**SHC and Quality Improvement Education**

NMQF’s Center for Sustainable Health Care Quality and Equity (SHC) implements primary care and community leader education, training, and support so as to redress disparities in health care and outcomes in practices and communities around the nation. The Quality Improvement Education – QIE – is built on a strong evidence-base and application in the hands of SHC’s President over the last 12 years. Specifically, QIE relies on a rapid cycle improvement approach as well as the collective impact model, helping primary care practices and community organizations educate patients and the larger community about specific health care needs while improving preventive care, screening, treatment, specialty referral, illness self-management, adherence, and connection to services that address social risks. SHC QIE adheres to the following principles:

- **Patient-centered**, with the engagement of patients and community leaders in planning, training, clinical decision-making, and evaluation;
- **Team-based**, with engagement of all members of the practice team so as to create efficiencies in care, avoid burn-out, and tap into the strong motivation among all levels of the practice team to provide optimal patient care;
- **Local champion-driven**, from participating clinical and community leaders so as to promote a sustainable model of improvement
- **Data-directed**, with guidance from NMQF’s state-of-the-art health geographic information system (GIS) along with clinical chart and survey data to guide program focus; and
- **Collaborative**, with expert and patient advocate partners as well as promoting opportunities for local champions to present their work.

Dr. Hall has led the planning and implementation of QIE programs in more than 22 states and with more than 2,000 practices, at the American College of Cardiology, American College of Physicians, and SHC, consistently stewarding improvement in health care and outcomes, several examples of which are described in the table below.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Description</th>
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<tr>
<td>In-Situ Simulation to Reduce Door-to-Balloon Times in ST-Elevation Myocardial Infarction</td>
<td>Twenty-two hospitals nationwide participated in a high-fidelity teamwork simulation exercise, which was designed to identify and resolve factors that adversely affect door-to-balloon (D2B) times in STEMI patients. Results showed significant reductions in D2B in all but one participating system.</td>
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<td>A New ERA: Evidence-based Stroke and Symptom Reduction in Atrial Fibrillation</td>
<td>Several multi-specialty practices participating in the American College of Cardiology’s ambulatory registry promoted improved anticoagulation and symptom recognition, through patient surveys, leading to the Alliance for CME Award for Outstanding CME Outcomes Assessment in collaboration with Med-IQ.</td>
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<td>I Raise the Rates and Adult Immunization Quality Improvement Programs</td>
<td>Center for Quality at the American College of Physicians QI initiatives implemented in 16 states and 29 health systems, with industry and CDC funding, drove significant improvement – from 20 to 50%--in flu and pneumococcal vaccine rates, including in residency programs and FQHCs. Public education promoted by some states.</td>
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<tr>
<td>Diabetes ACP Quality Connect Initiative and Brooklyn and New Orleans Diabetes Collaborative for Sustainable Healthy Communities</td>
<td>ACP and SHC programs QI programs resulted in collaboration with collaboration with Cook County Health System in Chicago, IL, St. Francis Hospital in NJ, VCU Health in Richmond, VA, Houston Methodist, Texas, LSU HCS, Daughters of Charity and Baptist Health System in NOLA, and SUNY-Downstate Medical School in Brooklyn, produced significant improvement in HbA1c and foot exams. Partnership with community partners, including Healthy Heart Community Prevention program, Sankofa, and the Ellis Marsalis Center for Music in New Orleans, and the Arthur Ashe Institute in Brooklyn.</td>
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<tr>
<td>Chronic Pain and Safe Opioid Prescribing Quality Connect Initiative</td>
<td>ACP’s Center for Quality implemented a chronic pain management and safe opioid prescribing QI initiative in 10 practices and residency programs in the state of Kentucky, increasing screening for depression and pain as well as implementation of controlled substance agreements.</td>
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<tr>
<td>Tobacco Cessation and Lung Cancer Screening Quality Initiative</td>
<td>SHC pilot increased lung cancer screening referrals in four primary care practices in Kentucky along with smoking cessation therapy.</td>
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<tr>
<td>DRIVE - Demonstrating Rising Influenza Vaccine Equity</td>
<td>Expanding initiative in three major health systems and a national pharmacy chain to promote increased flu vaccination rates, producing double digit increases including among African Americans.</td>
</tr>
</tbody>
</table>
Selected References


https://www.collectiveimpactforum.org/what-collective-impact


Hall et al., In Situ Simulation to Improve Door-to-Balloon (D2B) Times. Research abstract presented at the 13th Annual International Meeting on Simulation in Healthcare: January 26th–30th, 2013 Orlando, Florida.

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Hall, L. L. “Registries to Promote Patient Safety, American College of Physicians Annual Internal Medicine Meeting”, April, 2013.

Hall, L. L. “Taking Education to the Healthcare Team: In-situ Simulation in Acute MI Care as a Model for Team-focused CME”, Alliance for CME, Best of Sessions 2010 Webinar Series, June, 2010.

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