

Project Description

I wanted to improve the Quality Measure (QM) score in the SDVAHC Community Living Center (CLC) by advocating for improved score calculus, which would better reflect the care provided on the unit, and by introducing integrative medicine practices and education into the local healthcare ecosystem.

Problem Statement:

The VA San Diego CLC had a 1-star QM Rating in Q2 FY 2018, which had a negative impact on the funding allocation for VASDHC within VISN 22 and reflected poorly on the patient experience.

Discovery:

- On the first day of my new job at the VA, a TV crew reported from the front of the VASDHC that the unit for which I was now the Medical Director had a one-star QM Rating.
- In trying to understand the low QM problem, I interviewed 45 stakeholders including VA leadership, nurses, and nurse practitioners, veterans, and multiple members of the UCSD health system, all of whom provide care at the SDVAHC, including UCSD health science faculty, internal medicine residency, and residency leadership.
- I was surprised by several themes in my interviews including:
 - The poor correlation between the CLC QM score and the actual care on the unit.
 - The way in which our CLC was penalized by virtue of its uniquely small size and focus on palliative and subacute care rather than long term custodial care.
 - The prevalence of integrative medicine use amongst veterans on the CLC.
 - The discomfort of UCSD house staff in discussing integrative medicine topics.
 - The lead time required to initiate a clinical service pilot at the VA.

4. Based on my interviews and research I decided on a three-pronged approach to address the pain-severity scores on the CLC addressing education, patient care modalities, and advocacy for more meaningful metrics.

Goals:

- Advocate for more meaningful metrics evaluating quality of care on the CLC.
- Create an integrative medicine service line within the CLC.
- Improve UCSD IM residents' understanding of integrative medicine.

Outcome-Oriented Objectives:

- Improve VASDHC CLC Quality Metric Rating by at least one star within 12 months.
- Reduce pain severity scores among Veterans in the VASDHC CLC.
- Initiate an Integrative Medicine Pathway within the UCSD IM residency.

Results

Initial Success Through Advocacy

	Preferred Direction	FY18Q2		FY19Q2	
		Rolling Average	Star Rating Points	Rolling Average	Star Rating Points
Long Stay Residents					
Ability To Move Independently Worsened**	↓	0		7.12	
Catheter in Bladder**	↓	16.85		13.16	20
Falls with Major Injury	↓	0		0	100
Help with ADL	↓	0		11.11	80**
High Risk PU	↓	18.18		7.14	40**
Moderate-Severe Pain**	↓	38.89		12.94	40
Physical Restraints	↓	0		0	100
Receive Antipsych Meds	↓	25		12.5	80
UTI	↓	5.56		2.94	80

NO points for long term care patients because of our low census numbers for this population. Improved to three-star rating in a single year.

Remaining Room for Improvement: Pain Scores

	CLC Compare											
	Preferred Direction	Rolling Avg.	Star Rating Points*	VA			National			CMS		
				VISN 22 Avg.	VA Avg.	Percentile	Average	Percentile	10th	50th	90th	
Pain Mod-Sev FY18Q2	↓	38.62	20	26.08	31.35	15.14	32.84	45.16	13.32	1.64	11.58	27.13
Pain Mod-Sev FY19Q2	↓	42.81	20	21.34	27.29	7.57	28.03	45.1	12.27	2.94	10.42	25.61

Pain scores remain elevated in the CLC, in part a product of our palliative and post-surgical population. Through introduction of integrative medicine, there remains opportunity to try and decrease these scores, further improving our QM rating, without further fueling the opiate epidemic. We have started weekly Reiki and launched the Integrative Medicine Pathway within the residency program, but it is too soon to evaluate what impact these interventions will have.

Weekly Reiki in CLC Start date: 6/10/19



Battlefield Acupuncture in CLC, Goal start: 6/2021



UCSD IM Integrative Medicine Pathway: Launched AY 2019



Key Partners <ul style="list-style-type: none"> SDVAHC UCSD Department of Medicine University of Arizona Scripps Center for Integrative Medicine 	Key Activities <ul style="list-style-type: none"> Creation of service agreements for Reiki, Battlefield Acupuncture, and Meditation in the VAHSC CLC Establishing 2yr curriculum for Integrative Medicine Pathway residents + longitudinal threat for all residents 	Value Propositions <p>Alternative Pain Management Service in the VASDHC CLC:</p> <ul style="list-style-type: none"> Reduction in opiate use Improved Quality Metric Score <p>Integrative Medicine Pathway within the UCSD IM Residency:</p> <ul style="list-style-type: none"> Improved understanding of non-pharmacological interventions for pain Improved efficacy with motivational interviewing 	Buy-in & Support <ul style="list-style-type: none"> VASDHC Executive Leadership Team VASDHC CLC Nurse Manager Chair of Department of Medicine Residency Leadership Team Core Clinical Faculty 	Beneficiaries <ul style="list-style-type: none"> Veterans within the SDVAHC CLC SDVAHC UCSD Internal Medicine residents
Mission Budget/Cost <ul style="list-style-type: none"> Funding for weekly Reiki, Battlefield Acupuncture training and staffing Annual licensing fee for University of Arizona's online Integrative Medicine Curriculum: \$5000 Integrative Medicine Pathway Directorship 0.1 FTE 		Mission Achievement/Impact Factors <ul style="list-style-type: none"> Reduction in opiate use among Veterans in the CLC Improvement in Quality Metrics in the VASDHC CLC Increased understanding of non-pharmacological pain management and motivational interviewing among UCSD Medicine house staff 		

Lessons Learned

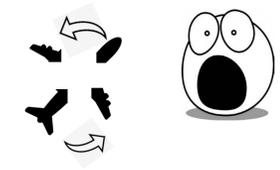
- Advocacy for better measurements/accurate accounting can be as critical as trying to improve the score on existing measurements. (Though this can be a dual edged sword! "If you torture the data enough, it will confess to anything." - Ronald Coase).
- Hofstadter's Law holds true ("It always takes longer than you expect, even when you take into account Hofstadter's law.") But we are making slow steps towards introducing integrative modalities.
- Large initiatives benefit from existing knowledge. Building the Integrative Medicine Pathway while learning about integrative medicine has been challenging!
- People fear what they do not understand (i.e. Western practitioners fearing integrative medicine practices).



Ronald Coase
NobelPrize.org



<https://nargaque.com/2010/05/31/hofstadters-law/>



Next Steps:

- Continue to refine Integrative Medicine Pathway curriculum and secure sustainable funding.
- IRB approval for survey on Integrative Medicine comfort and competency amongst UCSD IM residents.
- Battlefield Acupuncture pilot.

Mission Model Canvas