

HCH Performance Improvement Committee Meeting Minutes

Date of Meeting:	5/20/2020	Time:	8:15-9am
Location:	Zoom Call	Minutes prepared by:	Ziad Amer
Attendees			
Z. Amer, A. Burgess-Bromley, W. China, J. Diamond, B. Dipietro, D. Dexter, J. Ferdous, M. Flanagan, I. Gayevsky, T. Gray, M. Hadley, E. Hendrix, M. Johnston, D. McDonald, A. Marie, L. Ojeda, T. Russell, G. Rogers, A. Shearer, J. Tate, C. Tran-Boynes, M. Williams			
Agenda and Notes, Decisions, Issues			
Topic	Discussion		
Breast Cancer Screening	<ul style="list-style-type: none"> We have yet to begin our testing of improvements for our Mammogram completion project, and due to Covid-19 we will be recognizing that screening clinics are limited. Our baseline Mammogram Completion rate for April was 48%. 		
Medication Errors	<ul style="list-style-type: none"> We also attribute our lack of medication error incidents in the month of April to the Covid-19 pandemic. In April we saw 0 incidents related to medication errors reported. 		
Food Insecurity	<ul style="list-style-type: none"> Our goal to address food insecurity measurement is: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 79% 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). We will also be expanding the measure to include the role of CHWs in addition to case management in helping clients address food insecurity 		
Provider Communication	<ul style="list-style-type: none"> We have identified one of the four questions that scored worse in the November survey than the May survey: <ul style="list-style-type: none"> “My provider explains things in a way that is easy to understand” This is the only question in which all sites scored in the bottom quartile for (others remained the same or improved) We have spoken with CRC about this particular question We will reconvene Provider Communication Subcommittee to focus on short-term changes while we work as an agency to implement the following longer-term solutions identified last year: <ul style="list-style-type: none"> Communication Training for Providers & Client-facing Staff 		

	<ul style="list-style-type: none"> ○ Improving access via telephone ● Unfortunately, due to the Covid-19 pandemic we will not be conducting a May survey for clients. We will be looking ahead to October as our next survey period.
Depression Remission	<ul style="list-style-type: none"> ● 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 2%, 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: <ul style="list-style-type: none"> ○ Focus on repeated PHQ-9 administration at 5-7 months ○ Improving the PHQ-9 form in the HER ○ Improved client connection to Behavioral Health ○ Currently 51% of clients who screened positively in a medical visit on the PHQ-9 were connected to BH ○ Exploring clinical approaches to achieving remission ● We are however, seeing strong screening rates in our adult population at 74% (of our 86% goal) in April. ● We are currently at a 80% screening rate with our pediatric clients Our survey tool for BHTs is designed to get a better understanding of which clinical approaches have been working well at finding symptom improvement in clients.
Medication Adherence	<ul style="list-style-type: none"> ● 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). ● We have made some initial progress with the project, developing a subcommittee and convening to discuss strategies and test workflow options for providers ● 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. ● We have developed a one-pager for clients relating to prescription refills, pharmacy access, and frequently asked questions. ● We aim to have the one-pager for clients to be rolled out next week.
Phone Access	<ul style="list-style-type: none"> ● We have seen significant disruption to our phone system access as a result of the Covid-19 pandemic. We have explored the recent

	<p>increase in our “call drop” rate – a measure which shows the number of clients who call and hang up while on hold.</p> <ul style="list-style-type: none"> • This may be a result of our schedulers working from home and calling clients back from their cell phones to manage the queue. • However, we have seen an increase in our CMA workgroup answer rate during this Covid-19 pandemic. • Thus far, we have: <ul style="list-style-type: none"> ○ Made phone tree adjustments to support our Covid—19 efforts ○ Explored the impact of Telework on our answer rate and wait time data • Currently we are: <ul style="list-style-type: none"> ○ Working to fully understand the system configuration and queue options ○ Exploring voicemail traffic and set-up including outgoing messages
Joy in Work	<ul style="list-style-type: none"> • Due to Covid-19 and its impact on our workflow, the initial Joy in work journey will need to be altered to ensure we can continue to measure and improve our staff’s joy in work. <ul style="list-style-type: none"> ○ As such we want to maintain a collection from staff to gauge their feeling of fulfillment and empowerment, especially during this time ○ There is some debate about how to go about this during many staff members telework, but we agree that the survey should be explicit that this is not in any way a performance related review ○ The data collection via survey will still support our IHI framework for Joy in Work of ASK, IDENTIFY, COMMIT.
Pop Health Updates	<ul style="list-style-type: none"> • Hepatitis C • Raise lifetime Hep C screening rates of adult clients with HCH visits to 70% monthly by the end of 2020 • COVID-19 impact: significantly decreased testing (17 thus far this month) <ul style="list-style-type: none"> ○ <u>Actions</u> ○ HIT added lifetime Hep C screening alert into Azara ○ <u>Plan</u> ○ Pilot EMR change: Adding lifetime screening status of HIV/Hep C into SA notes used by addictions team so they can id and refer high-risk clients for rapid testing ○ Ultimately add this screening into universal screenings (like the flu vaccine) • Increase rate of treatment starts for chronic hep c clients seen in the trailing year to 70% by end of 2020

<p>Increase Rates of Cancer Screenings at Community Sites – On Hold</p>	<ul style="list-style-type: none"> ○ Actions: ○ Opened dedicated nurse Hep C schedules, Tyler provider medical provider training, ALL medical providers are certified Hep c providers, EMR changes (flowsheet), removed PA barriers, encouraged pt assistance program for uninsurable clients, MVP delivering meds during pandemic ○ Plan: ○ Support medical providers with Hep C PAs, provide care team lists of hep c clients, continue EMR form changes to make the work easier for staff, continue advocating for reduced PA barriers <ul style="list-style-type: none"> ● Follow up on abnormal cancer screenings: ● Increase the rates of ob/gyn appt completion following abnormal pap smears in 2020 to 70% by the end of 2020. ● Current rate of ob/gyn appt completion 2 out of 12 = 17% ● Increase the rate of colonoscopy completion in follow-up to abnormal FIT results in 2020 to 70% by the end of 2020 ● # of positive FIT test since November 1st, 2019 requiring colo f/u = 17 ● Current # completed = 1 out of 17 (6%) <p>Action Send prompts/flags to staff members who play a role in next steps</p> <p>Plan Prioritize f/u visits for these clients with specialists once clinics re-open High Risk pap report that CHWs can own and bring to care teams Find out if certain MMC OB/GYN clinics can better accommodate HCH clients</p>
<p>Diabetes Control</p>	<ul style="list-style-type: none"> ● We have seen a decrease in Diabetes control in clients during Covid-19: at 58% for April. ● Actions: <ul style="list-style-type: none"> ○ Continue to have clients with uncontrolled diabetes meet with nursing. ○ Nurses have a registry of clients with A1C >9 who have not been seen in TY → call ● Plan: <ul style="list-style-type: none"> ○ Comms helping to get education ringlets together for the exam rooms as visual teaching tools for healthier eating. ● Prediabetes Project <ul style="list-style-type: none"> ○ Several HCH staff participated in a four-session DM Learning Collaborative (NHCHC) on Nutrition + Diabetes ○ Building staff awareness of prediabetes and how to have discipline-specific conversations with clients around healthy

<p>Supporting Self-Management During a time of Social Distancing</p>	<p>dietary changes + campaign to increase testing amongst high-risk clients</p> <ul style="list-style-type: none"> ○ We have 880 clients since 2018 with a Prediabetes label in their problem list ● We will also be rolling out a guide to read nutrition labels in both English and Spanish to aid in our diabetes efforts ● At home <ul style="list-style-type: none"> ○ Home blood pressure monitoring ○ Encourage clients to get labs drawn at local labcorp and continue telehealth visits ○ Mailings to provide tools for clients (and better info for staff): weekly pillboxes, scales and/ weight logs, education handouts, food/blood sugar diaries, chart summaries ○ MCOs providing any special resources to clients at home? ● In-person <ul style="list-style-type: none"> ○ Use of tools like maptician to consider different environmental layouts to support groups safely? ○ Create/call lists of priority clients that ideally should be seen in-person (DM, HTN)
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Next Meeting:

Wednesday, June 24, 2020
8am – 9am
3rd Floor Large Conference Room or via Zoom (TBD)