



# HTN - Data Driven QI Process

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# QI PROJECT



- Identified the need to improve the HTN measure based on UDS numbers
- Formal QI Team with multidisciplinary representation (Providers, MA's, Front Office Staff, Data analytics, IT)
- Workflow Analysis
- Workflow Redesign
- Assessment of current limitations and needs
- Implementation of new workflows
- Reporting capabilities (Internal and external)
- Training of new workflows

# OBJECTIVES



- Improve Patient Safety
- Improve Quality of Care
- Achieve Quality Metrics and Incentives
- Standardization of workflows
- Close gaps in Care
- Data Cleanup and abstraction
- Workflow Coordination and Process Improvement
- Optimization of processes
- Improved System Efficiency (EHR /EPM)

# QI PROCESS



- Identification of current practices
- Identified missed opportunities with repeat BP checks on patients with elevated BP with no diagnosis of HTN
- Repeat BP measurements were verbally communicated but not being documented in EMR
- Challenges with recall list and workflows
- Shift from Random Chart Audits to Population Analytics
- Manual Data entry and extraction to Automated processes
- Use of Huddle reports; Identify gaps in care

# QI PROCESS- Barriers



- Financial Barriers- High deductible plans, Transportation (Patient Barrier)
- Non- compliance with F/U appointments (Patient Barrier)
- Education- Patient engagement each measure (Patient Barrier)
- Training- Standardized training and consistency with workflows (Staff Barrier)
- Provider Practice preferences

# Interventions



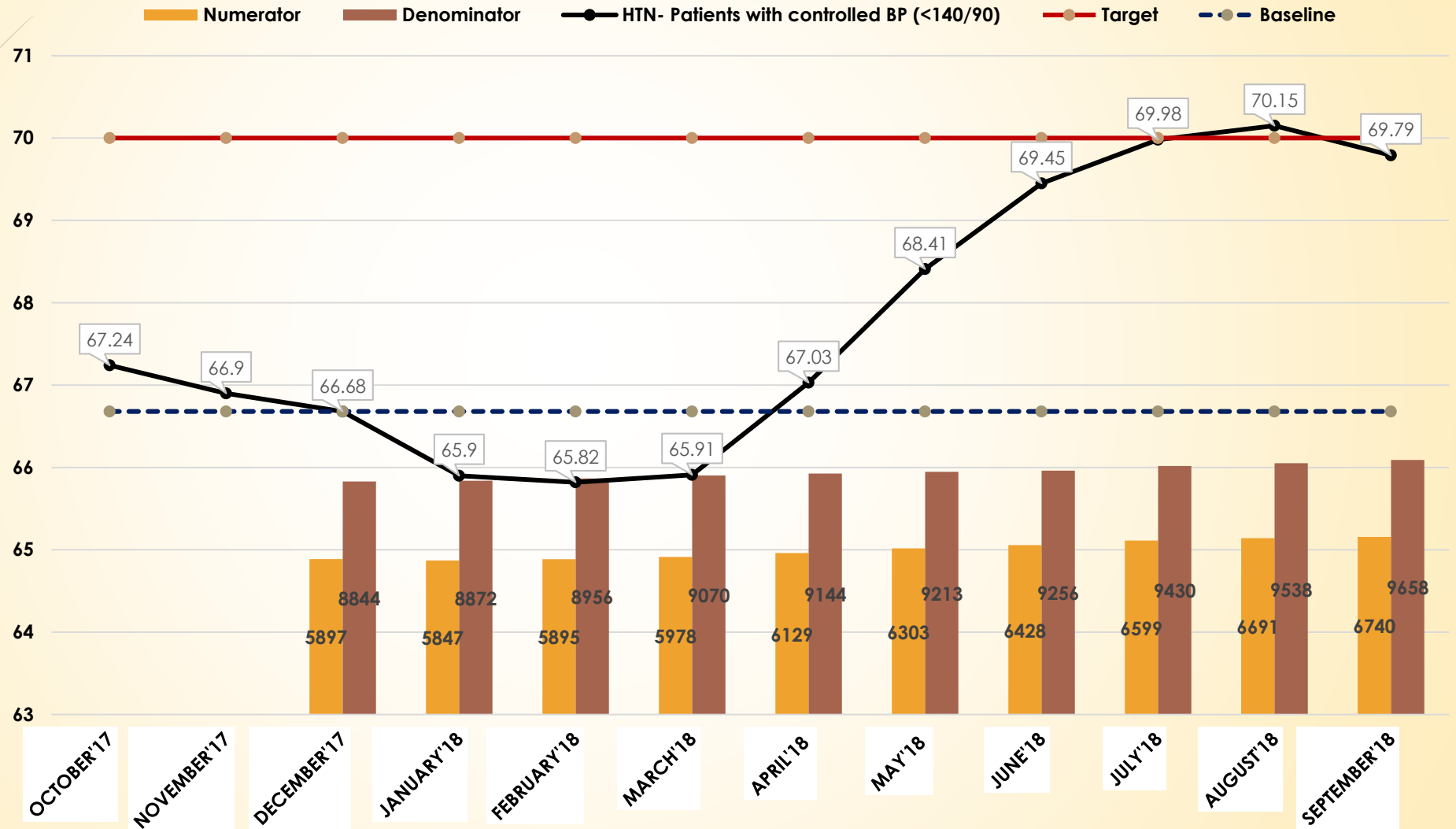
- Repeat BP reading and documentation in patients with an elevated BP using a Standardized workflow
- Use of care teams(Nurses, Healthcoaches, IBH) to provide patient education, support when indicated
- Recall List in NG- Specific to patients with HTN
- Training of Front Office Staff to work these recall lists and ensure patients come in for their F/U visits in a timely manner
- MA- Warm handoff to FO for F/U
- Outreach efforts

# Data Driven Care



- Monthly Provider Specific Reports (By QM)
- Site Specific Monthly Reports
- Monthly Repeat BP check reports shared with teams
- Shared in different formats (Visual graphs vs. Numbers)
- Patient level details available (Shared upon request)
- Data Transparency
- High and Low performers identified
- Trends are established and analyzed for QI (PDSA's)
- Peer to Peer learning and sharing of ideas encouraged

### HTN- Patients with controlled BP (<140/90)





# QM Reports



Providers:		Provider X		Provider Y		Provider Z	
MEASURE (RP Rolling 12 months_ Jan XX- XXX)	Target	Value	%	Value	%	Value	%
<b>HYPERTENSION</b>							
Hypertensive patients 18-85 Y with a medical visit during the RP		446	100%	601	100%	500	100%
Controlled Hypertension (<140/90)	70%	273	61.21%	417	69.38%	328	65.6%
Uncontrolled Hypertension (>=140/90)		173	38.79%	184	30.62%	172	34.4%
<b>DIABETES</b>							
Patients 18- 75 Y with DM and a medical visit during the RP		303	100%	270	100%	234	100%
A1c<8		167	55.12%	136	50.37%	126	53.85%
Uncontrolled Diabetics** (A1c>9 OR No A1c)	16%	103	33.99%	105	38.89%	90	38.46%
(i) A1c>9		65	63.11%	44	41.9%	57	63.33%
a)Patient who had A1c in last 90 days		36	55.38%	23	52.27%	23	40.35%
(ii) No A1c (in the last 12 months)		38	36.89%	61	58.1%	33	36.67%
<b>BMI SCREENING &amp; FOLLOW UP</b>							
Patients 18+ and medical visit during the RP		1272	100%	1667	100%	1805	100%
Patients with a normal BMI		289	22.72%	432	25.91%	490	27.15%
Patients with a abnormal BMI		970	76.26%	1225	73.49%	1308	72.47%
(i) Patients with a documented BMI plan		422	43.51%	604	49.31%	818	62.54%
(ii) Patients with no BMI plan		548	56.49%	621	50.69%	490	37.46%
Compliance with screening and F/U	64.57%	711	55.90%	1036	62.15%	1308	72.47%

# Key factors



- ▶ Teamwork!!!!
- ▶ Interactive process with input from all members of the team
- ▶ Provider and Staff Champions
- ▶ Multidisciplinary team
- ▶ Clear communication plan
- ▶ Provider and Staff engagement
- ▶ Identifying bottlenecks (multiple priorities), impact issues (affects all users) early in the process
- ▶ Audit process



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