



Delfini Group™, LLC



Evidence- & Value-based Solutions For Health Care

Clinical Improvement Consults, Content, Seminars, Training & Tools

Health Care System Tools

Evidence- & Value-based Health Care Quality System Assessment Tool

Delfini Group™, LLC

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www.delfini.org

Our Mission –

To assist medical leaders, clinicians and other health care professionals by ~

™ Bringing science into medical practice in an **easy-to-understand** way.

™ Using **simplified methods** to help navigate the complexities of such areas as evidence-based medicine and other topics.

™ Building **competencies** and **confidence** in improving medical care through our well received consultations, educational programs and tools.

™ Providing inspiration to others to **improve** medical care and help bring about needed change.



Delfini Group Evidence- & Value-based Health Care Quality System Assessment Tool

The Institute of Medicine, Medicare, the Veterans Administration, RAND and Dartmouth estimate that the amount of inappropriate care in the United States—i.e., overuse, misuse and underuse of interventions and drugs – is 20%-50% of all health care spending. This means that huge waste in health care and much that is done results in poor quality care and potential harms to patients.

The Institute of Medicine has stated that significant improvements in quality can be made by utilizing the concepts and methods of evidence-based medicine (EBM). What EBM is essentially about is the application of high quality scientific research into health care. EBM can increase health care quality and can result in more judicious spending, thus providing true value.

Surprisingly, the application of good science into health care is rarely done. Also, surprisingly, rarely is a value-based approach taken – we consider a value-based approach to be one which looks at all perspectives collectively to make informed decisions about health care choices – what good science tells us about health care outcomes, cost, patient perspective, satisfaction and other important issues.

In order to effectively improve health care outcomes and use resources optimally, health care organizations need systems that support an evidence- and value-based approach to quality improvement. EBM and value-based principles and methods must be infused into leadership roles, organizational structures such as quality committees, organizational work processes, staff roles, skills and tools.

Below you will find a checklist you can use to help you evaluate how well a health care organization is structured to improve quality and value through the use of EBM. **Instructions for Electronic Tool Use are at www.delfini.org > Main Menu > Resource Center**

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These materials are not meant to replace the clinical judgment of any health care professional or establish a standard of care. The information contained herein may not be appropriate for use in all circumstances. Decisions to utilize this information must be made by consumers and health care professionals in light of individual circumstances. We make no claims that this information is up-to-date or complete.

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Delfini Group Evidence- & Value-based Health Care Quality System Assessment Tool

Date: Assessment for Health Care System:
 Evaluator:

Question	Desired Outcome	Problem Outcome See →	General Advice *
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Part I. Scientific Evaluation Capabilities

Background

There is a great deal of poor quality research and misleading information even in the highest quality medical journals.

- Organizations rarely recognize this.
- Organizations rarely have systems in place and staff with skills to do needed evaluations of scientific evidence.

Health care should be provided by organizations that both understand the need for evaluating science and know how to do so.

<p>1. Organizational Understanding Can the organizational or quality improvement leadership articulate a true understanding of the need for a rigorous and systematic evaluation of the quality of scientific evidence before applying it?</p> <p>Note: Leadership is vitally important to help create an evidence- and value-based system. Many leaders may be able to sound like they understand, but not actually have a true understanding.</p>	Yes:	No:	Red flag
<p>2. Systematic Processes for Evaluating Health Care Technologies Does the organization have a system in operation for routine rigorous and systematic evaluation of new drugs, devices and procedures through rigorous and systematic evaluation of scientific quality?</p> <ul style="list-style-type: none"> ▪ Can they demonstrate that they have created evidence-based work processes – meaning do they have in place the methods, tools and staff to identify potential work areas for quality improvement, critically appraise the medical literature and create evidence-based clinical improvement initiatives based on valid, relevant evidence of effectiveness and value? ▪ Does the organization have staff which possess the needed skills to critically appraise medical literature (e.g., epidemiology skills) and are these staff utilized for these assessments? ▪ Is there a formal structure and mechanism for regularly reviewing new drugs, devices and procedures through these processes? For example, does the organization have some or all of the following committees that use evidence-based processes for evaluating the strength of the evidence by evaluating interventions by looking at both study type and methodology? 	Yes:	No:	Fails assessment Reminder of potential savings estimated at 15 to 30% of drugs and over 30 percent of new technologies Reminder of considerable increase in care quality and reduction of patient harms

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<ul style="list-style-type: none"> ○ Quality or Value Oversight Committee ○ Pharmacy & Therapeutics Committee ○ Technology Assessment Committee ○ Guidelines/pathways department <ul style="list-style-type: none"> ▪ Is the system functioning successfully? 			
<p>3. Understanding of Study Types Does the organization use observational studies or case series for questions of the efficacy of therapy, screening or prevention? If yes, is this done only in absence of evidence from valid randomized controlled trials (RCTs) and is this information labeled in such a way that clinicians and others understand that the evidence is weak and maybe misleading?</p>	No:	Yes:	Fails assessment
<p>4. Performance of Rigorous Critical Appraisal Does the organization rely on randomized controlled trials or systematic reviews of randomized controlled trials without doing a critical appraisal. (Exceptions: information obtained from Cochrane Collaboration, Clinical Evidence or DARE can generally be considered valid and relied upon. However, we strongly recommend auditing even these sources as there is variability in quality within every resource we've reviewed.)</p>	Yes:	No:	Fails assessment
<p>5. Critical Appraisal of Clinical Recommendation Content If the organization uses clinical guidelines, pathways, performance measures or other clinical recommendations, do they have a rigorous and evidence-based process for successfully evaluating the quality of that information?</p> <p>Note: There are enormous problems with medical content and recommendations. Many are labeled evidence-based, when actually they are not – they may refer to a scientific study, but do not reflect the body of science or may be based on a poor and misleading study. Consensus guidelines are highly prone to bias regardless of the developers. Medical content has to be evaluated for validity and usefulness.</p>	Yes:	No:	Fails assessment
<p>6. Critical Appraisal Core Competencies Do most of the organization's individual clinicians and clinical pharmacists have an understanding of the core principals of critically appraising research studies for validity and usefulness?</p>	No:	Yes:	Problem Reminder that well over 70% of physicians fail a simple literature

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<ul style="list-style-type: none"> Is there some way that clinicians and clinical pharmacists are evaluated for this knowledge? Is there a training program for them? <p>Note: This is an enormous problem in health care. Much that is published in the medical literature is poor or misleading. Most physicians and clinical pharmacists cannot tell. This affects health care decisions daily.</p> <p>Applying a systems approach, without ensuring that their individual physicians and clinical pharmacists possess, as a core competency, basic skills in critical appraisal and results assessment, can be likened to trying to stop a flood without creating a solid barrier.</p>			evaluation quiz High risk for patient harms, inappropriate care and higher costs

Assessment of Scientific Evaluation Capabilities:

Part II. Application of Valid Science

<p>7. Clinical Improvement Implementation Skills Can the organization provide evidence of successful implementation of quality improvement projects?</p> <p>Note: Many organizations put efforts into creating quality improvement projects, but lack understanding of how to effectively implement them and create practitioner behavior change.</p>	Yes:	No:	Problem
<p>8. Health Care Staff Access to Quality Information Can the organization demonstrate that physicians and other clinical staff have ready access to the quality improvement information that is to be applied for patient care?</p> <p>This is especially effective when the information is available at point-of-care.</p>	Yes:	No:	Problem
<p>9. Consumer Access to Quality Information Can the organization demonstrate that it makes this information readily available to consumers and patients?</p>	Yes:	No:	Medium problem
<p>10. Performance Measures & Quality Indicators Can the organization demonstrate improvement through performance measures or quality indicators – or a focus on quality through use of such indicators?</p> <p>NOTE: Unless high quality research is done, improved health outcomes is not a valid measurement. Look for improvement in processes or services or evidence that a quality improvement has been successfully implemented. This is a</p>	Yes:	No:	May be only a minor problem (and this is a complicated area which may require evaluation by experts understanding the pitfalls of

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complicated area which may require evaluation by experts understanding the pitfalls of such measurement.			such measurement)

Assessment of Application of Valid Science:

Part III. Organizational Commitment

11. Mission Statement Reflects Priorities Is a commitment to evidence-based quality improvement acknowledged in the organization's mission statement?	Yes:	No:	Minor problem
12. Leadership Support Is there concrete evidence that the organization's leaders are committed to supporting clinical improvements based on the best available scientific evidence? a. Statements in the mission statement, business plan, quality plan, etc.? b. Other?	Yes:	No:	Minor problem
13. Aligned Incentives Are incentives aligned for quality? Example: In many organizations pharmacy budgets and inpatient budgets are viewed separately (silo'd). If budgets are silo'd, one department may get penalized for rising costs in their department which actually represent quality overall. Or if performance measures are used, physicians might be penalized if the measure does not take clinical judgment into account.	Yes:	No:	Could be a major problem

Assessment of Organizational Commitment:

* Individual circumstances apply. Your actual findings need to take account of the whole or other factors which may serve as reasonable substitutions.

Overall Assessment:

Recommendations:

Other Comments:

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Delfini Services

Delfini can help organizations develop the right structures and work processes to do evidence- and value-based work. We use effective and simplified methods to successfully train staff to have the needed skills. People praise our tools as helping them do the work. We can also assess these structures in health care systems and evaluate their effectiveness.

Delfini Solutions

For a small expenditure for an investment that can provide significant, meaningful and lasting value, Delfini Group offers services which can help improve care quality and reduce waste through assessments, consultations and training in the following areas –

- Health care quality system assessment and recommendation plans
- Evidence-based medicine training in critical appraisal of the medical literature, effective searching strategies and sources for quality information
- Summarizing and synthesizing the medical literature
- Organizational development to help health care quality systems become evidence- and value-based organizations
- Advice on work structures, process steps and tools for evidence-based work groups such as QI teams, Pharmacy & Therapeutics and Medical Technology Assessment committees
- Evidence and cost assessment training for committees and staff involved in health care purchasing decisions
- Quality improvement strategies, including how to successfully implement quality improvement initiatives
- Evidence-based evidence reviews and health care information content and packaging, such as information, decision and action-aids
- Performance measures and quality indicators development, utilization and evaluation
- Patient-centered care strategies
- And more...

Delfini Testimonial

After one month for a Pharmacy & Therapeutics Committee consultation for one of our clients...

"The evaluation results look very good. Proof of impact: people are already starting to use the tools and material in real life. 1) Parkview Hospital and Parkview North have already changed the way 'addition to formulary requests' are presented at their local PNT. The docs like the organized approach. 2) The three Community Hospitals approved the System PNT at their quarterly joint med staff officers meeting last week. We take the matter before Parkview Hospital next week, but don't think there will be any problems there. Well done. Yes, you can use this. You earned it!"

Six months later...

"It has been six months since the Delfini Group customized an evidence-based training program to help us change our processes for drug reviews. We have already experienced real success which we expect to be sustainable and which will improve the care we provide to our patients and our ability to use our resources optimally. The concepts and skills learned in the training - along with the tools and process steps - were invaluable to us and have helped us transform our system. Highly recommended!"

David Holloway, MD
Senior Vice President & Chief Quality Officer
Parkview Health
Fort Wayne IN

