

# Program and Performance Improvement Meeting

## Performance Improvement Updates

May 13, 2025



# Overview

1. Clinical Quality Measure (CQM) Data
2. Performance Improvement (PI) Goal Updates



# Clinical Quality Measure (CQM) Data



Key
3+ Improvement
1-2+ improvement
Reduction

Screening and Preventive Care Measures	March	April	2025 Goal
Height and Weight Assessment and Health Counseling	47%	47%	50%
Cervical Cancer Screening	54%	54%	55%
Colorectal Cancer Screening	34%	34%	35%
HIV Screening	74%	74%	77%
Tobacco Use: Screening and Cessation Intervention	72%	72%	74%

Chronic Disease Management	March	April	2025 Goal
Controlling High Blood Pressure	62%	62%	65%
Diabetes: HbA1c Poor Control (>9%) [inverse]	32%	31%	31% (met goal!)



# CQM

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

Additional HCH Priorities	March	April	2025 Goal
Closing the Referral Loop (% Completed Referrals)	36%	35%	40%
SDH Ask Rate	33%	33%	50%
Flu Vaccinations	<u>Offer Rate: 57%</u> Admin Rate: 47%	24/25 Flu Season complete	<u>Offer Rate: 75%</u> Admin Rate: 50%
Suicide Assessment and Safety Plan	32%	33%	85%
Prescribing Antibiotics for Upper Respiratory Infection (URI) and Acute Bronchitis (YTD)	100%	99%	100%



# Performance Improvement Measure Updates



# 2025 Performance Improvement Measures

Trailing Year Data

Key
3+ Improvement
1-2+ improvement
Reduction

PI Measures	March	April	2025 Goal
Breast Cancer Screening (Ages 40 – 74)	41%	42%	46%
Depression Screening and Follow-Up Plan	59%	61%	55%; stretch: 60% (met both goals!)
Hypertension Disparity (Black/African American Females)	55%	55%	57%
Third Next Available (YTD)	21 days	22 days	Fallsway Avg: 21 days
Client Experience (YTD)	4.59	4.61	4.81

Additional Goals

Influenza vaccination: will resume for 25-26 flu season



# Breast Cancer Screening

*Other Preventive: (Cancer Screening)* By December 31, 2025, increase the percentage of **women aged 40 – 74 years old who had a mammogram** to screen for breast cancer to 46%. Additionally, **increase screening percentages by 5% for Black/African American and White women to more equitably align with Agency average.**

- Baseline Agency: 41% (July 2024 TY)

- Baseline by Race an/or Ethnicity

White	Black	Hispanic/Latina
26%	35%	65%

- **Agency Goal: 46%**

- Goal by Race and/or Ethnicity

White	Black
31%	40%





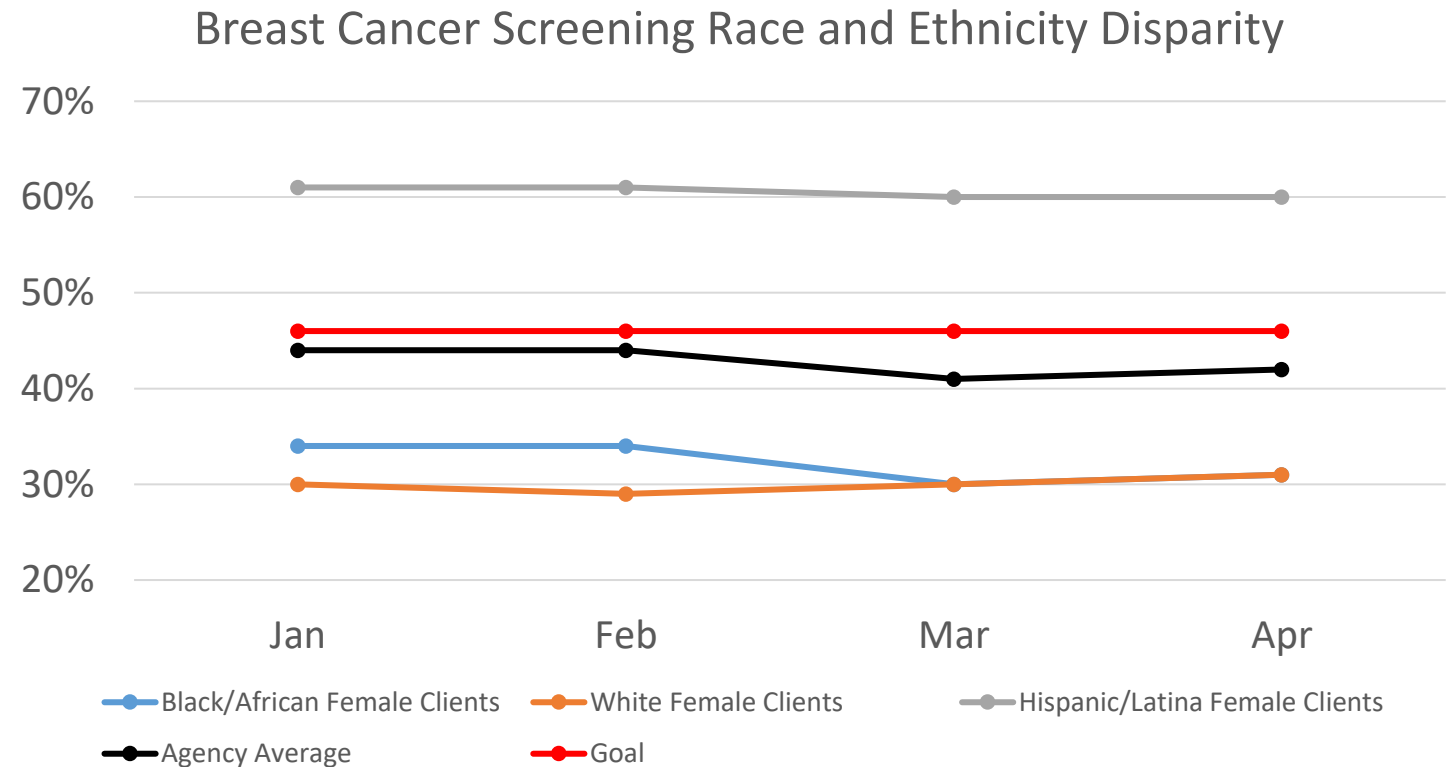
# Breast Cancer Screening

**Goal: 46%**

**Current: 42%**

**Disparity Current:**

- B/AA: 31% (goal: 40%)
- W: 31% (goal: 31%, met!)
- H/L: 60%



# Breast Cancer Screening Update

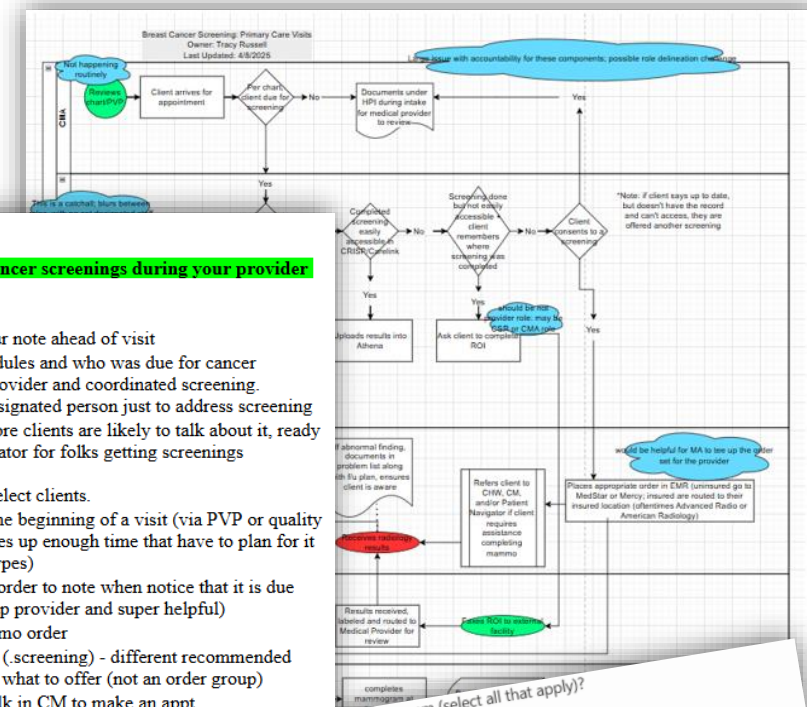
- Current State Process Mapping with gap areas
- Client Interviews
- Provider Feedback

## Next Steps:

- Fishbone > Pareto Chart > Priority Matrix > Change Idea Roadmap > PDSAs

### Facilitators to Breast Cancer Screening:

1. **What are facilitators to addressing breast cancer screenings during your provider appointments?**
  - CMA pre-loading the diagnosis code
  - Chart prep, Athena function to prep your note ahead of visit
  - AmeriCorps staff look at provider schedules and who was due for cancer screenings and had them go ahead of provider and coordinated screening. (Brandon at another site). So have a designated person just to address screening
  - The more people that mention it, the more clients are likely to talk about it, ready to act on it. Kim Taylor is a huge facilitator for folks getting screenings completed.
    1. Providers wondered how Kim select clients.
  - Knowing about someone being due at the beginning of a visit (via PVP or quality tab) I can prioritize the discussion – takes up enough time that have to plan for it (transferrable to all cancer screenings types)
  - Empower the medical assistants to add order to note when notice that it is due (still takes provider to sign, but teeing up provider and super helpful)
  - Patient navigator (Kim) sending a mammo order
  - Creating adult health dx and text macro (.screening) - different recommended screening per age group - helpful to see what to offer (not an order group)
  - During the office visit, arrange with walk in CM to make an appt.
  - while they are in the clinic. I often call to the testing center for the client. However, it is really huge time constrained.



### Barriers

#### Other includes:

- Haven't had a mammogram
- It was hard to find the office at Mercy, noticed the language barrier a little
- Fear of abnormal finding b/c of her history with thyroid cancer
- Worried about insurance not covering 100% of cost

- Remembering to complete
- Help calling to schedule a mammogram
- Time to complete a mammogram
- Language support
- Transportation
- Not enough information on what mammograms are
- Not enough information on why mammograms are important
- Childcare responsibilities
- Figuring out a health care center that is outside of HCH for the mammogram (is...)
- My provider never discussed or recommended screening
- I never received information on how to complete screening
- Fear of abnormal finding
- Fear of pain associated
- Fear of embarrassment
- Concerns about cost
- Other

60% (3/5) that selected "fear of abnormal finding" are not taking the measure

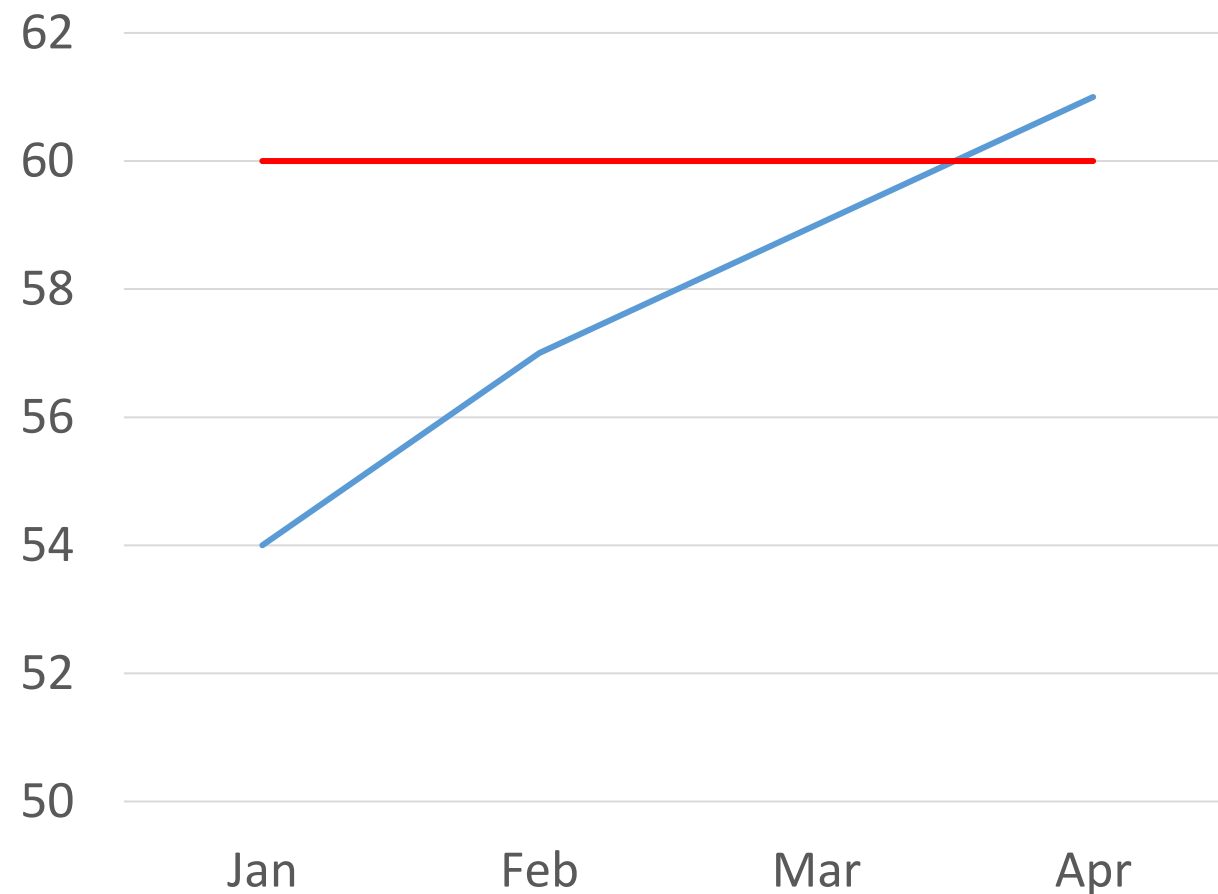
mammogram (select all that apply?)



# Depression Screening and Follow Up Plan

*Behavioral Health (Depression):* By December 31, 2025, improve the percentage of **clients 12+ years old screened for depression**, and **if/when positive have a documented follow up plan**, to 55%.

- Baseline: 46% (July 2024 TY)
- Current: 61%
- **Goal: 55%; stretch goal: 60% (met goal!)**

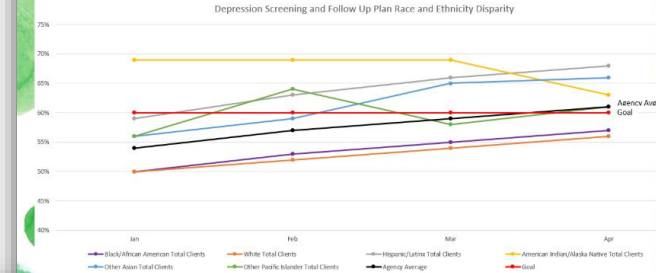


# Depression Screening and Follow Up Plan Update

- **Pilot Updates**

- Improvements seen Agency-wide (BHT hiring + screening on medical side) – intake packet had minimal impact
- May is Mental Health Awareness Month!
  - Focus on screening part of the measure
    - **Universal PHQ2 screening in Medical space**
    - **Challenge goals for Medical and BH Teams** (*calculated by number of upcoming service line appointments where clients are due for a screening*)

Disparity Data for Depression Screening and Follow Up Plan Measure

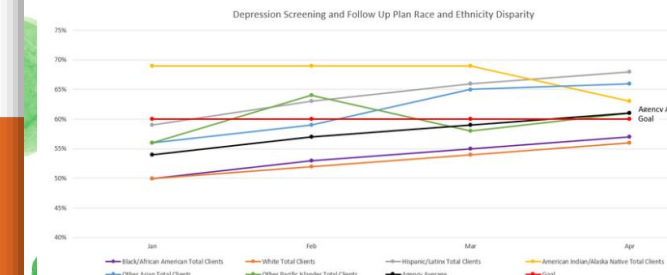


**Mental well-being is worth a check!**  
**May is Mental Health Awareness Month.**

The Agency is setting depression screening goals.  
The BH Team has a 56% screening rate for the trailing year.

Let's aim for 58% (40 additional PHQ-9 screenings) in May.

Disparity Data for Depression Screening and Follow Up Plan Measure



PHQ-2 Cheer  
written by Amy Nabley

💛 Stomp – Stomp – Clap 💛  
The PHQ is a thoughtful screen,  
Helps us keep our care pristine.  
Your health includes your mind and heart

A quick check-in is the perfect start.

Two simple questions, just take a sec,  
Your mental well-being is worth the check,

Feeling low or little interest today?  
Let us support you along the way.

# Hypertension Disparity

*Chronic or Acute (Hypertension):* By December 31, 2025, improve hypertension control rates (less than 140/90 mmHg) for Black/African American women to 57% to more equitably align with the Agency's other racial, ethnic, and gendered populations.

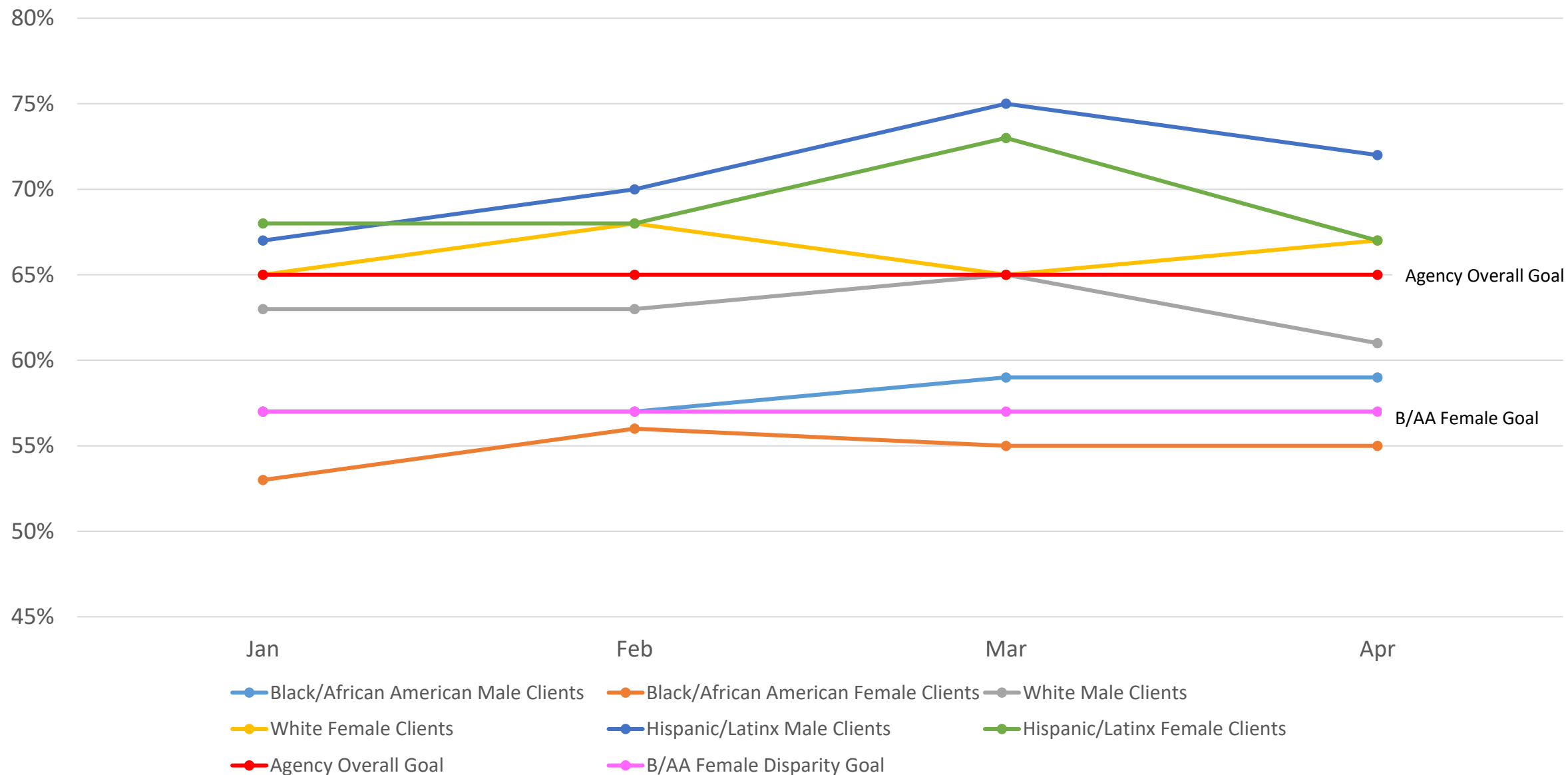
- Baseline: 52% (July 2024 TY)
- **Goal: 57%**
- **Current: 55%**

Race/Ethnicity/Gender	Baseline Comparison (July 2024 TY)
Agency Average	62%
Black/African American men	62%
Black/African American women	52%
White men	73%
White women	63%
Hispanic/Latino men	72%
Hispanic/Latina women	69%



# Hypertension Disparity

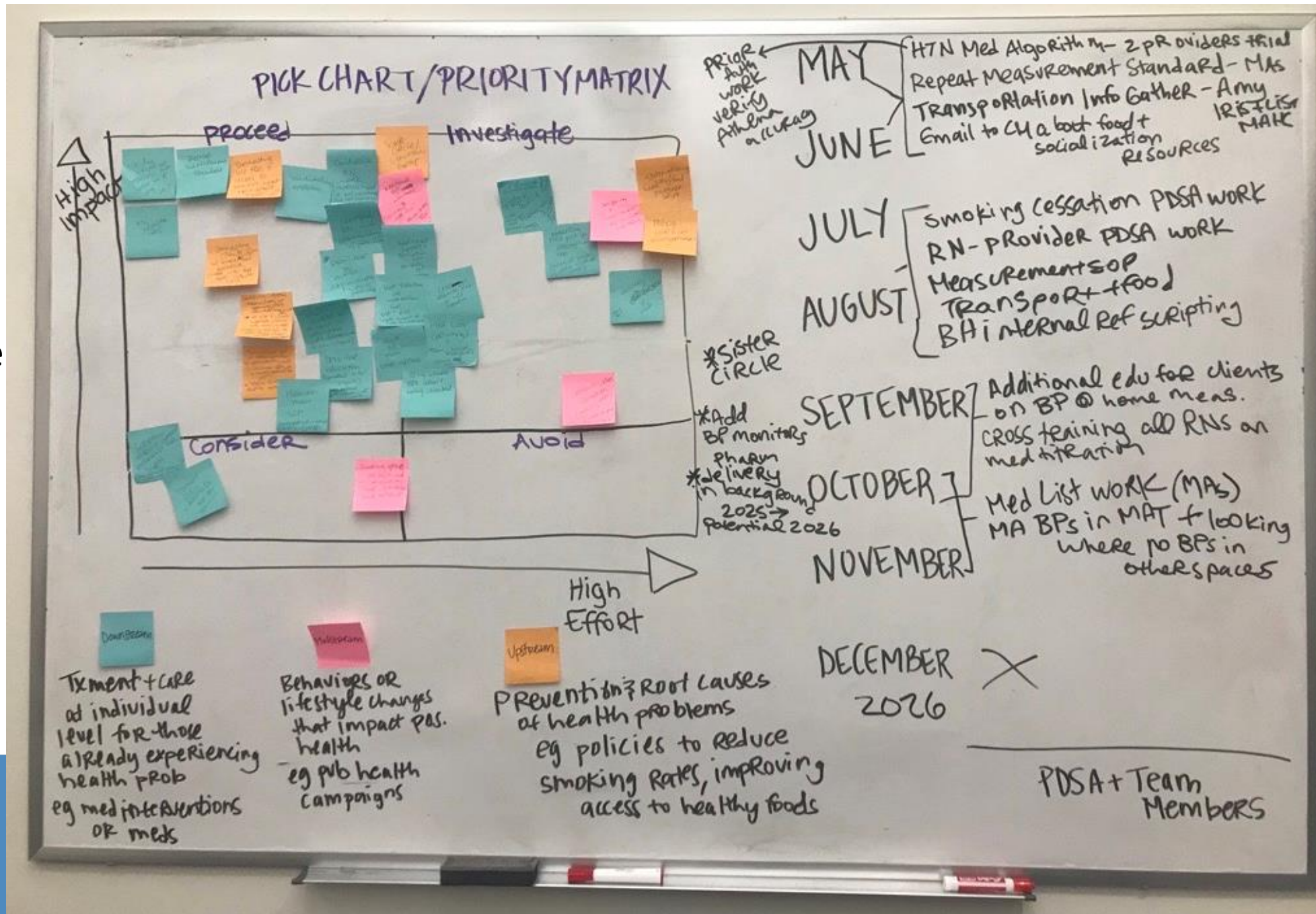
Hypertension Race, Ethnicity, and Gender Disparity





# Hypertension Disparity Update

- Pick Chart complete
- Roadmap outline
- Next steps: PDSAs!



# Third Next Available

By December 31, 2025, improve the **Fallsway location time to third next available appointment to an average of 21 days** (includes Behavioral Health, Case Management, Medical, Nursing, and Psychiatry departments).

- Baseline: 24 days (December 2024 YTD)
- **Goal: 21 days**
- **Current: 22 days**

*Please note: a calculation error was corrected this past month. The following YTD corrected data is below.*

Additional HCH Priorities	Jan	Feb	Mar	Apr
Third Next Available (YTD)	21 days	22 days	21 days	22 days



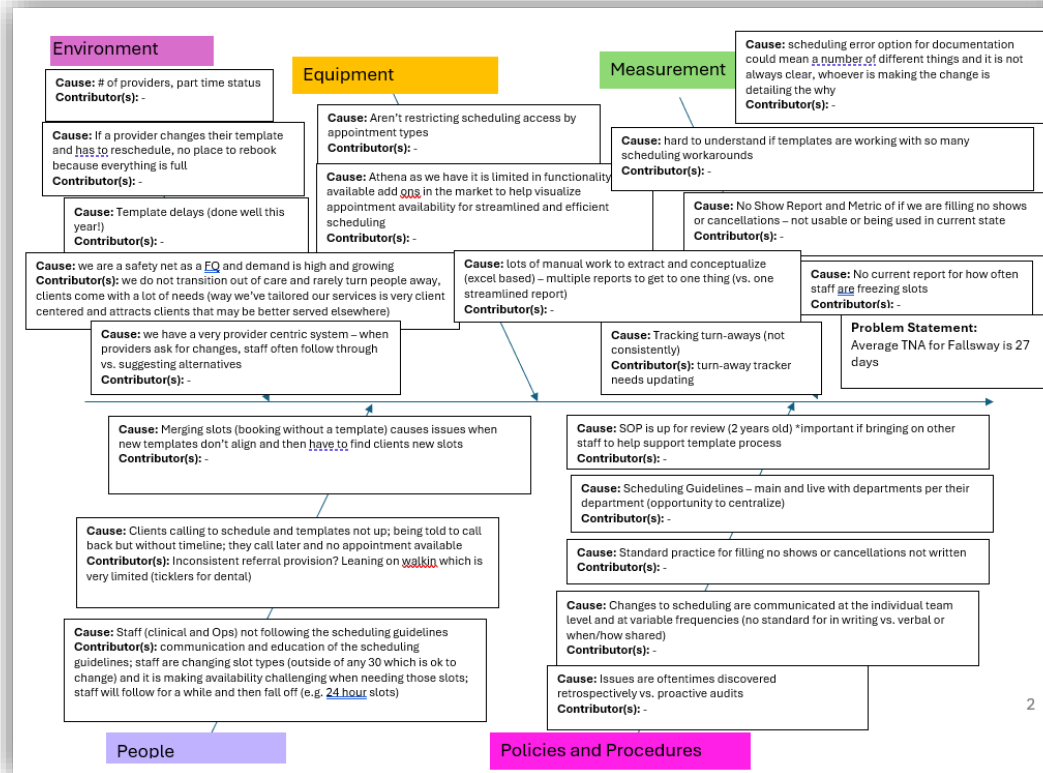


# Third Next Available Update

- Fishbone
- Pick Chart
- PDSA #1

## Next Steps:

- Evaluate PDSA #1



## TNA Pick Chart | Microsoft Whiteboard

### PDSA cycle and Model for Improvement—1991, 1994 / FIGURE 8



Image of the model for improvement with the PDSA cycle from their article.

### Aim (overall goal of test of change):

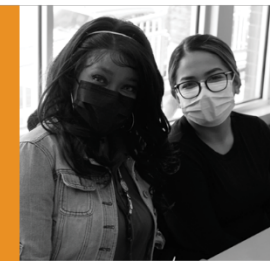
Offering a wider variety of options to schedule more appropriately and thus helping clients to get appointments that accurately align with their need and goals

Instructions: Thank you for helping with this PDSA! Please track from Monday 4/28 to Thursday 5/1 all appointments that are requested by medical providers that ask for an appointment that you see is not available (for CSR staff this will be via AthenaText from a medical provider; for call center staff this will be via communication with the Call Center Nurse via patient cases). When the provider asks for these appointments, please give them a minimum of 2, max 3 alternate options that may have the potential to meet the client's needs. Please complete all fields. Quality will pick up the sheet on Friday AM. Thanks again!							
For example: Iris asks "I need an appointment in two weeks for Mr. Jones please." CSR looks at the schedule and sees that nothing is available in two weeks and responds back to Iris "I don't have anything in two weeks, but there is an any 30 in two and a half weeks and one in three weeks, could I schedule in one of those instead?"							
Appointment Type Requested that was not available	Appointment Date Requested	Provider Requesting	Option 1 Date	Option 2 Date	Option 3 Date	Did the provider respond (Y/N)	Chart Audit
136 Short-term follow up	6/23/2025	Iris Leviner	7/2/2025	7/9/2025	7/23/2025	YES	not scheduled in any of options
300 Office 30	7/1/2025	Iris Leviner	none	none	none	YES	not scheduled for upcoming med appointment
897 Office 30	7/23/2025	Iris Leviner	none	none	none	YES	scheduled in provider f/u 7/18; how who scheduled?
659 Office 30	7/28/2025	Iris Leviner	none	none	none	Yes	not scheduled for upcoming med appointment
713 Short-term follow up	5/25/2025	Elizabeth Galbrecht	7/24/2025	none	none	YES	not scheduled for upcoming med appointment
500 Office 30	5/1/2025	Elizabeth Galbrecht	none	none	none	YES	not scheduled for upcoming med appointment

# Influenza Vaccination Update



- SWOT
- Scheduled next meeting for end of June to plan for 25/26 flu season



# Client Experience

By December 31, 2025, improve the average level of client satisfaction survey for **“rate your level of satisfaction during your recent visit of the person who you assisted during the check-in process” to 4.81** (scale of 1 to 5, 5 being the highest).

Baseline: 4.57

Current: 4.61

Goal: 4.81 (50<sup>th</sup> percentile)

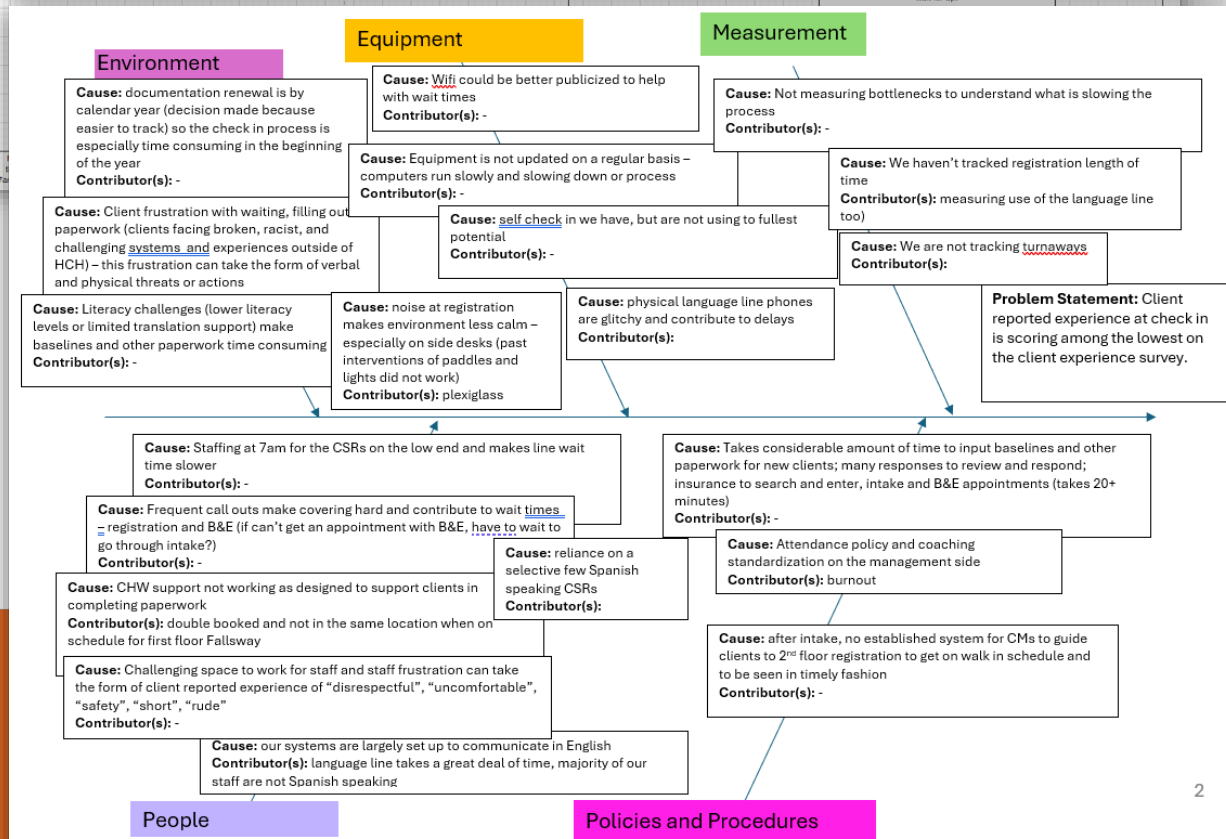
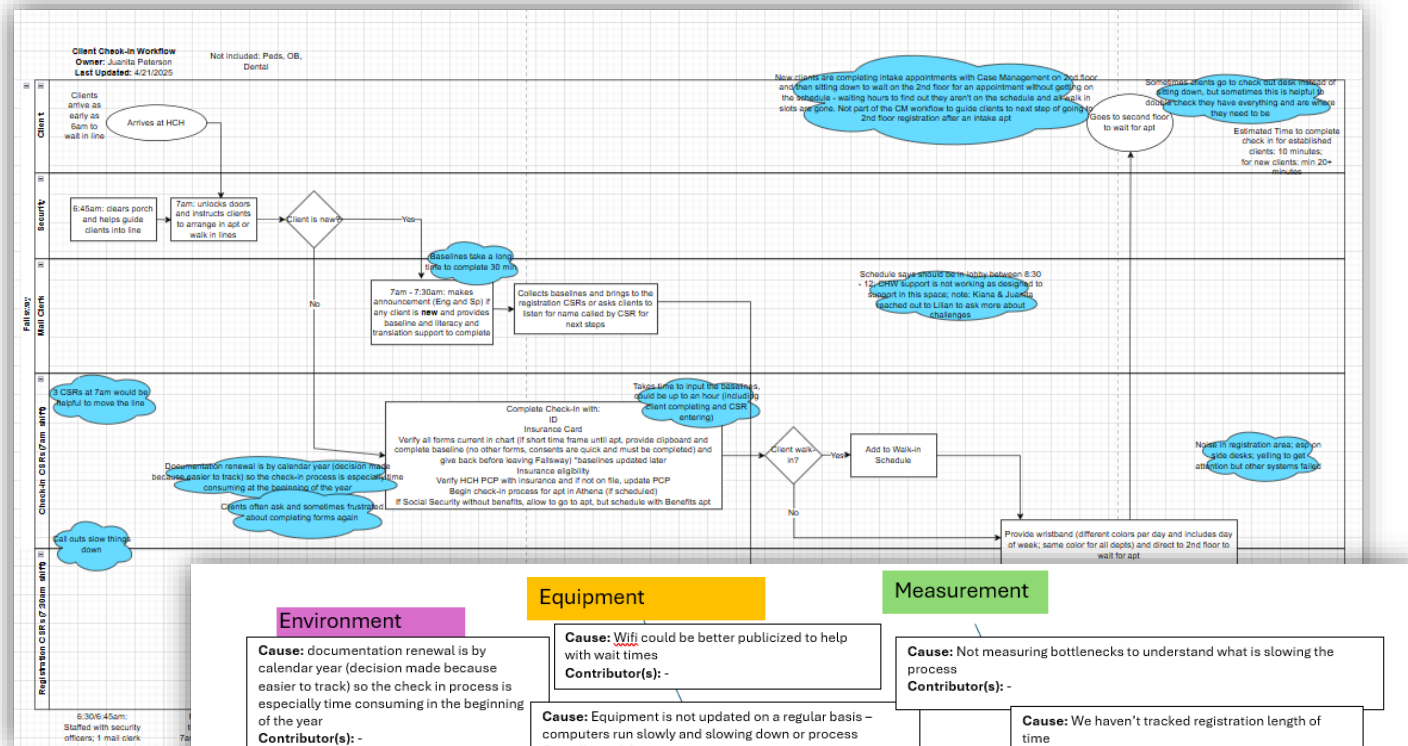


# Client Experience Update

- Process Map
- Fishbone

## Next Steps

- Pick Chart
- PDSA #1



Questions?  
**Thanks for joining**

