PI Committee Meeting

August 15, 2018

August 2018 PI Committee Agenda

1. PI Dashboard Review

2. Progress Updates:
    - Colorectal Cancer Screening
    - Missed Appointments

3. Discussion:
    - Client Experience Survey
    - 2019 PI Plan

PI Dashboard: July 2018

August 2018 Dashboard: Client Experience

Client experience score for after hours phone access (1-5 scale)

Average Client Score

5
4
3
2
1

W.B. Clinic fixed phone routing

Added # to front of appt cards

Goal = 4

Average = 3.3

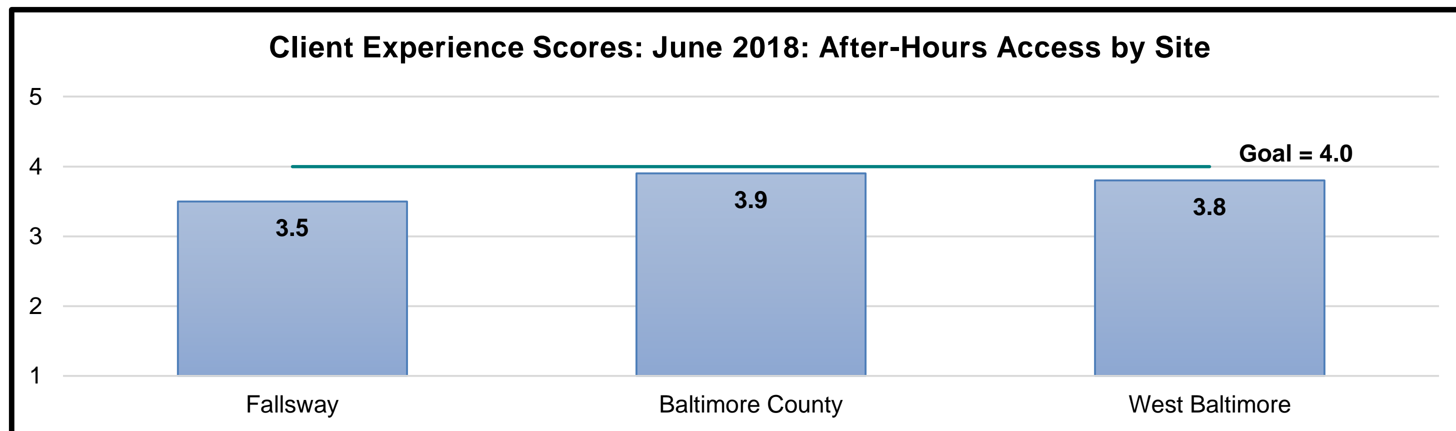
3.2
3.4
3.3
3.6
2.8

Advertized number @ Fallsway: Bulletin board, fliers, Unit Clerks

Monthly survey (Fallsway only)

Nov-16 Jun-17 Nov-17 Jun-18 Jul-18 18-Aug 18-Sep 18-Oct 18-Nov 18-Dec

Survey Month



August 2018 Dashboard: Diabetes

HCH Diabetic Clients with A1c ≤9.0%
November 2016 - July 2018

80%
70%
60%

A1c lookup in CRISP
73%
Goal = 73%
Average = 70%
Re-think your drink
RN Standing Orders
Prescribing Algorithm
Diabetes Ed Books
P.O.C. A1c machines
RN visit referral

May 16, Jun 16, Jul 16, Aug 16, Sep 16, Oct 16, Nov 16, Dec 16, Jan 17, Feb 17, Mar 17, Apr 17, May 17, Jun 17, Jul 17, Aug 17, Sep 17, Oct 17, Nov 17, Dec 17, Jan 18, Feb 18, Mar 18, Apr 18, May 18, Jun 18, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18

Trailing Year (Health Indicators Report): 66%

August 2018 Dashboard: Cervical Cancer Screening

HCH Cervical Cancer Screening Rate November 2016 - July 2018

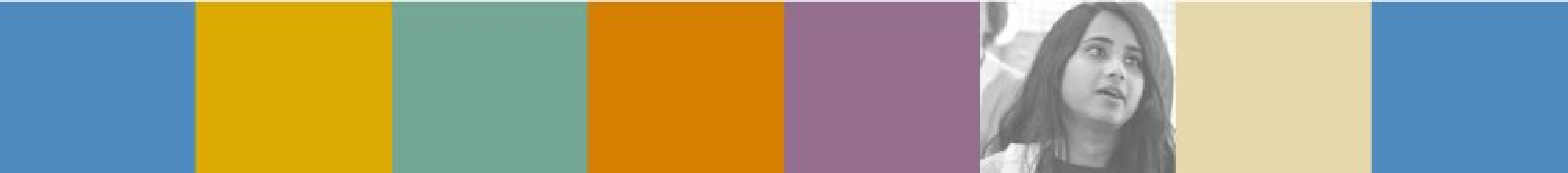
70%
60%
50%
40%

63%
Goal = 60%
Average = 60%
EHR Optimization Meeting
Average = 50%
Preventive Health Tracker

16-Nov 16-Dec 17-Jan 17-Feb 17-Mar 17-Apr 17-May 17-Jun 17-Jul 17-Aug 17-Sep 17-Oct 17-Nov 17-Dec 18-Jan 18-Feb 18-Mar 18-Apr 18-May 18-Jun 18-Jul 18-Aug 18-Sep 18-Oct 18-Nov 18-Dec

Trailing Year (Health Indicators Report): 51%

Subcommittee Updates



Colorectal Cancer Screening

Goal: By December 2018, **50%** of eligible medical clients will have an up-to-date colorectal cancer screening.

Team: Laura Garcia, Tracy Russell, Veronica Dennis, Justine Wright, Leonid Suarez, Lillian Amaya, Caitlin Synovec

Progress:

HCH Colorectal Cancer Screening Rate July 2016 - July 2018

60%
40%
20%

Staff Competition
Client Incentives
Outreach Calls

Standing order added

54%

Goal = 50%

Average = 50%

Preventive Health Tracker

Mailing FITs

Jul 16, Aug 16, Sep 16, Oct 16, Nov 16, Dec 16, Jan 17, Feb 17, Mar 17, Apr 17, May 17, Jun 17, Jul 17, Aug 17, Sep 17, Oct 17, Nov 17, Dec 17, Jan 18, Feb 18, Mar 18, Apr 18, May 18, Jun 18, Jul 18, Aug 18, Sep 18, Oct 18, Nov 18, Dec 18

Month

Trailing Year (Health Indicators Report): 45%

Colorectal Cancer Screening

Current Work: BCCP Referrals

- In July we ended our relationship with BCCP after only 1 successful colonoscopy in 6 months (17 clients total).

Lesson Learned:

- Structure pilots/PDSA cycles using 1 team instead of a whole department:
  - Feedback loop for one team is much more efficient
  - Easier to communicate with process is changed
  - When process kept changing for a whole department, the group got burned out
  - Creates more ownership

- Being specific about expectations (Objective and predictions) would have allowed us to make a decision sooner
- Having concrete data made it easier to end an unsuccessful effort

Next Steps:

- Focus on building internal capacity to manage colonoscopy navigation
- Establishing partnership with Hopkins Med for Group Education

Colorectal Cancer Screening

Current Work: Colonoscopy Completion Improvement

- The team is developing a tool to assess whether someone is able to successfully complete a colonoscopy.
- Currently, a large number of GI referrals are not followed through, no standard way to evaluate and reduce individual client barriers, including ability to schedule appointments, having a working phone, transportation, bowel prep, etc.
- Looking to utilize RNs as navigators for this process

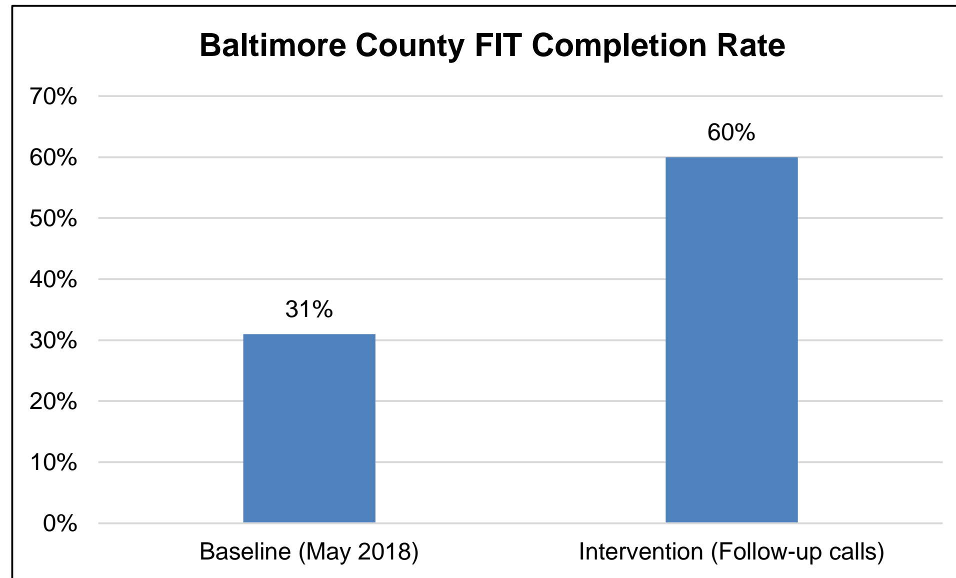
Next Steps:

- Looking for pre-existing assessments
- If none exist, Tracy, Laura, and Caitlin will design one

Colorectal Cancer Screening

Current Work: FIT Follow-up

- The Baltimore County Clinic is calling clients who received a FIT during a clinic visit to see if it will raise the rate of return.



- **Next Steps:** Debrief with Baltimore County team on August 23rd

Missed Appointments

Goal: By December 2018, the organization will have a missed appointment rate at or below **25%**
Team: Aisha Darby, LaVeda Bacetti, Mona Hadley, Pam Ford
Progress:

HCH Missed Appointment Rate June 2016 - July 2018

40%
30%
20%

Average = 31%
Added OT data
Began automated appointment reminders
29%
Average = 28%
Added RN data
RN phone calls
Goal = 25%

Jun '16 Jul '16 Aug '16 Sep '16 Oct '16 Nov '16 Dec '16 Jan '17 Feb '17 Mar '17 Apr '17 May '17 Jun '17 Jul '17 Aug '17 Sep '17 Oct '17 Nov '17 Dec '17 Jan '18 Feb '18 Mar '18 Apr '18 May '18 Jun '18 Jul '18 Aug '18 Sept '18 Oct '18 Nov '18 Dec '18

Month

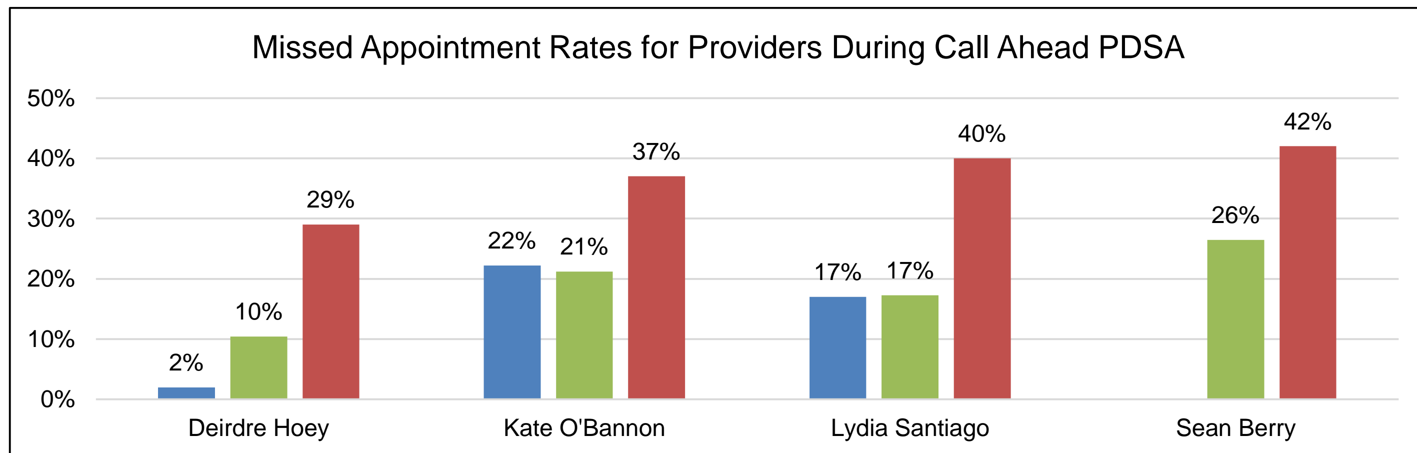
Missed Appointments

Current Work: Personalized Appointment Reminder Calls

Since the success of the nursing department in lowering their missed appointment rate through personalized calls, the following sites and departments have begun PDSA cycles to test this approach:

- Dental (Fallsway)
- Behavioral Health (Fallsway)
- Pediatrics (Fallsway)
- Baltimore County
- West Baltimore

Select Results: Behavioral Health



Missed Appointments

Current Work: Personalized Appointment Reminder Calls (Continued)

Lessons Learned:

- PDSAs showed success in personalized calls for all sites/departments except for 1 cycle in Pediatrics. We believe this data was affected by the departure of a long-term provider.
- Baltimore County tried one PDSA having the clinic manager make calls and one with providers making calls. Providers calling led to a bigger reduction in missed appointments

Next Steps:

- The group is now looking at ways to implement this in a sustainable way. Some issues we have learned through the various PDSA cycles:

- After seeing initial success, West Baltimore is doing a PDSA for the entire month of August. The adaptation they made for this second cycle is creating a system to identify when a client has multiple appointments in the same day, and having the first provider they are seeing make that call.

- Some clients are commenting about having replied to Televox and still getting a reminder call.

Missed Appointments

Current Work: Individual Department Efforts

The operations team is working with department directors on focused efforts to improve missed appointment rate and utilization. Some of the work that overlaps with the missed appointment improvement work is as follows:

- **Case Management** – trying to decrease New Client missed appointments by increasing amount of clients scheduled same day.
- **Fallsway Medical** – PDSA to learn about impact of "turnaways" on missed appointment rate
- **Dental** – Will continue calling clients for appointment reminder, but also looking at a PDSA for warning clients that a 3rd missed appointment in 6 months will result in walk-in appointments only.

Discussions

Client Experience: June 2018 Results

Clinic Site	Fallsway	West Baltimore	Baltimore County	Total
Number of Surveys	270	105	70	445

Categories of Questions:

- Access
- Communication
- Office Staff
- Care Coordination
- Overall rating
- PCMH Add-ons

High Performance Areas (HCH Score is at least 10 percentage points above national average)

- Asking clients about their barriers to addressing health concerns (PCMH)
- Talking with clients about their health goals (PCMH)
- Asking clients about their life stressors (PCMH)

Client Experience: June 2018 Results

Most Improved since November 2017 Survey

- Following up on the results of medical tests (Care Coordination)
- Talking with clients about their medications (Care Coordination)
- Showing that we know the important information of a client's medical history (Care Coordination)

Areas for Improvement (HCH Score is at least 10 percentage points below national average)

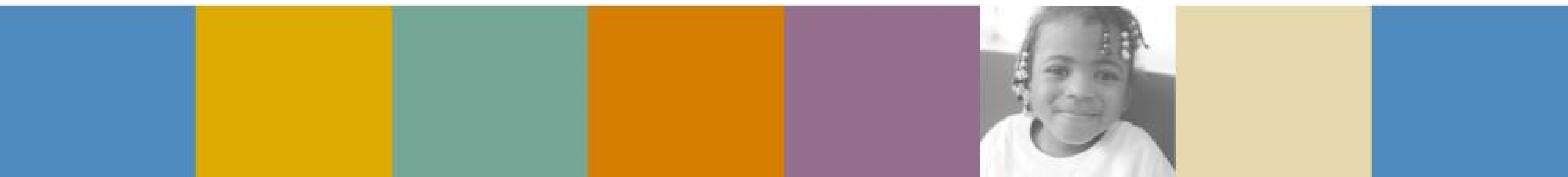
- Overall rating on a 0-10 scale
- Spending enough time with clients (Communication)
- Giving clients timely routine appointments (Access)
- Explaining things in a way that is easy to understand (Communication)
- Listening carefully to our clients (Communication)
- Clerks and receptionists being as helpful as they should be (Office Staff)

Client Experience: June 2018 Results

CAHPS BENCHMARK QUARTILE COMPILATION BY SITE
JUNE 2018 CUSTOMER SATISFACTION SURVEY

Site	Quartile 1 (Bottom)	Quartile 2	Quartile 3	Quartile 4 (Top)
West Baltimore	21%	38%	17%	25%
Baltimore County	29%	8%	38%	25%
Fallsway	75%	4%	4%	17%
HCH	63%	17%	4%	17%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



2019 PI Plan: What is it?

- Annual plan for organizational focus of PI efforts
- In 2018, our plan had 7 measures, one of them seasonal:
  - Clinical: 5 measures - (Diabetes, Cancer Screenings, Flu Immunization, Behavioral Health Coping & Anxiety)
  - Access: 1 measure - Missed Appointment Rate
  - Client Experience: 1 measure – Reaching a provider when the clinic is closed

- Proposed dimensions for the 2019 PI Plan:

Category	# of Measures
Clinical (from health outcome measures)	2-4
Client Experience	1-2
Access/Operations	1-2
Patient Safety	1-2

2019 PI Plan: Questions to Consider

- Is this something we already measure?
  - We don't know if something needs to be improved if we are not yet measuring it.
- Does it have impact at an organizational level?
  - What is the importance of working on this issue from an agency perspective?
- What is the benefit of improving this measure? Is there an opportunity to close a performance gap?
  - What is the end goal we are trying to achieve with prioritizing something?

2019 PI Plan: Clinical Goals
Strategic Plan Health Outcome Measures: Current relations to benchmarks

Currently at or above national/state benchmarks:

- Colorectal cancer screening [Prevention]
- Cervical cancer screening [Prevention]

Close to national/state benchmarks:

- Diabetes A1c [Chronic Disease]
- Smoking: Tobacco use and cessation counseling [Chronic Disease]
- Depression Remission [Behavioral Health]

Below national/state benchmarks

- Hypertension: BP Control [Chronic Disease]
- Childhood Immunizations [Prevention]
- Dental Sealants age 6-9 [Oral Health]
- Flu Immunization [Prevention]
- Obesity in Adults [Prevention]

No Baselines:

- Food Insecurity [Chronic Disease]
- Initiation & engagement of alcohol & other drug dependencies [Substance Abuse]
- Patient Reported Outcomes [Quality of Life]

2019 PI Plan: Clinical Goals
Strategic Plan Health Outcome Measures: Areas for Improvement

Below national/state benchmarks

- Hypertension: BP Control [Chronic Disease]
- Childhood Immunizations [Prevention]
- Dental Sealants age 6-9 [Oral Health]
- Flu Immunization [Prevention]
- Obesity in Adults [Prevention]

Measure	2018 Performance (Jan-Jul)	Benchmark	Notes
Hypertension: BP Control	56%	National: 62% State: 62%	Outcome measure – will take longer to impact
Childhood Immunizations	15%	National: 43% State: 41%	Only impacts pediatrics
Dental Sealants age 6-9	25%	National: 49% State: 57%	Very small number of clients (8 so far in 2018)
Flu Immunization	36% ('17-'18 season)	CDC (National): 6mo- 17yrs: 59%; 18+: 43%	
Obesity in Adults	39%	HP2020 Baseline: 34%	Outcome measure – will take longer to impact. Related to BMI assessment & follow-up measure

2019 PI Plan: Client Experience Measures

Composite score at or above national/state benchmarks (Top Quartile):

- PCMH Related Questions: evaluating client goals, barriers to health, life stressors

Composite score in middle quartiles or varied across sites:

- Helpful, Courteous & Respectful office staff
- Care Coordination: Providers use of information to coordinate patient care
- Access: timely appointments, care, and information
- Overall provider rating

Composite score below national/state benchmarks at all sites (Bottom Quartile):

- Communication: How well providers communicate with patients

2019 PI Plan: Client Experience: Areas for Improvement

Composite score below national/state benchmarks at all sites (Bottom Quartile):

- Communication: How well providers communicate with patients

Question "In the last 6 months how often did this provider…"	% "Always" at HCH	% "Always" nationally
…explain things in a way that was easy to understand	75%	86%
…listen carefully to you?	78%	89%
…show respect for what you had to say?	83%	91%
…spend enough time with you?	73%	85%

2019 PI Plan: Access/Operations

Is this something we already measure?
What is the impact/benefit?

Access/Operational Measures	July 2018 Performance	Goal
Missed Appointment Rate	29%	25%
3rd Next Available	20 days	7 days Medical/ 14 days BH
Utilization	59%	80%
Referrals Completion		N/A

2019 PI Plan

Next Steps:

- Draft plan for P&PI Committee of the board – September 11th Meeting
- Bring draft to September PI Committee Meeting
- Bring edits to October PI Committee/November P & PI Committee
- Bring for board approval in December 208

Questions?

Next Month: September 19, 2018

Prioritized Goals:

- Diabetes
- Cervical Cancer Screening
- Client Experience: After Hours Access
- Behavioral Health: Coping and Anxiety

Discussion:

- Draft of 2019 PI Plan