

APPROPRIATENESS OF CARE

“Better Care, Made Easier”



Network Meeting
September 30, 2016

Implementing Clinical QI in Saskatchewan



Session Overview

- Appropriateness of Care Framework & Guiding Principles
- Low Back Imaging Work & Lessons Learned
- Proposed Network Purpose
- Additional Supports



Appropriateness of Care

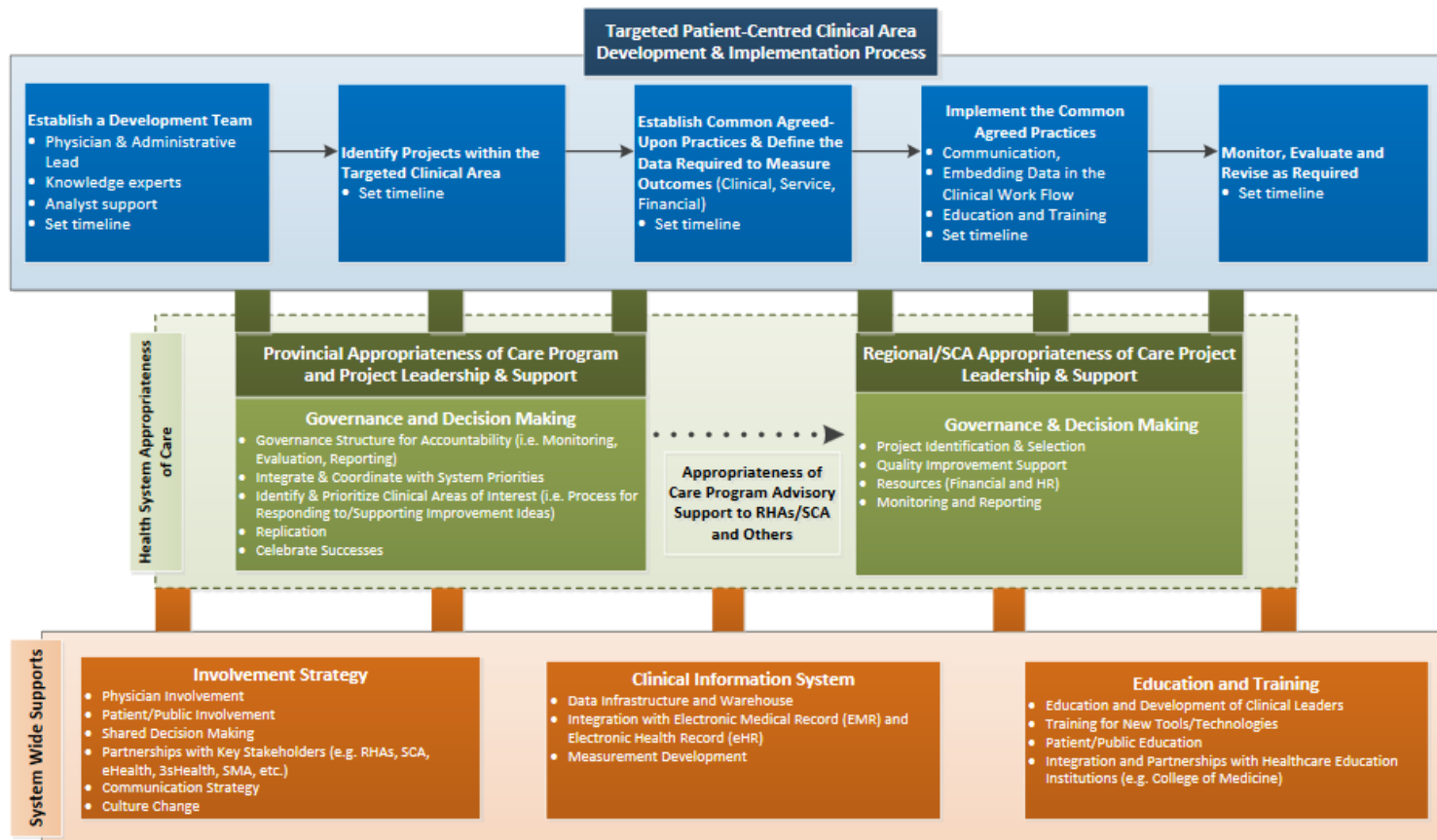
Appropriateness of Care Framework

Better Care, Made Easier

Vision: "The Right Care, provided by the Right Providers, to the Right Patient, in the Right Place, at the Right Time, resulting in Optimal Quality Care (CMA Definition)."

Outcome Target: By March 31, 2018, 80% of clinicians in 3 selected clinical areas within two or more service lines will be utilizing agreed upon best practices.

Improvement Target: By March 31, 2016, at least one clinical area within a service line will have deployed care standards and will be actively using measurement and feedback to inform improvement.





Appropriateness of Care Program— Guiding Principles

- Clinician-led
- Evidence-based Care
- Effective Care
- Patient and Family-Centered Care
- Information Sharing
- Equitable Care
- Standardized Care
- Continuous Learning and Improvement
- Interdisciplinary team



Targeted Patient-Centred Clinical Area Development and Implementation Process

Low Back Imaging Project



Establish a Development Team

- **Physician & Administrative Lead**
- **Knowledge experts**
- **Analyst Support**
- **Set Timeline**

- Radiologists
- Orthopedic Surgeons
- Neurosurgeons
- Patients
- Ministry of Health (support)
- Health Quality Council (support)



Identify Projects Within the Targeted Clinical Area



MRI Project





MRI Project

Goal: Eliminate inappropriate lumbar spine MRI requisitions for Low Back Pain

by:

- Ensuring all L-spine MRI requisitions include detailed patient information to evaluate appropriateness
- Providing a decision support tool for referring physicians



Establish Agreed-Upon Standards

Establish Common Agreed Upon Practices and Define the Data required to Measure Outcomes (Clinical, Service, Financial)

Project ID (office use only):

MRI of Lumbar Spine Checklist

Please complete the checklist for all lumbar spine referrals and include with MRI requisition.

Patient Name: Date:
Age: Sex:
MRN: HSN:
Patient History:

Red Flags (Please immediately call radiologist if any of these symptoms are present)		
<input type="checkbox"/> History of cancer, or unexplained weight loss	<input type="checkbox"/> Suspected cauda equina syndrome (i.e. urinary incontinence, urinary retention)	<input type="checkbox"/> IV drug use
<input type="checkbox"/> Suspected infection (i.e. osteomyelitis, discitis)	<input type="checkbox"/> Immunocompromised	<input type="checkbox"/> None

Mechanical Back Pain – with symptoms persisting or worsening despite conservative management, potential candidate for surgery (Check all that apply)		
<input type="checkbox"/> Low back pain for at least 3 months (Pattern 1 & 2)	<input type="checkbox"/> Radiculopathy for at least 4 weeks (Pattern 3)	<input type="checkbox"/> Spinal stenosis symptoms for at least 6 weeks (Pattern 4)
Screened by the Saskatchewan Spine Pathway		<input type="checkbox"/> Yes <input type="checkbox"/> No

Suspected or Known Conditions (Check all that apply)		
<input type="checkbox"/> Spinal dysraphism (open or closed)	<input type="checkbox"/> Treatment fields for radiation therapy	<input type="checkbox"/> Ankylosing spondylitis
<input type="checkbox"/> Evaluation of scoliosis (preoperative assessment, any neurologic findings, atypical curve pattern, congenital scoliosis, neurofibromatosis, Marfan's syndrome)	<input type="checkbox"/> Intradural tumor (hyperreflexia, LE weakness, spasticity, bladder/bowel dysfunction, sensory loss, new onset scoliosis/kyphosis, spastic gait, radiculopathy, localized spine tenderness, pain, CSF positive for malignant cells – with or without history of cancer)	<input type="checkbox"/> Tumor of vertebra or bone (known malignancy with lumbar pain, follow-up primary or metastatic bone tumor, new or worsening pain at site, periodic assessment, new onset scoliosis or kyphosis)
<input type="checkbox"/> Spinal cord lesion or possible cord compression	<input type="checkbox"/> Post-operative collections (soft tissue or fluid)	<input type="checkbox"/> Arachnoiditis
<input type="checkbox"/> Prior back surgery	<input type="checkbox"/> Pre-procedure kyphoplasty	
<input type="checkbox"/> Other (Indication not listed, please provide clinical justification)		

How do you plan to use the MRI results?

Checklist Feedback/Comments?

For Radiologist Use Only
 Image without contrast Image without and with contrast

Comments:

(Version 1 Revised September 2015)



Implement the Common Agreed Practices

- Communication
- Embedding Data in the Clinical Work Flow
- Education and Training
- Set Timeline



Timeline: Oct 1 2015 – Jan 31 2016



Implement the Common Agreed Practices

- Communication
- Embedding Data in the Clinical Work Flow
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<http://www.choosingwiselycanada.org/materials/imaging-tests-for-lower-back-pain-when-you-need-them-and-when-you-dont/>



Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and to help physicians and patients make smart and effective choices to ensure high-quality care.

For more information on Choosing Wisely Canada or to see other patient materials, visit www.choosingwiselycanada.org. Join the conversation on Twitter @ChooseWiselyCA

Imaging tests for lower back pain

When you need them—and when you don't

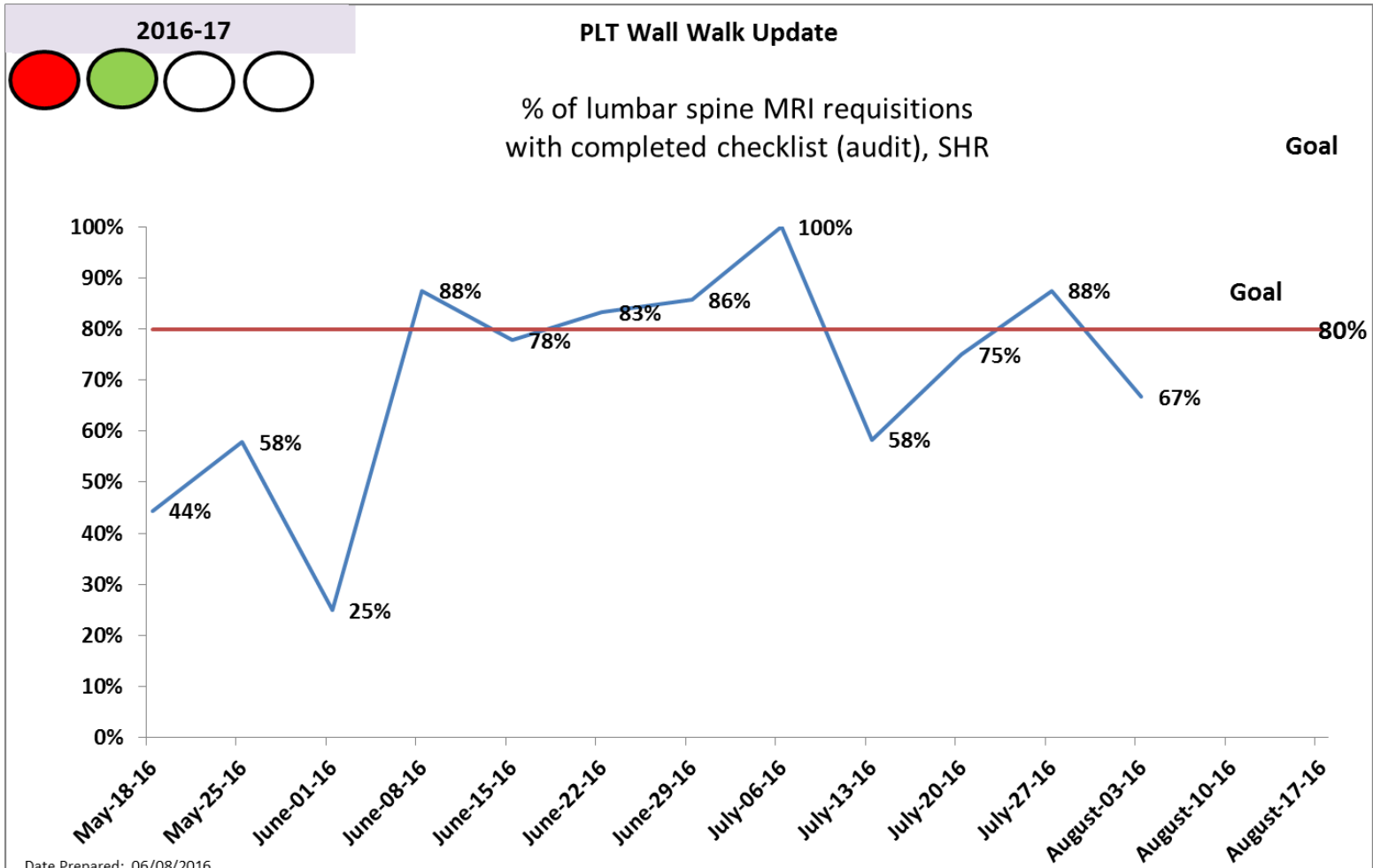
Back pain can be excruciating. So it seems that getting an X-ray, CT scan, or MRI to find the cause would be a good idea. But that's usually not the case, at least at first. Here's why:

They don't help you get better faster. Most people with lower back pain feel better in about a month whether they get an imaging test or not. In fact, those tests can lead to additional procedures that complicate recovery. For example, one large study of people with back pain found that those who had imaging tests soon after reporting the problem fared no better and sometimes did worse than people who took simple steps like applying heat, staying active, and taking an over-the-counter (OTC) pain reliever. Another study found that back pain sufferers who had





Current Results- Checklist Compliance



Date Prepared: 06/08/2016
Report Contact: Laura Schwartz (HQC)
Source: SHR
Operational Definition: Percent of MRI requisitions for lumbar spine that have a completed checklist over all audited MRI requisitions. Audit is completed once a week by a stick tally of whether or not the MRI checklist was included with the MRI requisition, along with ordering physician name.



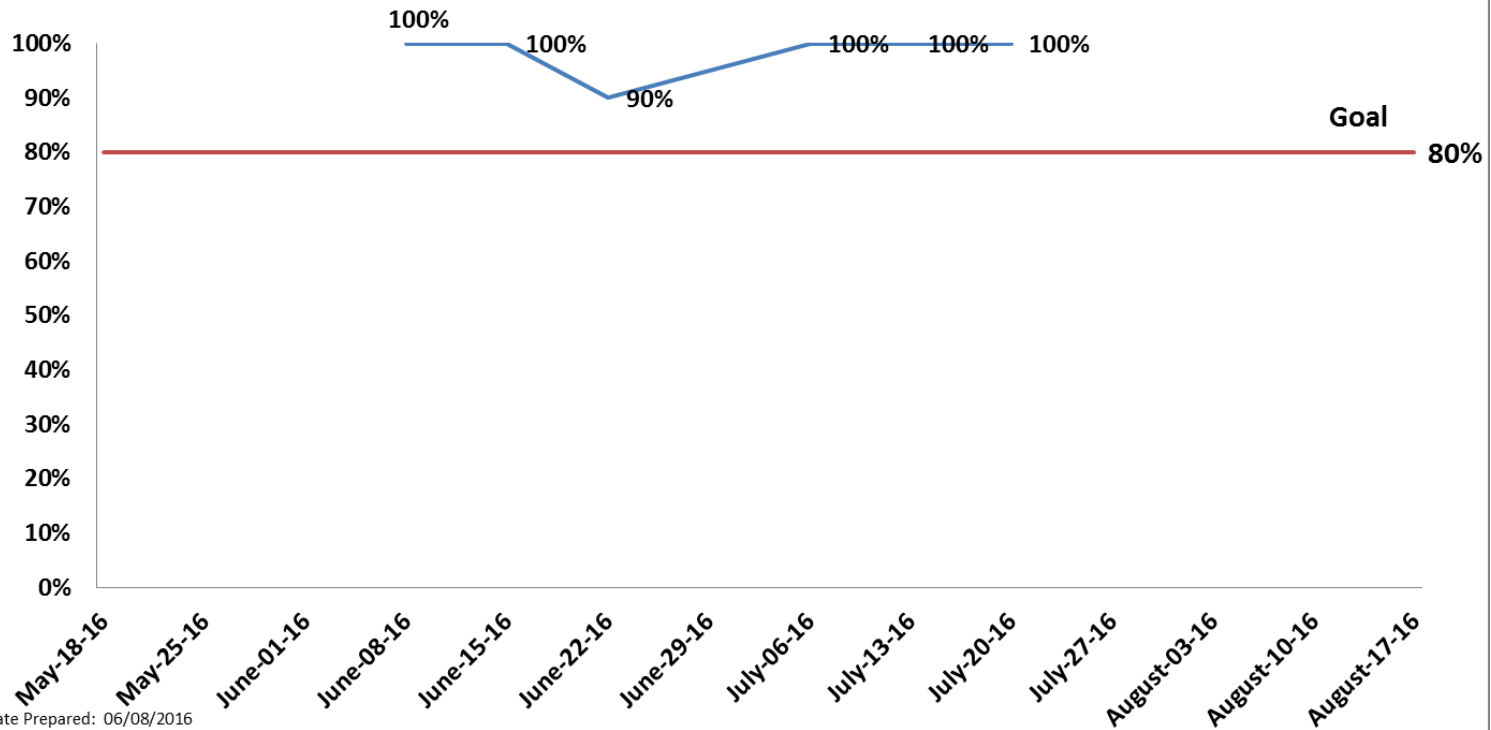
Current Results- Checklist Compliance

2016-17

PLT Wall Walk Update



% of lumbar spine MRI requisitions with completed checklist (audit), RQHR



Date Prepared: 06/08/2016
Report Contact: Laura Schwartz (HQC)
Source: RQHR

Operational Definition: Percent of MRI requisitions for lumbar spine that have a completed checklist over all audited MRI requisitions. Audit is completed once a week by a stick tally of whether or not the MRI checklist was included with the MRI requisition, along with ordering physician name.



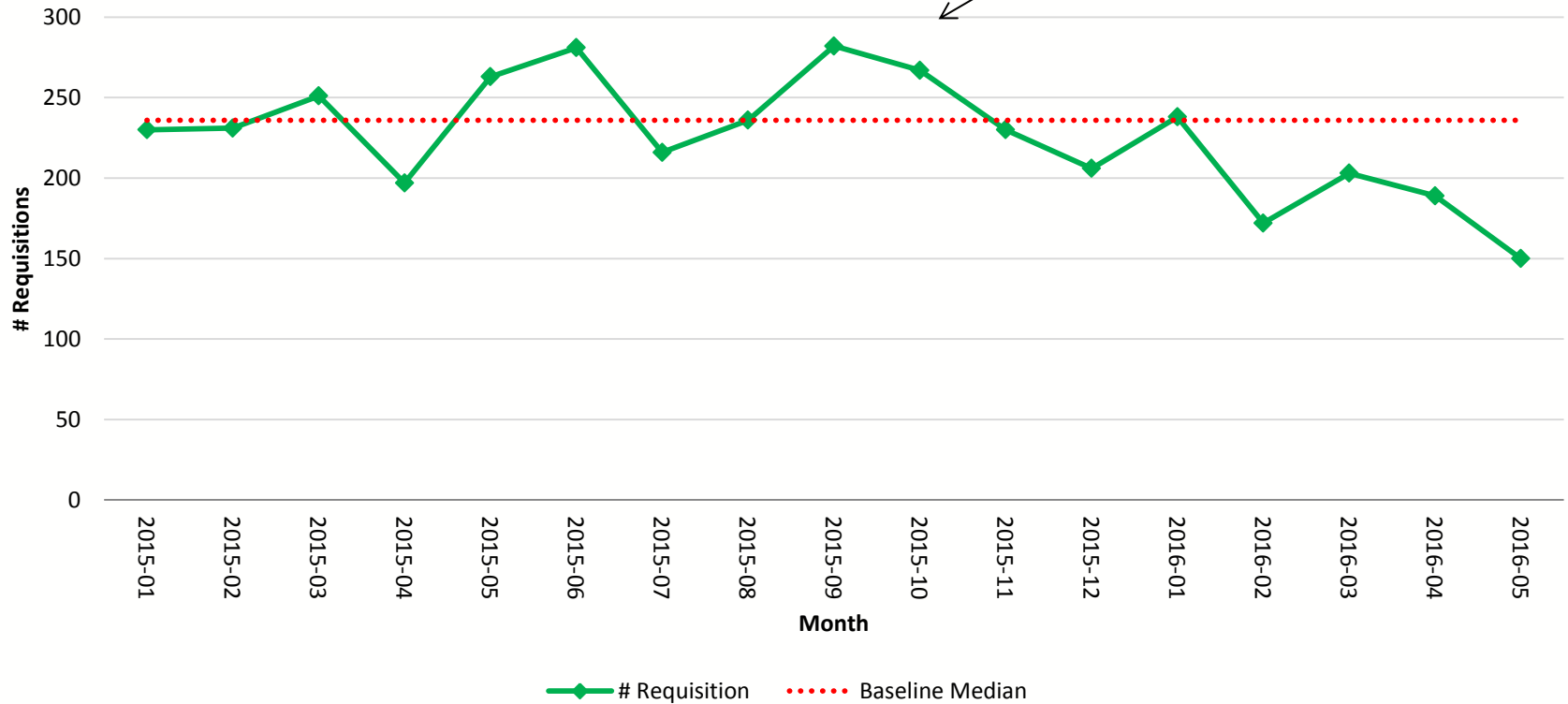
Government of Saskatchewan



Lumbar Spine MRI Requisitions

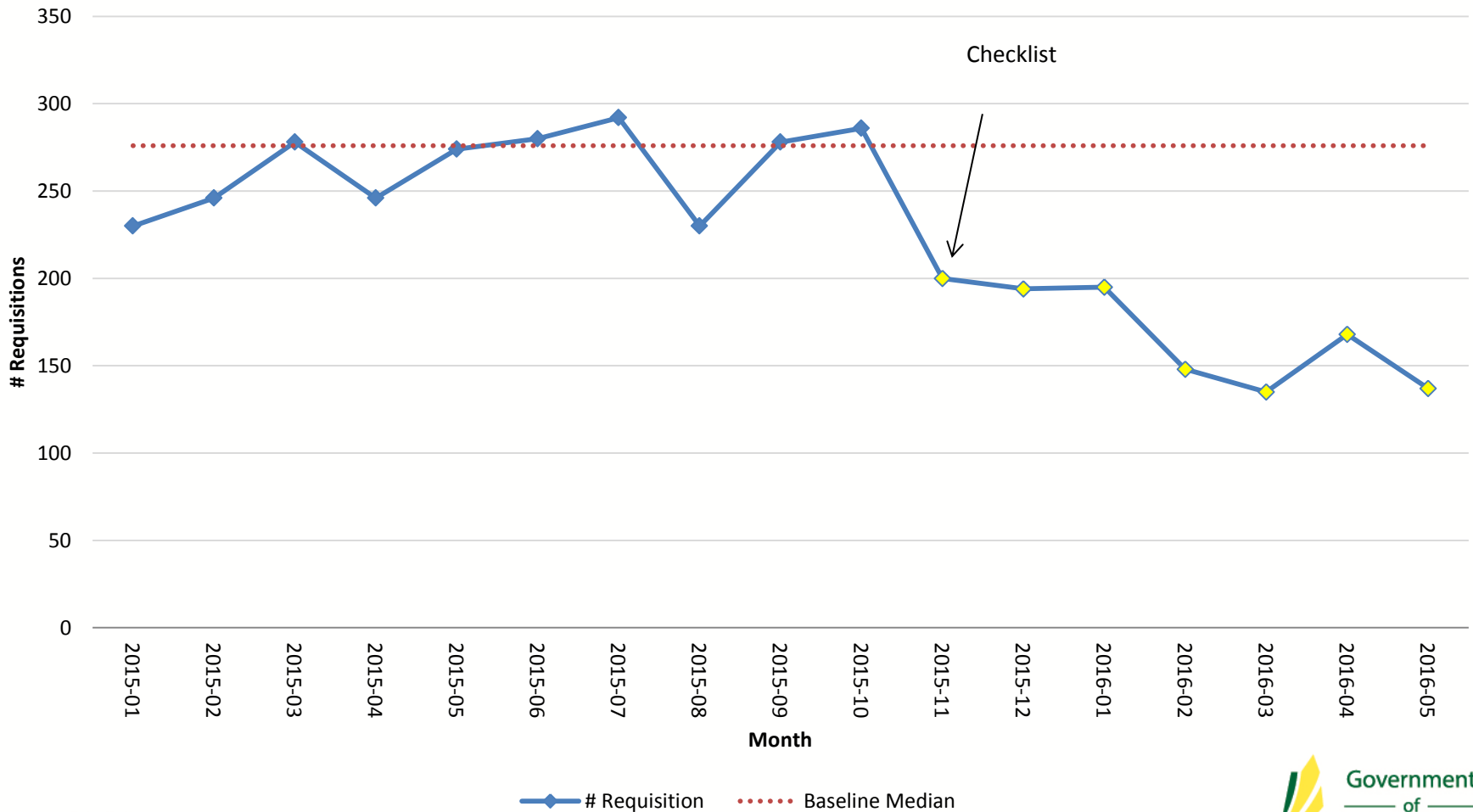
Saskatoon
January 2015 - May 2016

Checklist
Implemented





Lumbar Spine MRI Requisitions RQHR January 2015 - May 2016





Lessons Learned/Next Steps

- Lack of dedicated support
 - Administrative
 - Data/Measurement
- Challenges obtaining required data in a timely fashion and barriers related to privacy and data sharing
- Lack of alignment with internal projects and health system priorities
- Lack of local regional infrastructure support for those involved in QI work
- Culture and Readiness to Change



Moving Forward



How Appropriateness Can Help You

- Established framework and methodology ready to use
- Common methodology to facilitate clinician engagement
- Guidance and coaching for implementing quality improvement projects
- Information sharing with project and network members
- Funding for measurement support for appropriateness projects
- Physician training through the SK Clinical Quality Improvement Program
- SMA Appropriateness of Care Initiative



Appropriateness of Care Network Proposed Purpose and Role

- Provide strategic direction and oversight to the provincial AC Program and projects to ensure that the AC outcome and improvement targets set by the Provincial Leadership Team (PLT) are achieved
- Help building regional capacity to support physicians and other clinicians leading AC work, such as administrative support, KPO support, data/measurement support, etc.



Discussion

- What do you think of these proposed ideas?
- How can we help you with your regional priorities?