WENNBERG INTERNATIONAL COLLABORATIVE
SPRING POLICY MEETING 2018

Creating a Certificate in Health Care Improvement for Inter-professional Teams to Improve Health Care Delivery and Reduce Variation

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WIC WENNBERG INTERNATIONAL COLLABORATIVE

74 NRP Smarter Health Care National Research Programme

SSPH+ SWISS SCHOOL OF PUBLIC HEALTH

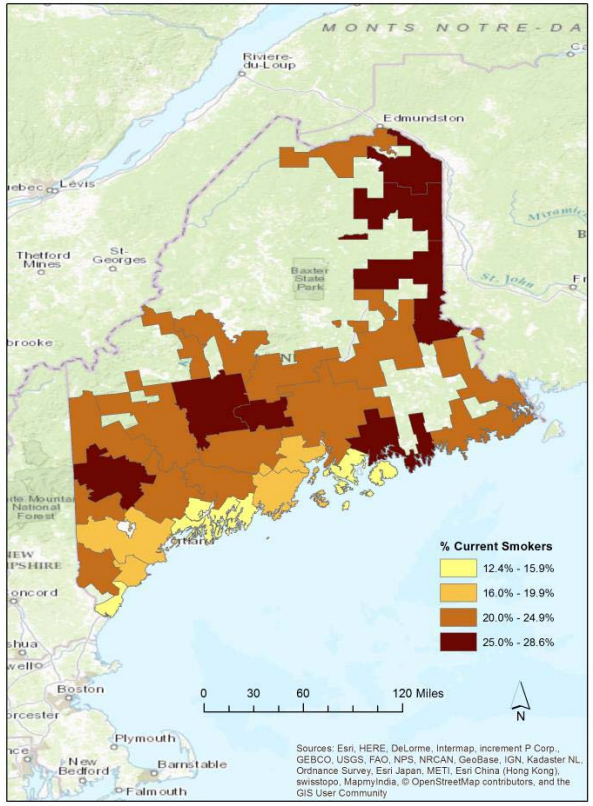
The Dartmouth Institute for Health Policy & Clinical Practice

Maine Medical Center MaineHealth

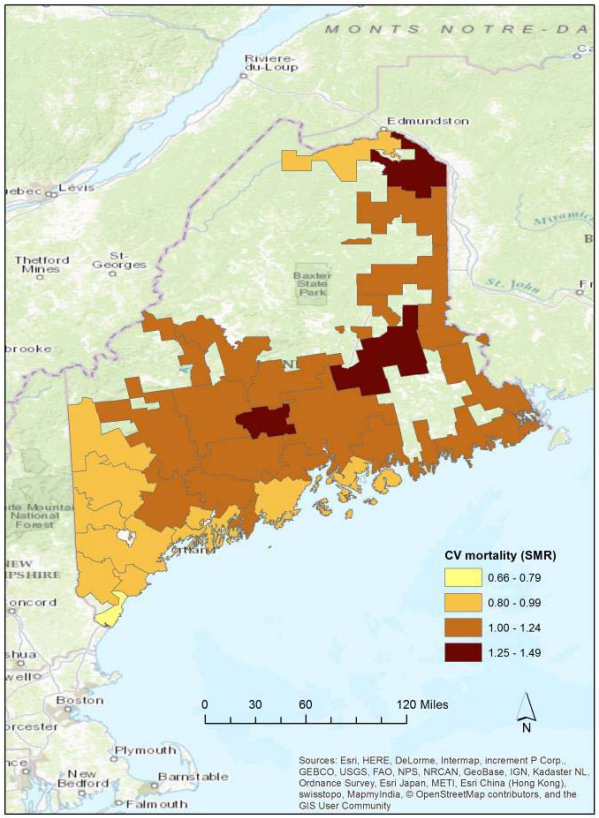
Tufts University School of Medicine

Variation in health behaviors and outcomes

Current Smoking



Cardiovascular Mortality

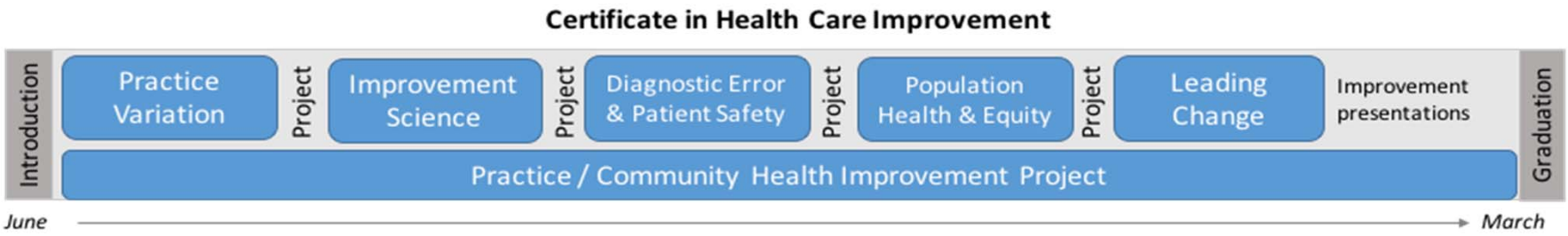


Maine Medical Center, Tufts University School of Medicine and The Dartmouth Institute: Certificate Program in Health Care Improvement

Designed to train inter-professional clinical teams to

- gain practical skills for health care improvement, grounded in the science of health care delivery
- leverage partnerships outside traditional boundaries
- foster inter-professional teamwork
- lead the change to improve health care delivery and population health
- engage medical students and residents in experiential learning

Certificate in Health Care Improvement Program



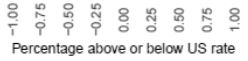
Faculty leads

Practice Variation:	Jack Wennberg and David Goodman
Improvement Science:	Jordan Peck and Ghassan Saleh
Diagnostic Error & Safety:	Bob Trowbridge, Omar Hassan, Erin Baker, Josh Cutler
Population health & Equity:	Kathleen Fairfield and Deb Rothenberg
Leading Change:	Peter Bates and John Tooker

Caribou

Demographics*	Caribou	Maine	US
Age – % 65 or older	22.1%	21.8%	19.7%
Sex – % Female	53.0%	51.8%	51.3%
Education – did not graduate HS	17.0%	9.8%	14.4%
Household income under 15K/yr	19.5%	11.9%	11.6%
Behavioral Risk Factors*			
Current Smoking	27.1%	20.6%	16.7%
Obesity	34.1%	28.5%	28.9%
Low Physical Activity	33.0%	26.5%	28.6%
Self−reported medical history*			
Diabetes	14.9%	9.6%	10.5%
COPD	12.1%	7.7%	6.3%
Hypertension	38.2%	33.0%	32.0%
Myocardial Infarction	9.8%	5.4%	4.3%
Stroke	3.4%	2.8%	3.0%
Poor/Fair General Health	21.9%	15.5%	17.7%
Access to care*			
Uninsured	15.0%	12.0%	12.2%
No doctor	15.1%	12.0%	21.4%
Medical cost prevented care	10.5%	10.8%	13.3%
Mortality`			
All cause mortality	1469.7	1385.5	1364.6
Cardiovascular mortality	340.9	288.4	329.9
Cancer mortality	347.7	341.6	318.5

Data sources
*Maine BRFSS (2011−2014)
*US rates from national BRFSS (2015)
`CDC Wonder (Aroostook County, age 35+, 2011−2014, age adj. rate per 100,000)

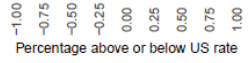


Percentage above or below US rate

Portland

Demographics*	Portland	Maine	US
Age – % 65 or older	19.5%	21.8%	19.7%
Sex – % Female	50.8%	51.8%	51.3%
Education – did not graduate HS	7.1%	9.8%	14.4%
Household income under 15K/yr	8.9%	11.9%	11.6%
Behavioral Risk Factors*			
Current Smoking	16.8%	20.6%	16.7%
Obesity	24.1%	28.5%	28.9%
Low Physical Activity	20.5%	26.5%	28.6%
Self−reported medical history*			
Diabetes	8.4%	9.6%	10.5%
COPD	5.4%	7.7%	6.3%
Hypertension	28.8%	33.0%	32.0%
Myocardial Infarction	4.4%	5.4%	4.3%
Stroke	2.7%	2.8%	3.0%
Poor/Fair General Health	12.0%	15.5%	17.7%
Access to care*			
Uninsured	9.4%	12.0%	12.2%
No doctor	11.0%	12.0%	21.4%
Medical cost prevented care	9.8%	10.8%	13.3%
Mortality`			
All cause mortality	1291.9	1385.5	1364.6
Cardiovascular mortality	234.0	288.4	329.9
Cancer mortality	333.2	341.6	318.5

Data sources
*Maine BRFSS (2011−2014)
*US rates from national BRFSS (2015)
`CDC Wonder (Cumberland County, age 35+, 2011−2014, age adj. rate per 100,000)



Percentage above or below US rate

Quotes from students

- I think it is very important to have exposure to these materials and resources now, because it's so easy once we start our clinical years …to get bogged down with the weight of all the clinical knowledge we are expected to master. It's equally important to understand the system in more depth, and public health principles that so greatly impact our current and future patients.
- That the data was so robust but had been around for a long time was shocking to me in reflecting on how little the lessons of practice variation had been applied to healthcare policy. It set the tone for the rest of the course.
- Much of healthcare is redundant and superfluous, leading to our country's huge spending trends in this sector.

Conclusions

- Reducing practice variation requires improvements in local understanding of health care delivery as well as policy change.
- The imperative to improve health care delivery demands innovative ways to educate medical students and inter-professional teams in an efficient manner.
- Inter-professional teams are eager to learn this material and can commit to this work over a 9 month period.
- Embedded medical students are learning about the problems and solutions alongside the team.
- This educational model provides an efficient and feasible approach to this problem.
- The opportunity to apply newly acquired knowledge to the development of an improvement project is a particular strength of the longitudinal design.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