A Collaborative Journey towards Outcome Based Care

Penny Sands, Champlain CCAC
Wendy Alexander, Bayshore HealthCare Ltd.
The Journey begins...

Outcome Based Care (OBP/OBR)
- New philosophy, new care delivery model, new payment model

Proof of Concept – February 8, 2013
- Short Stay Wounds and Hips/Knees

Our Learning Journey – July 2012
- What is outcome based care?
- How will it change our thinking?
- How will it change our practices?
OBP/OBR – CCAC and Bayshore Activities 2010 - 2013

**CCAC Led Activities**

- ICCP Wound NE CCAC
- ICCP Palliative HNHB CCAC WW CCAC CW CCAC
- OBP POC Wound Care Central CCAC NSM CCAC
- OBP POC Wound Care Champlain CCAC
- OBP POC THR/TKR SE CCAC
- OBP POC Palliative Light CW CCAC HNHB CCAC SE CCAC
- OBP POC Wound ESC CCAC
- OBP POC Lessons Learned
- All 14 CCACs deploy Wound and Hip/Knee

**Bayshore Led Activities**

- Appointment of Executive Sponsor, local team leads, internal governance
- BHC Clinical Pathways refinement to meet OBP requirements
- BHC provincial processes to support POC phase
- Ontario government branch planning strategy to implement Epsilon
- Business case development with ROI to support Epsilon investment
- Change Preparedness planning at all branches
- OBPR POC Evaluation Report and Review of Lessons Learned
- BHC Provincial Processes and Systems to support OBPR deployment

---

**Outcome Based Pathways/ Reimbursement Steering Committee**

- Local Site Leads Working Group
- Key Processes Working Group
- Education Working Group
A Key Piece of the Puzzle

Leading Change – Kotter’s 8 Steps

Create Urgency - Kick off event

Build a coalition - Steering Committee and Working Groups

Develop a vision for change – Build a product that could be used for all subsequent outcome based care initiatives

Communicate the vision – Shared materials (slides, quick reference guides, PPT, videos). SPO/CCAC used the same tools to deliver the same message across Champlain
A Key Piece of the Puzzle

Remove obstacles – Empower People – the committee structures had representation from across the CCAC comprised of people who could make decisions quickly and sustainably

Take action – Build a comprehensive project plan, set timelines and stick to them

Build on the change – Spread the knowledge, evolve business rules and processes, how can we make it better

Make change stick – Employ metrics. Evaluate. Communicate
Steps along the Journey

All Service Provider information session

• “what do we concretely know right now?”
• “what do we think we know?”
• “what do we need to learn/create together?”

• Initial strategy discussion re: collaboration, commitment and transformational change
Create a Coalition

Outcome Based Care Steering Committee
Working Groups – Operational and Clinical

Excerpt from the Steering Committee Terms of Reference

• Model an open and transparent approach to collaboration, communication and change management
• Ensure the integration and execution of change management principles, development of education and communication plans (positioning and key messages)
Outcome Based Care Governance Structure

OBC Steering Committee
- Business Transformation – Vision, Change Management, Communications
- Project Management of ALL Implementation – project planning, status reporting, risk/escalation mgmt

Ops Processes Working Table
- Develop processes, procedures, systems & education required to support sustainable operations
  - 1 SC Representative
  - 1 CCAC Business Analyst
  - 1 Op Process Prime per SPO
  - Ad Hoc Subject Matter Experts (SME)
  - IT/IT primes per CCAC/SPO for IT/Finance systems
  - HPG Offer/Referral/Reporting
  - 1 Clinical Working Table Rep
  - Billing/Reconciliation Reporting
  - Care Coordination & pt of ordering &/or reporting
  - CCAC CC/TA

Clinical Working Table
- Develop generic framework to define/support pathways or consolidated services with clinical best practice operations
- Support education and operational sustainability
  - 1 SC Representative
  - 1 Clinical SME per SPO
  - 1 CCAC Director Client Service

Comm Working Table
- Communication primes working with OACCAC, Steering Committee and Working Tables to support change management
  - 1 SC Representative
  - 1 CCAC Communications

Champlain
- Change Management &/or Implementation Activities
- Quality Committee – metrics & QI

Note: this working table will engage with OACCAC Process table as needed to support Communication/Change Mgmt – key interaction is with SC, province &/or clinical
## Risk Assessment

### Risk Identification and Scoring

### Project Risk Assessment Tool

- **Project Name:** Outcome Based Care
- **Risk Facilitation By:**

<table>
<thead>
<tr>
<th>Risk Category</th>
<th>Risk Description</th>
<th>Likelihood</th>
<th>Impact</th>
<th>L/I</th>
<th>Impact</th>
<th>Ave</th>
<th>Total</th>
<th>Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance &amp; Resources</td>
<td>Different local bundled rates</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3.8</td>
<td>11.3</td>
<td>Management and Monitoring</td>
</tr>
<tr>
<td>Finance &amp; Resources</td>
<td>Rates paid to provider may not be reflective of the cost of providing care</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3.8</td>
<td>14.7</td>
<td>Management and Monitoring</td>
</tr>
<tr>
<td>Service Quality &amp; Client Safety</td>
<td>Dual processes could cause provider confusion</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>11.6</td>
<td>Management and Monitoring</td>
</tr>
<tr>
<td>Corporate Governance</td>
<td>Conflict between CCAC and SP</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3.3</td>
<td>8.3</td>
<td>Accept and Monitor</td>
</tr>
<tr>
<td>Human Resources</td>
<td>CCAC Staff competency</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3.3</td>
<td>3.8</td>
<td>Accept and Monitor</td>
</tr>
<tr>
<td>Human Resources</td>
<td>CCAC Staff morale and workload</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3.3</td>
<td>3.8</td>
<td>Accept and Monitor</td>
</tr>
<tr>
<td>Finance &amp; Resources</td>
<td>Increased cost to do clinical coordination</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>15.5</td>
<td>Management and Monitoring</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Increased time for clinical coordination</td>
<td>5</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>16.4</td>
<td>Management and Monitoring</td>
</tr>
<tr>
<td>Finance &amp; Resources</td>
<td>Increased risk of billing error</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3.3</td>
<td>11.9</td>
<td>Management and Monitoring</td>
</tr>
</tbody>
</table>
Planning – Work Breakdown

- Detailed schedule outlining activities for all parties involved
- Significant project planning exercise

- Joint Business Process Program Design
  - CCAC Change Mgmt
  - CCAC Assess Impact on Direct Care Therapies

- CCAC Business Process
  - CCAC Change Mgmt

- CCAC CHRIS Configuration

- CCAC Consolidated Contracts

- OA & CCAC Project Planning

- Governance
  - Provincial
  - Joint CCAC/SPO
  - CCAC
  - SPO

- SPO Business Process
  - SPO Change Mgmt

- SPO Evaluation & Reporting
  - SPO Billing Process

- CCAC Evaluation Measurement Reporting

- 300 line item project plan
- Significant delays in deliverables/milestones re: (1) Consolidated Process/Contracts with CCAC direct care impacts and (2) CCAC Evaluation/Measurement Reporting
Education/Training/Support

Training Video

Educational Materials

Training database

Shared Learnings and Challenges

Common message
  • Mistakes will happen. Ensure the delivery of service to the client is right, all others can be fixed
Proof of Concept Start

Touch base conference calls
- Daily for first 2 weeks - end of each day
- What is going well/what needs to be addressed?
- How are front line staff at CCAC/SPO doing?
- Issues Action Log maintained

Issue resolution
- 1 point of contact - CCAC/SPO identified for clinical/process issues
Feedback - 4 months post POC start

Expedited best practices and raised awareness of interventions that allowed for the expansion of holistic care

Proper assessment at the earliest possible time - allows interventions to be initiated earlier, leads to quicker healing

Fostered collaboration between SPOs clinical staff and with the CCAC

Increased operational knowledge transfer between CCAC/SPOs

Developed leadership, increased competency, promoted autonomy
Key Steps to Success

Don’t lose sight of the client and the potential impact on service delivery

Embrace Outcome Based Care as a fundamental business transformation, not just another process change

Embrace collaboration – learn about each other’s businesses

Understand, incorporate and allow time for change management – spread the knowledge, create the future together
Key Steps to Success

The project plan can never be too detailed

Help people to live in a grey world while planning and creating

Communicate, Communicate, Communicate

Recognize, Congratulate and Celebrate