

# PI Committee Meeting



February 21, 2018



# February 2018 PI Committee Agenda

## 1. PI Dashboard Review

## 2. Progress Updates & Discussion:

- Colorectal Cancer Screening
- Behavioral Health: Coping & Anxiety
- Missed Appointments
- Flu Vaccine

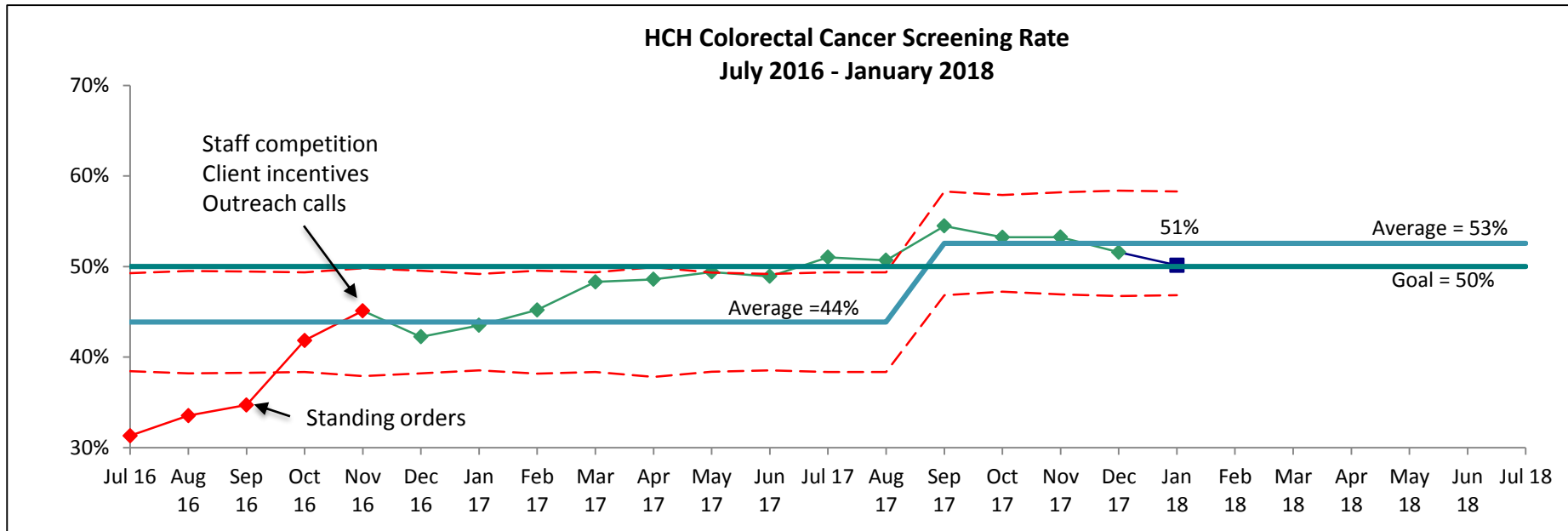


# Colorectal Cancer Screening

**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

## Progress:



## 2017 Changes tested:

- Adding FIT as standing orders
- Outreach calls to clients due for screening
- Incentives for clients (FIT)
- Provider-level data

## 2018 testing on-deck:

- BCCP Partnership: ***Can patient navigation increase CRC screening for uninsured/uninsurable clients?***
- Preventive Health Tracker in EHR



# Colorectal Cancer Screening

## Lessons learned:

- EHR-supported functions help aid staff in the screening process -> Preventive Health Tracker Form
- New workflows take a long time to iron out (i.e. Outreach calls for past-due screenings, BCCP partnership)

## Barriers:

- Concern by our uninsurable clients around providing their IDs to BCCP
- Concern by medical providers around appropriate and timely follow-up of abnormal FIT/colonoscopy results
- Seeing the screening process through to the end in this multi-step process

## Questions:

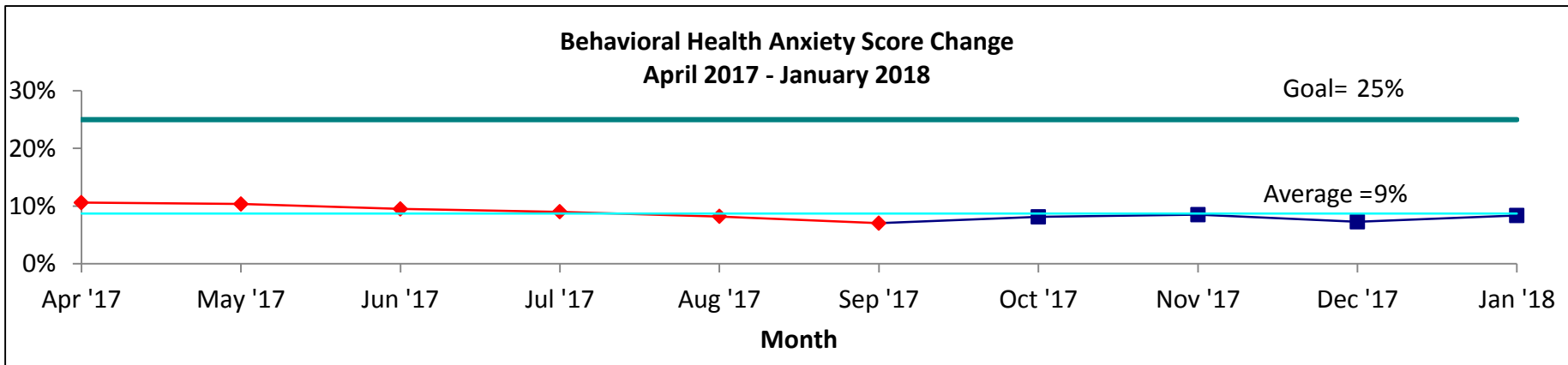
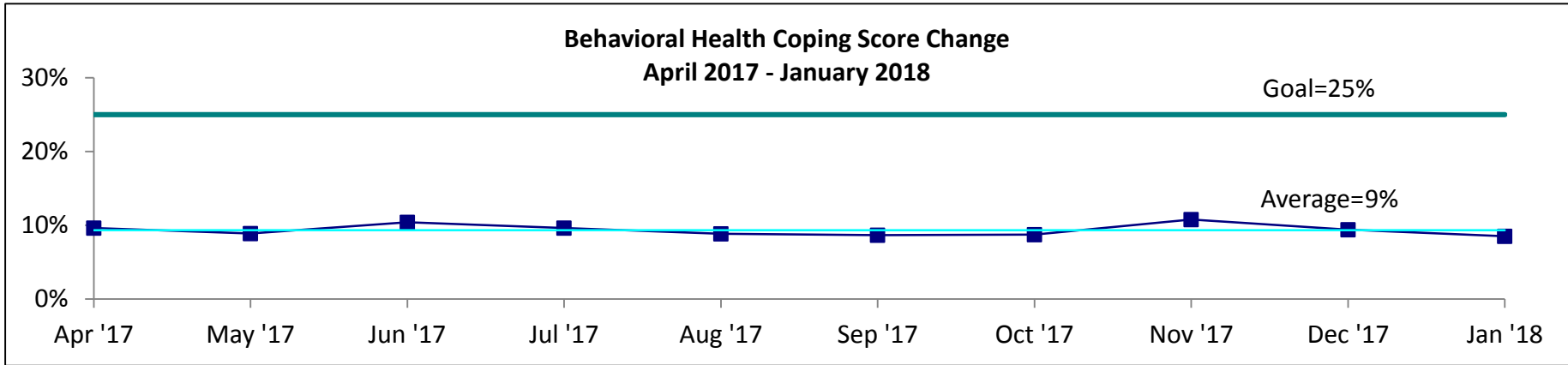
- We have noticed that completing documentation of colonoscopies has been a recurring challenge, even when a colonoscopy itself has been completed. *Has anyone faced similar challenges around completing documentation and had positive methods to address this?*
- Convalescent care has interest in working with BCCP for colonoscopies. We are going to explore whether it work better for CCP to have its own workflow or to integrate with Fallsway.



# Behavioral Health: Increase Coping & Decrease Anxiety

**Goal:** By December 2018, the average client score upon 3<sup>rd</sup> assessment will decrease from first assessment by **25%** for anxiety and increase by **25%** for coping.

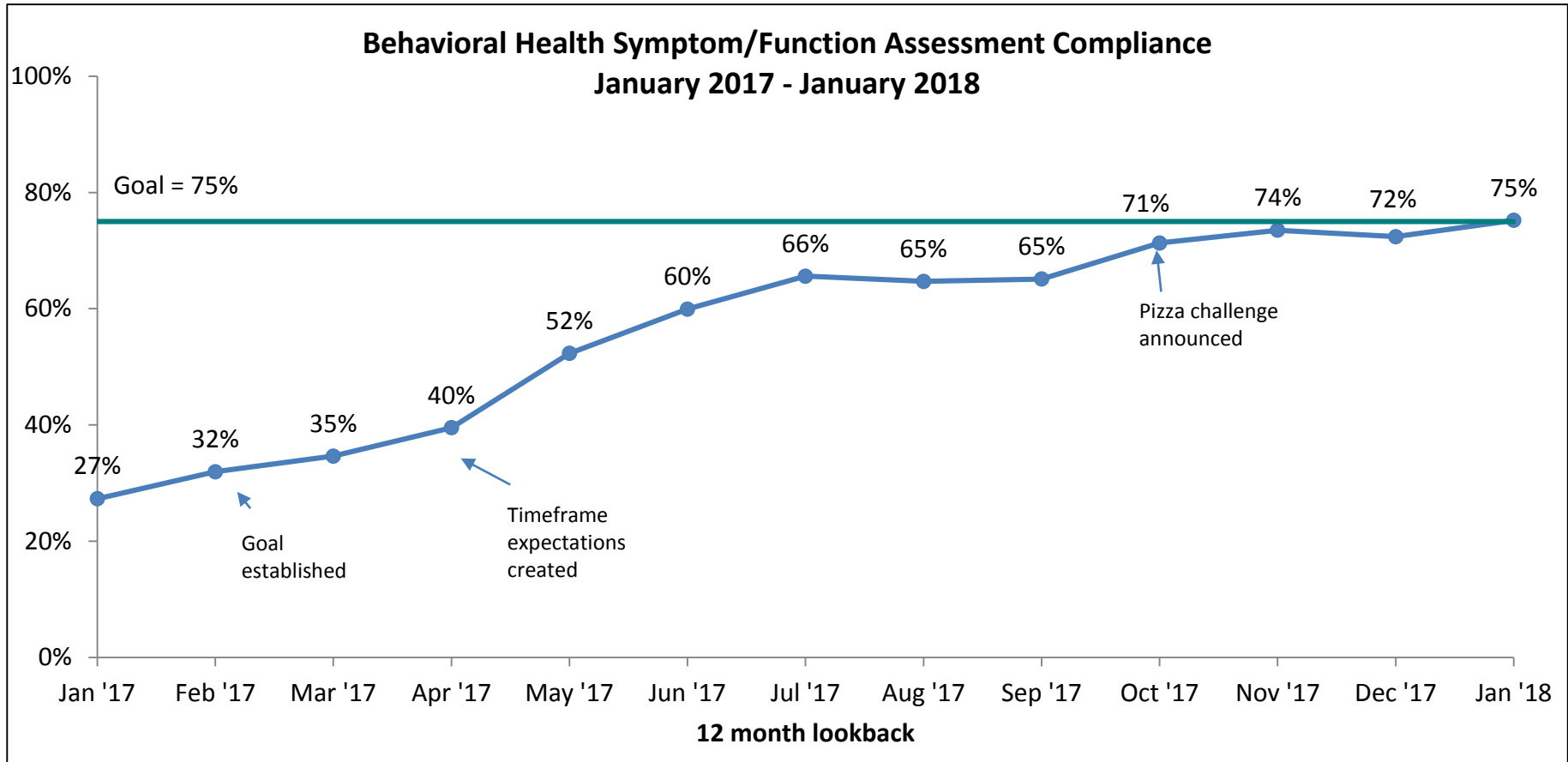
**Progress:**



# Behavioral Health: Increase Coping & Decrease Anxiety

**Goal:** By December 2018, the average client score upon 3<sup>rd</sup> assessment will decrease from first assessment by 25% for anxiety and increase by 25% for coping.

**Progress:**



# Behavioral Health: Increase Coping & Decrease Anxiety

## Lessons learned:

- After looking at individual provider data, the group theorized that a main driver of improved function and decreased symptoms is the provider/client relationship. The group wants to focus its tests of change this year on how to build stronger relationships with clients.
- Looking at the mindfulness data last year en masse did not help discern the effectiveness. This year BH providers specified their mindfulness techniques and shared with each other. Moving forward, each will be evaluated using more precise and rapid data analysis techniques. The goal is to have clarity on the effect of each technique on coping and anxiety scores.

## Questions:

- The group reached a completed assessment rate of 75% after being offered an external incentive. Is this a sustainable change?

## Next Steps:

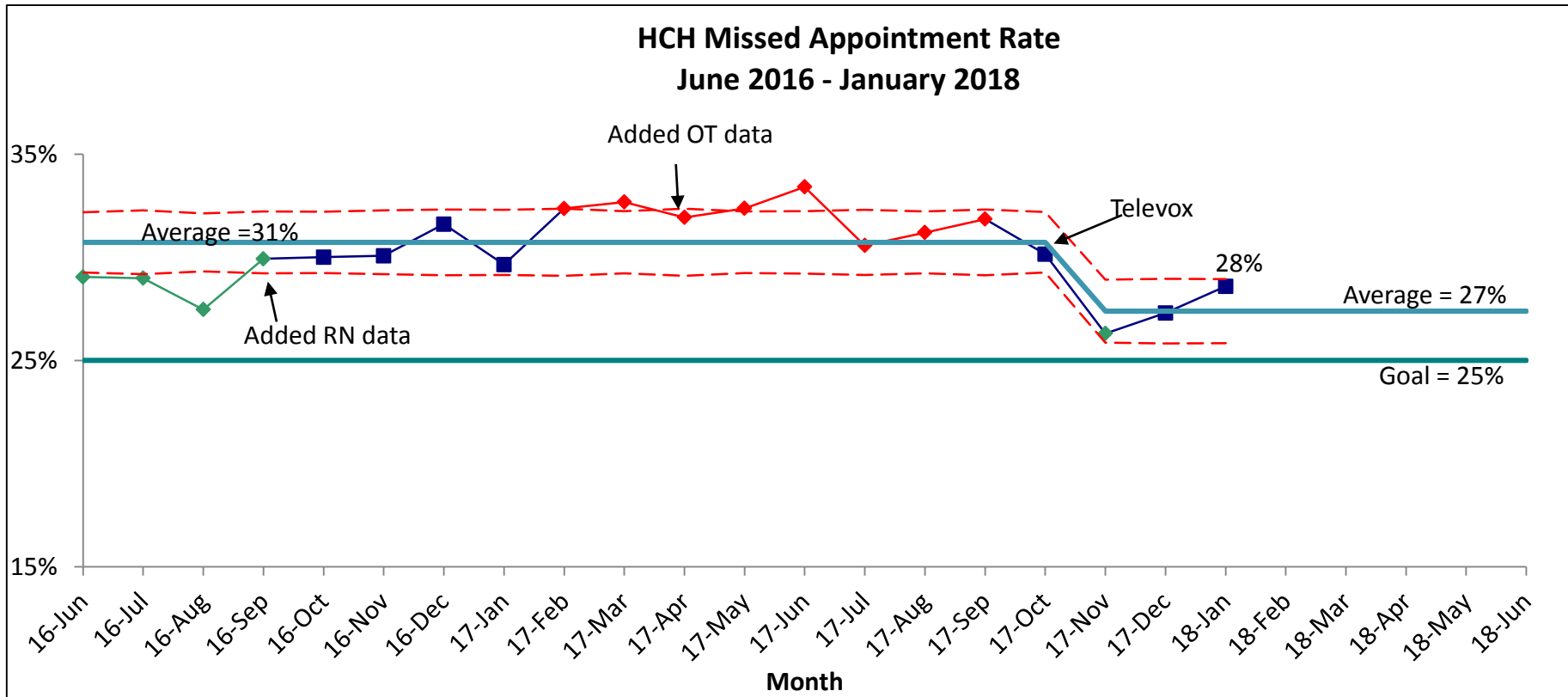
- Behavioral Health is testing the impact of therapeutic environment on client relationship. The theory of change is that improving the therapeutic environment will decrease missed appointments, leading to improved client relationship, increased skill building and therefore increased coping and decreased anxiety.
- Providers will begin to receive their assessment rates, coping, and anxiety scores monthly.



# Missed Appointments

**Goal:** By December 2018, the organization will have a missed appointment rate at or below **25%**

**Progress:**





# Missed Appointments

## Changes tested:

- Tested impact of advanced access in Behavioral Health. Changed ratio of scheduled appointments to walk-in appointments as well as criteria for client having a scheduled appointment.

## Lessons learned:

- Lack of effective communication tool for easy identification of “walk-in only” clients.
- Utilization increased with increase of walk-in appointments.

## Barriers:

- Inclement weather a factor in January

## Questions

- What will impact of new BH scheduling templates be on missed appointment rate?
- Baltimore County average (36%) and West Baltimore average (35%) much higher than Fallsway average (28%). What are contributing factors to this difference?

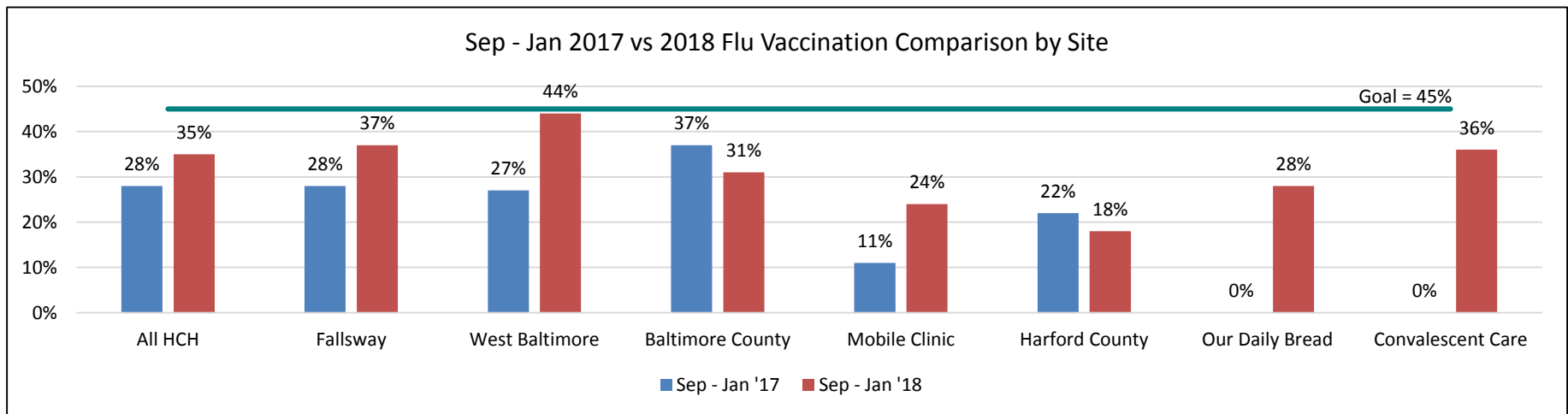
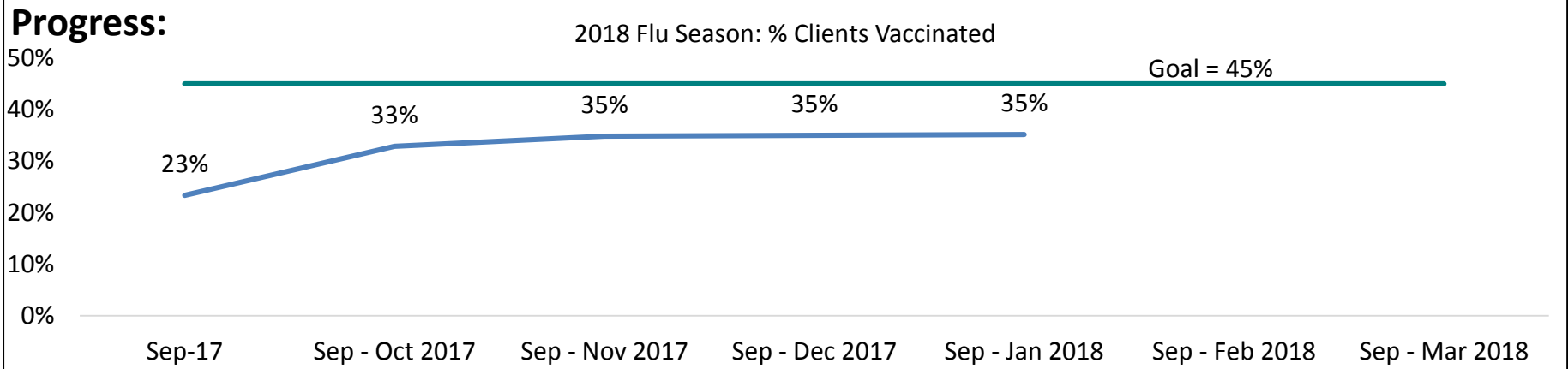
## Next Steps

- Work with Baltimore County and West Baltimore to reduce Missed Appointment rate.



# Flu Vaccination

**Goal:** By March 31, 2018, **45%** of eligible clients will have documentation of flu vaccine administration



# Flu Vaccination

## Changes tested:

- New marketing/patient education fliers for February
- Using Pre-visit planning lists for rapid identification of clients needing flu shot
- Gave CMAs who completed pre-visit planning sheets \$5 gift card

## Lessons learned:

- Pre-visit planning sheets for flu shot improved the flu shot rate to 47% the week of the trial
- CMAs found sheets to be helpful and accurate
- Mobile van did not have flu shots last week

## Barriers:

- Tried to get flu shot marketing/patient education on TV in lobby, was not successful

## Questions:

- Could pre-visit planning lists be used by other departments?



# Next Month: March 21, 2017

## Prioritized Goals:

- Diabetes
- Cervical Cancer Screening
- Client Experience: After Hours Access
- Flu Vaccine

