

# Monthly Performance Improvement Meeting

May 18<sup>th</sup>, 2022



# 2022 Performance Improvement (PI) Goals

YTD Updates



# Quality KPIs – 2022 month to month data

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

Measure Name	2021 HCH UDS data (Centricity + Athena)	Var to 3/15 Athena Data	Trend	Jan	*Feb	**Mar	**Apr	**2022 Goal
Body Mass Index (BMI) Screening and FollowUp	10%	7%			17%	18%	19%	65%
Breast Cancer Screening	34%	-10%			24%	30%	30%	40%
Cervical cancer screening	41%	-6%			35%	39%	41%	59%
Childhood Immunization Status	24%	-24%			0%	11%	12%	25%
Colorectal cancer screening	25%	-7%			18%	21%	24%	30%
Controlling high blood pressure	48%	-3%			45%	48%	50%	55%
Dental Sealants (ages 6-9 Years)	0%	0%			n/a	n/a	n/a	50%
Depression Remission at Twelve Months	9%	-9%			0%	0%	0%	10%
Depression Screening and Follow-Up Plan	42%	-9%			33%	36%	40%	80%
Diabetes: HbA1c poor control (>9%) [inverse]	52%	5%			57%	48%	52%	40%
Early Entry into Prenatal Care	78%	n/a						80%
HIV Linkage to Care	100%	-100%			0%	0%	0%	100%
HIV Screening	64%	-25%			39%	42%	45%	70%
IVD: Use of Aspirin/Other Antiplatelet	56%	27%			83%	84%	83%	85%
Low Birthweight								
Statin Therapy for Prevention/Treatment of CVD	77%	6%			83%	81%	81%	85%
Tobacco use: screening and cessation intervention	55%	-28%			27%	35%	40%	70%
Wt assessment & counseling for nutrition & PA (Peds)	55%	-46%			9%	11%	16%	58%

**Key**  
 >3% Higher performing  
 0-3% Variance  
 >3% Lower performing

# 2020 UDS measures: HCH & local FQHC comparison

Measure Name	2020 HCH UDS data [Quartile Ranking]	AVG local FQHC UDS data (following 4 columns)	2020 Baltimore Medical Systems UDS data	2020 Chase Brexton UDS data	2020 Family Health Centers UDS data	2020 Park West UDS data
Body Mass Index (BMI) Screening and FollowUp	52% [3]	56%	56%	58%	60%	48%
Breast Cancer Screening	84% [1]	38%	54%	45%	31%	20%
Cervical cancer screening	58% [1]	52%	51%	53%	44%	59%
Childhood Immunization Status	21% [4]	33%	48%	31%	n/a	20%
Colorectal cancer screening	37% [1]	37%	44%	38%	36%	31%
Controlling high blood pressure	59% [1]	53%	59%	55%	56%	42%
Dental Sealants (ages 6-9 Years)	50% [n/a]	25% (1 of 4)	n/a	n/a	n/a	25%
Depression Remission at Twelve Months	2% [4]	3% (2 of 4)	n/a	6%	n/a	0%
Depression Screening and Follow-Up Plan	78% [1]	52%	74%	85%	9%	39%
Diabetes: HbA1c poor control (>9%) [inverse]	36% [1]	43%	39%	39%	47%	46%
Early Entry into Prenatal Care	31% [n/a]	67%	64%	52%	73%	79%
HIV Linkage to Care	78% [1]	95% (1 of 4)	n/a	95%	n/a	n/a
HIV Screening	78% [1]	42%	44%	33%	11%	81%
IVD: Use of Aspirin/Other Antiplatelet	81% [2]	73%	78%	77%	64%	74%
Low Birthweight	24% [n/a]	7.5% (2 of 4)	9%	6%	n/a	n/a
Statin Therapy for Prevention/Treatment of CVD	84% [1]	75%	75%	74%	68%	82%
Tobacco use: screening and cessation intervention	64% [4]	80%	76%	86%	85%	73%
Wt assessment & counseling for nutrition & PA (Peds)	42% [4]	43%	56%	46%	12%	56%



# Final three CQM KPI

## 1. Lab Tracking

- Health IT working on a results to order report that is being developed
- Anticipated completion is 5/30

## 2. Referral Tracking

- Health IT working on a results to order report that is ready; Quality Team has to work through to create baseline and update data
- Anticipated completion 5/30

## 3. Social Determinants of Health (SDH) ask rates

- Next priority for Health IT team
- Anticipate completion 6/30



# Health Disparities Dashboard

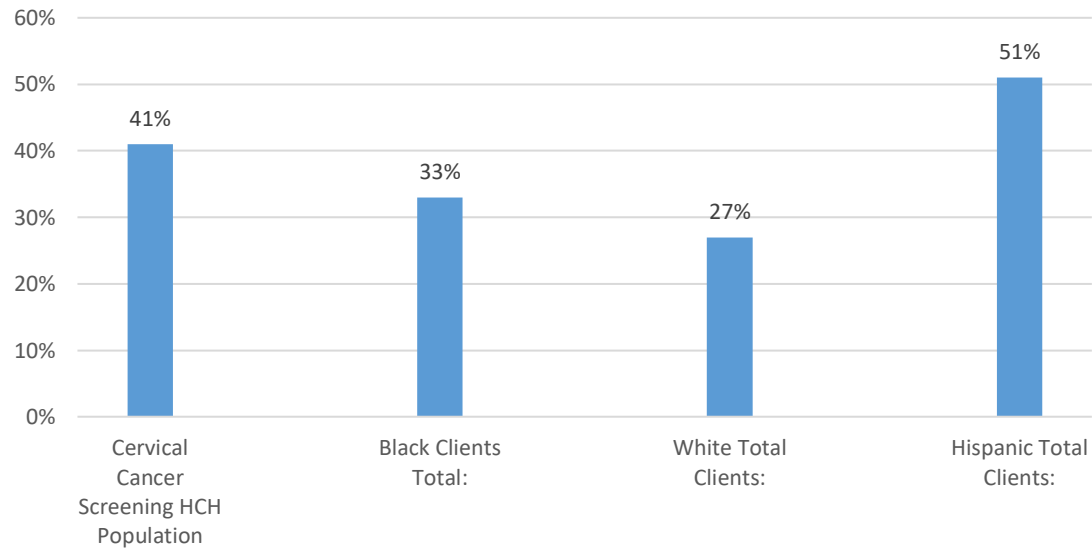
Measure/Key Performance Indicator	Due	How measure	Baseline	Goal	YTD
Create a health disparities dashboard that is shared monthly to all staff by end of Q1	3/31/2022 + ongoing	Dashboard created	0	1	1

- Identified measures to prioritize
  - Diabetes
  - Hypertension
  - Cervical, breast, and colorectal cancer
- Consulted REI Health Specialist regarding how to visualize the data we have in the best way
- HCH also investing in Azara, which will assist with creating more views for the measures
- Also pulling disparity data for all prioritized PI measures to ensure equity is a part of all PI work this year
- **Updating deadline: 6/30/2022**

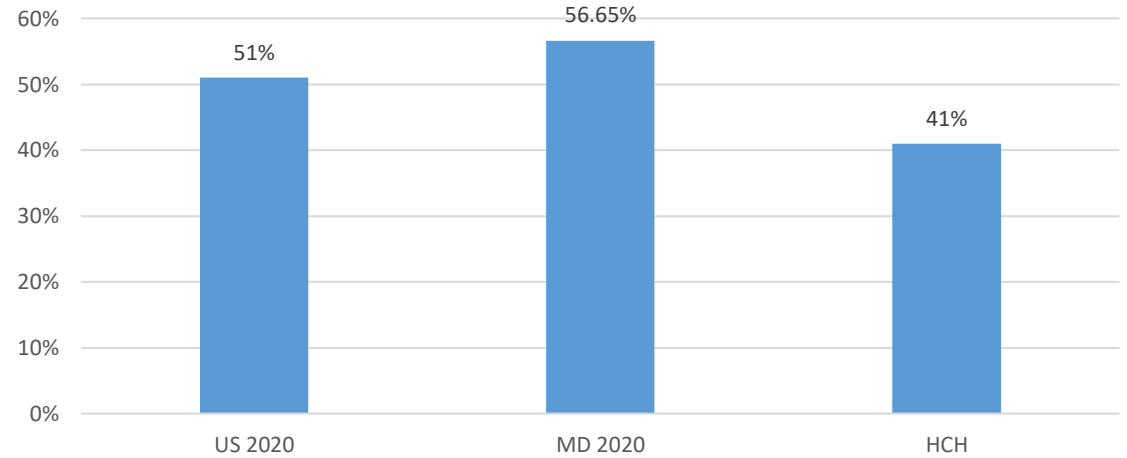


# Example of draft dashboard: Cervical Cancer Screenings

Cervical Cancer Screening by Race and Ethnicity

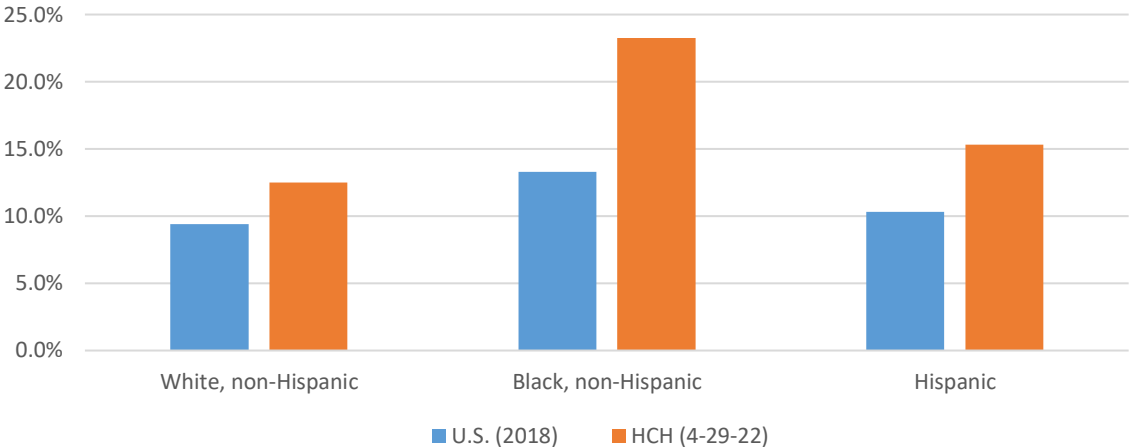


Cervical Cancer Screening; HCH vs. State and National Rates

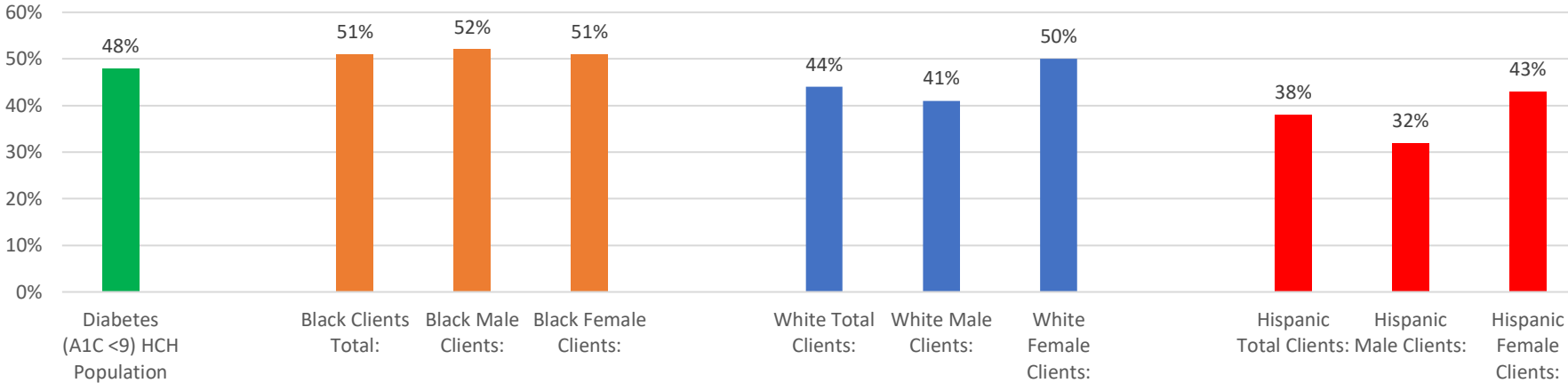


# Disparities dashboard continued

Estimated Prevalence of diagnosed Adult (aged 18+) diabetes



Diabetes Control: Demographics by Race/Ethnicity & Gender





# Attend Standing Meetings for Communication & Planning

Measure/Key Performance Indicator	Due	How measure	Baseline	Goal	YTD
Meet monthly with departmental leadership to discuss data starting end of Q1	3/31/2022 + ongoing	# of meetings	0	9	2

- PI holding biweekly meetings with medical provider leadership
- PI meeting monthly with entire medical team
- Quality Assurance Team is attending medical team huddles weekly to ensure quality and safety information is getting directly to front-line staff



# Conduct Improvement projects on five quality measures

By December 31, 2022, PI will conduct improvement on five prioritized quality measures

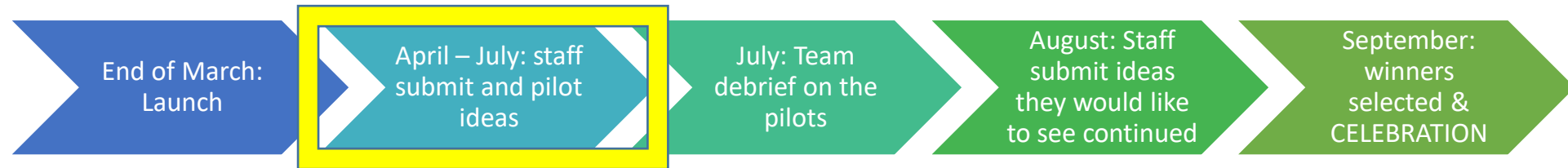
Measure/Key Performance Indicator	Due	How measure	Baseline	Goal	YTD (YTD)
HIV Screening (preventive) (ZIAD)	ongoing	% HIV test	64%	70%	45%
Cervical cancer (preventive) (TRACY)	ongoing	% screened	41%	59%	41%
Depression screening (behavioral health) (ZIAD/TRACY)	ongoing	% screened + plan	42%	85%	40%
Hypertension (ZIAD)	12/31/2022	% controlled	52%	55%	50%
Proportion of clients aged 70 and older who are prescribed aspirin for primary prevention (i.e. no dx of CAD, MI, etc.) by 15% (cost savings) [INVERSE] (TRACY)	12/31/2022	% prescribed aspirin for primary prevention	74%	59%	72%



# Innovation Challenge

Area	Measure/KPI	Due	How measure	Baseline	Goal	YTD
PI Goal/KPI	Complete Innovation Challenge	9/30/2022	# staff that pilot ideas	0	10 ideas	~2

- PI will orchestrate an agency-wide Innovation Challenge where staff members can submit change ideas that will help to improve the quality of care the agency provides; PI will support all staff interested in submitting ideas with basic PI tools that will better equip them in forming/developing their ideas and becoming positive change agents.



- Supporting teams (Assigned consultants, study hall, circulating on-site, etc.)
- A new way to submit Innovation Challenge Ideas!
- Use the webform on the portal page



# Introducing: “PI Chats”

- Join us every week to chat about the “Pebbles in your shoe”!
- A staff led conversation about ways to improve the work that you do
- Attend or stop by for snacks and drinks and enter the raffle to win great prizes every week!
- Opportunities for all sites to participate



# Resource Stewardship Goal – Aspirin deprescription

By December 31<sup>st</sup>, 2022, clients aged 70 and older who are prescribed aspirin for primary prevention (i.e. if they do not have a dx of CAD, MI, etc.) will decrease by 15% (finalized the goal based on the data: was originally 5-15% subject to data)

- Report finalized on 5-5-22
- Medical providers aware of goal, with Senior Director of Medicine reinforcing goal and sending out the official report so that providers can begin to have discussions with eligible clients

Measure/Key Performance Indicator	Due	How measure	Baseline	Goal	YTD
Decrease proportion of clients aged 70 and older who are on aspirin for primary prevention by 15% [inverse measure]	12/31/2022	Percentage of clients whose aspirin for primary prevention is stopped/deprescribed	74%	59%	72%



# Goal 5: Client Access Goal

By December 31st 2022, HCH will achieve 80% utilization across all departments.

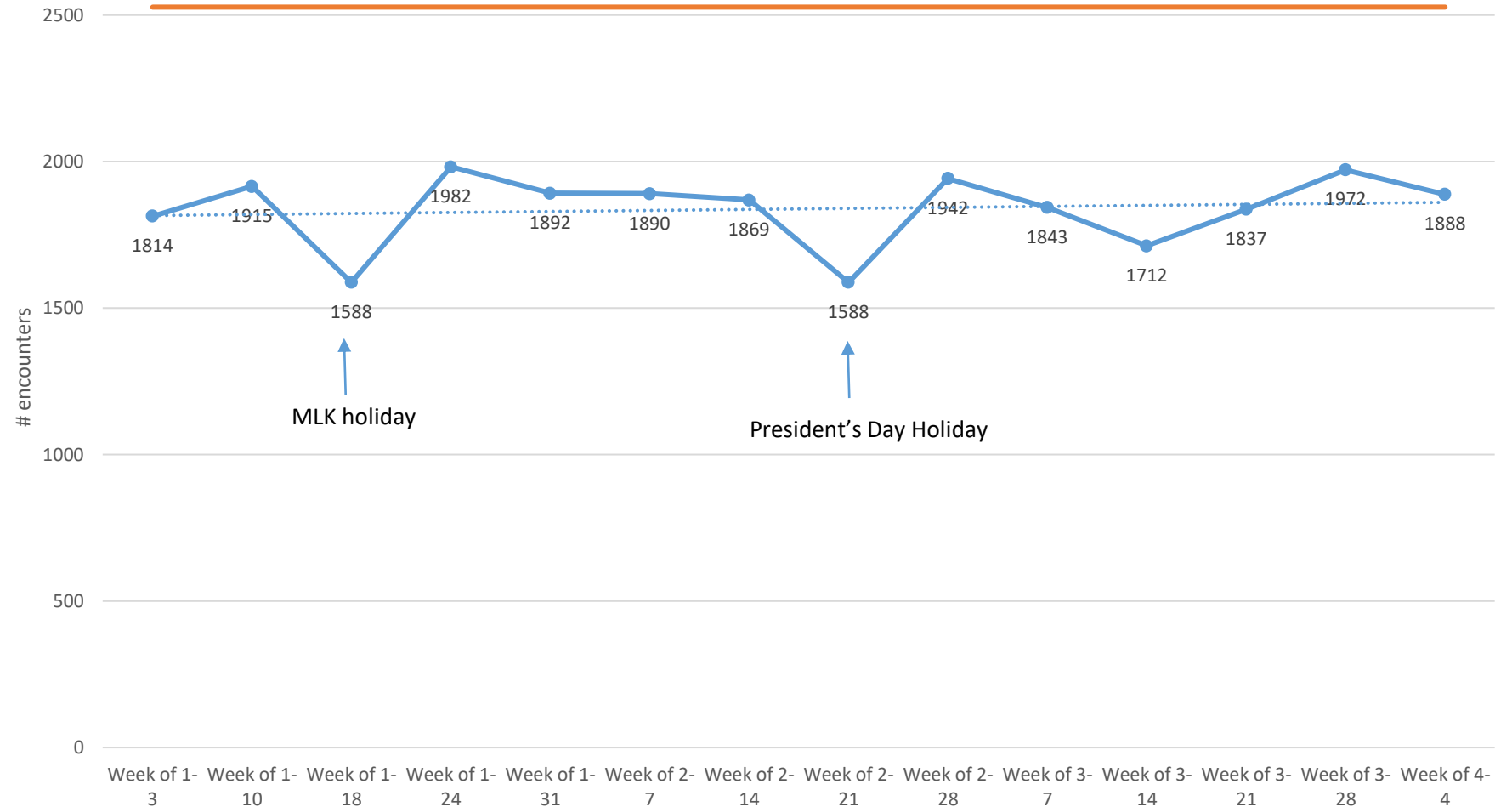
Measure/Key Performance Indicator	Due	How measure	Baseline	Goal	YTD
By December 31st 2022, HCH will achieve 80% utilization across all departments.	12/31/2022	% utilization of appointment slots	n/a	80%	



# Weekly Encounters

On average:

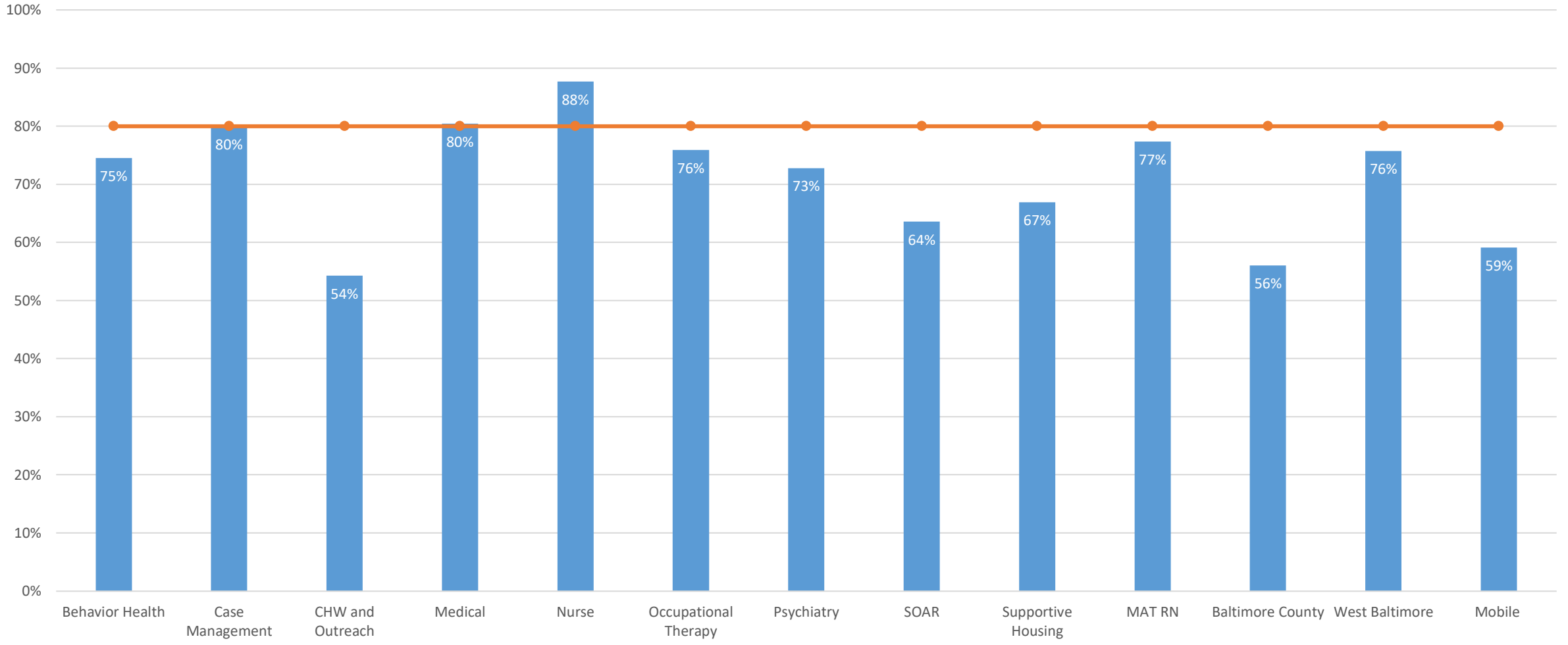
Agency is seeing **200 more clinical encounters weekly across sites** in YTD 2022 than Q4 2021!







# YTD % to Goal



Team or Site



# Significant improvements

Departments	Q4 2021 Average	YTD 2022 Average
Case Management	61% →	80%
Supportive Housing	50% →	67%

	Case Management	Supportive Housing
Week of 1-3	70%	69%
Week of 1-10	81%	76%
Week of 1-18	63%	58%
Week of 1-24	80%	79%
Week of 1-31	84%	73%
Week of 2-7	92%	77%
Week of 2-14	78%	66%
Week of 2-21	63%	57%
Week of 2-28	88%	77%
Week of 3-7	86%	59%
Week of 3-14	69%	54%
Week of 3-21	83%	61%
Week of 3-28	89%	69%
Week of 4-4	92%	61%



# Additional Updates



# Client Experience Survey

- Comprehensive vendor search completed to re-envision client experience survey
- Two-pronged approach in 2022:
  - Post-visit surveys through Medstatix to pilot real-time feedback from clients that we can act on swiftly – anticipated start date in July
  - One-time annual CG-CAHPS survey – anticipated start date in June



Questions?

