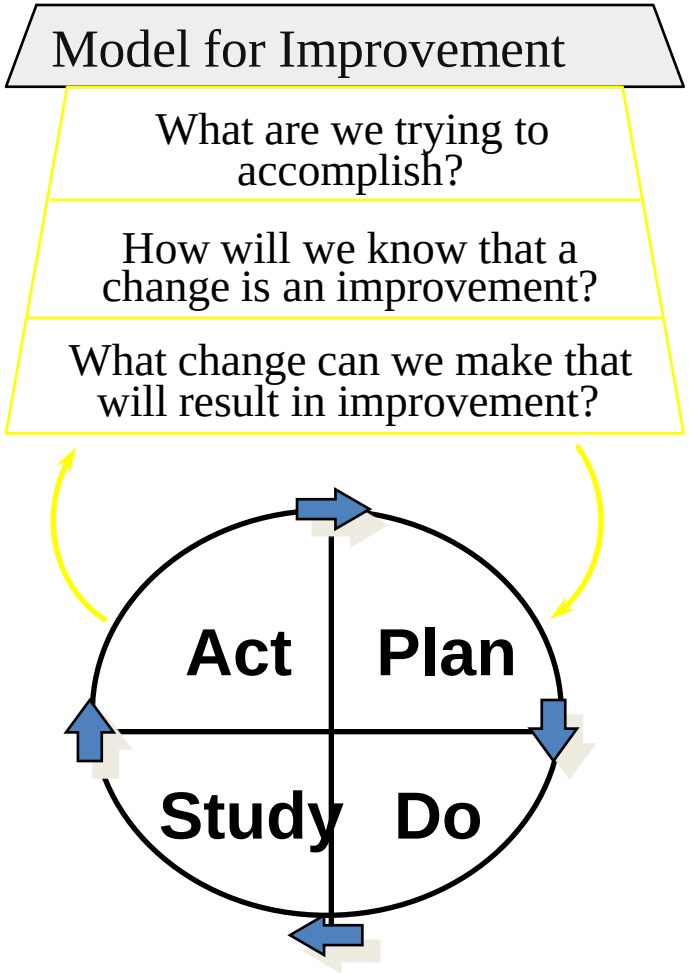
- Common goal
  - Set clear target for improvement
    - improve % of patients not overdue for tests from 40% to 70%
    - Improve % with A1c < 7 from 50% to 60%
  - Clear goals can motivate team
  - Experience from existing pilot sites provide ideas on what can be reasonably achieved in 1 year

High Functioning Team - DMP

- Common goal
  - Be clear to define the problem first
  - May require collecting baseline data first to demonstrate current gaps in care
  - Leader to specialist:
    - “our initial data shows that 70% of our patients are routinely overdue for necessary tests. Other polyclinics are doing better than us. Do you think we can do better?”

Model for Improvement

Three Questions to Focus Improvement Work



Scenario 2

- The next round of DMP has started in 5 new regions involving 15 polyclinics. All teams have been asked to do “pre-work”, such as select team members, identify the target patient group, and do a trial run of the flowsheet & registry tools. 10 sites have enthusiastically taken up the challenge, while 5 have made no progress.

- What is the problem? What should you do?

Leadership

- Identify strong leader for each polyclinic
  - Well-respected, strong clinical knowledge
  - People management skills: motivation, encouragement, conflict resolution, delegation
  - Accountable for results of team
  - Can communicate vision well

Leadership

- Is DMP a priority? What are competing demands?
    - IT system, renovations, filling HR vacancies, regulatory issues to address, financial concerns, other projects
- Is leader willing / able to protect time of team members to work on project?
- Is leadership engaged?
    - Leaders asking team for progress reports, providing assistance & encouragement

Scenario 3

- Polyclinic # 7 is struggling with ensuring diabetes patients get a foot exam done every 12 months. The specialists are having difficulty finding time to do them on all patients. Team members suggest giving this task to the nurse. Some specialists are against this, believing that the quality of the exam will suffer.

- How to handle this situation?

Ensure Confidence in Team Members

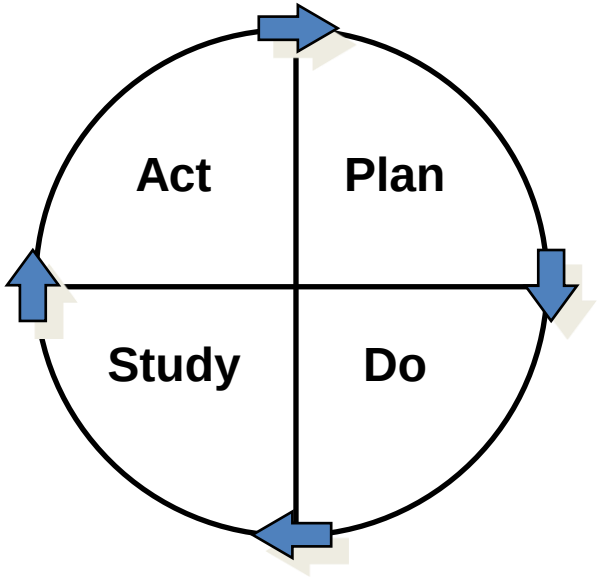
- Have a protocol for how task is done
- Verify /observe the process is done correctly
- Look for improvements (or at least stability) in quality indicators

“Friendly Audit” System

- Avoid stigma of traditional “quality assurance”
  - QA associated with punishment, fear, hiding of mistakes, avoidance of responsibility
- Direct observation of tasks & constructive feedback
  - identify problems, clarify instructions, suggest improvements & recheck to verify issues resolved
- Disciplinary measures used sparingly
  - e.g. only if wilful refusal to cooperate

How To Manage Resistance to Change in Team?

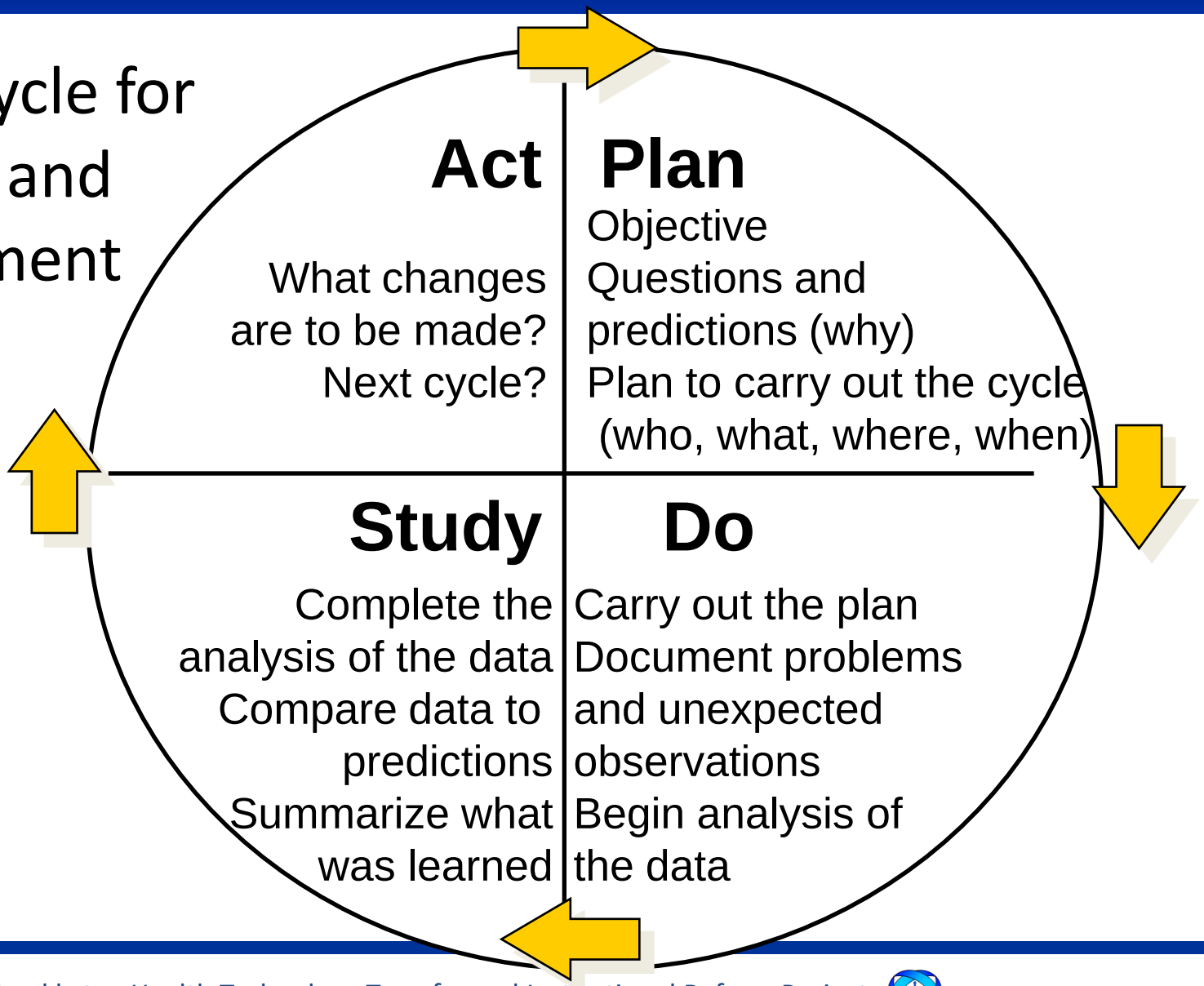
Plan-Do-Study-Act cycles



- Use small, frequent tests of change to assess adaptability of ideas to local environment

"Let's just try it on a few patients over one day & see what happens…"

The PDSA Cycle for Learning and Improvement



PDSA Example

MD Wants to Transfer Foot Exam to Nurses

	PDSA#1	PDSA#2	PDSA#3
Plan	Have nurse try foot exam with monofilament & record results in flowsheet.	Try foot exam with 2 other nurses.	Continue foot exam for longer time period.
Do	Carry out under observation, on 2 patients on one day only.	Same.	Carry out with 3 nurses over 1 week.
Study	Done well.	Done well, one nurse finds confusing language in protocol.	Carried out well but some nurses now find workload too heavy.
Act	Try transferring task to other nurses.	Adjust wording in protocol, try again.	Clarify technique & try to standardize time needed for exam.

Old Method…

- Prikaz is issued that tasks must be transferred

  => Multiple unintended problems arise

  =>Team members lose trust in each other

  =>Team eventually reverts to old way of doing things

New Method…

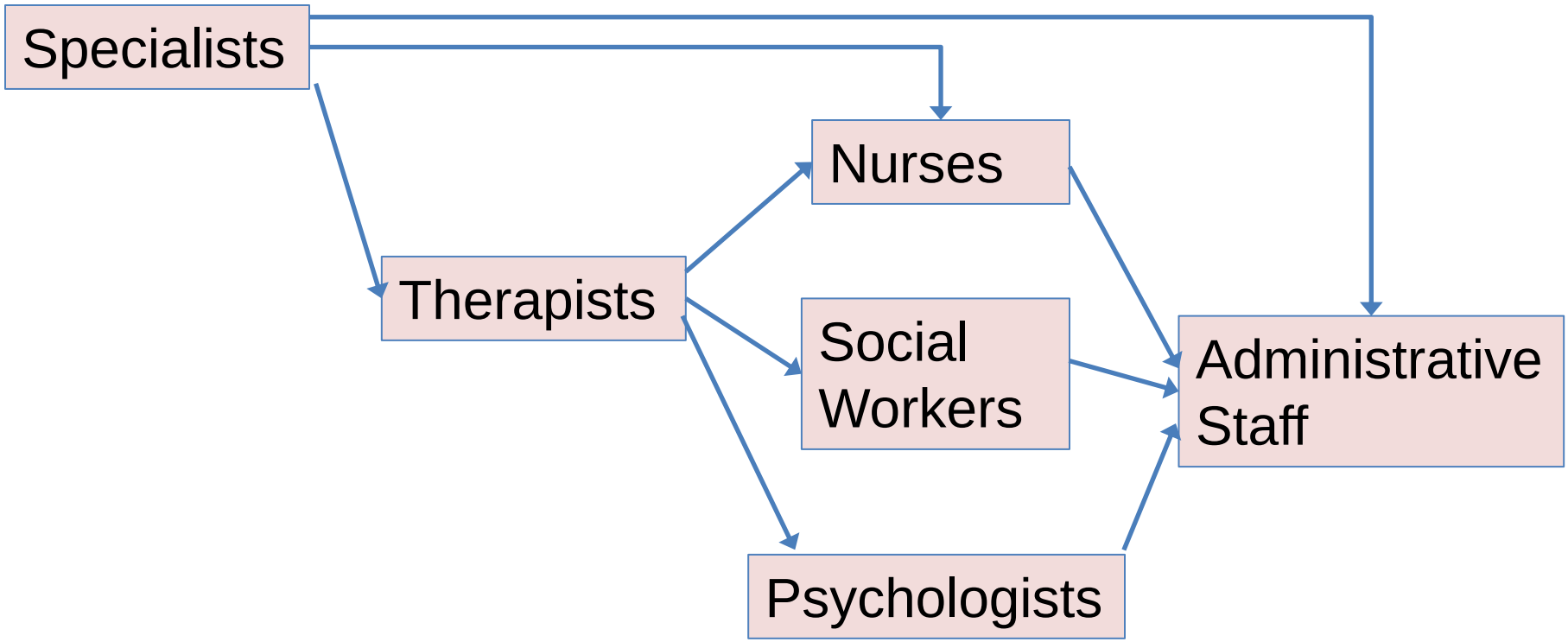
- Team tries to transfer tasks to improve quality
  (i.e. more highly qualified people can spend more time handling most complex issues)

  => unintended problems identified one by one through use of frequent PDSA cycles

    =>Ideas to fix problems tested until best solution found

      =>Team has confidence in the new way of doing things

Opportunities for Task-Shifting



Task Shifting Opportunities in DMP

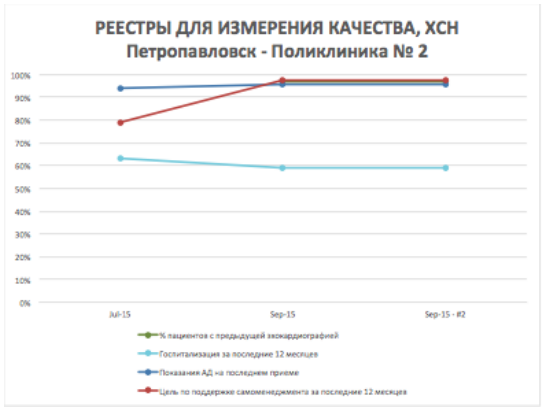
Task	Transfer
Responsibility for stable chronic disease patients	From specialist to therapist
Foot exams	From physician to nurse
Blood pressure, weight	From doctor to nurse to administrative staff
Data entry into registry	From doctor to nurse to administrative staff
Medication titration (e.g. insulin or furosemide for CHF)	From specialist to therapist to nurse with additional training

Planned Visit & Optimizing Roles

- Specific tasks at each visit identified to ensure all best practices carried out; roles identified; tasks shifted; handoffs between providers well-planned

Task	Role
Track recall list, call patient in	Social worker
Arrange overdue tests 1 week in advance	Social worker or nurse
Check blood pressure	Nurse
Check foot exam	Nurse
Review & adjust medications	Specialist (if poor control or high risk), Therapist (others)
Conduct self-management	Nurse, social worker or psychologist
Enter data into registry	Nurse or social worker

Celebrate Success



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