

Improving The Process of Cancer Care

Session 1 of a 4 part series

Process of Care Research Branch
Division of Cancer Control and Population
Sciences/Behavioral Research Program

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Series Purpose – for NCI

- Solicit opinions from three sectors of the community regarding problems in the quality of cancer care
 - Providers, Researchers, Health Care Purchasers
- Identify potential research topics that might address those problems
- Focus the research agenda of PCRFB upon major underlying factors affecting the processes of cancer care.

For Participants

- Understand the perspectives of three communities with respect to problems in cancer care delivery
- Learn conceptual, analytic, and practical approaches to understanding and addressing problems in cancer care delivery
- Contribute to the development of NCI's research agenda

Improving the Process of Cancer Care through Microsystem Evaluation and Change

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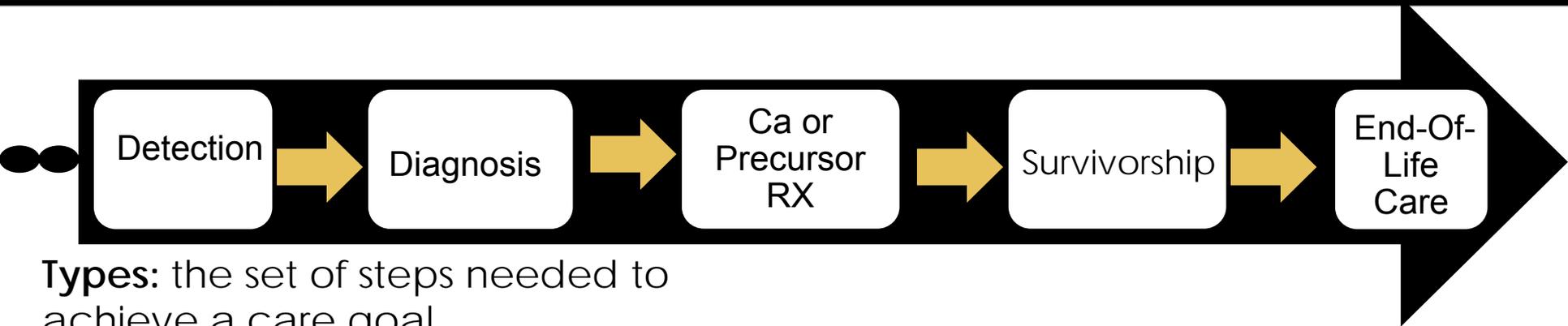
Co-Director The Dartmouth Institute Microsystem Academy
The Dartmouth Institute for Health Policy and Clinical Practice

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Objectives

- Using a case study, review and analyze potential issues that contributed to “Ms F’s” course of care and outcome.
- Consider “systems within systems” impact on Ms F’s process of care and identify improvement opportunities
- Describe how applied microsystem theory could improve the process of care



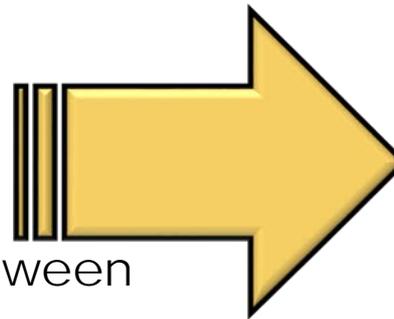


Types: the set of steps needed to achieve a care goal

Steps: the activity “providers” do alone (eg. Interpreting a mammogram, auscultating a heart, taking a blood pressure)

Transitions: the connections between major types of care

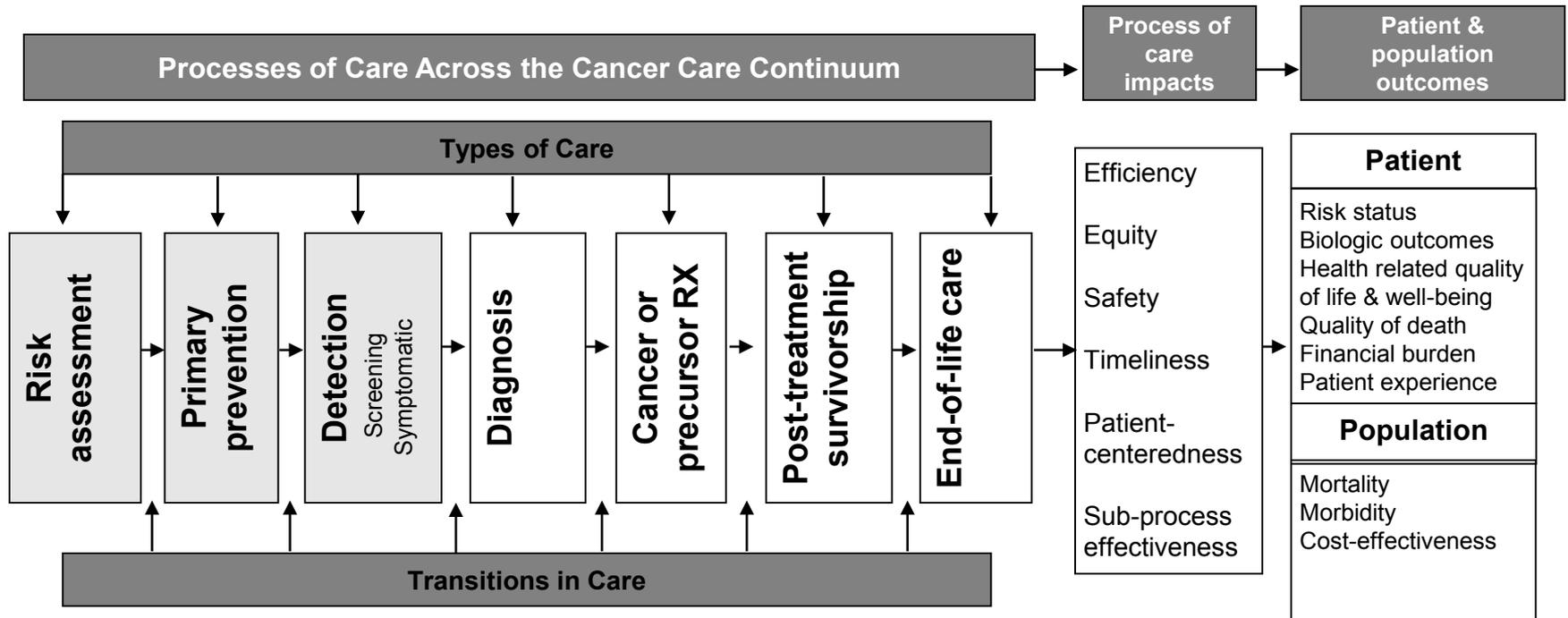
Interfaces: the transfer of information and responsibility among providers and organizations involved in the steps of care.



Process of Cancer Care:

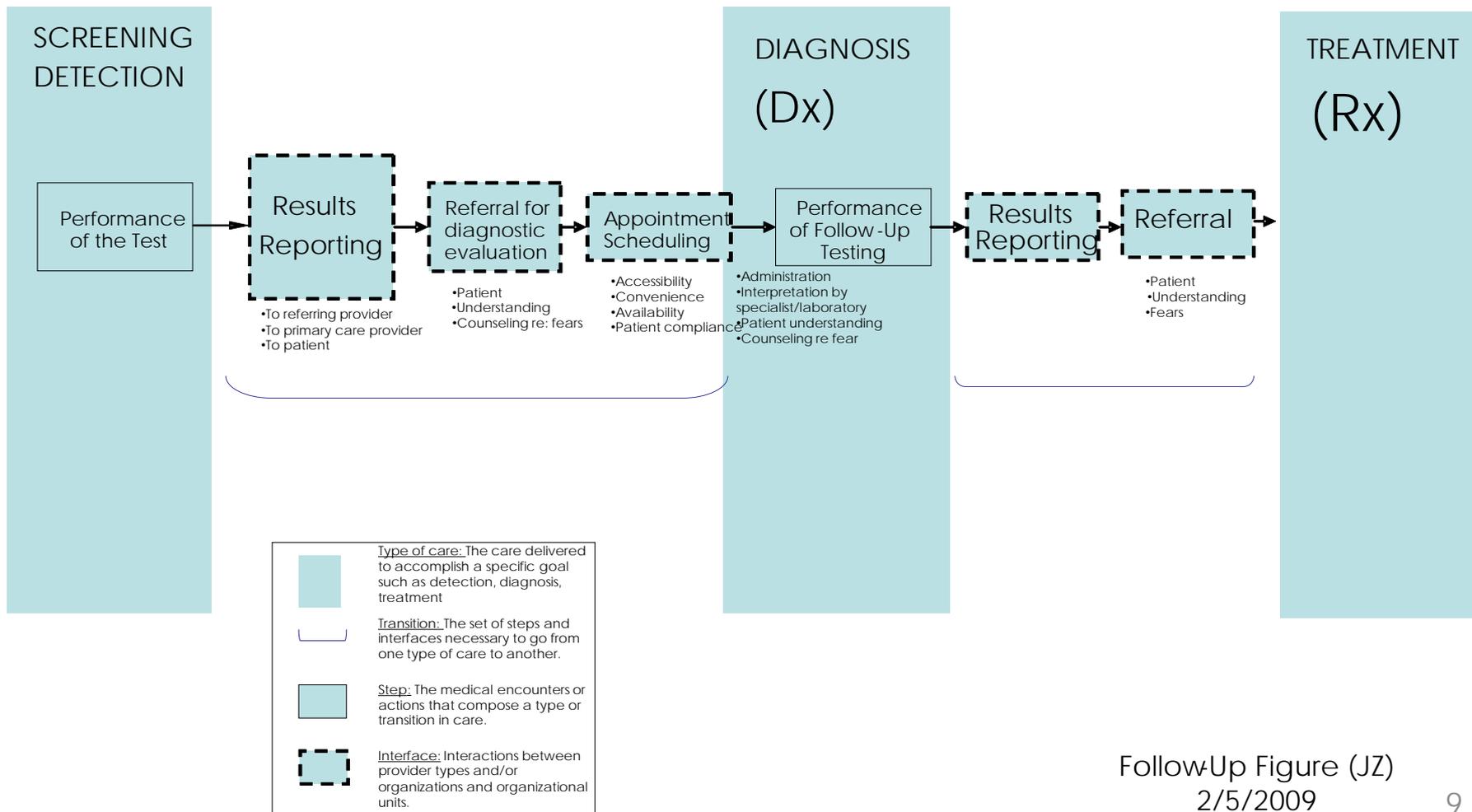
The sum of the *types* of care, *steps*, *transitions* and *interfaces* that must be traversed to receive healthcare across the cancer continuum

The outcomes of care are a function of the process



Each type and transition in care offers opportunities for improvement. Within and between types of care there are interfaces and steps which may be articulated to identify more opportunities.

The care process is more complicated than it appears



“Every system is perfectly designed to get the results it gets.”



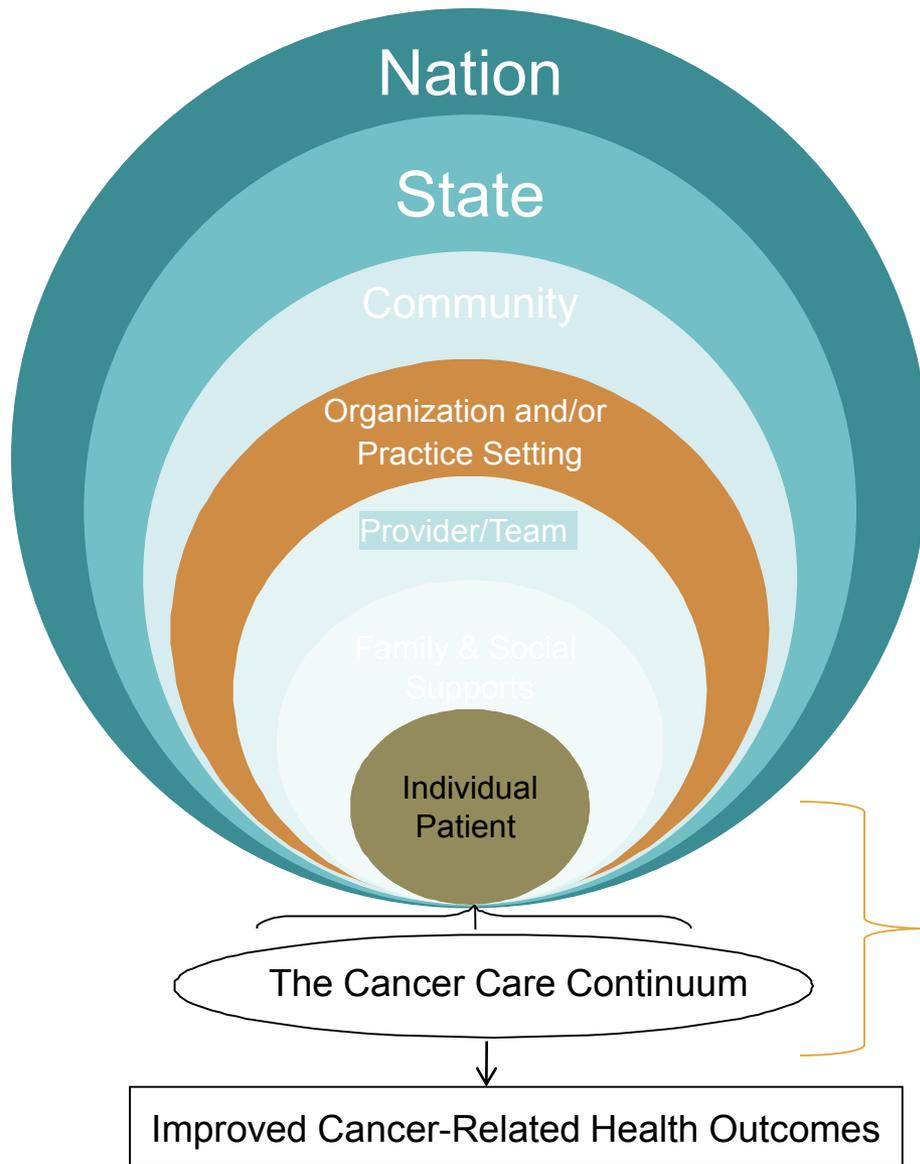
Paul B. Batalden, MD

Founding Director, Healthcare Improvement Leadership Development

The Dartmouth Institute for Health Policy and Clinical Practice

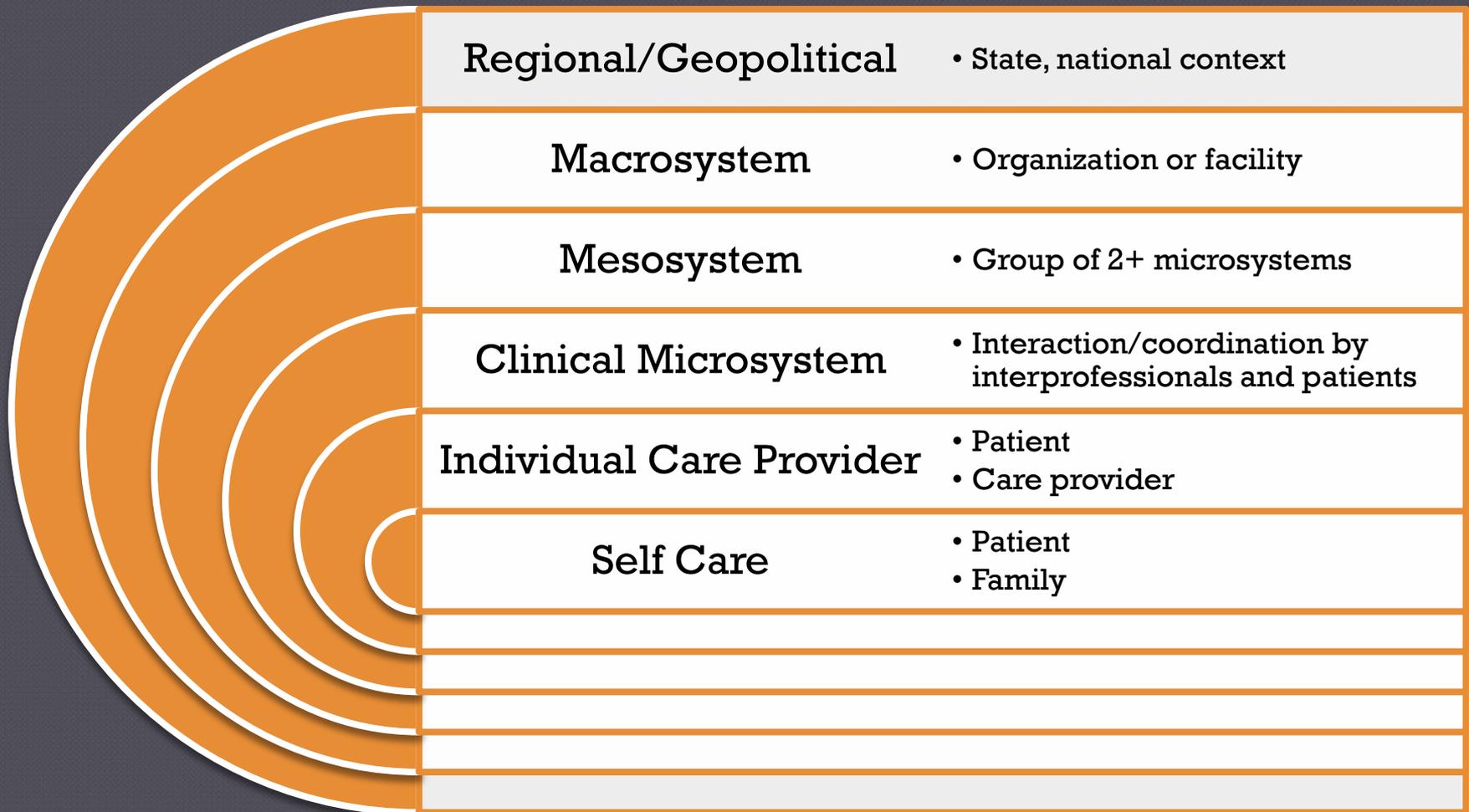
Co-Founder Institute for Healthcare Improvement

We need to understand how context affects process



We need to think about how the structure and process intersect

Systems of Practice, Intervention, Measurement & Policy



A Microsystem is...

A health care clinical microsystem is the combination of a *small group* of people who work together in a defined setting on a regular basis—or as needed—to provide care **and the individuals** who receive that care.



It has:

- Clinical and business aims
- Linked processes
- Shared information environment
- Produces measurable outcomes

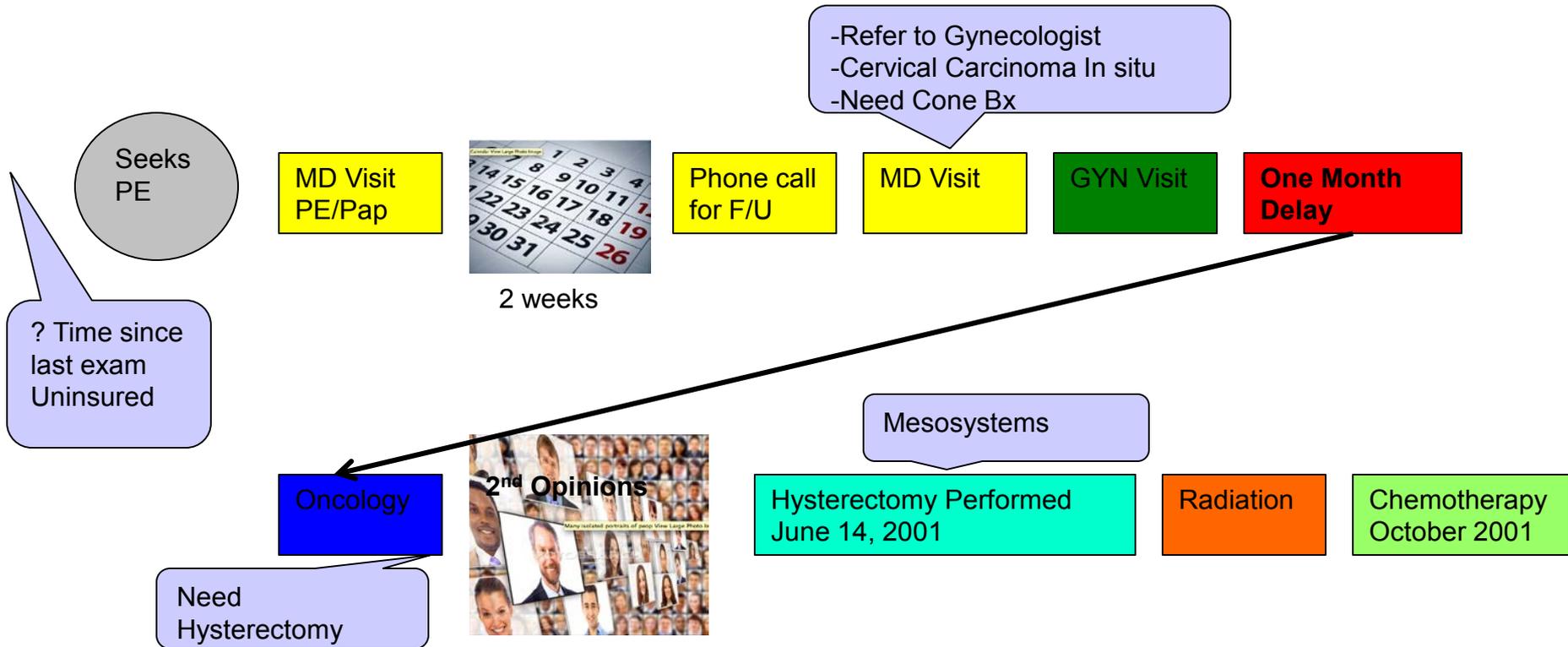
The Question(s) for today

- What are the “Policy” impacts on Ms F’s Care process?
- What about the “front line or microsystem(s)” processes of care that could be improved?
- Within the mico/mesosystems are their patient knowledge and informed decision making issues for Ms F?



Ms F

Unmarried and Desirous of Children



7+
Microsystems

Shared Decision Making at DHMC

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HEALTH CARE PROFESSIONALS

RESIDENTS & FELLOWS

DONORS & VOLUNTEERS

CAREERS

EMPLOYEES



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The “True” Structure Of The Delivery System?

- As experienced by the patient
 - People working together (or against each other)
 - In front line clinical teams (or tangles)
 - Often embedded in larger organizations (or Byzantine bureaucracies)
 - That are more or less loosely connected (or totally disjointed)
 - And provide more or less perfect (or deadly dreadful) care

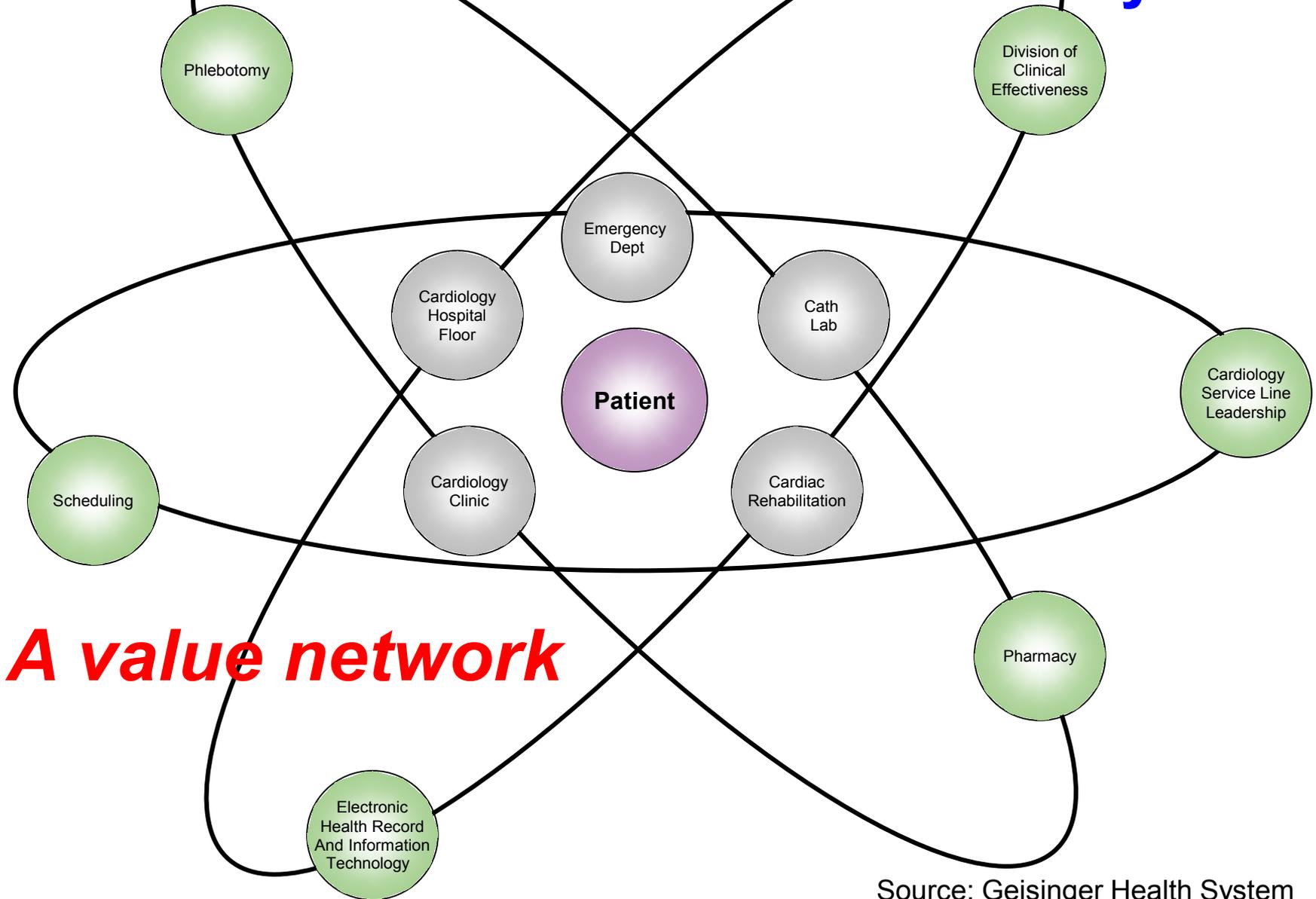
Building Block of Health Care

- The sharp end of the health care system—the place where each patient is in direct contact with interdisciplinary health care professionals, is the fundamental building block that remains the foundation of all health care systems is the Clinical Microsystem.

Mesosystems

- **Mesosystem members are part of a “community” and have relationships and activities which frequently are not recognized, revealed, studied, discussed or improved ... but that might change with value based payment systems**

Mesosystems Form Around the Patient in a Coherent and/or Chaotic Way



A value network

Final Summary

Microsystems in the Morning

- What are they? Developing them and Maren Batalden's
Microsystem in the Field Experience and Lessons
Exercise to introduce to process

Mesosystems after Lunch

- What are they? Three examples from Geisinger, to DHMC to
National HVHC
Exercise to reflect on the mesosystems

Panel Discussion to further explore micro and mesosystems

Clinical Microsystems

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Purpose, Patients, Professionals, Processes and Patterns



The Place That Works

patients, families and careteams

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Feedback

www.clinicalmicrosystem.org