

Integrating Quality Improvement into the Work-life of VA MOVE! Program Coordinators: LEAP Program First-year Results

Laura Damschroder, MS, MPH



*Personalizing Options through
Veteran Engagement (PROVE) QUERI*



VA CENTER FOR CLINICAL MANAGEMENT RESEARCH
Ann Arbor HSR&D Center of Innovation



U.S. Department of Veterans Affairs
Veterans Health Administration
VA Ann Arbor Healthcare System





Our Team

PROVE: Personalizing Options for Veteran Engagement QUERI

Michelle Barbaresso

Jenny Burns

Julie Lowery

Shandia Manns

Claire Robinson

Michael Palmer

Nicholas Yankey



Funding from VA QUERI QUE15-286



Our Partners

National Center for Health Promotion and Disease Prevention

- **Dr. Jane Kim**, Chief Consultant for Preventive Medicine
- **Dr. Michael Goldstein**, Associate Chief Consultant for Preventive Medicine
- **Dr. Sue Raffa**, National Program Director for Weight Management

Office of Reporting, Analytics, Performance, Improvement & Deployment (RAPID)

- **Dr. Joseph Francis**, Director of Clinical Analytics and Reporting
- **Betsy Lancaster**, VSSC Deputy Director



U.S. Department of Veterans Affairs

Veterans Health Administration

Patient Care Services

Health Promotion and Disease Prevention



Poll (choose your primary role)

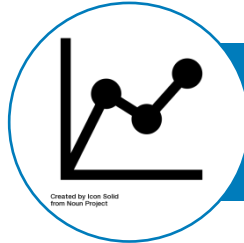
What is your primary professional role?

- student, trainee, or fellow
- clinician
- researcher
- administrator, manager or policy-maker
- Other

Goals for VA as a Learning Healthcare System



Empower the Front Line



Minimize Negative Variation



Foster a Commitment to Excellence

Poll

How confident do you feel about leading an initiative to improve care?

- Highly confident
- Moderately confident
- Not very confident, but I could try
- Please don't ask me to lead

Why LEAP?

We believe that everyone has the power to make Veterans' healthcare better, even in the face of limited time and resources.



What is LEAP?

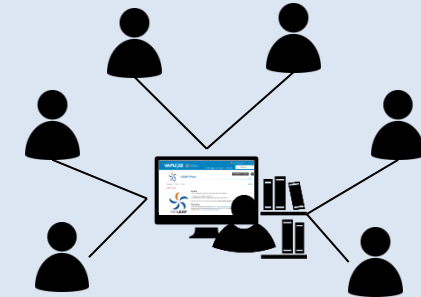
Key Components



Coaching
(IHI Improvement Coach
Professional Training)



Patient-
centered Data

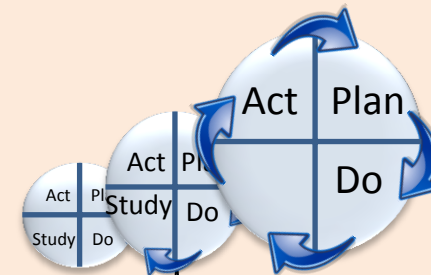


Virtual
collaboratives

Curriculum

Form a
Team

Develop
Project
Aim



Sustain,
Scale Up
&
Spread

1

5

10

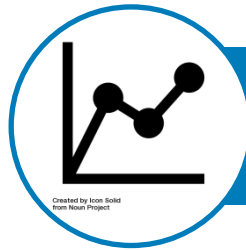
15

21 (26)

Weeks



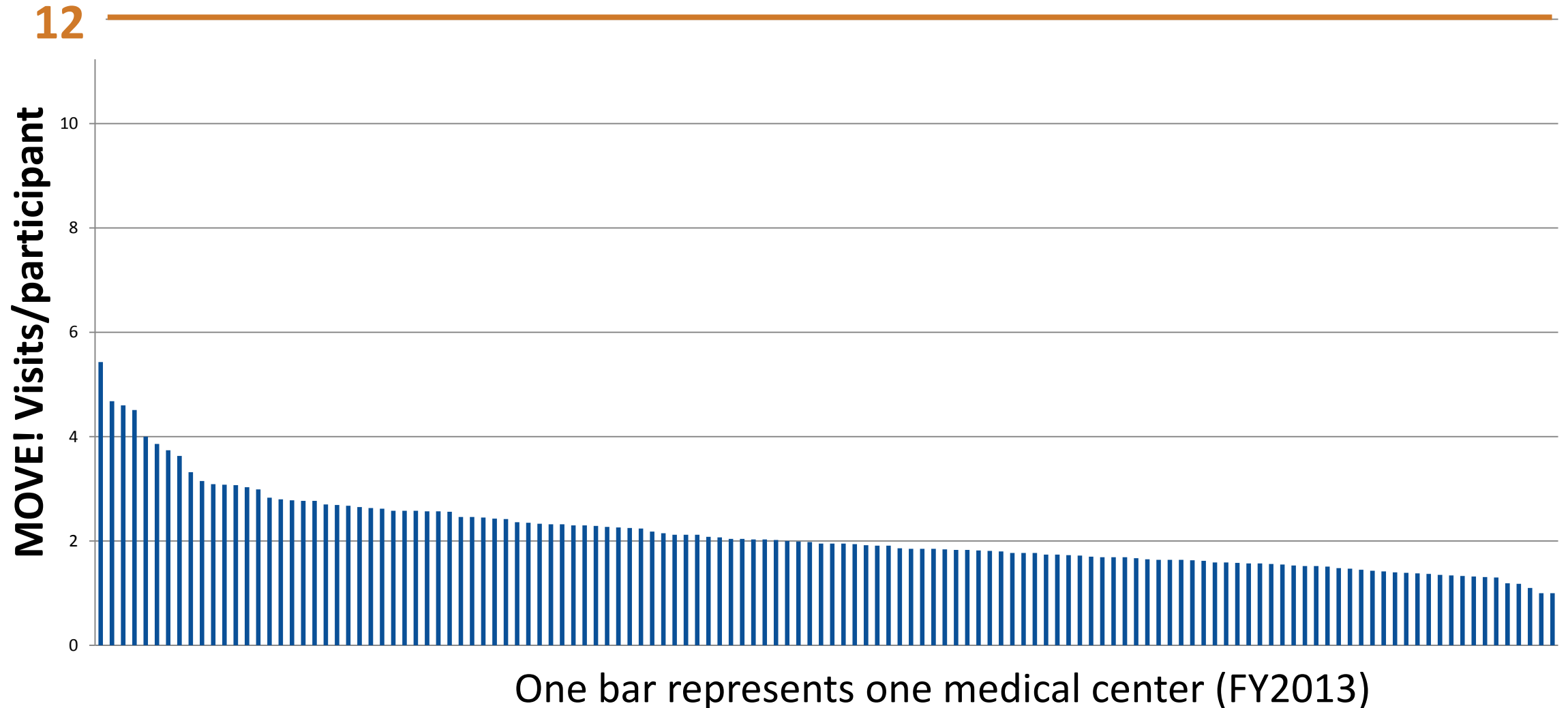
Goals for VA as a Learning Healthcare System



Minimize Negative Variation

Variation in Delivery of MOVE!

Goal: 12 visits in 12 months





There is Much to Celebrate

- Obesity screening and brief counseling has been nearly universal (90%+)
- Modest and clinically meaningful weight loss
 - Among MOVE! participants with > 2 visits, **1 in 5** achieve *clinically meaningful* weight loss
 - Especially laudable in context of many Veterans who were on a weight *gain* trajectory before participating in MOVE!



Goals for VA as a Learning Healthcare System



Empower the Front Line



Foster a Commitment to Excellence

**Department of Veterans Affairs
Veterans Health Administration**

**VHA DIRECTIVE 1120.01
Transmittal Sheet
2017**

Wa e. **Facility MOVE! Coordinator.** The facility MOVE! Coordinator must have sufficient time allocated for administrative, clinical, program development, and staff training responsibilities. The MOVE! Coordinator has a key role in integrating MOVE! with other facility Health Promotion and Disease Prevention programs and PACT. The MOVE! Coordinator is responsible for:

- C**
- 1.** (1) Establishing, maintaining, and leading the facility MOVE! team.
 - (2) Coordinating and engaging teams to redesign or improve the quality of the delivery of MOVE!.

OR

) as

des
the
ser

Management Program for Veterans (MOVE!) programming and specified core requirements. This directive provides core program implementation and reporting requirements for evidence-based, population-focused, interdisciplinary MOVE! programs available at each Department of Veterans Affairs (VA) medical center to Veterans receiving care at VA medical facilities and outpatient sites of care.



RESEARCH

Open Access



CrossMark

Implementation findings from a hybrid III implementation-effectiveness trial of the Diabetes Prevention Program (DPP) in the Veterans Health Administration (VHA)

Laura J. Damschroder^{1,2*}, Caitlin M. Reardon¹, Mona AuYoung^{1,13}, Tannaz Moin^{3,4,5}, Santanu K. Datta^{6,7}, Jordan B. Sparks¹, Matthew L. Maciejewski^{6,7}, Nanette I. Steinle^{8,9}, Jane E. Weinreb^{3,4}, Maria Hughes¹, Lillian F. Pinault^{8,9}, Xinran M. Xiang^{10,14}, Charles Billington^{11,12} and Caroline R. Richardson^{1,2,10,15}

Abstract

Background: The Diabetes Prevention Program (DPP) is an effective lifestyle intervention to reduce incidence of type

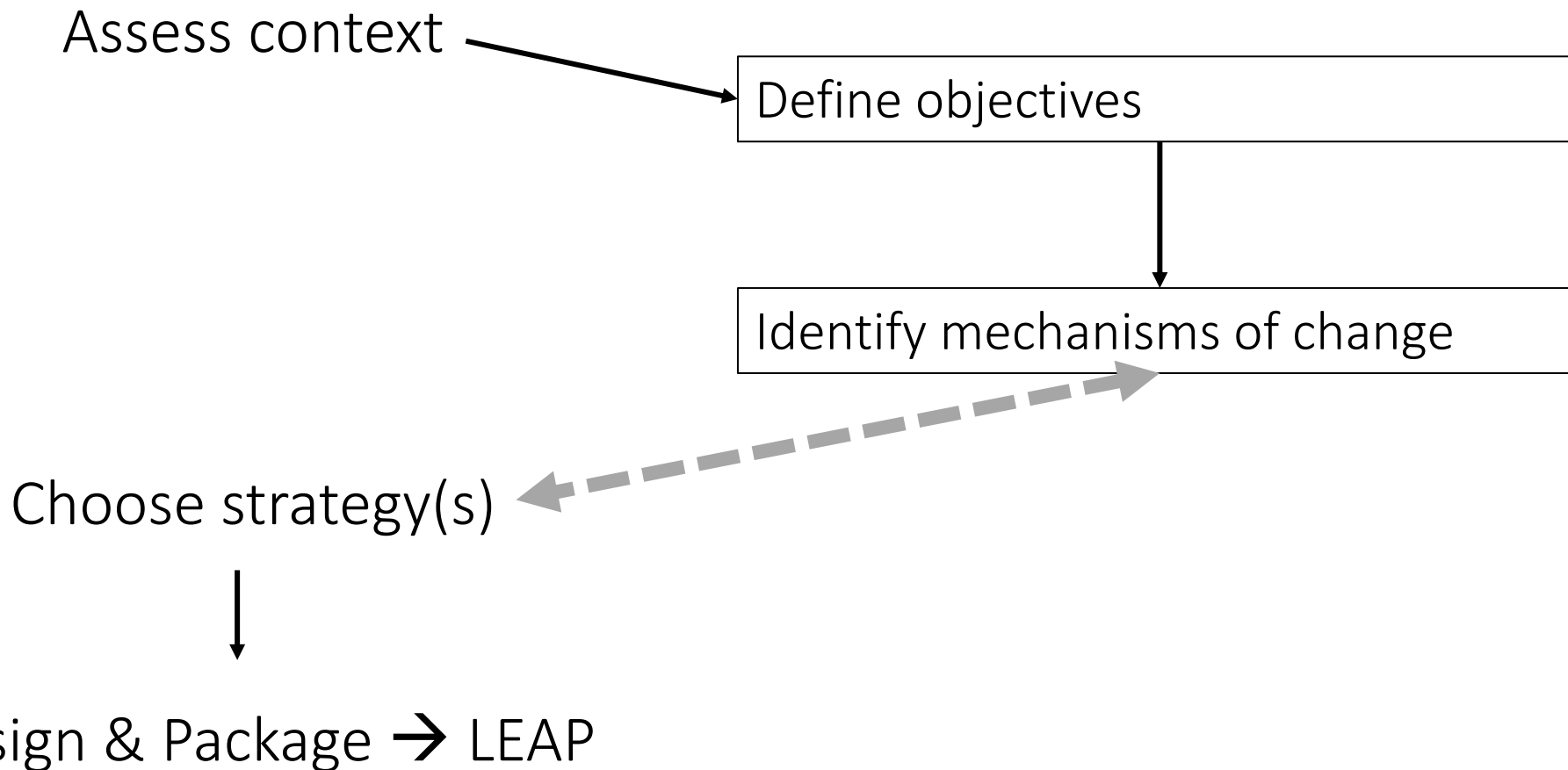
Recurring High Priority Contextual Influences

- Clear goals and measurement of progress for data-driven change
- Available Resources: Time(!)
- Engaging key stakeholders
- Planning
- Reflecting & Evaluating



Implementation Science Principles to Develop LEAP

Tailor strategies to context



LEAP Component Development

Key Components



Contextual Factor	Component Objective	Mechanism of Change
Little time to learn or engage in change efforts	Increase skills <u>within</u> constraints of everyday work	Small chunks of learning

atient
ered Data

Via:

- Weekly/bi-weekly coaching/collaboratives
- Teams choose their *own* aim
- Tools & Resources e.g., multi-media online short (<8 min) videos



1

5

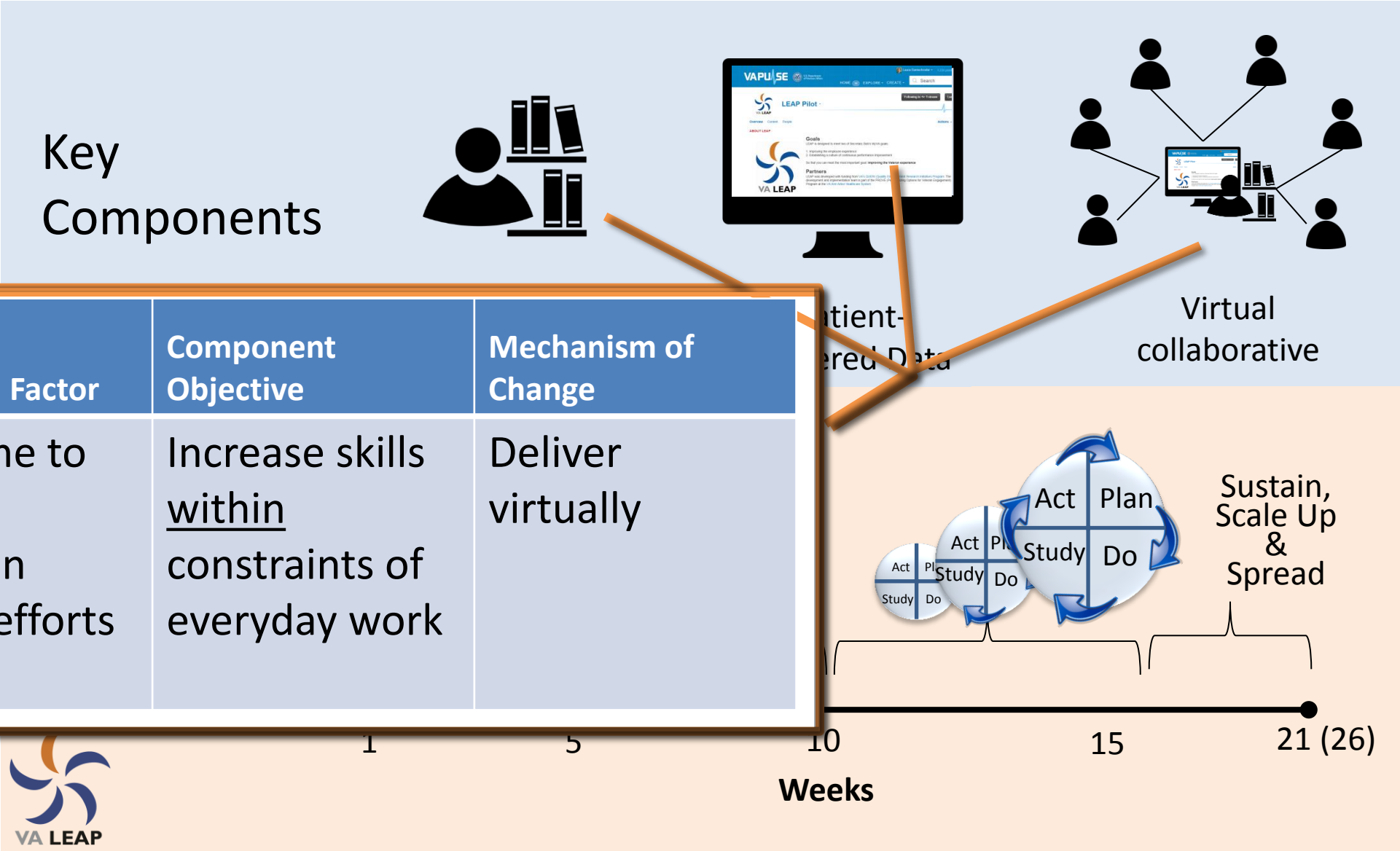
10

15

21 (26)

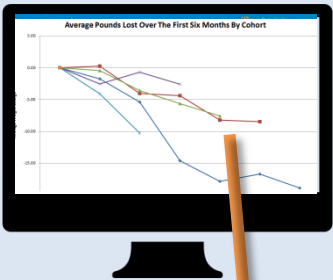
Weeks

LEAP Component Development



LEAP Component Development

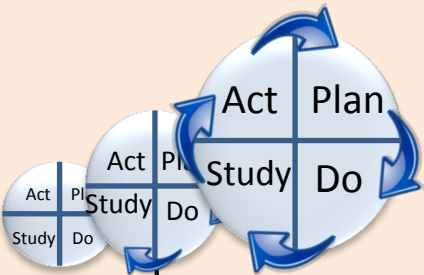
Key Components



Patient
Centered Data

Virtual
collaborative

Contextual Factor	Component Objective	Mechanism of Change
Data-driven change	Portal with intelligent reports	Easy access to user-designed, patient-centered reports & data



Sustain,
Scale Up
&
Spread

1

5

10

15

21 (26)

Weeks

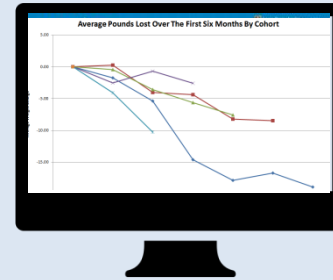


LEAP Component Development

Key Components



Coaching
(IHI Improvement Coach
Professional Training)



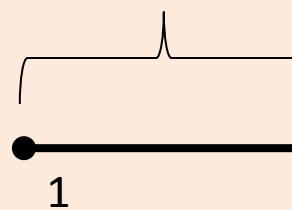
**Patient-
centered Data**



**Virtual
collaborative**

Curriculum

Form a
Team



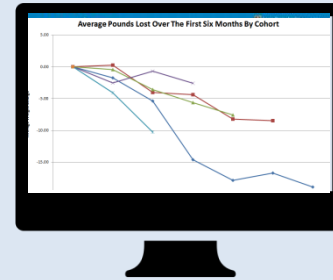
Contextual Factor	Component Objective	Mechanism of Change
Planning	Provide structured development process	Coaching + charter template

LEAP Component Development

Key Components



Coaching
(IHI Improvement Coach
Professional Training)



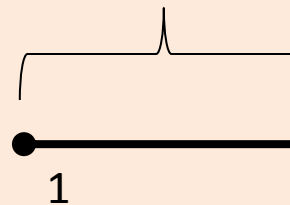
Patient-centered Data



Virtual collaborative

Curriculum

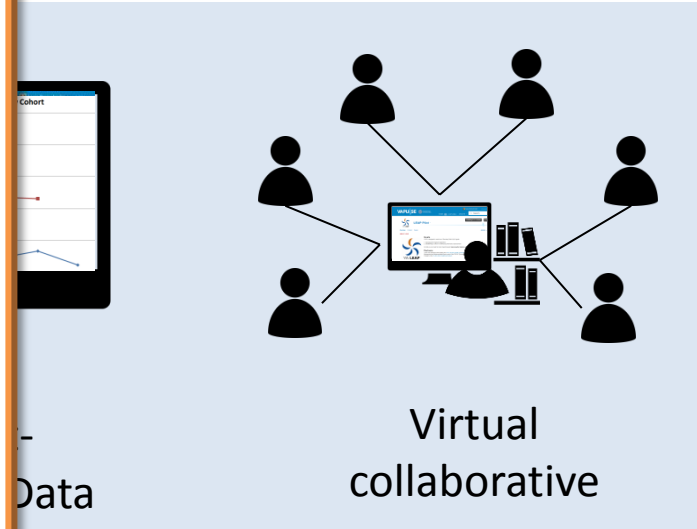
Form a
Team



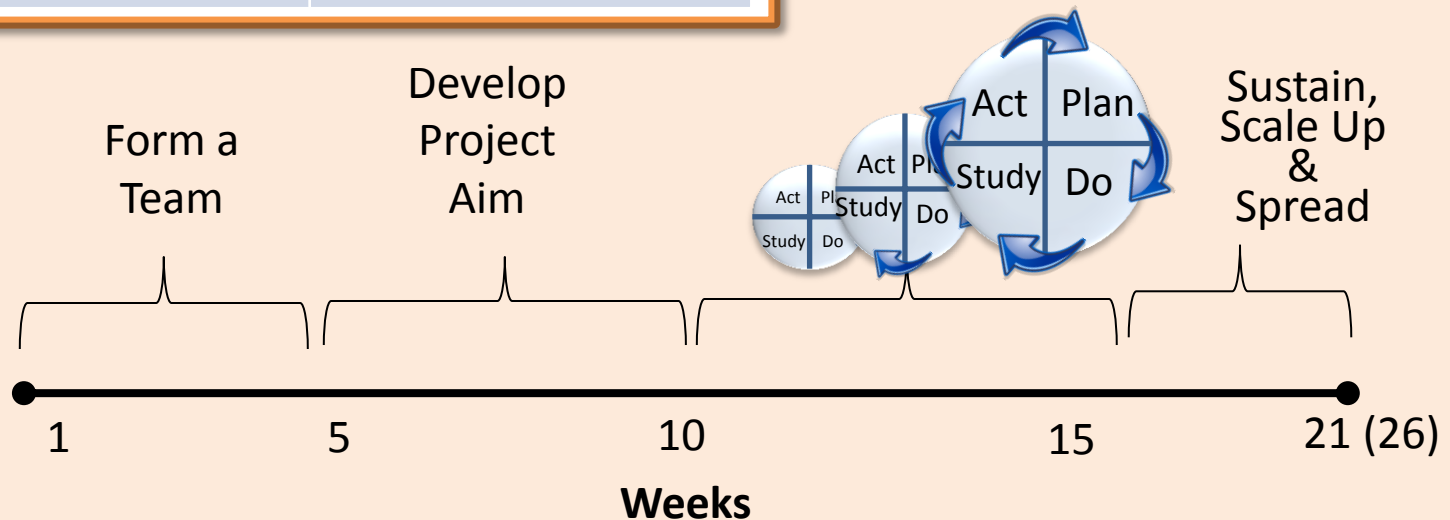
Contextual Factor	Component Objective	Mechanism of Change
Reflecting & Evaluating	Monitor progress & adjust	Coaching + training resources

LEAP Component Development

Contextual Factor	Component Objective	Mechanism of Change
Low self-efficacy to engage in QI	Build into everyday work	Slow hands-on learning with incremental change



Curriculum



Continuous Improvement for LEAP

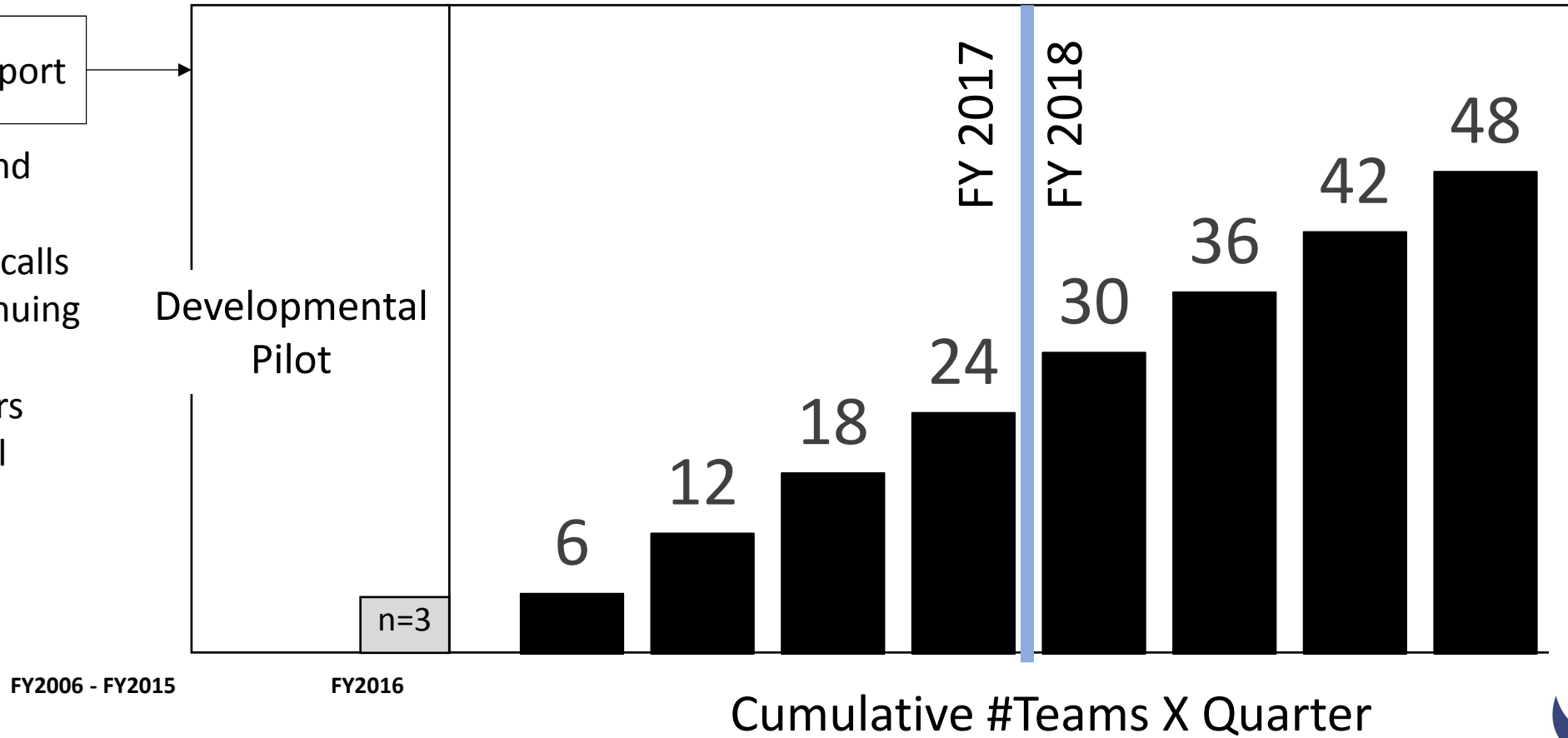
- Refinements after piloting
 - More streamlined
 - More structure
 - More data reporting
- Refinements after early cohorts of teams
 - Refine curriculum
 - Expand program duration



Context & Evaluation Design

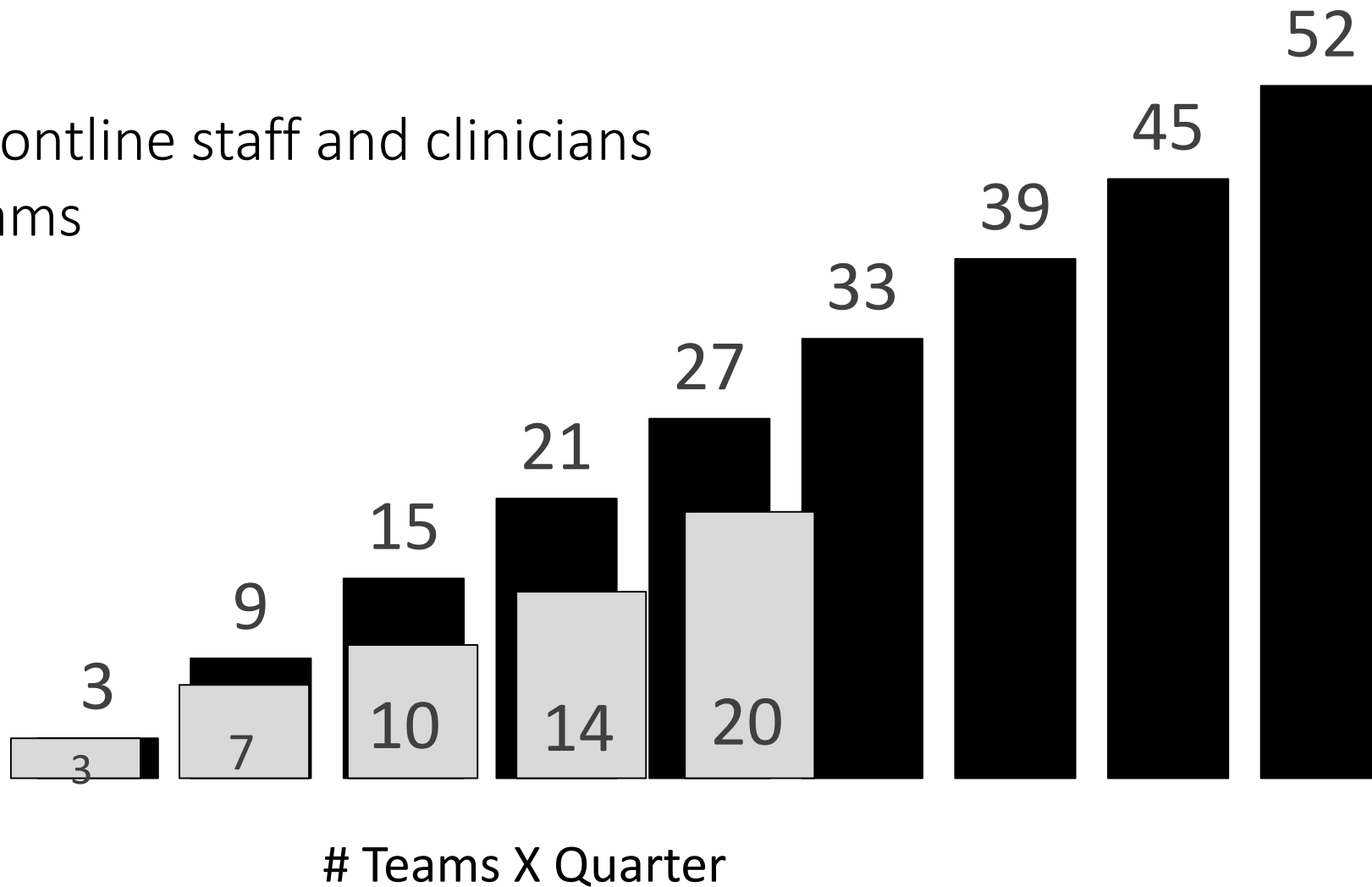
NCP National Support

- Online guides and resources
- Monthly phone calls
- Quarterly Continuing Education (CEU credits) Webinars
- Ad hoc technical assistance



Status of Trial

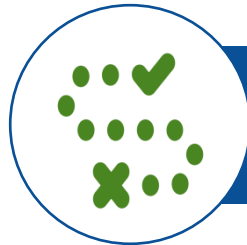
- 109 frontline staff and clinicians
- 20 teams



LEAP project aims



Increase enrollment (n=12 teams)



Increase Participation (n=4 teams)

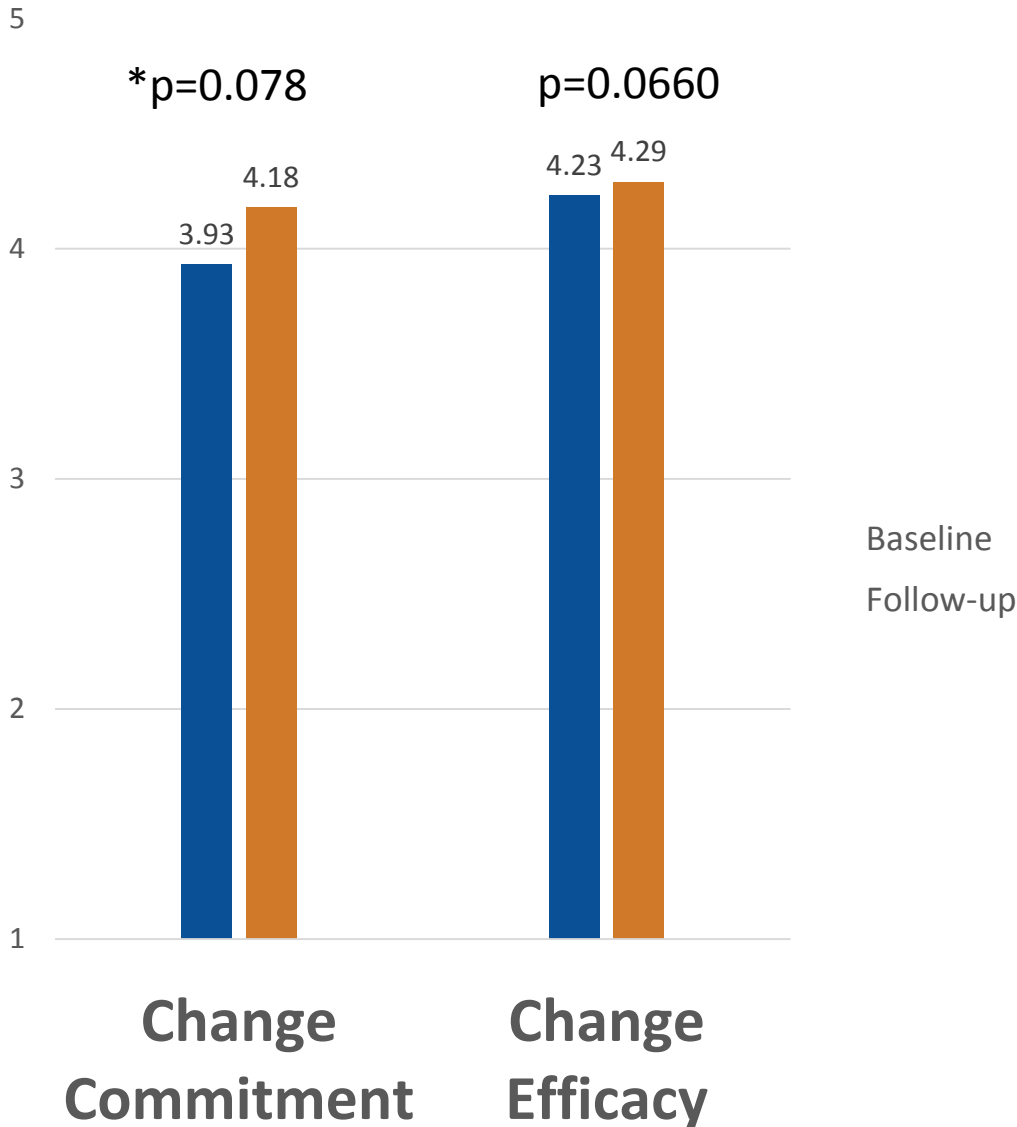


Improve Outcome Measures (n=4 teams)

EARLY OUTCOMES



Organizational Readiness for Implementing Change (ORIC)

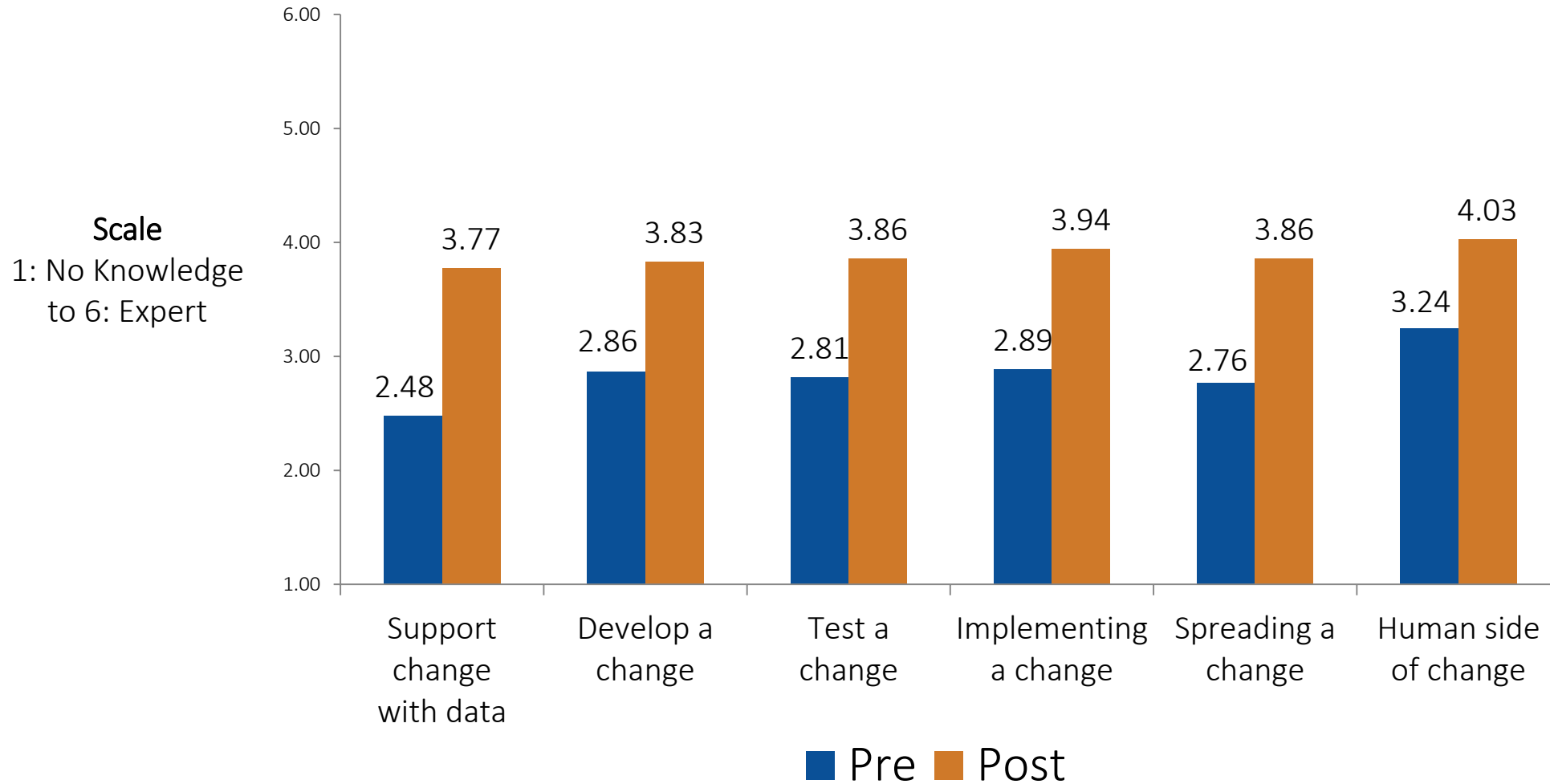


- Organizational members' likelihood to initiate change, exert greater effort, exhibit greater persistence, and display more cooperative behavior
- 2 Sub-scales
 - 1-5 Likert agreement scale
 - **CHANGE COMMITMENT**
 - *Organizational members' shared resolve to implement a change (5 items)*
 - **CHANGE EFFICACY**
 - *Organizational members' shared belief in their collective capability to implement a change (7 items)*

Shea, C., S. Jacobs, D. Esserman, K. Bruce, and B. Weiner. 2014. "Organizational readiness for implementing change: a psychometric assessment of a new measure." *Implementation Science* 9(1): 7.



Change in QI Skill Self-assessment



*P-Value <.0001 for all subscales

Experience in LEAP (n=65)

The LEAP program is relevant to the needs of our MOVE! program.

■ Strongly Disagree ■ Disagree ■ Neither Disagree nor Agree ■ Agree ■ Strongly Agree



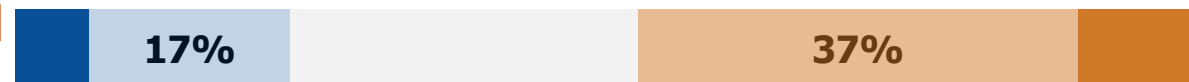
I feel comfortable using the LEAP materials and methods to help guide improvements to our MOVE! program.



Our program had sufficient resources to implement program improvement methods learned during LEAP.

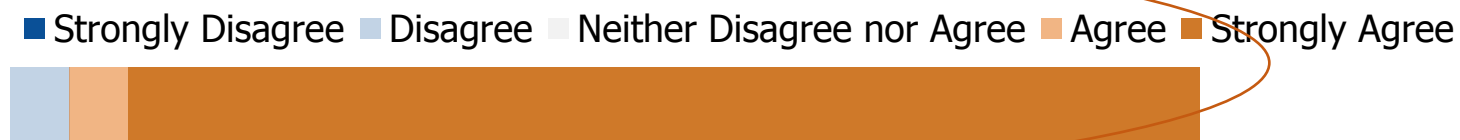


I had the time to do the work required during the 21-week LEAP program.



Experience in LEAP (Team Leaders, n=20)

The LEAP program is relevant to the needs of our MOVE! program.



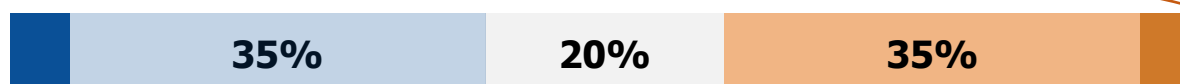
I feel comfortable using the LEAP materials and methods to help guide improvements to our MOVE! program.



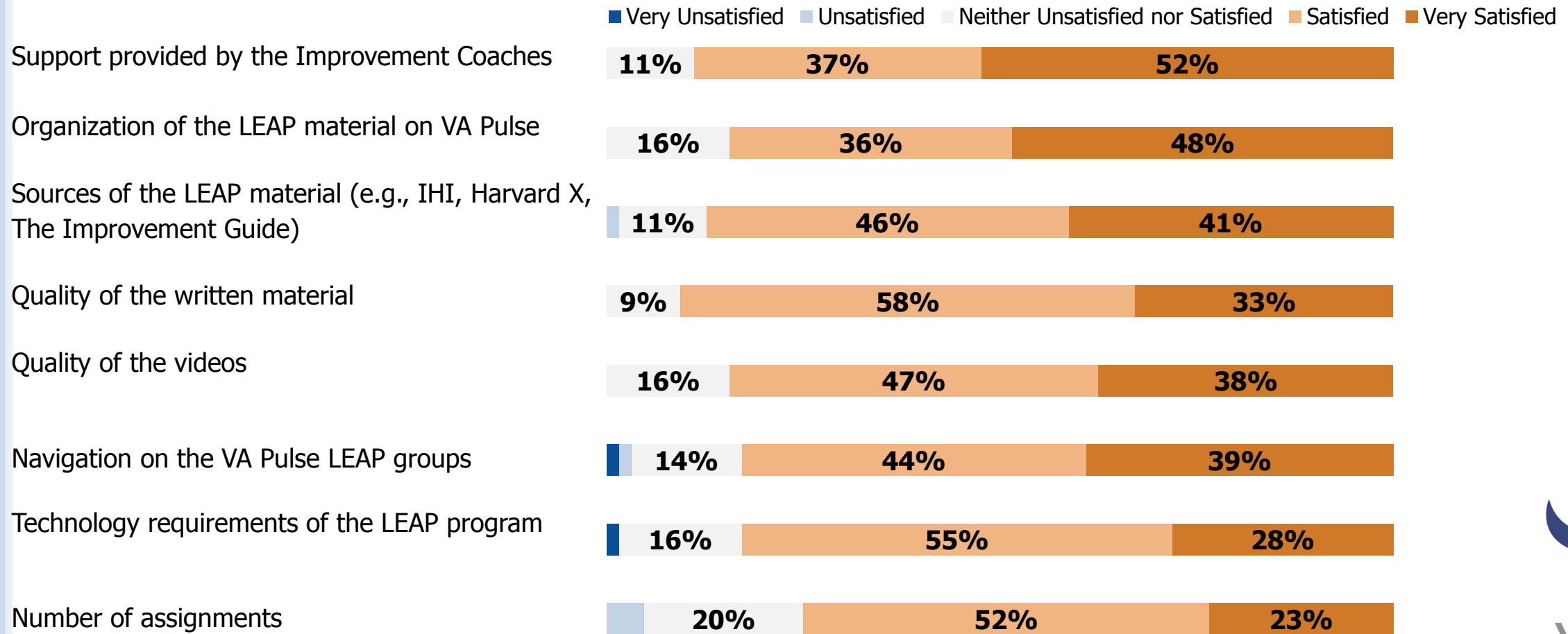
Our program had sufficient resources to implement program improvement methods learned during LEAP.



I had the time to do the work required during the 21-week LEAP program.

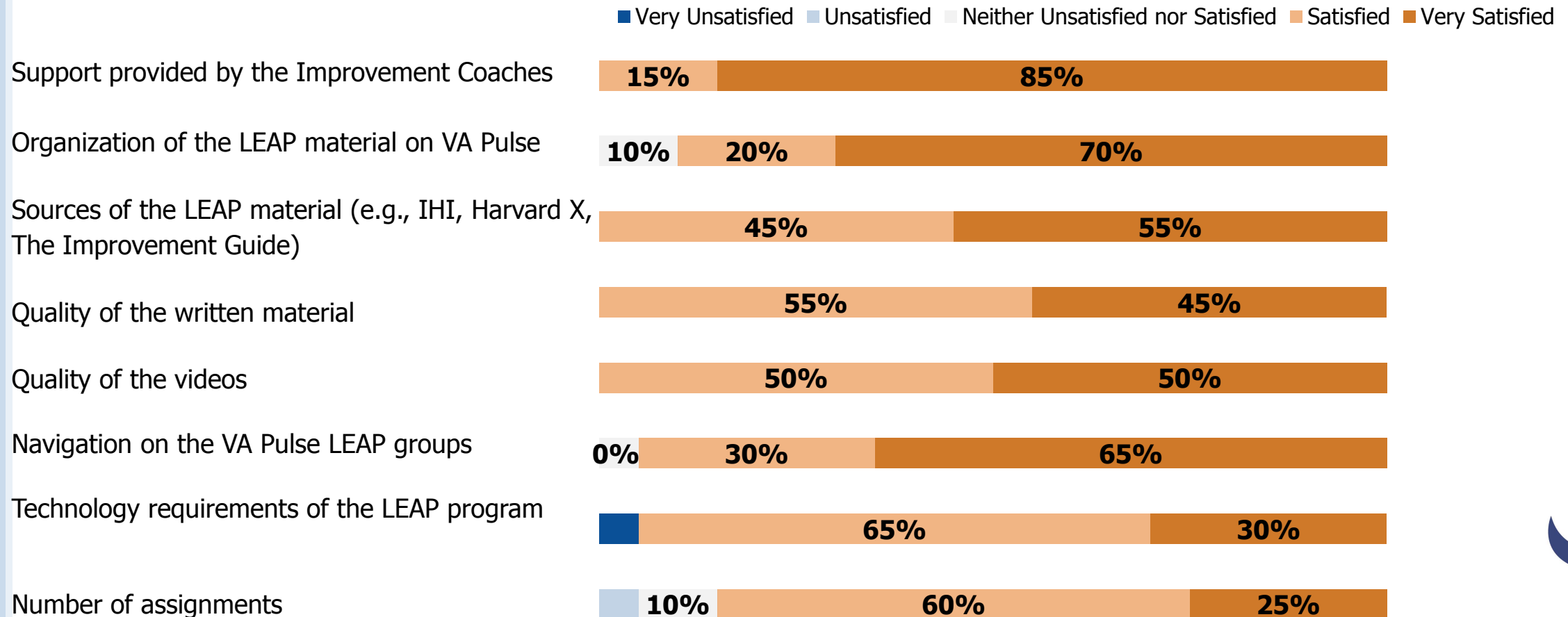


Satisfaction with LEAP Components (n=65)



Satisfaction with LEAP Components

Team Leaders (n=20)



Intentions after LEAP (n=65)

Our LEAP Improvement Team will continue working together after the 21 weeks of LEAP.

■ Strongly Disagree ■ Disagree ■ Neither Disagree nor Agree ■ Agree ■ Strongly Agree



Follow-up support (coaching or virtual collaborative sessions) will help me use what I learned through LEAP to continue improving our MOVE! program.



I plan to continue to monitor our MOVE! program using the MOVE! data reports provided by LEAP.



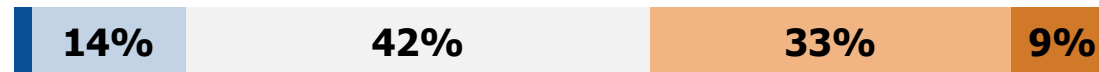
I will have the time to continue to apply LEAP methods to improve our MOVE! program in the future.



I plan to attend follow-up coaching or virtual collaborative sessions.



I plan to invite other staff from our facility to attend follow-up coaching or virtual collaborative sessions.



Intentions after LEAP (Team Leaders, n=20)

Our LEAP Improvement Team will continue working together after the 21 weeks of LEAP.

■ Strongly Disagree ■ Disagree ■ Neither Disagree nor Agree ■ Agree ■ Strongly Agree

15% 45% 40%

Follow-up support (coaching or virtual collaborative sessions) will help me use what I learned through LEAP to continue improving our MOVE! program.

15% 50% 35%

I plan to continue to monitor our MOVE! program using the MOVE! data reports provided by LEAP.

15% 35% 45%

I will have the time to continue to apply LEAP methods to improve our MOVE! program in the future.

20% 50% 25%

I plan to attend follow-up coaching or virtual collaborative sessions.

10% 10% 45% 35%

I plan to invite other staff from our facility to attend follow-up coaching or virtual collaborative sessions.

10% 30% 40% 20%

LEAP*On*

- Continued support
 - Monthly collaborative webinar/online forums
 - Ad hoc support
- Continue to post data reports
 - Updated monthly/quarterly

NEXT STEPS



CEU Credits

Course has been approved for CEUs for dietitians, psychologists, and nurses.

Individuals may obtain up to 19 CEUs. Team Leaders may obtain up to 33 CEUs because of their participation in coaching calls and virtual collaboratives.

Course available via TMS – invitation only



Goals for VA as a Learning Healthcare System



Empower the Front Line



Minimize Negative Variation



Foster a Commitment to Excellence

Changes in measurement: FY2018

- Skills assessment items
 - Shortened the survey
 - Self-assessment of skills → Extent of skill use
- Employee Experience (20 items)
 - Engagement
 - Burn out
 - Workplace climate
 - Workplace resources
 - Workplace satisfaction



Qualitative Interviews

- Explore the extent to which teams and team leaders are continuing to initiate change with their MOVE! program
 - Barriers and facilitators
- Will use findings to
 - Assess sustainability
 - Explain results
 - Improve LEAP*On*



Limitations

- Highly pragmatic trial design
 - Change in randomization process to address drop-outs
 - Monthly snapshots of administrative data
 - Reach: proportion of Veterans engaged in group MOVE! over time
 - Effectiveness: Weight outcomes
 - Time-series analyses
- Continued to refine LEAP based on early experience
 - Trade-off between establishing internal v external validity
- Causal pathway between LEAP and clinical outcomes (reach and weight outcomes) is unclear (low signal to noise ratio)
 - Added more proximal measures e.g., skill-building, employee experience
 - Need to establish linkages between proximal and clinical outcomes
- Insufficient time for outcomes to manifest



*We believe that everyone has the power to
make Veterans' healthcare better, even in
the face of limited time and resources.*



Goals for VA as a Learning Healthcare System



Empower the Front Line



Minimize Negative Variation



Foster a Commitment to Excellence

Poll 3

How likely are you to use LEAP, if it were available to you to implement a change or use in your research?

- Extremely likely, but I'd need to find out more
- It sounds good, but I'm not sure how feasible it is
- Not very likely, we already have what we need
- I really don't know

*We believe that everyone has the power to
make Veterans' healthcare better, even in
the face of limited time and resources.*

Questions?
Let the dialogue begin...

Points of contact:

Laura.Damschroder@va.gov

Julie.Lowery@va.gov

Nicholas.Yankey@va.gov



EXTRAS



Randomly divide VAMCs in half:

73735 45963
02965 58303
98859 23851
33666 62570
81666 26440

15838 47174
89783 34378
78155 22466
16381 66207
75002 80827

99982 27601
84543 87442
77757 54043
80871 32792
30500 28220

Oct 2016

Oct 2017

Send Email Notification

- Invite August 2017

Would you like to participate in
the LEAP Trial?

No

No further
action

Yes

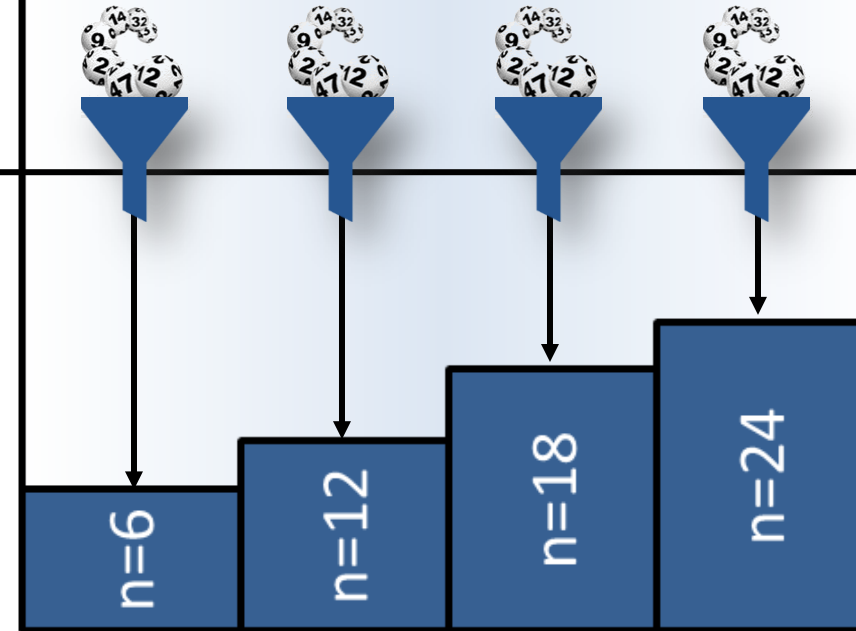


Usual
Support



N=24

Participating sites
without LEAP



FY2017

Q1: Oct

Q2: Jan

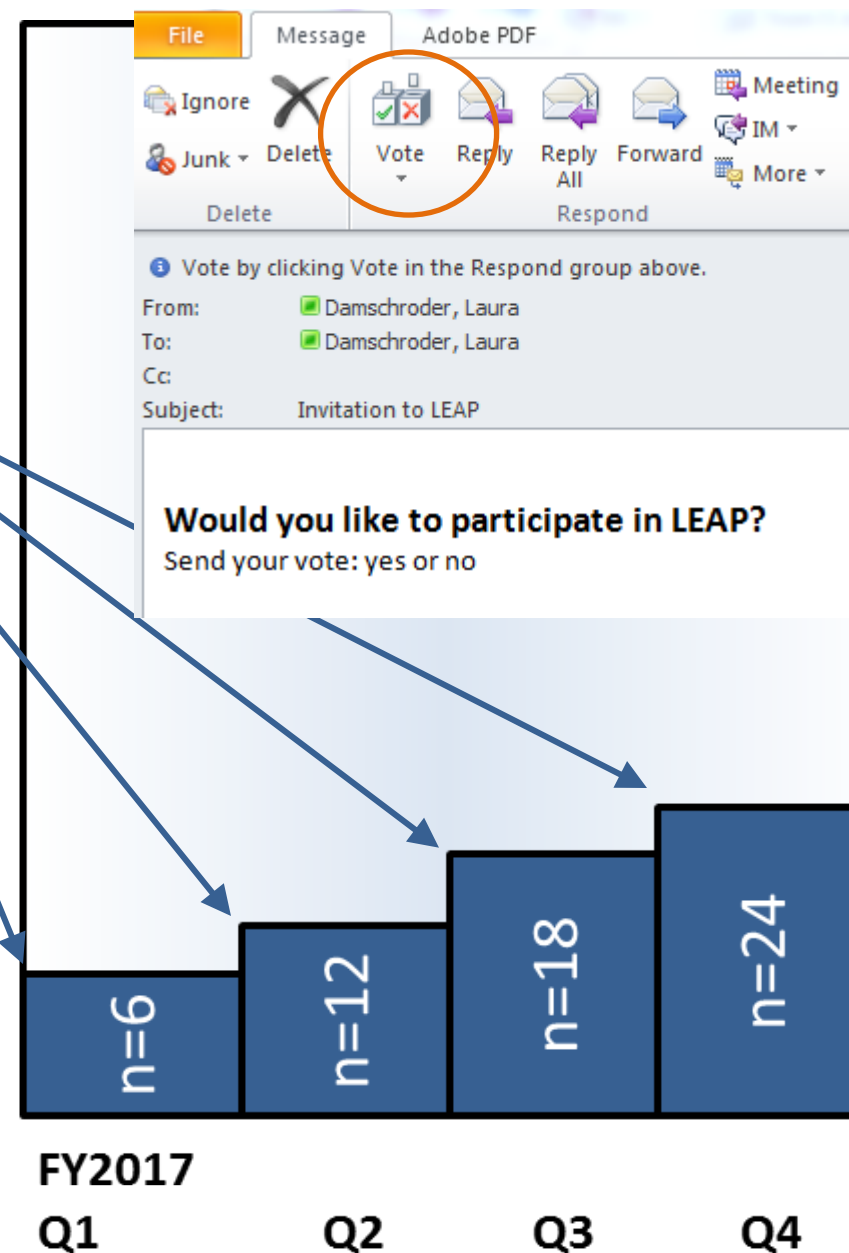
Q3: Apr

Q4: Jul



Planning for FY 2018

- More flexibility in signing up
 - Send **quarterly email** with poll to invite to LEAP
 - **Everyone** who has not already participated
- Randomly select **6 sites** to participate
 - Randomly ordered waiting list
 - If you are 1st or 2nd on the list: high chance of participation



Summary of LEAP Curriculum

Week 1: Getting oriented to VA LEAP

Week 2: Building your improvement team

Week 3: [Content specific to QI goal]

Week 4: Team building

Week 5: Intro to Model for Improvement

Week 6: Setting an aim

Week 7: Beginning the project charter



Summary of LEAP Curriculum

Week 8: Formulating a data plan

Week 9: Completing first draft of charter

Week 10: All about run charts

Week 11: Checking in

Week 12: Revisiting charter and data plan

Week 13: Run chart tutorial

Week 14: Run chart status update



Summary of LEAP Curriculum

Week 15: Reflecting and refining

Week 16: Reflecting and refining

Week 17: Ready for PDSA #2

Week 18: Thinking about reliability

Week 19: Group presentations of projects

Week 20: Group presentations of projects

Week 21: Reflecting and evaluating LEAP

