

Program Overview

The Building Clinic Capacity for Quality program culminated in the October 25, 2006 Learning Circle which enabled program sponsors to share field findings and program plans. In addition, the gathering enabled CCHC and consortia participants to share assessment experiences and provide feedback on the program. Together, sponsors, CCHCs and consortia discussed experiences and ideas that will help to inform the prioritization of next steps for the program.

The following CCHC representatives shared their Readiness Assessment experiences and “90-Day Plans” resulting from their participation.

- **Jann Hamilton Lee**, MHA, South Bay Family Health Care Center, Los Angeles County
- **Tracy Ream**, MPH, Neighborhood Healthcare, San Diego County
- **Barry Ross**, RN, MBA, MPH, St. Jude Medical Center Community Clinics, Orange County

Program goals and findings were reviewed by BCCQ sponsors and team members:

- **Diana Bonta**, RN, Dr PH, Vice President, Public Affairs, Kaiser Permanente
- **David R. Carpenter**, Chairman, UniHealth Foundation
- **Howard Kahn**, MPA, CEO, LA Care Health Plan
- **Shaheen Kassim-Lakha**, DrPH, Senior Program Officer, UniHealth Foundation
- **Julie Murchinson**, MBA, Principal, Object Health
- **Libby Sagara**, Consultant, Object Health
- **Richard Seidman**, MD, MPH, Medical Director, LA Care Health Plan
- **Judith Zitter**, MSW, Community Health Manager, Kaiser Permanente

Participant Feedback

Feedback from Learning Circle participants centered on the potential for shared service opportunities at the clinic or consortium level of collaboration, the strong need to focus on quality improvement as part of health information technology adoption and the necessity of seeking funding to assist CCHCs in taking the next steps in the adoption process. Some shared the belief that “it’s not just about electronic health records,” and that there may be appropriate health information technology “stepping stones” to help achieve the ultimate goals of collaboration and technology-enabled quality improvement (TEQI).

Program attendees selected breakout sessions according to their areas of interest: *Vision and Leadership; Quality Improvement; People, Process and Finance; or Technology Capacity*. Breakouts focused on prioritizing the greatest needs of CCHCs, creating Action Items, discussing potential project owners and specific timelines. Many common themes were heard in all four sessions; therefore, participants’ priorities were synthesized to create the following summary. Action Items are grouped by three main themes reflecting the recommendation categories of the BCCQ Phase I Final Report.

Educational Opportunities

- Provide funding for health information technology (HIT) training and support, defining educational needs by role.

BCCQ Learning Circle Summary

- Differentiate between Quality Improvement (QI) and Quality Assurance (QA), documenting competency-based performance standards and measurements of outcomes.
- Encourage staff, local and national leaders to become educated in TEQI, creating advocacy roles within each consortium.
- Promote a culture of quality within the CCHC, moving beyond a project-based view of quality to encourage buy-in and ownership across the organization.
- Identify and communicate resource requirements and potential return on investment of electronic health records (EHRs) in order to better inform consortia and CCHCs in decision making.

Tools and Technical Assistance

- Provide health information technology to CCHCs.
- Provide technical assistance for process redesign, acknowledging current and future processes and identifying areas where technology can create efficiencies.
- Provide tools and resources to assess current QI processes, identifying challenges and creating a focus for future HIT funding.
- Create standards for data capture and reporting, identifying means of culling out data that is not readily available.
- Perform a clinic-by-clinic technology assessment or review, including a systems inventory.
- Provide support, compatibility research, selection criteria and implementation plans for HIT procurement.
- Provide examples of CCHC best practices, tools and templates, including policies and procedures, implementation and disaster recovery plans.

Collaborative Opportunities

- Provide funding support for local and consortium-based collaboration, focused on providing TEQI programs to CCHCs.
- Provide technical assistance to promote interoperability and connectivity both within consortia and across Southern California CCHCs.
- Provide funding to create the position of "Quality Improvement Coach" at the consortium level, gathering CCHC leaders to track progress among consortia members.
- Create opportunities, provide resources and allow for release time for consortia to collaborate on future programs promoting TEQI across the region.
- Provide funding for consortia to define quality indicators and communicate goals to CCHCs.

Next Steps

The BCCQ team will use Learning Circle feedback and recommendations from Phase 1 as design features of future phases, providing potential capacity building assistance, models for collaboration, and strategies for CCHC readiness and implementation of health information technology across Southern California.

The BCCQ sponsors would like to thank the CCHC leadership for their involvement in the program. Plans for the next phase of the program will be communicated to participants in Spring 2007.

For more information, contact Noelle Tisius Gervais, UniHealth Foundation, at 213.630.6500 or ngervais@unihealthfoundation.org.

Visit the BCCQ Learning Circle Web Page at http://www.objecthealth.com/bccq_lc/bccq.html.