

**BOARD OF DIRECTORS
PROGRAM & PERFORMANCE IMPROVEMENT
COMMITTEE MEETING
May, 2024**



PARTICIPANTS:

- ☒ Stuart Levine, Co-Chair
- ☒ Debony Hughes, Co-Chair
- ☐ Chelsea King Arthur

- ☒ Athena Haniotis
- ☐ Crista Taylor
- ☒ Jannae White

Staff:

- ☒ Tolu Thomas
- ☒ Laura Garcia
- ☒ Margaret Flanagan

- ☒ Lisa Hoffmann
- ☒ Lawanda Williams
- ☐ Other

I. Review and Approval of Minutes (D. Hughes)

ACTION ITEM: Committee members reviewed the March 2024 meeting minutes. Follow-Up Topics: none. **By unanimous vote, the March minutes were approved by the committee members in attendance.**

II. Privileging Requests (L. Garcia and L. Williams)

- A. 1st Reprivileging recommended by L. Garcia: **Nicole Maffia, NP**
- B. 2nd Reprivileging recommended by L. Garcia: **Elizabeth Galbrecht, NP**
- C. 5th Reprivileging recommended by L. Williams: **Sarah Gillman, MD**
- D. Initial Privileging recommended by L. Williams: **Tammy Montague, LCSW-C**
- E. 2nd Reprivileging recommended by L. Williams: **Tracie Doi, LCSW-C**
- F. Initial Privileging recommended by L. Williams: **Catharine Lee, LCSW-C**
- G. Initial Privileging recommended by L. Williams: **Caroline Cahn, LCSW-C**
- H. Credentialing & privileging audit underway for all providers and a finding is affecting two of the candidates for (Montague and Doi).
 - i. Until 2023, Montague and Doi were LMSW and, as such, required clinical oversight from an LCSW.

Everyone deserves to go home.

- ii. All LMSW are credentialed and privileged in the same manner as LCSW-C, but they do not come before the Board for approval; the CBHO privileges them instead.
- iii. LMSW and LCSW-C perform the same basic job functions.
- iv. In 2023, both clinicians received their LCSW-C. As such, they should have been brought to the Board to receive initial privileging as independent clinicians. However, we continued to privilege them as LMSW and provide clinical supervision. Therefore, they have not been out of scope (providing non-privileged care).
- v. This oversight in process occurred because the normal “trigger” in the process of moving new LCSW-C to the board used to be a bump in salary; however, we changed our pay practices in 2023 and missed our cue to change their privileging process.
- vi. As a result, we have changed the privileging process so that all LMSW also come before the Board for approval and then there is little-to-no chance of this oversight repeating.
- vii. Point of clarification: Rates of reimbursement are the same for LMSW and LCSW-C, so this matter did not affect billing revenue.

ACTION ITEM: Committee members reviewed the seven candidates. Follow-Up Topics: none. **By unanimous vote, the seven candidates were approved for requested privileges by the committee members in attendance.**

- I. The committee recommended removing staff personal identification information (such as address and phone number) from the privileging packets that are distributed to the committee and full Board moving forward. This recommendation comes with full recognition that every Board and committee member attests to confidentiality annually for all sensitive information, be it personal or financial.

III. Q1 Quality Report (L. Hoffmann)

A. Client Satisfaction Data (see presentation)

- i. Response rate is low: 5% (92/1836)
- ii. Decrease feeling informed about delays
- iii. Increase in feeling respected by administrative staff
- iv. Decrease in explaining of medications

B. Q1 PI Update

PI Measures

Disease Management	Q4 2023 (baseline)	Q1 2024	2024 Goal
Colorectal Cancer Screening	30%	30%	40%
Hypertension Disparities*	Black M: 62% Black F: 56% White M: 73% White F: 65% Latino M: 69% Latina F: 62%	Black M: 63% Black F: 55% White M: 71% White F: 68% Latino M: 63% Latina F: 64%	Less than 5% disparity
Childhood Vaccinations	10%	0%	18%
PHQ-9 Questions 1 and 6	-	Q1: 1.8% Q6: 2.0%	5%
Diabetes and A1c Control* (inverse measure)	Black M: 27% Black F: 31% White M: 29% White F: 25% Latino M: 44% Latina F: 29%	Black M: 28% Black F: 31% White M: 36% White F: 28% Latino M: 49% Latina F: 34%	27% (reduce disparity by 5% for Hispanic/Latinx clients)

Disease Management	Q4 2023 (baseline)	Q1 2024	2024 Goal
Clients receiving PrEP*	18	23 clients	36 clients
Prenatal Early Entry to Care	58%	57%	70%
Appointment Access*	Med Urgent: 84% Med Routine: 84% BH Urgent: 100% BH Routine: 100% Dental Urgent: 100% Dental Routine: 100%	Med Urgent: 73% Med Routine: 86% BH Urgent: 77% BH Routine: 77% Dental Urgent: 66% Dental Routine: 100%	Med Urgent: 71% Med Routine: 100% BH Urgent: 80% BH Routine: 80% Dental Urgent: 71% Dental Routine: 100%
Hospital Readmission Rate	-	15%	<20%
Closing the Referral Loop	26%	24%	40%
Current Medication Documentation	85%*	85%	90%

i. PDSA's: Reducing Hypertension Disparities

- Continuing to see stark disparity for Black/African American females. Seven percent (7%) below male counterparts and far below all other races and ethnicities.
- Broke down performance of care teams by race and gender in scorecard format. Encouraged the teams to create their own PDSA to address the disparities.
 - Purple team is using an Azara Care Gaps report to identify uncontrolled clients and launch intervention

2. Steel team: Offering BP cuffs to those with elevated BP, targeting Black/African American clients with uncontrolled BP and upcoming appointments. Aim is to show demand for potential funder.
3. Green team: RN (Black female) coming to visits to introduce herself to connect with clients with uncontrolled BP.
4. Yellow team: Referring clients with uncontrolled BP to the BP education group
- c. Next steps
 1. Figuring out how to get BP cuffs for Medicaid clients
 2. Following care teams through their complete PDSA process
 3. Continuing to offer BP education group
 4. Digging into disparities data further through aggregate gaps reports and chart reviews
- ii. **PDSA's: Doubling the number of clients on PrEP**
 - a. PDSA: Client count relies on prescription fill data
 1. Using new pre-exposure prophylaxis diagnosis code to document
 2. Order set created for PrEP start and refill to simplify
 - b. PDSA: Client communication
 1. New PrEP screensavers in rotation on agency computers
 2. New brochures in waiting room and with HIV Care Advocate
 - c. Next steps
 1. Reinforcing proper documentation and order sets
 2. Evaluating new client communications
 3. Setting the cascade of care (how clients enter care and eventually arrive at continuing care)
- iii. **PDSA's: Childhood Vaccinations: >18% of children to have combo 10 vaccinations by age 2**
 - a. Had a vaccine excursion, causing vaccine stock loss at the end of 2023, causing a vaccination decline for Q1. Vaccinations became more accessible as of March.
 - b. PDSA: Peds team is performing direct outreach to clients (12-24 months old) due for vaccines and flagging charts with all vaccines needed prior to well visits.
 1. Have discovered that the most commonly missing vaccines are time-limited: flu and rotavirus.
 2. Peds team is having great success with the other vaccines.

- c. Next steps
 - 1. Validating data to ensure work is being accurately reflected
 - 2. Considering how to engage clients in the PI work. This is actually happening across the PI work—what are ways we can better get client voice into process.
- iv. **PDSA's: Reducing Hospital Readmission by 5%**
 - a. Kickoff Meeting: CRISP is hard to parse with co-occurring conditions and reasons for hospitalization, so most effective to focus on one line of service: Medical
 - b. PDSA: Streamline link between Mercy and HCH
 - 1. Met with Mercy to discuss barriers
 - 2. Call center now taking calls from Mercy's transitional care team about established clients in order to create a follow-up appointments with HCH prior to discharge
 - 3. Mercy will be touring Fallsway and will be given HCH materials for staff and patient distribution
 - c. Next steps
 - 1. Strengthening link with Mercy
 - 2. Finding a way to involve clients in this measure- perhaps frequent hospital utilizers
- v. **PDSA's: Improve aggregate score by 5% on PHQ-9 Q1 & Q6 (demonstrate improvement of Depression Remission)**
 - a. Have held Kickoff Meeting, but have not yet designed the first PDSA for this measure
 - b. Will be focusing on disparities with Hispanic/Latinx clients
 - c. Will hold a focus group with clients
- vi. **PDSA's: Increase percentage of clients who have received colorectal cancer screening to 40%**
 - a. Will focus on Magenta care team (West Baltimore)
 - b. Kicking off this week by looking at method of documentation because athena may not be capturing all of the work being done
 - c. Finding a way to involve clients in this measure
- vii. **Upcoming PDSA's**
 - a. Appointment Access subcommittee kicks off tomorrow with a client
 - b. Care coordination, diabetes and prenatal early entry to care are coming up quickly

C. Q1 CQM Update

Maternal and Child Health	Q4 2023	Q1 2024	2024 Goal
Dental Sealants (ages 6-9 Years)	91%	pending	95%
Low Birthweight	7%	pending	<5%
Wt assessment & counseling for nutrition & PA (Peds)	79%	76%	83%

Disease Management	Q4 2023	Q1 2024	2024 Goal
IVD: Use of Aspirin/Other Antiplatelet	85%	84%	87%
Statin Therapy for Prevention/Treatment of CVD	85%	86%	88%
HIV Linkage to Care	n/a (0/0)	80% (4/5)	100%
Depression Remission at Twelve Months	6%	5%	9%

Screening and Preventive Care Measures	Q4 2023	Q1 2024	2024 Goal
Height and Weight Assessment and Health Counseling	45%	44%	50%
Breast Cancer Screening	42%	39%	47%
Cervical cancer screening	53%	53%	59%
Depression Screening and Follow-Up Plan	47%	39%	52%
HIV Screening	74%	75%	80%
Tobacco use: screening and cessation intervention	71%	69%	75%
Number of clients receiving PrEP	18 clients*	23 clients	32 clients

Chronic Disease Management	Q4 2023	Q1 2024	2024 Goal
Controlling high blood pressure	60%	61%	66%
Diabetes: HbA1c poor control (>9%) [inverse]	30%	34%	27%

Additional HCH Priorities	Q4 2023	Q1 2024	2024 Goal
Lab Notifications	38%	40%	60%
Referral Tracking (% complete)	26%	24%	40%
SDH Ask Rate	68%	47%	70%
FLU: adult vaccination rates	30%	28%	40%
Suicide assessment follow-up	9%	10%	TBD
Prescribing antibiotics for URI and acute bronchitis	100%	95%	100%
Hospitalization Follow Up	61%	62%	65%

- i. Clarification was made that “Q4 2023 Q4” baseline represents progress made over CY 2023.
- ii. Discussion ensued about how to increase client survey participation. Considerations include:
 - a. A change in vendor
 - b. Change in survey design, such as minimizing the number of questions, or rotating/staggering questions
 - c. A review of TJC and NCQA client survey requirements
 - d. Doublechecking literacy level of survey (likely 5th grade reading level)

- e. Asking providers to mention the survey to clients during the visit
- f. A. Haniotis noted that she often has multiple visits to multiple providers over the course of a week. She will receive multiple emails (9-10) purporting to follow up on a survey letter that she was sent. She doesn't recall receiving the letter and she is unsure *which visit* the survey would be referring to. She also prefers text messages but does not receive them. CMS also distributes (CAPS) surveys to clients and this might be what is happening in her situation. M. Flanagan and A. Haniotis will talk offline.
- iii. Discussion ensued about the length of PDSA's and when leaders think results will begin to be visible for key measures. L. Hoffmann shared that this year, subcommittees are only running for five months to increase engagement and allow for rapid cycle improvement. Sometimes there is a lag of 2-3 months based on measuring the results of time-limited campaigns. The decrease of overall administrative time has meant less time for meetings and so population health and PI activities and discussions have had to be embedded into other meetings and devise new ways of moving multi-disciplinary initiatives forward.
- iv. Discussion about the fact that there are many measures to track and nearly all of them are clinician dependent...and the fact that there is quite a bit of "red" in our measures to date. How are we setting clinicians up for success?
 - a. Many tools are in place to assist the clinicians, for example Azara to help with pre-visit planning. There are places within the EMR where Quality measures are tracked, such as the Quality tab, and there are reminders and pre-populated fields in Azara. Functions such as order sets, encounter plans and text macros are all in place; however, we are still learning how to optimize/customize a new EMR. Technology is key to support clinicians with keeping track because of the sheer number of items they must track.
 - b. Primary care providers see clients multiple times and can't do everything in a single visit, nor can patients manage doing everything in one visit. Prioritization is key. These long-term relationships with clients help to get items addressed over time.

- c. Each measure doesn't require the same level of attention or follow-up.
 - d. A new PI booklet has been created as a how-to guide for documenting the measures. Also have a bulleting board in the medical space that tracks the measures and keeps them visible.
 - e. The number of measures are largely dictated by regulatory requirements (e.g., TJC, NCQA, HRSA). We try to streamline them and get provider buy-in to them. They are also standard requirements for primary care.
 - f. All of this said, as we see more patients and have less time for meetings, we continue to focus on how to ensure systems are integrated and supportive of clinicians and their workflows and attention.
- viii. Clarification about client surveys:
- a. Surveys are sent out immediately after the provider closes the note.
 - b. There is also direct link between Medstatix and our complaint reporting system so that clients are followed up with.
 - c. Surveys are administered to medical, dental and behavioral health providers only.
 - d. We also have paper comment cards, an online platform for client feedback, and an anonymous phone line as well. Clients can also talk with any staff member who can help them to fill out a comment/incident report form.
 - e. If a client has multiple appointments over the course of a week, the system may be set up to not overload the client with lots of requests for surveys. The software likely cannot allow for *individual* preferences about the number of surveys they receive. T. Thomas will follow up with A. Haniotis about this matter by email.

IV. Performance Improvement Policy and Plan

- A. Mostly minor changes since it was last reviewed. The largest proposed change is to move to a *three-year* Board approval cycle. The PI goals will continue to be presented to the Board annually.

ACTION ITEM: Committee members reviewed the PI Policy and Plan. Follow-Up Topics: none. **By unanimous vote, Committee members in attendance approved the Policy & Plan to move to the Full Board for consideration.**

V. HRSA Scope

We are required to have 75% of clients come from our service area. The zip code 21224 is not currently included in our service area and therefore we are not meeting the required threshold.

ACTION ITEM: By unanimous vote, Committee members approved to move the addition of zip code 21224 to HCH's HRSA service area to the full Board for consideration.

Next meeting: July 9, 2024