

PI Committee 8.19.2020

Present: Ziad, Margaret, Malcolm Williams, Aisha Williams, Christina Bauer, Tracy Russell, Barbara DiPietro, Joanna Diamond, Hanna Mast, Gabrielle Thacker, Andrea Shearer, Karen Ross-Taylor, Christine Tran, Mona Hadley, Eddie Martin Jr., Malcolm Williams, Katie Healy, Lisa Hoffmann, Lauren Talley, Wynona China, Meredith Johnston, Tyler Gray, Adrienne Trustman, Catherine Fowler, Kim Carroll, Christina Benoit

Agenda

1. PI Dashboard review

- a. Medication Errors
 - i. Due to COVID we have seen delays in this progress, but keep tracking as it is important
- b. Food insecurity
 - i. We are making a dent, but the denominator is very low
 - ii. We are working to figure out interventions to connect clients who identify food insecurity as a need and link them to a CHW or CM. Tracy will work on the workflow later in the year
- c. Depression screening in adults
 - i. Due to COVID, much of this work has stalled
 - ii. Fluctuations in numbers due to low denominator
- d. Depression Remission
 - i. Also very low, but this is a challenging measure
 - ii. We have to screen/test repeatedly using the PHQ-9 to see if there is or is not improvement; depending on that need to make changes to treatment plan.
 - iii. We are using two approaches to improve
 1. EMR workflows easy enough to understand to know when to do PHQ9 every 5-7 months. EMR does not show the due date of the next PHQ-9 so it is not happening. Need tools in order to make it more visible.
 2. What clinical interventions can we have in place, shared amongst providers, in order to develop treatment plans with clients to achieve depression remission

2. Additional PI work

- a. Phone system access: moved to a workgroup in order to achieve 80% answer rate by a human as previously identified in PI Plan
 - i. Vision for workgroup includes: ensuring calls are answered courteously, voicemails are returned, information is clear, and we have clear process to register complaints
 - ii. Have established performance indicators using vendor measures – abandon time, voicemail return rates, average call transfer, and the use of the client experience survey
 - iii. Also sub-workgroups working to dig into specific areas: vendor management (led by Marc), documentation of phone notes, and voicemail management (led by Ziad) (working to improve getting back in touch with clients, identified as an issue by clients)
 1. Question on subgroups: we are changing the way we document a telehealth visit, need to make sure we are coordinating this work
 - iv. Phone operator pilot: looked at schedulers operating more like an operator, to see if this would increase our answer rate. Removed the auto-answer feature and the phone tree, and had calls to directly to scheduling line.
 1. **Baseline:** 72% (first 2 weeks in July)
 2. Measuring since then and have seen success.
 3. Trend on Thursday afternoons, trend time of day that these are low (e.g. morning, lunch time, and afternoon), and number of schedulers
 4. No correlation between call volume and answer rate. This means we are not at capacity for our call rate, so system is functioning as it should. Freeing up operator function means we can answer more calls and still be below capacity.

5. Spanish line: we are seeing challenges here. Thursday afternoons we see a data drop as there is not as much coverage. Only one person answering phone.
 6. Opportunity for improvement based on staff scheduling
- b. Flu Campaign 2020
- i. **Very important this year – cannot overwhelm hospitals, could be catastrophic if we do not have high vaccination rates**
 - ii. Goal is 45% (baseline: 37%)
 - iii. We will have to make changes this year due to COVID and our high rate of telehealth clients
 - iv. We will have repeated trainings, weekly data, and improve our EMR workflows
 - v. How can we share and use data meaningfully this year?
 - vi. Working to optimize workflows for different departments, need different workflows for telehealth vs. in clinic, medical vs. behavioral health
 - vii. We must monitor who will administer the vaccine and how to get clients in while being cognizant of numbers of clients in the building
 - viii. Are we going to do external referrals to other locations?
 - ix. Must re-format the coat drive
 - x. We must deliver/offer a flu vaccine to ALL clients. We will be looking at two different data reports to see what this tells us. Will help us see what gaps in care there are for clients who are receiving telehealth only services.
 - xi. Important to catch clients early
 - xii. Any efforts for reminders will be useful
 - xiii. **Wynona:** going to restart reminder calls with televox, chatting about flu campaign message with televox.
 - xiv. **Tyler:** we have resumed care team meetings
 - xv. **Tracy:** Rite Aid and Giant is ready to offer flu vaccines if we want to start letting clients know; we are not sure if Mt. Vernon will be offering flu shots this year
 - xvi. **Meredith:** how to figure out where clients can go/offer it for them

3. Pop Health updates

- a. Cancer screenings
- i. **CRC:** verified addresses, Mailing out FIT (162)
 1. Saw a small rebound in rates – 50%
 - ii. **Cervical Cancer:** really difficult, Having difficulty tackling cervical cancer screenings due to fewer in-person visits, different providers have different comfort performing Pap for those in person, not always able to do preventive screenings.
 1. Have not seen a dip due to measure (3-5 years), but may see an issue 68%
 - iii. **Breast Cancer:** were on hold with radiology closed, now open, have started a campaign. In process of placing orders and moving forward with breast cancer referrals. Around 300 clients due for mammogram, referrals contacting clients.
 1. Stable and maintain status quo; hoping to see creeping upward 59%
 - iv. Abnormal cancer screenings
 1. Not doing well on the abnormal cancer screening measures
 - a. 4/30 positive FIT, only 13% have completed diagnostic colonoscopy
 - b. 3/31 abnormal paps; only 10% have completed colposcopy. Difficulty accessing services. Want to meet with Mercy OB-GYN office to improve access for patients. Trying planned parenthood as a resource, but there is a co-pay
- b. Diabetes
- i. Our rates have plummeted (58% -- previously near 75%)
 - ii. May need to look back to some proactive approaches to bring clients back in

- c. Prediabetes project
 - i. Staff participated in learning collaborative, and came up with goal to provide staff resources to aid staff in conversations on dietary changes. How can we work on prevention
 - ii. 79% agreed very important to discuss healthy behaviors, 67% noted they usually have these convos, 55% staff brings up topic
 - iii. 1/3 of staff wanted to be a prediabetes champion
 - iv. Resources: easy, healthy recipes, grocery lists, and healthy snack list from places clients frequent (7-11)
 - v. Will be creating these resources and providing MI training at the end of August (27th)
- d. Other projects
 - i. Completed health ed ringlets
 - ii. Working on getting home blood pressure cuffs and scales
 - iii. Working on Hep C prior auth training

Next meeting: September 16th, 2020 via zoom