2025 Learning Collaborative

Addressing Health Equity Through More Sustainable Quality Improvement

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#2025BHPLearningCollaborative

Better Health Partnership

Session Objectives

- Describe how primary care practices face barriers in scaling best practices in clinical care.
- Identify effective strategies to organize quality improvement.

How do we Integrate Quality Improvement into Primary Clinical Care?

Mamta (Mimi) Singh, MD, MS

Professor of Medicine, CWRU SOM

Director, IIRECC- VA Northeast Ohio Healthcare System

Chair, Adult Leadership Team, Better Health Partnership

October 24, 2025

Background

Key component of Patient-Centered Medical Home or Accountable Care Organizations is a systematic focus on Quality Improvement (QI)

Despite the promise of QI to improve primary care delivery, the infrastructure does not exist

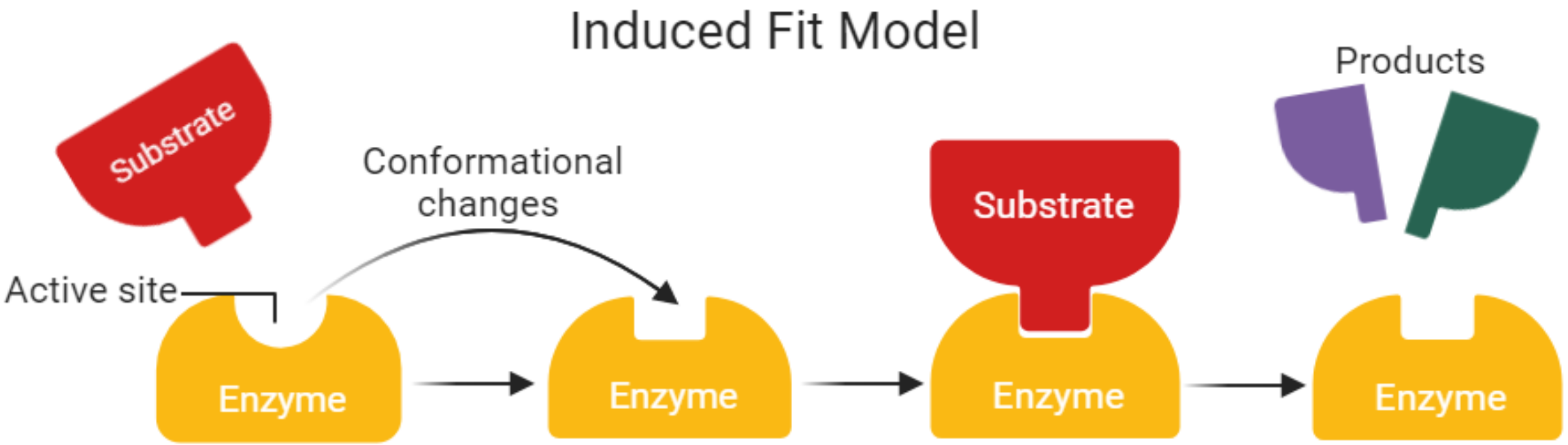
Most primary care sites do not have the resources, time, and expertise for practice improvement

Under-resourced primary care leads to few providers with large panels

Provider focus more on daily demands of primary care rather than continuously improving the way they provide care

Figure 1. Developing Quality Improvement Capacity in a Primary Care Practice

Building QI Capacity in Primary Care- AHRQ



A Lesson from Basic Science

What are those “Conformational Changes” that are needed for QI in primary care to be “productive"

BETTER HEALTH PARTNERSHIP LEARNING COLLABORATIVE

CULTURE'S IMPACT ON PERFORMANCE IMPROVEMENT

OCTOBER 24, 2025

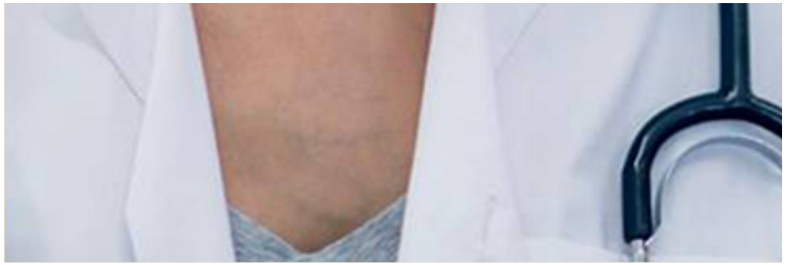
JEAN POLSTER, PRESIDENT, JEAN POLSTER COACHING AND CONSULTING

"COLLABORATION IS BUILT AT THE SPEED OF TRUST"

HOW CAN WE WALK THE WALK IN OUR ORGANIZATIONS TO HIGH PERFORMANCE, NOT JUST TALK THE TALK?

Core Elements:

- Why are we here? To take care of people in the best way possible
- Recognize this is a team sport – it's not just the provider…
- Acknowledge and tolerate failure of initiatives. No blaming and shaming!
- It's both what you say in front of the room and how you react in the hall



NAVIGATING THE CURRENT ENVIRONMENT OF UNCERTAINTY

Articulate priorities – maintain a focus on doing the best we can. Acknowledge difficulties. What is critical that we do well? What can wait?

Can use the crisis as a catalyst. Think about what worked during Covid pandemic when rapid change was also required.

Don't switch all the focus to financial outcomes.

Communicate, communicate, communicate…

A NOTE ABOUT CHANGE

At its core performance improvement is about doing "this" not "that" or "this" in addition to "that". The current environment is not one where adds are going to easily work. There should also be consideration of "not that" or the new stuff can be rapidly ignored. We have all seen the cycle of "when did you stop doing that?"

Try to prevent staff from accidentally using old processes. Be explicit about when the new begins, especially in a slower roll out of a change. Document and train on what is expected and get feedback if it is not understood. Confusion leads to inaction.

Think about how you audit or supervise changes in processes and how you gather feedback outside of the loudest voices. Recognize that it takes months to ingrain a new process.

Show gratitude and recognition. Have champions at all levels and acknowledge them.

IMPORTANCE OF NOT BLAMING THE VICTIM OR SHOOTING THE MESSENGER

When something bad happens, what happens next? Examples, incident reports…sentinel events…customer complaints…poor clinical or survey data…

- If you punish staff for identifying errors, they will not report them. And you won't get better as quickly
- If you routinely blame staff for poor outcomes, you may have lost them as a collaborator. Patient care errors are usually due to the breakdown of multiple SYSTEMS – not negligence.
- The vast majority of staff come to work to do a good job. They are not intentionally making errors. They like it when they know how to do a good job.
- Tendency to blame those lowest on the hierarchy rather than be curious about the demands of their role.
- Compassion and support when serious errors are made. Serious errors can haunt providers and staff and cause unnecessary turnover.

WAYS TO STIMULATE PROCESS IMPROVEMENT
"A RISING TIDE FLOATS ALL BOATS"

Clearly tie the outcomes to real people who you serve – paint a picture

Know who the team is for improved results – map the process

Make it fun! Friendly competition

Be explicit about what is needed. "We will focus on improving xxx. We are not working on xxx right now."

Use the words: "non-blaming culture", "Let's not rush to conclusions",

Be transparent with successes and failures

Everybody's job is nobody's job – be specific about roles in key processes

Reward improvement not just the highest numbers

Interdisciplinary dialog where all key roles participate

Training, training, training…

THANK YOU

Jean Polster

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The Power of Partnership: Strengthening Quality Through Collaboration

October 24, 2025
Marianella Napolitano, MBA, RN
Director of Population Health

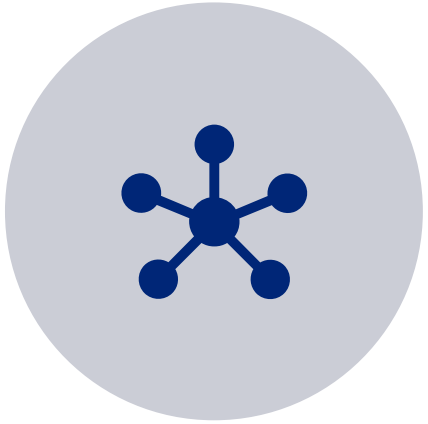
United Healthcare®

Characteristics of Effective QI Programs

Three Pillars of Sustainable Quality Improvement

LEADERSHIP & CULTURE: LEADERSHIP COMMITMENT, TRUST, CONTINUOUS LEARNING

DATA & ACCOUNTABILITY: DATA-DRIVEN DECISION MAKING & MONITORING



INFRASTRUCTURE & COLLABORATION : CROSS-FUNCTIONAL COLLABORATION, SYSTEM SUPPORT

Best Practices from the Field

Strengthening QI Through Collaborative Payer Partnerships

Executing QI Principles
Leadership & Culture in Action

LEADERSHIP & CULTURE: LEADERSHIP COMMITMENT, TRUST, CONTINUOUS LEARNING

- **Leadership Commitment**
  - QI is embedded in strategic planning and daily operations
  - Alignment with ODM's Population Health & Quality Strategy
  - Executive support for statewide initiatives (e.g., doula network)
  - Partnership with providers through Value-Based Arrangements
  - Cross-functional and external collaboration is essential
- **Trust**
  - Built through regular engagement by Clinical Transformation Managers, Population Health Leads, and Quality team
  - Transparency, responsiveness, and shared goals
  - Co-design solutions with providers, members & community
  - Collaborate on QI projects and participate in Quality Withhold activities
- **Continuous Learning**
  - Share insights to shape interventions
  - Join our Provider Engagement Council
  - Participate in our CPC Advisory Council
  - QI is a journey—ongoing learning and feedback loops are key

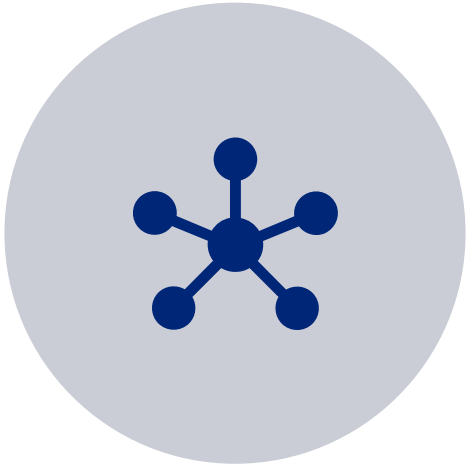
Turning Data into Impact

Data Driven Support for Providers

DATA & ACCOUNTABILITY: DATA-DRIVEN DECISION MAKING, MONITORING

- **Harnessing Data for Impact**
  - Population Health Team delivers population-level insights to identify disparities and guide targeted interventions
  - Clinical Transformation Managers support providers in applying data to improve care delivery
- **Monitoring & Performance Tools**
  - Program-level scorecards: CPC+, ACO, Episodes of Care
  - HEDIS scorecards to track quality metrics and identify opportunities for improvement
- **Partnering for Results**
  - Providers can tap into UnitedHealthcare's data tools and expertise
  - Collaborate with our teams to co-design solutions and drive measurable outcomes
  - Use insights to inform QI initiatives and enhance care for priority populations

Strengthening Quality Foundations
Infrastructure & Collaboration in Practice



INFRASTRUCTURE & COLLABORATION:
CROSS-FUNCTIONAL COLLABORATION, SYSTEM SUPPORT

- Infrastructure
  - QI supports through training and/or project management
  - Technology enabled insights
    - Digital solutions to give you information into your organization's metrics down to the member level (Practice Assist, IPCA, POCA, Path reference guide)
  - Connected systems (interoperability): Support the adoption of Health Information Exchanges, EHR integration
  - Sustainable investments on technology such as EMR roster management
- Collaboration
  - Cross-sector collaboration
    - Partnerships to address health related social needs
    - Provider led initiatives such as partnership with UH to improve asthma management in Cleveland Metropolitan School Districts
  - ODM All MCO Community Reinvestment in alignment to population health & quality strategy
  - ODM All MCO Quality Withhold Interventions

Thank you!

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DISCUSSION

ELEMENTS OF TRUST

WHAT ARE OUR ARTICULATED VALUES?
WHAT DO OUR ACTIONS DEMONSTRATE ABOUT WHAT THE ORGANIZATION VALUES?
WHAT ABOUT THE HIERARCHY? OF LEADERSHIP? OF ROLES?
ARE STAFF PROUD OF THE CARE THAT IS DELIVERED?
WOULD STAFF REFER FRIENDS AND FAMILY TO OUR CARE?
WHAT DO STAFF AT ALL LEVELS VALUE? WHAT MAKES THEM WANT TO COME TO WORK?