

# Interdisciplinary Quality Improvement

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# History

- ▶ HRSA - “Meeting” the QI Requirements
- ▶ Our Health Center’s QI activities before a QI Director and a QM Plan
  - ▶ QI Committee - Chaired by the CDO
  - ▶ QI Plan - lots of goals - not reviewed during the meetings, not met
  - ▶ QI Meetings - credentialing/privileging; policy/procedure; starting to discuss metrics and beginning to collect data - electronically (EMR) and manually (dental)
  - ▶ QI Minutes - a little risk management
  - ▶ Board Reports
  - ▶ Attendees - Senior Management and one Board Member

# Implementation of NACHC Quality Management Plan - Phase I

- ▶ QI Director started October 2015
- ▶ HRSA site visit February 2016
- ▶ Implemented Quality Management and Performance Improvement Plan - 1/1/17 based on NACHC's QM Plan
- ▶ QM Plan defined a number of quality management committees
- ▶ This presentation will focus on the Clinical QM Committee

# Clinical QM Committee

- ▶ Membership
  - ▶ 3 Medical providers - APRN, Physician, PA-C
  - ▶ Dental Provider
  - ▶ MA
  - ▶ Pharmacist
  - ▶ BH Provider
  - ▶ Dietitian
  - ▶ Care Coordinator
  - ▶ Data person
  - ▶ QI Director - ad hoc

# Clinical QM Committee 2017

- ▶ Met monthly
- ▶ Initial (months) challenges:
  - ▶ Why are we here?
  - ▶ Where's the data?
  - ▶ Is the data accurate, when we get the data?
  - ▶ Wait, what are we supposed to be doing?
  - ▶ I don't understand?
  - ▶ Who is responsible for the data? The data extraction person, the people inputting the data (providers and MA's for example), the QI Director?
  - ▶ Can the data be automated - medical, dental, BH, pharmacy, nutrition, care coordination?
  - ▶ What do we do with the data as it dribbles in?

# Clinical QM Committee 2018

- ▶ Met Quarterly (are we going to survive)?
- ▶ Data population continues to be the challenge, however, by mid-year the committee started to hit its stride
- ▶ January of 2018 - Clinical QM developed its first charter and recommended up the hierarchy to form its first quality improvement (QI) team to improve our colorectal cancer screening processes - baseline was 29.13%; today we are up to 48-49% aggregated across 6 health centers (including homeless) and have a goal for 2019 to be at 60%
- ▶ April of 2018 - Clinical QM developed its second charter and recommended the second QI team to improve our HbA1c>9 for our patients with diabetes. Baseline of 32 with a goal of 16.2
- ▶ Mid - End of 2018 Azara implemented and data availability really improved for medical; data analyst hired and focused on dental EHR extraction

# Clinical QM Committee 2019

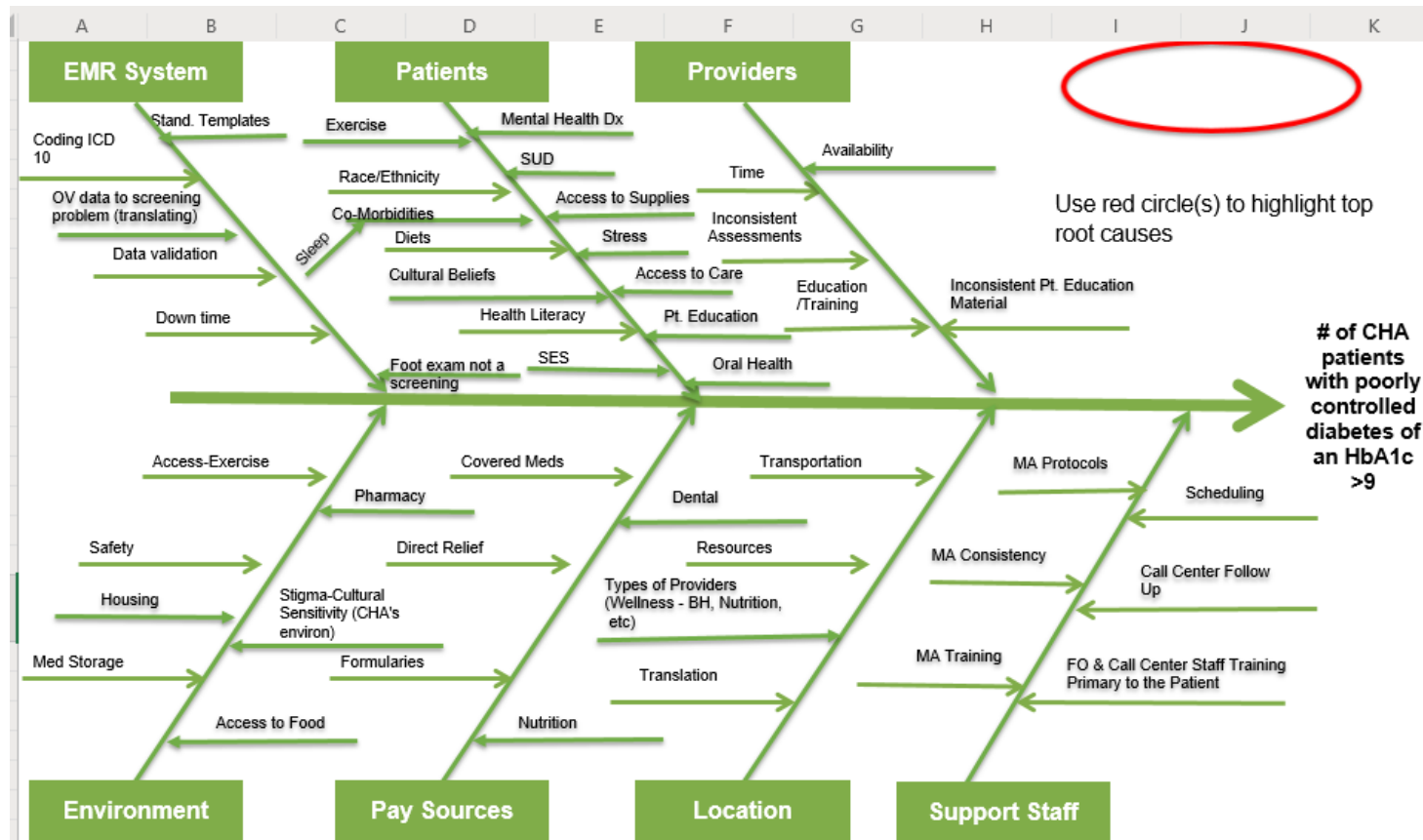
- ▶ Typical Monthly meetings
  - ▶ Agenda items
    - ▶ QI team updates
    - ▶ Discipline specific updates as needed
  - ▶ Metric Review
    - ▶ Medical
    - ▶ Dental
    - ▶ Value Based Payments
    - ▶ Nutrition (in process)
    - ▶ Behavioral Health

# QI Team Interdisciplinary Efforts Diabetes

- ▶ Team Members:
  - ▶ APRN
  - ▶ PA-C
  - ▶ Medical Assistant
  - ▶ Food Pantry Coordinator/Front Office/Scheduling
  - ▶ Dietician - Scribe
  - ▶ Pharmacist - Team Leader
  - ▶ Behavioral Health/Wellness
  - ▶ Medical Director attends ad hoc (most meetings)
- ▶ Facilitator
- ▶ Meets Monthly for one hour



# QI Team Interdisciplinary Efforts Diabetes



# QI Team Interdisciplinary Efforts

## Diabetes

	Priority	Risk			Solve		
		L	M	H	L	M	H
	<b>EMR</b>						
<b>1</b>	Coding ICD-10						
<b>2</b>	Downtime						
<b>3</b>	Data Validation						
<b>4</b>	OV data translating to screening problem						
<b>5</b>	Standardize templates		H		E		
<b>6</b>	Foot exam not a screening						
	<b>Patients</b>						
<b>7</b>	Exercise						
<b>8</b>	Race/Ethnicity						
<b>9</b>	Co-Morbidities						
<b>10</b>	Sleep						
<b>11</b>	Diets						
<b>12</b>	Cultural Beliefs						
<b>13</b>	Health Literacy						

# QI Team Interdisciplinary Efforts Diabetes

Solve	Low	Medium Risk	High
Hard	1,2,3,4/36,46/7,47,27/1,2,4,5,22	2,14,15,23,25,38,40,44/7,8,12,13,38,40,12/7,9,10,13,30,34,39,40/11,14,6,9,17,21,27/22,10,31,11,14,15,27,28,34,35,36,29,37,39,40/ 7=2;9=2;13=2;10=2;14=3;11=2;40=4;38=2;39=2	2,7,9,22,24,42/9,11,14,15,16,29,32,33,35,37/8,9,10,11,12,13,14,17,29/2,8,12,14,15,19,21,22,28,29/9,15,16/7,8,11,9,15,16/9,29,33,37,38,29,41/21,33,37,38,30,39,30,38,13,16/3,12,13,14,21,28,27,29,34,36,40,41,37,39 9=6;29=5;37=4;22=2;11=3;14=3;15=3;33=3;21=2;12=2;38=3
Medium	12,2,6,1,4,12,43,44,45,46,27/2,3,4,35,45,47/24,25 12=2;2=2;45=2	8,11,13,16,17,19,20,21,27,28,29,30,31,32,33,36,37,39,41/ 3,4,10,18,24,27,28,30,31,36,40,42,15,16,18,45,46,47/3, 17,18,20,24,32,38,44/2,3,17,18,19,22,23,24,25,31,32,34, 36,41,42,48/1,17,10,8,13,14,28,32,33/2,10,18,19,22,28, 30,31,32,34/30,31,37/32,34,40,44,48/38,46,48/27,30,32, 42,43,44,45 31=5;28=4;30=4;10=3;18=3;19=3;36=3;48=3;8=2;3=2; 20=2;27=2;16=2;37=2;41=2	4,5/17,34,7/39/17,20,21,22,23,24,25/27,28,30,31,33,27/33,34,35,36,37,38/ 46,47,48/ 4,24,29/11,16,41,43/7,12,16,18,19/3,35,36,39,33/16/18,19 33=3;4=2;34=2;39=2;24=2;37=2;7=2;35=2;19=2
Easy	1/20,25,48,31/5,20,35/6,23,26/6,7,25,26,33,46,47,48,38 20=2	10,18,35,41,43,44/1,5,6,19,21,22,23,26,43,48/5,26/5,1, 42,15/6,8,26,13,20,21,47/42,43,45,46,47/41,42 42=3;43=3;5=3;6=2;26=2;21=2;41=2;1=2	6,26,34,43,45,46,47,48/4,5,6/26/32/39,40,41,43,43,44,45/1,25,48/5,20,23, 25,26,43,44,45 45=3;26=3;43=3;44=2;48=2;6=2;5=2;25=2

# Communication

## ► Sharepoint/Intranet Site

### Clinical QM Committee Library

✓	📄	Name	Modified	Modified By
	📄	1.24.2019 meeting minute	... February 28	<input type="checkbox"/> Katie Damon
	📄	10.25.2018 meeting minuts	... October 25, 2018	<input type="checkbox"/> Katie Damon
	📄	2.28.2019 meeting minute	... February 28	<input type="checkbox"/> Katie Damon
	📅	2017 Clinical Metrics	... September 16, 2018	<input type="checkbox"/> Brandi Dupont
	📄	2018 agenda template	... September 5, 2018	<input type="checkbox"/> Mary Wherry
	📅	2018 Clinical Metrics	... April 17	<input type="checkbox"/> Mary Wherry
	📄	2018 minutes - template	... September 5, 2018	<input type="checkbox"/> Mary Wherry
	📅	2019 Clinical Metrics	... 7 hours ago	<input type="checkbox"/> Mary Wherry
	📄	3-28-19 meeting minute	... March 28	<input type="checkbox"/> Chelsea Doyle
	📄	4.25.2019 meeting minute	... April 25	<input type="checkbox"/> Katie Damon

### Clinical QM Committee Contact List

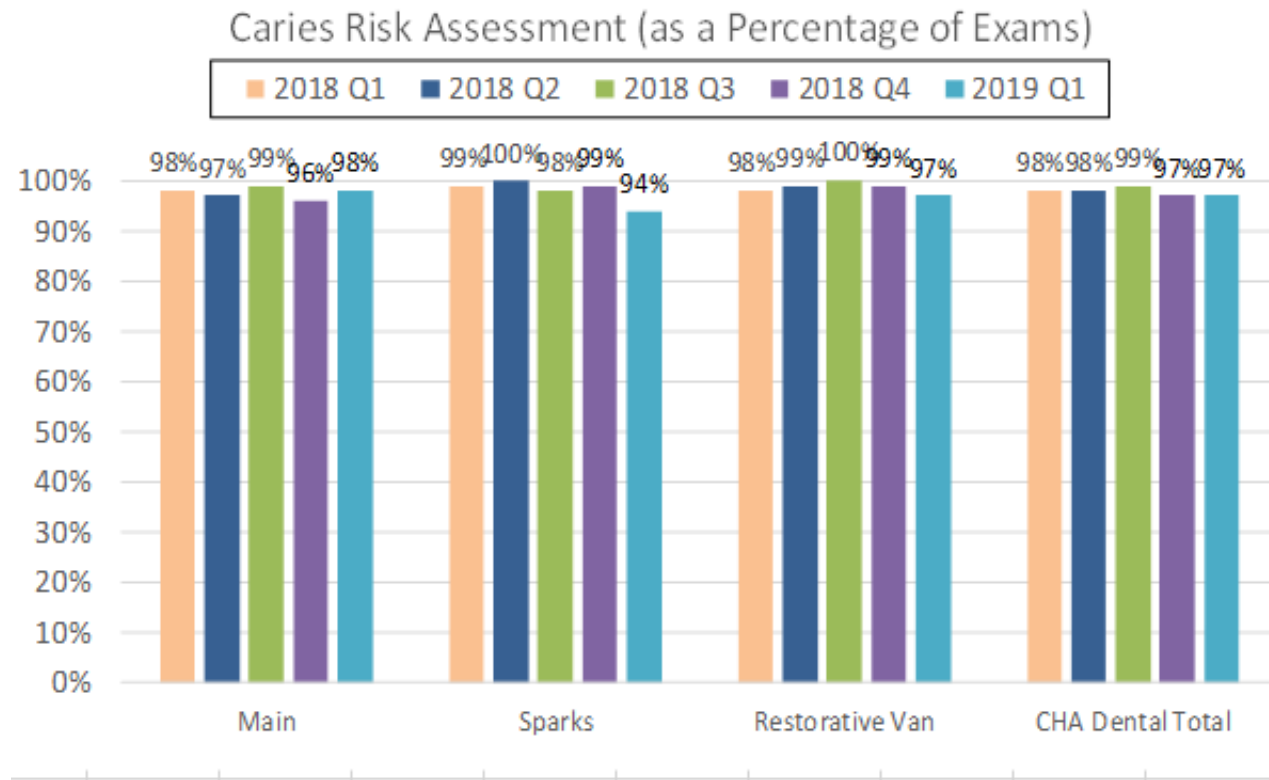
or

✓	👤	Last Name	First Name	Company	Business Phone	Home Phone	Email Address
		Adeolokun	... Netochi		336.3035 x184		<a href="mailto:nadeolokun@chanevada.org">nadeolokun@chanevada.org</a>
		Avila	... Oliva		870.4308; x308		<a href="mailto:oavila@chanevada.org">oavila@chanevada.org</a>
		Collier	... Lisa		336.3075 x 115		<a href="mailto:lcollier@chanevada.org">lcollier@chanevada.org</a>
		Damian	... Stephanie		336.3050 x150		<a href="mailto:sdamian@chanevada.org">sdamian@chanevada.org</a>
		Damon	... Katie		870.4346 x346		<a href="mailto:kdamon@chanevada.org">kdamon@chanevada.org</a>
		Doyle	... Chelsea		336.3006 x150		<a href="mailto:cdoyle@chanevada.org">cdoyle@chanevada.org</a>
		James	... Fleming		336.3078 X178		<a href="mailto:jfleming@chanevada.org">jfleming@chanevada.org</a>
		Janes	... Danijela		870.4311 x311		<a href="mailto:djanes@chanevada.org">djanes@chanevada.org</a>
		Kyle	... Boyer		336.3055 X155		<a href="mailto:kboyer@chanevada.org">kboyer@chanevada.org</a>
		Ochoa	... Monica		335.3075 x175		<a href="mailto:mchoa@chanevada.org">mchoa@chanevada.org</a>
		Piccirilli	... Annette		870-4375		<a href="mailto:apiccirilli@chanevada.org">apiccirilli@chanevada.org</a>
		Rogers	... Patrick		336.3070 x170		<a href="mailto:progers@chanevada.org">progers@chanevada.org</a>
		Sparks	... Rebecca		870.3040 x431		<a href="mailto:rsparks@chanevada.org">rsparks@chanevada.org</a>
		Vizcarrondo	... Maria		870.4371 x371		<a href="mailto:mvizcarrondo@chanevada.org">mvizcarrondo@chanevada.org</a>

# Example of Medical Dashboard Data from Azara

	All Locations											
	Values bolded and in brown indicate CHA hit the benchmark or exceeded the benchmark											
Medical	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Num	648	609	597	670	631							
Den	687	643	627	703	666							
<b>Humana/Prominence Contract Goal=96%</b>	94%	95%	95%	95%	95%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Adults</b>												
<b>Controlling High Blood Pressure (CBP-AD) NCQA 0018</b>												
Num	765	764	747	805	841							
Den	992	959	931	1034	1025							
<b>Target BP=80%/65%; ** HP=61.2% ***NG=62.3</b>	77%	80%	80%	78%	82%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Tobacco Use: Screening and Cessation Intervention (CMS138v6)</b>												
Num	1935	1811	1845	1946	1945							
Den	2296	2169	2184	2281	2258							
<b>*CHA=80%; **HP=69%; ***NG=85.19%</b>	84%	83%	84%	85%	86%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet (CMS164v6)</b>												
Num	93	89	82	78	101							
Den	130	119	120	113	138							
<b>*CHA=75%; **HP=51.9%; ***NG=78.40%</b>	72%	75%	68%	69%	73%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>Adult Weight Screening and Follow-Up</b>												
Num	2682	2548	2568	2647	2607							
Den	2695	2567	2584	2661	2618							
<b>*CHA=90%; ***NG=62.46%</b>	100%	99%	99%	99%	100%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

# Example of Dental Dashboard Data from Dentrix



# Behavioral Health Example Data from EMR

<u>Behavioral Health</u>	Jan	Feb	Mar	Apr
Warm Hand Offs: Billing Ratio				
Num	306	266	220	238
Den	384	347	293	314
%	80%	77%	75%	76%
*CHA>90%				

# Nutrition - A work in Progress

## Healthy Weight Peds Program

	Cohort 1	Cohort 2	Cohort 3	Cohort 4	Cohort 5	Cohort 6	Cohort 7
<b>Nutrition Behavior Outcome</b>							
<b>5 Fruits/Vegies</b>							
Num							
Den							
%							
<b>2 Hrs Screen Time</b>							
Num							
Den							
%							
<b>1 Hr Exercise</b>							
Num							
Den							
%							
<b>Zero Sugared Beverages</b>							
Num							
Den							
%							



# Main Page of Clinical QM Metrics

priority/rank	metric	category	description	numerator	denominator	target goal (ST)	target goal (LT)
3 ( Please monitor to make sure we are hitting target goals)	Sealants (6-9 year olds)	dental	Helps to identify how many pediatric patients in the 6-9 year old age range have received sealants on at least one permanent first molar tooth. This is also a UDS measure we have to report to HRSA.	# of 6-9 year old pediatric patients at moderate to high risk for caries who received a sealant on one or more permanent first molar teeth	# of unique 6-9 year old pediatric patients with an oral assessment or comprehensive periodic oral evaluation who are at moderate to high risk for caries and have sealable first molars.	65%	SAC=75%
	Emergency Scope of Service	dental	Measures the percentage of patients being seen for emergency scope of service	Total # of ER Scope of Visits (CDT codes D0140 and D9110) per year	Total # of visits per year	10%	Between 2-6%
UDS / SAC 2018	Caries Risk Assessment	dental	Percentage of dental patients of all ages who receives a Caries Risk Assessment who had at least one oral exam during the measurement year.	Number of patients of all ages who had at least one oral exam during the measurement year and had a Caries Risk Assessment.	Number of patients of all ages who had at least one oral exam during the measurement year.	SAC=96%	100%

# Main Page Measure (Cont)

person providing data	benchmark data	current state data	time of month data will be available	data visualization (ex: line, bar, or pie chart)	note
James Fleming	2017 NG = 50.71%, HP 2020 = 28.1%	See file name, "Cumulative Sealant Data 2017" in P:\QI Results\Dental\Clinical Quality measure data\Data 2018\Sealant 2018	Data will be available for each quarter at end of April, July, October, January.	Dash Board (bar graph)	Current 2017 data is CHA-wide data. We hope to be able to report the data by site and by provider in 2018.
James Fleming	NNOHA Benchmark Data is 2-6%	See file name, "ER Scope of Service Data 2016 and 2017" in P:\QI Results\Dental\Clinical Quality measure data\CQM Data 2017\ER Scope Date 2016-2017	Data will be available for each quarter at end of April, July, October, January.	Bar graph	This measure helps us to understand if emergency visits are taking up too much clinic time, which impacts our ability to increase treatment completion rates. The target goals may need to be different across different programs.
James Fleming	Historic CHA data	P:\QI Results\Dental\Clinical Quality measure data\Data 2018\CRA	This is an annual measure	Dash Board (bar graph)	

# Other QM Committees

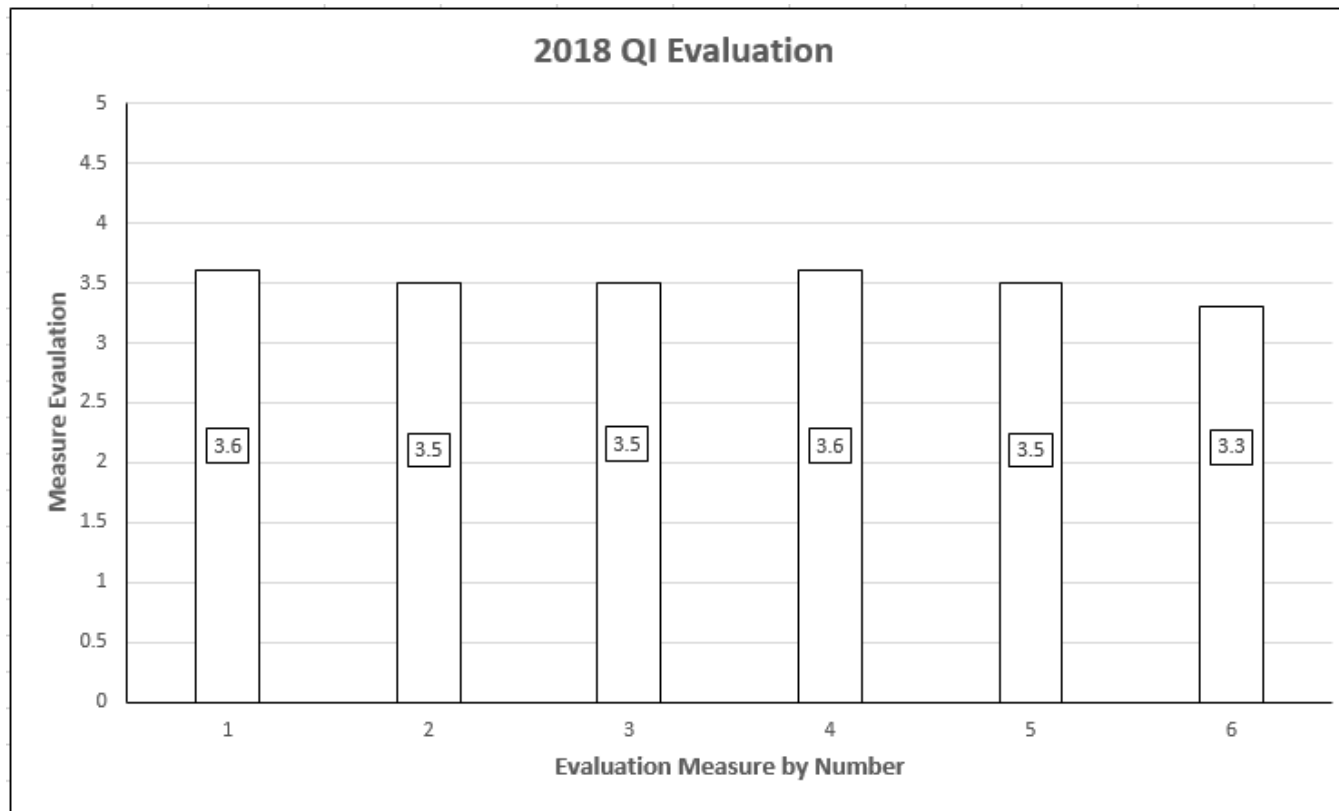
- ▶ Additional Clinical Committee
  - ▶ Patient Safety/Risk Management
- ▶ 3 Administrative QM Committees:
  - ▶ Workplace/Environmental Safety
  - ▶ Human Resources/Workforce Development/Credentialing & Privileging
  - ▶ Consumer Communication
    - ▶ Scheduling/Front Office/Phone Systems
    - ▶ Patient Portal and Patient's Access to Care and Patient Satisfaction
    - ▶ Community Engagement
  - ▶ Business Process
    - ▶ Billing
    - ▶ Revenue/Cost Management

# Annual QM Evaluation for 2018

<b>QI Evaluation Measure 1</b>	Effectiveness of Meetings
<b>QI Evaluation Measure 2</b>	Effectiveness of the QM Plan in overseeing quality projects and integration within CHA
<b>QI Evaluation Measure 3</b>	Clarity of the QM Plan and its associated documents
<b>QI Evaluation Measure 4</b>	Lessons Learned
<b>QI Evaluation Measure 5</b>	Progress toward and achievement of goals as outlined in the Metrics
<b>QI Evaluation Measure 6</b>	Review of number of QI Teams held during the year
<b>Scale:</b>	5 most improved/effective and 1 least
29 surveys received. 26 had a complete data set.	

# 2018 QI Evaluation Results

## Scale of 1-5



# QI/QA/QM - Not for the Feint Hearted

- ▶ Priorities are patient services - tough to convince people that QI is not in conflict with that but wrapped around it, through it, above and below it
- ▶ Perseverance with relationship building, training, re-training, modeling, sharing, hand holding, supporting, coaching
- ▶ As we know - leadership with buy in at the top is critical
- ▶ Become a turtle - tough shell, willing to move at a slower pace because of competing priorities but recognizing people want you to be the hare and race to the finish line with a trophy every time
- ▶ Data, data, data - that's the beginning, middle and end of the story
- ▶ Train facilitators to manage the QI teams - data is one thing but using the QI tools to manage process is also critical for functional teams
- ▶ Don't give up regardless of turnover, people's frustration, change in leadership, just keep focused on the plans, the data, the training, the process