Pharmacy Role in Quality Improvement Activities

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2013 Annual Pharmacy Home Project Meeting
Quality Improvement

• What is Quality Improvement (QI):
  o According to CDC: Use of deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improve population health
  o Refers to continuous and ongoing effort to achieve measurable improvements in efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve community health

• How do you improve quality?
  o Many methods for assessing and improving quality
    • LEAN
    • Kaizen

LEAN

- Term coined to describe Toyota's business during late 1980's by research team headed by Jim Womack, PhD at Massachusetts Institute of Technology’s (MIT) International Motor Vehicle Program
- Core idea: Maximize customer value while minimizing waste
- Ultimate goal: Provide perfect value to customer through perfect value creation process that has zero waste
- Not a program or short term cost reduction program, but way company operates
- Characteristics of lean organization and supply chain described in book “Lean Thinking” by Womack and Dan Jones
**Purpose:** What customer problems will the enterprise solve to achieve its own purpose of prospering?

**Process:** How will the organization assess each major value stream to make sure each step is valuable, capable, available, adequate, flexible, and that all the steps are linked by flow, pull, and leveling?

**People:** How can the organization insure that every important process has someone responsible for continually evaluating that value stream in terms of business purpose and lean process?

- How can everyone touching the value stream be actively engaged in operating it correctly and continually improving it?
Kaizen

• Japanese for “improvement”
  o Practice of continuous improvement
  o Everyone involved in making improvements

• Originally introduced to West by Masaaki Imai in his book “Kaizen: The Key to Japan’s Competitive Success” in 1986

• Guiding principles:
  o Good processes bring good results
  o Go see for yourself to grasp current situation (“Gemba” walk)
  o Speak with data, manage by facts
  o Take action to contain and correct root causes of problems
  o Work as a team
  o Kaizen is everybody’s business

• Notable feature: Big results come from many small changes accumulated over time
Building a LEAN, Mean Pharmacy Process

- Goal: Create a process that maximizes the use of limited resources to meet/exceed customer needs in a consistent, prioritized fashion within the constraints of defined fundamental expectations.

- CCHP Kaizen events thus far
  - Transitional Care Management Process
  - Primary Care Transitional Care Process
Building a LEAN, Mean Pharmacy Process

• Network Pharmacy Customers
  o Community Care of North Carolina (CCNC)
    • Network affiliates
      o Care Managers
  o Patients
  o Providers
    • Office personnel
  o Business partners (Hospitals, Clinics, Insurers, etc.)
  o Schools (Pharmacy, Nursing, Medical, etc.)
  o Non-profit organizations (Project Lazarus, etc)

• Constraints/Fundamental Expectations
  o North Carolina Department of Health and Human Services General Contract GCT1007
  o Pharmacy Programs Fundamental Expectations for CCNC Networks
  o CCNC Care Management Standardized Plan
  o CCNC Network Site Visit Criteria
    • Section C, References 19, 20, 21, 22
CCLCF

• We have initiated three LEAN Kaizen Events (All of these events ultimately tie into reaching CCNC Mission and Goals)
  o Care Coordination Program
  o Telephonic and Visiting Nurse
  o Pharmacy Medication Reconciliation and Review Process

• CM (Care Managers)
• THV (Transitional Home Visit)
• TPE (Transitional Practice Encounter)
Care Coordination Program

- **Focus:**
  - pulling away non-clinical work from CMs,
  - increasing caseloads,
  - Creating a role for Health Educators to help support CM services.

- **Where we are:**
  - Wrapped up our 90 Day Audit
    - Proven to help increase caseloads,
    - decrease the number of patients managed in Light Status,
    - increase the number of Home Visits completed, and the number of individual patients “touched” by Care Management.
    - allowed our clinical and non-clinical teams to work at the “top” of their licenses and certifications.

- Recommendation for full time pharmacy technician
- Consolidation of Lists

2013 Annual Pharmacy Home Project Meeting
Telephonic and Visiting Nurse

• Focus:
  • pulling away non-clinical work from CMs,
  • increasing caseloads,
  • splitting the roles on CMs, so that we have separate CMs that complete THV/TPEs and others that will do strictly telephonic Care Management
  • increase the number of patients seen in the home for transitional care, which in result will impact overall efficiency of services provided

• Where we are:
  o Wrapped up our Kaizen Events
  o Major Changes to launch in December
Pharmacy Medication Reconciliation and Review Process

- Started to “Gemba” walk with our Pharmacists
- in the preliminary stages of planning and completing a Kaizen event