HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	6/17/2020	Time:	8:15-9am
Location:	Zoom Call	Minutes prepared by:	Ziad Amer

Attendees
(Unclear due to nature of format)

Agenda and Notes, Decisions, Issues	
Topic	**Discussion**
Breast Cancer Screening	• We have yet to begin our testing of improvements for our Mammogram completion project, and due to Covid-19 we will are recognizing that screening clinics are limited. Our baseline Mammogram Completion rate for May was 59%. • Fallsway saw a 60% completion rate in May, Baltimore County saw 52% in March, West Baltimore saw 53% in March by comparison.
Medication Errors	• We also attribute our lack of medication error incidents in the month of May to the Covid-19 pandemic – though we did see an overall increase in incidents reported in May. In May we saw 1 incidents related to medication errors reported.

Food Insecurity	• Our goal to address food insecurity measurement is:
	   o By December 2020, 90% of clients who identify as having food insecurity on the PREPARE tool will be connected to Case Management
	• Our specific measurement, being developed by Health Informatics, currently being finalized shows:
	   o 71% of clients who answered "yes" to difficulty getting food on the PREPARE tool had a completed case management appointment in the following 6 months (N=725).
	• Our Project Elements explored during the kickoff meeting are to focus on:
	   o Elevate how we utilize the PRAPARE screening for care coordination (If we are taking the time to ask, are we using the information to help clients?)
	   o Better understand and articulate how we as an agency are able to address food insecurity, including role clarification and limitations (both organizational scope and policy)
	• The kickoff meeting with the sub-committee also explored a few other questions:
	   o Who is asking this particular SDoH questions and how often?
	   o Is it part of all provider's workflow to look at the answers to the SDoH? If not, why not?

	o How do providers assess what intervention a client/family might need (what is the distinction between referring to Case Management vs a CHW)? o How do we as an agency find out about different resources to address food insecurity? o Would it be valuable to the agency to more clearly document the process for collecting and disseminating resources to address food insecurity? o How is our process different for staff and clients during COVID-19?

Depression Remission	• This year we will not only be tracking and improving the depression remission rate of our clients, but the screening rate and the connection to behavioral health therapists as well
	• Additionally we will be expanding our remission efforts beyond just adult clients to include pediatric clients ages 12-17.
	• Our rate of remission thus far remains low at 3%, due to a number of factors, namely the significant challenges of seeing remission for a diagnosis of depression in six months from a clinical perspective
	• However, we have a number of strategies for our project that will help us move toward our goal:
	• **Depression Screening + Follow up Strategies:**
	    o Focus on repeated PHQ-9 administration at 5-7 months
	    o Long Term:
	        ▪ Improving the PHQ-9 form in the EHR
	    o Short Term:
	        ▪ Requested registry as a provider tool
	    o Improved client connection to Behavioral Health
	        ▪ Currently at 51% of clients who screened positively in a medical visit on the PHQ were connected to BH
	        ▪ Requested a care-team centric registry, will pilot to see if it is effective in connecting more clients.
	• We are however, seeing strong screening rates in our adult population at 85% (of our 86% goal) in May.
	• We are currently at a 83% screening rate with our pediatric clients

Medication Adherence	• Our 2020 Medication Adherence goal is: By December 2020, 80% of eligible clients will be screened for medication adherence barriers using a validated tool (ASK-12). • Completed PDSA round with Max Romano testing the OT medication adherence intervention algorithm with the following results: • Challenges only in finding time to implement the interventions – not in the interventions themselves

	• Recommendation to print the med list for clients – we have explored this before • The most useful recommendation from the algorithm are OT and RN referrals for further evaluation and treatment • Challenges may arise with clients who have literacy or visual impairments • The ASK-12 will automatically calculate the results and present a final score for each client's medication adherence level – however due to competing priorities related to Covid-19 - this has stalled understandably. • Round 2 PDSA - Telehealth o 2 teams will use the intervention decision tree: o 1 team with the medical provider (Dr. Trustman) conducting the ASK-12 o 1 team with the CMA (Latanya) conducting the ASK-12 o Latanya will be conducting the ASK-12 during the Telehealth visits for Max Romano who will then add notes about where clients scored and the relevant intervention options o We will also begin the testing of going through the recommendations – i.e. if the client needs an internal referral to OT we will make one, if the client would be better suited for a change in dosing schedule, we will make one (if possible)
Phone Access	• At the request of the Executive team we have developed a new Phone System Access Work Group • *Vision for client experience by phone* o • A simple way to reach the person who can address their needs o • Calls answered in a timely, courteous fashion o • Messages returned in a timely, courteous fashion o • Phone conversations that are plain-spoken and easy to understand o • Information about services available that is clear, accurate and timely o • An easy system to register complaints, compliments or suggestions (as well as a workflow to direct, address and respond as necessary) o • Information documented in a manner that supports or improves their care • The members include: • Co-Chairs: Gary Welch, CFO & Keiren Havens, CSO • Members:

	- • Kim Carroll, Case Management Coordinator • - Aisha Darby, Director of Clinic Operations • - Julia Davis, Registered Nurse • - Jan Ferdous, Director of Behavioral Health • - Kate Leisner, Strategic Plan Project Manager II • - Crystal Lee, Client Access Manager • - Eddie Martin, Jr., Director of Engagement • - Hanna Mast, Communications Manager • - Aaron Perseghin, IT Analyst • Jen Tate, Director of Performance Improvement • Adrienne Trustman, Chief Medical Officer • *Two client representatives (not yet present)* • Meeting minutes/progress will be available on the Portal • PI will still collect and report data: Answer Rate & Voicemail Return Rate
Pop Health Updates	• Diabetes: ○ The Prediabetes Project: Survey sent out to staff in CM, CHW/Outreach, SH, BHT, Nursing to get feedback on resources that would be helpful in supporting them having conversations with clients around healthier eating habits. • Cancer Screenings: ○ CMAs/RNs: last-minute call campaign over the coming 1-2 weeks to remind clients that they are overdue for colorectal cancer screenings and mail interested clients FIT kits to complete and get caught up on this cancer screening. ○ Dr. Schreiber's biweekly GI clinic is back up and running – medical providers made aware. Trying to connect eligible clients with positive FITs to these appointments.

Next Meeting:

Wednesday, July 22, 2020
8am – 9am
via Zoom