ESSENTIALS

AT WORK: POPULATION HEALTH AND CARE TRANSITIONS

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As the leader of quality improvement in the 11-state Midwest region of the American Heart Association (AHA), Michelle C. Scharnott, MBA CPHQ, is used to approaching issues from multiple perspectives, ranging from those of individual hospitals to those of state and regional healthcare systems. Likewise, as a member of NAHQ's Population Health and Care Transitions Work Group—which has been tasked with developing competencies for the healthcare quality professional—Scharnott and her colleagues had to look well beyond their own organizations to take a broader view of population health and care transitions.

"Together, we had the opportunity to really define levels of competencies that any healthcare quality department could implement or use as a training, evaluation, or hiring tool," she says, adding that it was a great experience to listen to and learn from others, and to question long-held assumptions about competencies and core measures.

"It was fascinating to be in that group, thinking, 'Well, I already do this well,'" she says. "But when we are evaluating and hiring another quality professional, do we look at competencies? It's important to really put these things down on paper." To do that, the group began by reviewing research and published papers on population health and care transitions, which proved a great learning experience for everyone.

In general, "NAHQ membership puts me in groups with others who have the same passion for healthcare quality improvement," Scharnott says. "It is so beneficial to meet others at the annual conference and through volunteer committees to discuss topics from different parts of the country and in different areas of healthcare. By getting different perspectives, hearing best practices, and attending educational events such as webinars, I become a better quality professional."

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Earning her CPHQ helped broaden her view of healthcare quality as well. Scharnott notes that preparing for the test helped her to learn about utilization management, peer review, and physician credentialing—areas outside her normal role.

The certification also gave her greater understanding of the role of hospital quality directors with whom she works. As such, she encourages her team of 13 quality- and system-improvement directors to earn their CPHQ, stating it can only enhance their work with hospitals and EMS agencies across the Midwest to improve care for patients experiencing an acute stroke or heart attack.

Meanwhile, Scharnott says she never stops learning and is currently seeking to become a fellow of NAHQ and LEAN certified. "Healthcare quality professionals can make such a difference in the lives and care of others," she says. "It is always inspiring to see where we can make a difference in population health and care transitions, but we need to stay aware of how quickly healthcare moves. One has to be flexible and ready to learn."

BACKGROUND

Scharnott began her career in social work and then earned her master's degree in business administration. In 1994 she entered healthcare field, working in various capacities in long-term care and community-based care before joining AHA's new quality department in 2003.

In 2009 she became vice president of AHA's Midwest Quality Department, which "on the hospital-side, specifically with heart failure, looks at follow-up after discharge and transition to home, a skilled nursing facility, or home health to improve avoidable readmissions," she says. The AHA offers hospitals a Web-based data collection tool to monitor their compliance on various measures. With heart failure, they can see whether a post-discharge appointment has been made within 7 days—or they can utilize a

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30-day follow-up tool—all in an effort to help reduce avoidable heart-failure readmissions, she says.

She notes that the best part of her work is when she sees a hospital or state system change to better meet a certain metric, such as working to coordinate getting stents quicker to heart-failure patients. “That is what my team does. We’ve been able to save lives and we see that improvement,” she says.

CHALLENGES

Sharnott notes, however, that hospitals continue to lack adequate resources to implement workable solutions to problems. “As anyone on the quality side of healthcare knows, there’s a lot of data. I oftentimes have hospitals that don’t have the staff, are eliminating staff, or do not have [enough] full-time employee support to enter data for certain programs for their quality team. Or, they are trying to figure out data solutions with electronic health records, core measure vendors, etc. These are challenges I hear every day from hospitals that want to improve, but [face] limitations.”

To improve cardiovascular care at any level, Scharnott stresses the importance of using evidence-based guidelines. “That’s really what we’re trying to accomplish. We look at things from small to large—as specific as why a patient is falling out of a certain measure to looking at whether a hospital or state is holding follow-up appointments with heart-failure patients,” she says.

“If a hospital is doing some fantastic things, we’ll offer an 11-state webinar to share that best practice. [At all levels], we try to provide resources, education, and best practices to try to assist every hospital to improve their process.”

Meanwhile, Scharnott and her team continue to improve transitions—from symptom onset to EMS, from the small referral hospital to the large statewide or regional hospital system. “How can the patient get treated in the best way and in the quickest time?” she says. “We’re looking beyond the individual hospital to the referral network and the EMS agencies. How can patients understand their signs and symptoms, and call 911? We’re working on improving every link in the chain.”

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