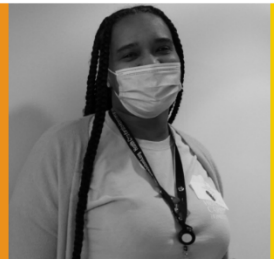
December Monthly PI Committee

12/21/2022

Overview

1. Wake-up Trivia
2. The Pulse on Pop Health
   - 2022 recap
   - 2023 Pop Health Priorities
   - 2023 Awareness campaigns
3. PI Updates
   - Quality KPI dashboard
   - 2022 recap
   - 2023 PI plan



Wake-Up Trivia

Theme: Winter

Question 1 of 3

Question: How many sides/points does a snowflake have?

Answer: 6

Question 2 of 3

Question: What do moose eat in the winter?

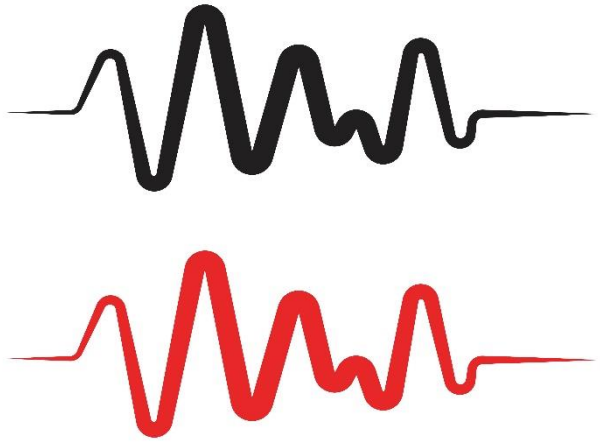
Answer: Twigs

Question 3 of 3

Question: Skiing is the most popular winter sport in the US. Which US state is home to the largest number of ski resorts (50+)?

Answer: **New York** has the most ski resorts (52). That's followed by Michigan (39) and Wisconsin (33).

The Pulse on Pop Health



Population Health

What is Population Health?

Care of Community

Who do we serve?

Do our assessments matter?

What are community needs?

How do we support?

Some things we did this year

1. **Free Market Day**: enlisting people to HCH through philanthropy

2. **Flu and Coat Drive**: best turn out ever for our community!

3. **Front Porch Campaigns**: doubling rates for HIV testing and a lot of fun!

4. **Diabetes Education Videos**: ongoing and exciting – special thanks

Grant Related and Pilot Work

Colorectal Screening Handouts

Breast Cancer Reminder Cards (pilot)

Cervical Cancer Reminder Cards (pilot)

PrEP handout (partnership)

OB Tracking

Why we did it

What we learned

How we move forward

2023 PH priorities

Area	Goal
Preventive care	Cervical Cancer screenings (improve by 5%; reduce disparities by 5%)
	Breast Cancer Screenings (improve by 5%; reduce disparities by 5%)
	Colorectal Cancer Screenings (improve by 5%; reduce disparities by 5%)
	Conduct three proactive outreach/gap closure registries
	Partnering with Medical on creation of three workflows/SOPs r/t on-site OB care
	Create one registry and work with OB team for proactive reminders and outreach plan
Immunization efforts	Achieve 45% vaccination rate for adult influenza vaccinations
	Achieve 65% vaccination rate for pediatric influenza vaccinations
	Participate in one Flu and Coat Drive + collaboration with clinical and engagement team
	Engage with CMA, CHW, and other teams to promote registry and PVP to meet goal
Chronic condition(s)	Continuation of Diabetes Education (3 videos)
	Improve control rates by 5% and reduce disparities by 5%
	Collaborate with care team RN and MDPCP program to improve diabetes management
	Collaborate with PI to achieve htn PI goal
	Collaborate as need with clinical staff as needed on additional campaigns
Infectious Disease Prevention and Treatment	Increase number of clients receiving PrEP by 50%
	Increase rate agency lifetime HIV testing by 15%

2023 Population Health Campaigns

1. Monthly Campaigns:
   - Cervical Cancer (Jan)
   - Colorectal Cancer (Mar)
   - Breast Cancer (Jun)

   1:1 Education
   Group Education

   Registries, Reminders (phone calls, letters)

WHAT DO YOU NEED?

PI updates

Quality KPIs

Measure Name	2021 Baseline UDS data	Var to 3/15 Athena Data	Trend	*Mar (15th)	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	To goal	2022 Goal
Body Mass Index (BMI) Screening and Fo	10%	7%		17%	18%	19%	21%	25%	24%	25%	26%	26%	26%	39%	65%
Breast Cancer Screening	34%	-10%		24%	30%	30%	34%	34%	34%	35%	34%	35%	38%	2%	40%
Cervical cancer screening	41%	-6%		35%	39%	41%	43%	46%	49%	49%	50%	50%	51%	8%	59%
Childhood Immunization Status	24%	-24%		0%	11%	12%	11%	10%	10%	9%	8%	8%	8%	17%	25%
Colorectal cancer screening	25%	-7%		18%	21%	24%	26%	27%	28%	29%	29%	30%	30%	MET	30%
Controlling high blood pressure	48%	-3%		45%	48%	50%	51%	52%	54%	56%	57%	57%	58%	MET	55%
Dental Sealants (ages 6-9 Years)	0%	0%													50%
Depression Remission at Twelve Months	9%	-9%		0%	0%	0%	0%	0%	0%	4%	5%	7%	9%	1%	10%
Depression Screening and Follow-Up Pla	42%	-9%		33%	36%	40%	44%	45%	46%	47%	47%	47%	47%	33%	80%
Diabetes: HbA1c poor control (>9%) [inv	52%	5%		43%	52%	48%	45%	44%	41%	39%	39%	37%	35%	MET	40%
Early Entry into Prenatal Care	78%	n/a													80%
HIV Linkage to Care	100%	-100%		0%	0%	0%	100%	100%	100%	100%	100%	100%	100%	MET	100%
HIV Screening	64%	-25%		39%	42%	45%	46%	49%	50%	52%	53%	54%	54%	16%	70%
IVD: Use of Aspirin/Other Antiplatelet	56%	27%		83%	84%	83%	83%	83%	83%	82%	83%	83%	83%	2%	85%
Low Birthweight															
Statin Therapy for Prevention/Treatmen	77%	6%		83%	81%	81%	82%	82%	83%	82%	82%	81%	81%	4%	85%
Tobacco use: screening and cessation int	55%	-28%		27%	35%	40%	45%	48%	52%	56%	57%	59%	60%	10%	70%
Wt assessment & counseling for nutritio	55%	-46%		9%	11%	16%	20%	25%	29%	32%	39%	46%	48%	10%	58%
FLU: adult vaccination rates											5%	12%	16%	29%	45%
Lab Tracking***	n/a									***19%			***25%		
Referral Tracking (% complete)**	n/a			**23%			**19%			**25%			**25%	15%	40%
SDH ask rates***	n/a							***43%		***50%			***42%		

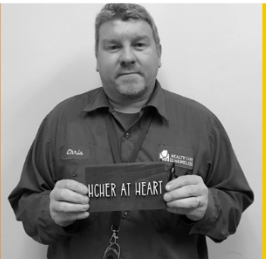
Key
3+ Improvement
1-2+ improvement
No change
reduction
No data

Agency clinical quality measure KPIs
Data pulled the 5th of each month, reflecting year to date totals
**pulled on 3/15*
***quarterly data pull (represents quarter)*
****Year-to-date data*

2022 accomplishments

Goals Met (UDS measures)

- Controlling High Blood Pressure (58%)
- Diabetes Control (35%)
- HIV early linkage to care (100%)
- Colorectal cancer screenings (30%)



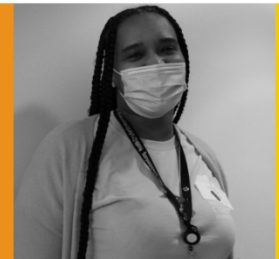
2022 accomplishments

Close to goal (UDS measures)

- Depression Remission (1% from goal)
- Breast Cancer Screening (2% from goal)
- IVD use (2% from goal)
- Appropriate statin therapy (4% from goal)

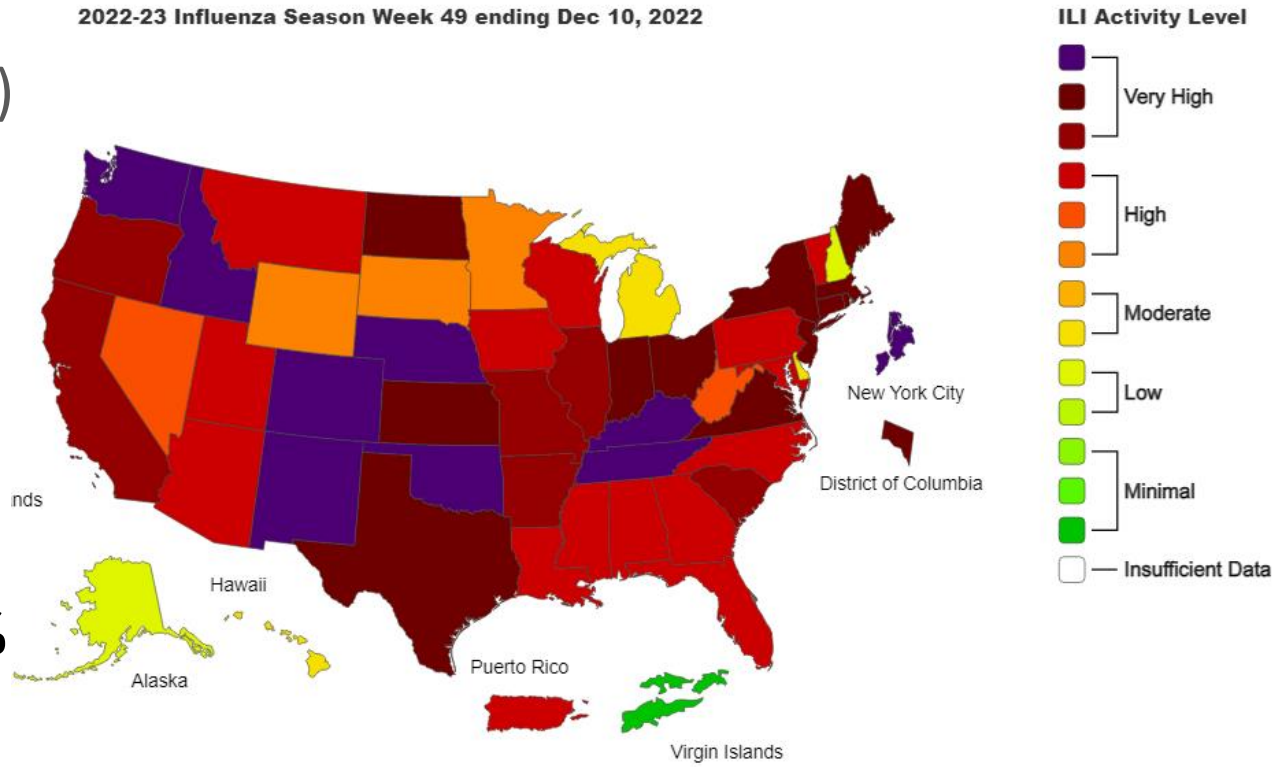
Big advances (UDS measures)

- Tobacco screening use and follow-up (27% to 60%)
- Peds: Wt assessment and counseling (9% to 48%)
- Cervical Cancer Screenings (35% to 51%)
- HIV screening (39% to 54%)
- Depression screening and f/u (33% to 47%)



More on the 2022 Flu Season and the "Tripledemic"

- It’s an especially bad start to the flu season (+ higher rates of RSV and COVID)
- There has been slower uptake with flu vaccines nationally
- Please continue to encourage clients to get their flu and COVID vaccines!
- Current flu vaccine rate (adults): **17%**
- Current COVID vaccine rate (6+ mos): **7%**



2022 PI goals

- **Met** goals around the following:
  - Conducting staff PI trainings + hosting Innovation Challenge
  - Communicating out Quality KPI updates/meeting with departments
  - Creating health disparities dashboard (see portal for end-of-year dashboard)
- **Close to meeting**:
  - 80% Utilization goal: 78% (Jan-Oct)
  - 5 PI improvement projects for clinical goals
- **Did not meet** resource stewardship goal:
  - Improvement of clients older than 70 prescribed aspirin only for secondary prevention

Update on Client Surveys

- Conducted pilot this year to survey clients post-visit using medstatix, ramping up number of staff being surveyed each month
- Plan for 2023 - survey the following staff (54) throughout the entire year:
  - Medical providers and nurses
  - Psychiatrists
  - Case Managers
  - Behavioral health therapists and addictions counselors
  - Dentists and dental hygienist
- Starting in January: Report cards will be posted monthly to PI page of portal after the 15th of each month
- Client complaints + compliments → transition from Margaret to Hala

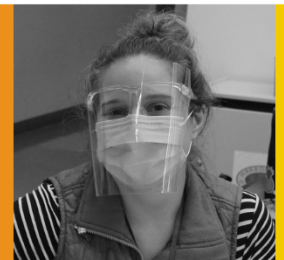
(Almost) Final 2023 PI goals

To undergo final review by P+PI committee in January

HEALTH CARE for the HOMELESS

As part of the PI plan for 2023, the PI team will:

1. Conduct eight RCA
2. Conduct a minimum of 10 PDSA cycles
3. Establish equity visualizations and plans for each prioritized measure
4. Engage with and seek staff input to identify areas for improvement
5. Chair subcommittees and partner with clinical departments on measures
6. Present monthly data to leadership
7. Establish sustainability plans for each goal



Resource Stewardship

1. ***Cost Savings:*** Antimicrobial Stewardship. Throughout 2023, monitor the percentage of adults 18–64 years of age with a diagnosis of acute bronchitis or URI who were prescribed an antibiotic prescription (Goal = <25%). The agency will also review data broken down by race, ethnicity, and SOGI to identify and reduce disparities in prescribing practices.

2. ***Care Coordination:*** By December 31, 2023, the Agency will attempt follow-up with 85% of individuals following a hospitalization and identify SDH or racial disparities for clients post-hospitalization.

Clinical Quality Measures

3. ***Preventive***: By December 31, 2023, utilizing the Health at Every Size framework, 65% of individuals 18 years and older will have height and weight documented annually, with a follow-up plan if indicated in the EMR

4. ***Chronic*****:** By December 31, 2023, 65% of individuals will have blood pressure controlled and reduce disparities between Black or African American and White individuals by 5%.

5. ***Behavioral Health***: By December 31, 2023, 11% of individuals ages 12+ diagnosed with depression will achieve depression remission. The Agency will review data and stratify data to identify and address disparities identified for housing status, race, ethnicity, sexual orientation, or gender identity.

6. ***Additional measures***: The Agency will identify, measure, and improve upon at least two additional clinical quality measures based on staff input, performance, and opportunities to reduce inequities by December 31, 2023.

Client Access and Experience + Care Management

7***. Access:*** By December 31, 2023, the Agency will reduce the time to third next available appointment by 5% at all sites for identified and prioritized departments (e.g. Medical).

8. ***Client Experience:*** By December 31, 2023, the Agency will identify, measure, and improve upon one area of Client Experience based on feedback, and choose a goal that aims to reduce disparities.

9. ***Care Management:*** By December 31, 2023, Therapists, Case Managers and Nurses will identify and offer care management to appropriate individuals, ensuring that 75% of clients enrolled at each site (Fallsway, Baltimore County and West Baltimore) have a documented care plan

2023 PI Work

- Have gotten interest from some teams to improve some of the UDS measures on the Quality dashboard in 2023 – THANK YOU!
- Planning is underway with more to come soon!
- Hope to attend standing meetings when possible to move PI work forward

THANK YOU

For participating in PI/PH work in 2022!!!!

HEALTH CARE for the HOMELESS